

- **Deirdra Assey**

00:00:07

Good afternoon and good morning, everyone, and thank you for joining the Webinar, addressing concerns and responding to myths about safety. During crisis calls We'll start this Webinar in a few moments to account for late

- Good afternoon and good morning, everyone, and thank you for joining us for the Webinar, adjusting concerns and responding to myths about safety during crisis calls. My name is Dear Dress A, and I am a senior policy analyst at the Justice Center, and will be moderating Today's Webinar. Next slide
- to give you an overview of the Webinar. Today we will start by introducing the speakers, and I'll turn things over to Caroline Hufficker from the National Policing Institute to talk about the types of collaborations and common misperceptions about safety during crisis calls for service,
- and we'll hear from Dr. Cheryl and Lee about what this looks like in practice in Santa Barbara County. We will close the session with time for questions. We encourage you to enter your questions into the Q. A. Box on your screen. We'll try to answer any technical questions as we go, and then turn the content related questions during the Q. A.
- And they want to note that we are recording this Webinar and a recording should be available on the Justice Center's website. Um, in the next two weeks to account for the holiday
- next slide.
- We're excited to be hearing from presenters from the National Policing Institute and the Santa Barbara County sheriff's office. I am, dear Dr. Ess, a senior policy analyst with the Council of State Governments Justice Center. I will ask our presenters to tell you a little bit more about themselves, and I'm going to pass to Dominique.



**Dominique Burton**

00:02:59

Good afternoon, everybody. My name is Sabney Burton. I'm a project associate at the National National Policing Institute. I pass it over to Caroline, and then later on we'll talk more about the Institute.



**Caroline Huffaker**

00:03:11

Hi, everyone! My name is Caroline Hofaker, and I have the privilege of serving as a senior program manager here at the National Policing Institute, and shortly I will be sharing with you about the myths and also introducing our featured speaker, Dr. Lee,

- back to you.



## Deirdra Assey

00:03:27

Thank you so much to all of our speakers for joining us today next slide.

- So at the Council of State Government's Justice Center. We are a national nonprofit, nonpartisan organization that combines the power of a membership association serving State officials and all three branches of government with policy and research expertise to develop strategies that increase public safety and strengthening communities.
- Next slide
- uh, we work by bringing people together, driving the criminal Justice Field forward with original research, building momentum for policy, change and providing expert at uh sorry expert assistance. Next slide
- our goals are to break the cycle of incarceration, advance, health, opportunity, and equity, and to use data to improve safety and justice. And there's a little bit more about each of these here
- next slide.
- Our equity, inclusion, statement. The Council of State Government's Justice Center is committed to advancing racial equity internally and through our work with states, local communities and tribal nations.
- We support efforts to dismantle racial inequalities within the criminal and juvenile justice systems by providing rigorous and high quality research and analysis to decision makers and helping stakeholders navigate the critical and at times uncomfortable issues. The data reveal beyond empirical data. We rely on stakeholder engagement and other measures to advance equity, provide guidance and technical assistance and improve outcome outcomes across the touch points in the justice behavioral health crisis response and range.
- It's in the
- um. Today's work is A. Webinar is funded by the Bureau of Justice Assistance. The Us. Department of Justice Bureau of Justice Assistance Mission is to provide leadership and services and grant administration and criminal justice policy development to support state, local and tribal justice strategies to achieve safer communities. Bj. Works with communities, governments and nonprofit organizations to reduce crime, recidivism, and unnecessary combined confinement and promote a safe and fair
- criminal justice system Next slide,

- and today's Webinar is brought to you by the justice and mental health collaboration program. The Justice and Mental health collaboration program, or Jmhcp promotes innovative cross system collaboration and provides grants directly to states local governments and federally recognize Indian tribes. It is designed to improve responses to people with mental health conditions and substance use disorders who involved in the criminal justice system.
- Um next slide,
- and i'm going to turn it over to Dominique to talk a little bit about the National Policing Institute,



### **Dominique Burton**

00:06:13

and again Um! Once again my name is Domini Burton. I'm. A associate, a National Policing Institute, formerly known as the National Police Foundation. The Institute is an independent nonpartisan and nonprofit resource organization sometimes refer to as a team

- focused on the pursuit of excellence and policing through sense of innovation, our route and our applied use of research guys as we engage directly with policing organizations and communities within most since training and research, development and safety and legitimacy
- turn it back.



