



Be Well
ORANGE COUNTY



**Be Well Orange County
Proposal for Mobile Crisis Response Team
May 18, 2021**



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City of Garden Grove
11222 Acacia Parkway
Garden Grove, CA 92840

RE: Be Well OC Proposal for Mobile Crisis Response Team

To Whom It May Concern:

Be Well OC is honored to provide this proposal to partner with the City of Garden Grove and to support the courageous work of the Garden Grove Police Department. Be Well OC is uniquely positioned to unify the efforts of local hospitals, medical clinics, homeless service providers, and other community stakeholders to quickly activate a successful, scalable, outcomes-driven Mobile Crisis Response Team. I am personally honored to submit this proposal. We are grateful for the City's vision and bold leadership.

Be Well OC (Be Well) has created a coalition of hundreds of organizations across Orange County, representing multiple sectors of the community, including County and private health systems, law enforcement, fire and emergency services, schools and major universities, private business, and the faith community. Through the collective power of this collaboration, Be Well has developed many innovative services and systems. Be Well has also adopted successful models of care from around the country, particularly in the area of mobile crisis response.

Leveraging the nationally-recognized CAHOOTS crisis response model for Garden Grove, and in tandem with a similar effort in Garden Grove, Be Well can improve outcomes and community satisfaction, lower overall costs to the community, and relieve law enforcement from time-consuming distractions that hinder their intended function. The CAHOOTS model was developed around a 2-person mobile team, comprised of an EMT and Crisis Counselor, to provide 24/7 community-based assessment and stabilization of urgent medical need or psychological crisis, along with information and referral, transportation to services, and with the option of additional case management and follow-up support.

Combining the demonstrable success of CAHOOTS with Be Well's expertise in designing, developing, and implementing transformative systems and services for the community, will ensure Garden Grove the best possible foundation for creating a highly effective mobile crisis response system for the community.

We are excited at the potential to support the City with the development and implementation of this proven crisis response model. Again, on behalf of many, thank you for your vision, leadership, and commitment to the health and wellbeing of our community. If you have any questions about our response, please do not hesitate to contact me.

Sincerely,

A handwritten signature in blue ink, appearing to read "Marshall Moncrief".

Marshall Moncrief, MFT, MBA
CEO, Be Well OC
949-400-4157

Executive Summary

CAHOOTS (Crisis Assistance Helping Out on the Streets) is a mobile crisis-intervention program created in 1989 as a collaboration between the City of Eugene in Oregon, law enforcement, emergency medical services (EMS), and a local non-profit mental health clinic. The model was designed to support law enforcement, EMS, and the community with a clinically effective and cost-effective response to mental illness, substance abuse, and homelessness. The program—which now responds to more than 65 calls per day in the cities of Eugene and Springfield, OR—has more than quadrupled in size during the past decade due to increased societal needs and the demonstrable effectiveness of the program. Today, the CAHOOTS model is being replicated in numerous cities around the country, including Denver, Oakland, Olympia, Portland, Rochester, and others.

The CAHOOTS model is an integrated public healthcare model made available for a broad range of problems, including mental health crises, intoxication, minor medical needs, shelter needs, and more. Traditionally, calls for help in these areas would default to police and EMS. In this model, requests for service are made through non-emergency and 911 call lines. As calls are received, dispatchers triage the situation and deploy the CAHOOTS team instead of police or EMS. The model succeeds in supporting first responders and the community by utilizing a team of two specialists with complimentary mental health and medical training. The mental health team member is an experienced crisis counselor skilled in de-escalation techniques, supported by a medic who is trained as either an EMT or a nurse. For example, if an individual is feeling suicidal and has cut themselves, the situation is both medical and psychiatric. These patients are usually seeking help, and the CAHOOTS model is designed to address both the emotional, physical, and social well-being of the patient while alleviating the need for police and EMS involvement. As needed, the team can transport patients to facilities such as a crisis center, detox center, medical clinic, shelter, etc.