### **Deirdra Assey**

00:06:51

Great. Thank you. Today. Uh: During Today's session attendees will acknowledge the common misconceptions about safety during crisis calls for service um provide a be provided. Evidence-based practices uh solutions for collaborative efforts learn what this looks like in practice in Santa Barbara County, California, and um be provided peer exchange opportunity for agencies to discuss current programmatic successes and challenges with uh subject matter experts

- next slide.
- And now I will turn it over to Caroline. Thank you, Caroline.



### **Caroline Huffaker**

00:07:26

Thank you.

- All right. So first we're going to talk briefly, just a little bit about the different types of collaborations before we head into some of the myths that maybe you, as a participant, have heard in your own community, or have heard just um In general, in the field, when we talk about uh cross systems, collaborations like police and mental health
- next slide, please.
- So why is it important for us to highlight evidence based practices? Um, you know, as we all know, in two thousand and twenty? There are a lot of uh events that took place in the the life of our country that had mental health, police, public safety, uh multidisciplinary work
- from the forefront of everyone's minds as we navigated um responses to the events in two thousand and twenty.
- And it uh, just so happened that at that time the American Psychological Association or the Apa put forth a a declarative statement uh that recommended, uh increasing uh the number of mental health and police collaborations um across the board in our communities along with other policing reform suggestions. Um. And so in light of that, a lot of um agencies uh moved towards these cross systems responses and a lot of conversations uh took place around what uh different
- response models could look like next slide, please.
- And so uh, one of the outgrowth of the National Conference of State legislators. Um, came this image that you see in front of you, uh which kind of encapsulates all of the different police and mental health, collaboration, options that agencies and communities can employ. You might find uh your community reflected in this image. Um, or you might have an amalgamation of of a number of these types of response models, the first being that of crisis intervention. Teams or cits
- Um, A lot of public safety and law enforcement agencies utilize these. Um. This is comprised of law enforcement officials being trained on
- uh mental health and uh appropriate de-escalation techniques um different uh considerations and ideological factors. Um, in the development of mental health needs um, and utilizing skills from the mental health field um as just part of their tool about as a public safety official when they engage with someone who might be in a mental health crisis.
- Then you move to having actual co-responder models. Um, this might be where you have uh two folks paired up, one being a public safety professional law enforcement and someone from the Mental Health or Social Services Field co- responding uh in teams.
- Um: Two calls for service related to mental health.
- You might have mobile crisis teams. So these are usually going to be community based uh mental health programs. Um, you know, in my community we have something uh, very similar, called a Merrimed, where you have mental health and actually medical professionals. Um that are deployed in lieu of um law enforcement going out. When a call for service comes into and a local nine hundred and eleven center,

- you have case management teams. So this can look like a multidisciplinary working group or collaborative group between law enforcement, mental health behavioral health and social services and other providers in a community coming forward um to staff and cross collaborate on cases. Um, that perhaps one or more of their agencies is is an engaging with.
- And then you have crisis, stabilization centers. So this can look like twenty-four hour walk in clinics for folks um who might need um services and support Um! It might be that law enforcement brings individuals into these crisis. Stabilization units. Um. They can serve acute needs, and then refer uh individuals for long term uh mental health and health uh
- situations or situations that would require long-term health care.
- Next slide, please.
- And now we're going to just enter into the part of our presentation where we're going to talk a little bit about some of the myths. Um! That uh, you might have encountered, and how you can actually use the police and mental health collaboration toolkit um that was published under this grant. Um with Bj. A. That you might be able to utilize and counter uh some of those narratives that maybe we here that might prevent us from engaging in this really meaningful work.
- Uh: so next slide, please,
- we want to educate ourselves by debunking theseness. We want to understand the lasting impacts that these myths might have. You know history is powerful in our communities, and if we are um ascribing to myths or um, perhaps incomplete narratives about what these collaborations could look like. It might um stop progress before we're actually able to get started.
- Um! And of course we want to increase and foster more collaboration between police and mental health professionals.
- Uh, we believe that you know a lot of the needs of our communities are multi faceted, of which all of us play an integral role, and so increased collaboration and partnership across um multiple systems provides better public safety and better public service to those in our communities next slide.
- So the first myth that you made here I know I have um is that behavioral health conditions. Um. Individuals experiencing those um are violent if confronted um, and they might leave unarmed. First responders, such as a Co. Responder, a mental health provider in the field at risk of injury.
- So what we have found next slide
- is that um in the police mental health collaboration toolkit. There's actually a fantastic article that sets up a framework for this. It's called police mental health collaborations, a framework for implementing law enforcement responses for mental health needs. Um, what we have found What the data has shown us is that, uh, when you employ police uh mental health collaboration, such as like A. C it program, for instance, officers are better able to understand and interpret crisis, behavior, crisis, related behavior and respond to
- appropriately, which leads to fewer injuries.
- Um to that community member. It leads to fewer injuries to that officer. Um. And of course, if you have a mental health provider on scene, they are able to come

alongside that officer and utilize both skill sets of public safety and mental health providers to create a more streamlined response.

- Um! It also uh these types of models of cross- systems Collaboration has allowed for um a reduction in injuries. Um, and also has increased the engagement the individuals have with community based programming.
- Um, And so it's just really important to um, you know. Break down some of the myths that we have. Um, particularly as it relates to safety um of
- officers and providers, but also to constituents themselves. And what we see is that um increased collaboration actually results in fewer injuries.
- And you can find that actually, on page three of the document that I referenced. If you're interested in looking to see where exactly I found that
- next slide, please.
- The next myth that we have is that if you choose to have a co-responder, this will simply tie up officers um, and resources on scene.
- So how we're going to debunk That is next slide.
- Um! What we actually have found is that it creates a a greater efficiency and call response and getting officers back out in service when they um are a part of a police mental health collaboration. Um! So what this could look like, And of course, Dr. Lee is actually going to show you a real life uh tangible example of what this looks like in action. Um. Is that
- when officers um and mental health providers are part of a collaboration, the officers are able to identify more efficiently the mental health crisis, and then are able to divert um that individual into crisis services. Whether that's mental um crisis stabilization unit referral for case management. Um, perhaps calling someone to the scene. If there isn't a Co. Responder available.
- And so what we're able to find is that. Um! It allows for folks to remain stable. It allows for folks to engage with services over a continuum of care. Um! And it makes officers more efficient.
- Again, if you look in the police mental health collaboration toolkit, you'll be able to find evidence of this and the article I cited on the last slide. Um, but also in the other resources that have been made publicly available.
- Um! One note on this is that um, you know, for folks that that might be trying to establish, buy in with their agency around. How this is a better use of of resources is that Um. What the data has found And what what we are finding is that um to that second bullet point that it, if it allows individuals to remain stable, is, it is really hard to demonstrate prevention methods. Um, that if we are able to get someone into um
- supportive services, now, will we be able to prevent a call for service? Three calls from now.
- Um. And so what we are finding is that because individuals are then able to regularly engage in uh,
- remain outside of the criminal justice system and be placed into um a supportive scenario like crisis services. Um, they're able to um to potentially cut off future justice, involvement or future police engagement. Um, As a result of these collaborations



## Unknown Speaker

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next slide, please.