Based on Garden Grove data, a fully operational CAHOOTS model would divert 14,500 calls annually.

This model does not duplicate services. In addition to supporting police, fire and EMS, the model also works as a complement to the County's Centralize Assessment Team (CAT). The CAT team will be deployed when a situation requires an involuntary hold and transport. In this way, this model fills a major service gap found in most communities. It builds a bridge between medical treatment and those experiencing homelessness, who today rely solely on ambulances and emergency rooms for assistance. It builds a bridge between clinical care and families struggling with a mental health crisis, who today call police not knowing where else to turn. It provides a prompt, supportive partner to local community-based organizations any time day or night.

CAHOOTS has evolved over 31 years. Taking the lessons learned and adapting the model to the specific needs of Garden Grove, Be Well will develop and implement a service that supports the residents, first responders, healthcare workers, social service professionals and the entire community.

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



Proposal: Garden Grove Mobile Crisis Response Team

Summary Costs – One 18-hour Unit with Case Management Support

Annual Personnel Budget	1,043,460
Non Personnel Operational Costs	85,000
Annual Costs	1,128,460
One Time Start-Up Costs	178,000
First Year Total Costs	1,306,460

This budget depicts the necessary costs to staff and operate an 18-hour, 7 day/week mobile crisis team. Year one operations will reveal cost-sharing opportunities across partner cities.

Detailed Costs - One 18-hour Unit with Case Management Support

Personnel Costs	FTE	Hourly Rate	Benefits (@25%)	Annual Total
Crisis Intervention Workers	3.5	30.00	54,600	273,000
Mobile Crisis Medics (EMT-B, AEMT, EMT-P, or RN)	3.5	30.00	54,600	273,000
Clinical Director (Licensed Clinician)* <i>(see notes below)</i>	1	60.00	31,200	156,000
Medic Supervisor (EMT-P or RN)* <i>(see notes below)</i>	1	45.00	23,400	117,000
Case Manager	1	25.00	13,000	65,000
Administrative Assistant/Data Input* <i>(see notes below)</i>	0.5	22.00	5,720	28,600
Medical Director* <i>(see notes below)</i>	N/A	N/A	N/A	36,000
Annual Staffing Subtotal	10.5		182,520	948,600
<i>Indirect on Staffing (@10%)</i>				<i>94,860</i>
Annual Staffing Total				1,043,460
Non Personnel Operational Costs				Annual Total
Office Space				-
Phones, Emails, etc.				-
Misc. Costs (Medical and Office Supplies, Uniforms, CE)				45,000
Van Insurance, Fuel*, Upkeep* <i>(see notes below)</i>				40,000
Non Personnel Operational Costs Total				85,000
Ongoing Annual Total				1,128,460
One Time Start-Up Costs				Total
Vans* <i>(see notes below)</i>				120,000
Medical Supplies				40,000
Uniforms, Computers, Phones				18,000
One Time Start-Up Costs Total				178,000

NOTES Regarding Detailed Costs

- The city will own the van purchased through start-up costs identified above. Mind OC will fuel and maintain. Mind OC also has a back-up van available during routine maintenance and repair of the city-owned van. City-owned van returns to the city on termination of contract.
- Staff noted with asterisks are considered fixed expense. These costs can be shared with partner cities.



Proposed Approach to Mobile Crisis Response Team in Garden Grove

Understanding

Based on the information provided by the GGPD, there are approximately 14,500 calls for services (CFS) related to mental illness, substance use, and homeless services each year. GGPD report that these calls make up approximately 21% of total CFS. For comparison, in Eugene, Oregon, the police report that the CAHOOTS team had 16,000 CFS in 2019, diverting up to 10% of total CFS. Eugene serves as a useful analogue to Garden Grove given that it has a nearly identical population, albeit with a dramatically larger homeless population (2019 Point in Time Count for Eugene identified 2,165 individuals vs. 225 in Garden Grove).

Beyond the sheer number of calls, the needed response can be very time-consuming, hindering availability of first responders from more pressing, high-risk community needs. Reducing calls and the time spent on calls handled by emergency services will improve response times to community needs and optimize availability of law enforcement, EMS, and other front line community services. Additionally, the model saves fuel on non-emergency medical calls by sending a single van rather than an engine and medic unit. Data from the CAHOOTS team in Eugene has demonstrated the ability to divert ambulance rides, ER visits, and jail admissions saving the local community \$8.5 million annually.

The CAHOOTS model was originated in Oregon more than 30 years ago. It has grown in popularity based on growing societal need, low cost of the service, and high value return on investment. The model has produced better outcomes for vulnerable populations and has increased satisfaction among law enforcement, first responders and the community. The model has been extensively studied and reviewed in academic and industry-related journals, as well as popular media. Adapting this model to the unique needs of Garden Grove will help the City achieve enhanced outcomes and free up the Police Department's resources and capacity.


For more information on the CAHOOTS model, please see "CAHOOTS: A Model for Prehospital Mental Health Crisis Intervention" in the January 29, 2021 edition of Psychiatric Times, available at:

<https://www.psychiatrictimes.com/view/cahoots-model-prehospital-metal-health-crisis-intervention>

Staffing Approach

Leadership of this team will use a co-manager model that leverages the complementary skill sets of a mental health clinician and medical professional. This model increases efficiency and capacity as compared to other community crisis models, and it positions the program management team to also respond to calls during regular business hours. For example, the leadership team would be positioned to assist the police with a barricaded, suicidal subject without interrupting the response time of the mobile crisis teams on duty.

Further, it is important that the demographics of the team reflect the community served. The city of Garden Grove has a proud history of being a multi-cultural, multi-lingual community. Every effort will be made to ensure the multidisciplinary roles of this team reflect representation of the Vietnamese, Korean, Latin X, and other important communities and stakeholder groups within Garden Grove.



Position	Role/Qualifications
Clinical Director	Licensed clinician (LCSW, LMFT, or LPC); responsible for general program management and supervision of crisis intervention workers. They will provide capacity building and support
Medic Supervisor	RN or EMT; responsible for equipment maintenance, medical supplies, medical staff coordination and oversight, including licensure monitoring, and monitoring van upkeep.
Medical Director	Under California law, EMTs must practice under the medical license of a physician. The costs for the medical director in the proposed budget will cover the expanded services of the Mind OC Chief Medical Officer to function in this critical leadership capacity.
EMT	EMT, AEMT, or EMT-P license required; performs medical evaluations and wound care, rules out physical health issues presenting as mental health, provides overdose intervention, and determines transportability based on physical symptoms.
Crisis Intervention Specialist	Must possess 2 years of relevant experience, education, or both; performs de-escalation, mediation, suicide assessment and intervention, referral, crisis counseling, and determines transportability based on mental health symptoms.
Case Management	Must possess relevant experience, education, or both; case management services would include helping clients attain proper identification, provide assistance in completing community program intake forms and/or applications for additional support services, post-crisis intervention contact to monitor and encourage adherence to follow-up care.

Mobile Crisis teams provide case management services core to the team's daily functions, including referral and transport to services as a primary intervention. While on-going, individual case management is not typically included in the service, such extended individual support would improve individual outcomes, and increase overall value of the service. For that reason, the staffing model and budget proposed here includes staffing capacity for enhanced case management.

This model aligns with and actualizes each of the criteria identified by the City:

- Embedding the team into the City's police response systems, with GGPD dispatch staff trained to triage, and when appropriate divert certain calls for service to the mobile crisis response team. Such calls are carefully screened to exclude those involving violence, weapons, threats and any other situation where the presence of a uniformed police officer would be needed.
- The mobile teams handle non-emergency calls due to mental illness, substance use, homelessness, and related medical conditions.
- Staff of experienced professionals (crisis intervention specialists and medical professionals) who specialize in the care and management of these frequently co-occurring challenges.