## Caroline Huffaker

00:17:03

The third myth that you may appear, may have heard or be hearing in your uh community is that police are called to handle behavioral health crisis calls and social to certain social disturbances, because they are the only ones with adequate training and resources to respond to these calls um next slide,

- and what we have found is, with all due respect to our colleagues in the the law enforcement field is that nothing could be further from the truth.
- Um, you know, I certainly have a tremendous amount of respect for Dr. Lee and individuals that work full time um in and around mental health, because it is an incredibly taxing and extensively uh trained uh field um professionals in the mental health field Um
- have had extensive training years worth of schooling depending on your licensure, depending on your degree requirements. Um! And they are trained on a whole host of assessment skills. Um uh ds de escalation
- um how to effectively engage and communicate with folks being able to um test out what is needed and make the proper connections and referrals. Um, And it's worth noting that it takes three to five years, on average, for someone to become a license mental health provider.
- Big note for that is that it is going to vary state by State depending on your state's licensure laws. Um. So for example, in my state Um, it takes um a sixty hour degree program.
- Um. So anywhere from two to three years, spending on how quickly you move through a graduate program
- two years post graduation uh with a thousand client facing hours, fifty supervision hours with a clinical supervisor, and then an individual has to pass at the National Counselors Exam Um and the jurisprudence exam in our state. So that is why it takes such a long time for someone to become licensed in this field. Um. And then, if you have further designations, such as a Mental Health service provider. That's additional hours. That's additional credentialing that someone has to go through.
- I say all of that to say that mental health providers are extremely skilled at what they do. Um! They are a resource and a tool for community, and an equal counterpart to law enforcement um in a public safety response.
- Absolutely, law enforcement is skilled and able and capable to do what they do. Um, but it's important. Um! If you have never perhaps engaged with the mental Health

Uh Service provider Um! To ask what are their credentials to ask? How long it took them to get to that place professionally in their careers. Um, because there is an incredible um

- reservoir of knowledge there which is backed by schooling and degree programs that those professionals have engaged in



### Unknown Speaker

00:19:56

next slide.



### Caroline Huffaker

00:20:00

Another myth that we often hear is that all community providers feel safe on scenes or in the community. So um, perhaps after twenty twenty. You heard a lot of conversation around send mental health providers instead of police solely by themselves. Um! And the reason that we want to perhaps debunk that a little bit is, as you will see on the next slide.

- Is that support for mental health? Providers can vary from agency to agency.
- Um, just like law enforcement training can vary state by state agency to agency. I know that, uh, even in my jurisdiction that I live in um. You know, one agency has their own Police Academy and one since then to the State Academy, and while similar, there are some stark differences, So, too, does that happen between agencies and the mental health field. Um, So I think it's safe to um
- to say that if you are going to engage in a police mental health collaboration. Whether that be co- responders. Um, you know, uh
- having a mobile crisis unit. Um is to understand that some agencies might do a really thorough job of training and supporting their staff by providing safety, planning options, self defense, training, harm, reduction methods. Um
- and uh, that may be really really uh present at one agency. And then, if you have another mental health agency in your community that you're engaging with, they may not um have provided their staff with. As for best of skills, um, or resources. And so again asking your partners what is their training around that?
- Perhaps there's something that you, as a law enforcement entity can do to come alongside that mental health agency and provide their staff with self-defense. Um it's a two way street when it comes to to cross training with one another, and so that might be. Um. A great place to explore is, what does safety look like for those that may not feel as comfortable on seeing or um teaching them situational

awareness when they are on scene. Um, you know. Where do you park your car? If you do come and respond on scene with me.