The Be Well OC mobile response team will implement a community care model that delivers the following:

- Specialized professional staff respond to community needs involving mental illness, substance use, homelessness, and/or related medical challenges. While people in need may at times be struggling with homelessness, the team services all residents.
- The service team functions as an essential support to the Police Department and emergency services, relieving first responders of the often time-intensive mental health and social service-related calls.
- Specialized response vehicles and transportation for individuals in need to appropriate care facilities, such as shelters, mental health crisis units, medical clinics, hospitals, etc.
- Determination of appropriate action plans specific to individual client needs, family and patient follow up care, as well as case management when indicated.
- Development of a data dashboard in collaboration with the city to ensure transparency and continuous quality improvement.

Ramp Up Approach

Establishing 18 daily hours of mobile crisis response will require an appropriate scaling process. The nature of the calls in question requires skilled employees capable of managing a wide variety of difficult circumstances. Training these teams requires skilled program managers who can also do the work of responding to calls. A potential scaling-up process is as follows:

Ramp Up Milestones for 18-month pilot	Timing
Contract signed	Day 1
Program Managers hired; vehicles ordered; regular meetings with GGPD and OCFA - GG	Month 1
Day shift employees hired; vehicle retrofit begins; GG specific policies and procedures developed	Month 2
Staff training begins; training of dispatch and patrol on how to utilize service	Month 3
Van retrofit completed; 7-day, 12 hours/day service begins	Month 4
Swing shift employees hired and begin training	Months 5-6
7-day, 18 hours/day service begins	Month 7-18

We will draw on our community knowledge and expertise and work closely with the City and GGPD/FD to develop clear plans and protocols including, but not limited to:

- Multidisciplinary training
- Incoming calls, triage, and team deployment
- Community partner care coordination, with emphasis on GGPD and FD
- General Safety and security practices, with emphasis on high-risk response scenarios
- Documentation and data, with emphasis on transparency and continuous quality improvement

Vehicle Guidelines

Preferred vehicle is a Ford Transit Extended Length with High Roof, or comparable. A spacious mobile environment optimizes the team's ability to respond to a variety of mental and medical needs. Increased space improves safety and outcomes.

Regardless of the make or model, vehicle modifications are needed to transition the vehicle's standard function to the specialized capabilities required for this essential, specialized service:

Distinctive modifications listed from front and to back of unit:

- Recommend dual alternators and a 110v/400w outlet for enhanced electrical capability.
- Vinyl front seats for ease of cleaning.
- The Crew version comes with 3 seats in the back. These are removed to accommodate a single captain's chair used for trainees, observers, supervisors, etc.
- Cabinets are placed behind this single observation seat and before the dividing glass to the patient area. The cabinets and surrounding area of the vehicle store medical supply bags, AED, oxygen tanks, airway management equipment, fire extinguishers, food, blankets, tarps, and an array of needed tools and additional medical supplies.
- As shown above, there is a barrier between the cargo compartment and passenger cab. For patient safety and comfort, the vehicle requires replacement of this barrier with a metal-reinforced shatterproof-glass divider.
- The floor and walls of the patient compartment are covered by hard, smooth, durable plastic. The material is easily washable no seams for bodily fluids.
- Sharp edges are avoided and padding is added where appropriate.
- Interior door handles in the back patient transport area are removed.
- Interior and exterior lighting is enhanced.



After Modification ➤



Conclusion

The proven success of the CAHOOTS model combined with Be Well OC's expertise in designing, developing, and implementing transformative systems for the Orange County community offers Garden Grove the best possible foundation for creating a measurably successful mobile crisis response system.

We are excited at the potential to partner with the city of Garden Grove in support of law enforcement, emergency responders, and the community in the development and implementation of a nationally-recognized crisis response system with proven results.





Action
Care
Understanding
Optimism
Support
Heart
Connection
Belonging

Hope **HAPPENS HERE.**

Calm
Comfort
Peace
Intention
Trust
Love
Family