- Uh, where do you position yourself in a room again? Because some folks may have had that training in in their mental health, training or degree programs, or in their agency, and some folks may have not, may not have. So it's important to um, You know, Debunk, that for yourselves by not assuming that everyone automatically feels safe
- next slide, please.
- So some other helpful data or uh points of consideration to look at when you are perhaps going to uh implement a police mental health collaboration, or if you're already in the throes of doing that um,
- especially if you're having to establish buy in from a leadership level. Um is look and uh pull your own data. Look at rates of request, request for a police backup, and maybe separating those calls out due to the perception of danger, or if there was a concrete threat or risk to any of the individuals on scene.
- Um, maybe if you do have staff injuries. Um is looking at what types of injuries were caused. Um, if there are um, if there's a pattern in the location of this, so Is it a residence? Or was it in a public space like a parking lot? Um, if you don't already document injuries, probably from an Hr. Perspective that would be really helpful. So you can have a first reported injury. Form a lot of police agencies. Do that, Um. And so you might want to consider how you track those methods and pulling that information in,
- if you do,
- and then, of course, where the injuries take place
- next slide.
- Um,
- as I said earlier. Learn the licensure requirements for mental health providers in your area, and be willing to to uh check those credentials. Right? Um. A lot of us um have different credentials. So if there is a difference between an Lc. Sw. And an Lpc. There's a difference between someone who's maybe a license marriage and family therapist and lmft. Um, just like there's differences between a C. I trained Officer um and someone who is swat. Everybody has lots of letters following
- uh their names. Um! We are all very uh proud of the trainings that we have received, but making sure that if you are going to engage with mental health providers. Um checking those credentials and understanding what that does and doesn't allow them to do in your State,
- for example, in our state there's a designation between an Lpc. And then which is a license professional counselor and an Lpc. Mhsp. So Mental Health Service Provider.
- The latter of those allow someone to diagnose. If I am simply acting or providing services as an Lpc. In my State, which i'm not, by the way. But if I was um, that would mean that I can help folks with. Uh by by statute. My law I can help with with a certain number of issues, and then, if there is a need for a diagnosis. I need to refer them right. So
- I say all that. To say again, for for the purpose of your planning in your community is understanding what those designation means, what are the needs of your

community? How do you want your collaboration to function and then plan accordingly?

- It's always helpful to conduct a review and gap analysis of your training curriculum, so that you can look for crush training. So a great example would be uh the one I just mentioned a few slides ago. Uh, you know, Could your local law enforcement agency come in and help do some situational awareness, environmental design, training, and self defense training for a mental health um agency in town, right uh. I used to work at a law enforcement agency and thought I was pretty good about safety planning until I worked with law enforcement
- and realized there was a lot that I was leaving unattended to in my own personal safety as a social service provider.
- Um! So there's a really great opportunity there for you all to keep each other safe. Um! And then to increase the capacity of your services by constantly reviewing and assessing. How are we doing? What are the areas in which we need to have a more procedural interaction between our two professions,
- and then use data health points to create that system for better response to mental health crisis calls. So all of the data that you gather, whether it's the number of calls for service, the duration of that time, and then the number of requests or referrals into a crisis stabilization unit. You know. What are you going to do with that data um to chart and make a plan, because what you want is for that data to inform your actual practice of um Cross Systems collaboration
- next slide.
- And so now I have the distinct honor of introducing Uh. Dr. Sherilyn Lee. Dr. Lee is the behavioral services manager at the Santa Barbara County sheriff's office, and uh, we have the the uh joy of partnering with her on webinars before um for those that Haven't had the opportunity to hear from her. Uh, Dr. Lee, uh has actually been in her role first as a volunteer, going back all the way to two thousand and fifteen, so she predated the Apa in two thousand and twenty by saying folks needed to increase
- increase collaboration. She's been doing this for a long time. Um! She started as a volunteer went to part time work. And now Um is a fully embedded practitioner and clinician in the Santa Barbara Sheriff's office. The reason that's important, I think, to highlight is that that clearly demonstrates their jurisdictions. Commitment to having police and mental health collaboration. Um, in which now, um, I believe I hope not speaking out of turn. They are fully funded by their agency, and has successfully transitioned themselves off
- uh of Grant funding, which means they're a permanent picture of public safety services there at the Santa Barbara Sheriff's office. So i'm going to turn it over to you Now, Dr. Lee. Thank you so much.



**Dr. Cherylynn Lee**

00:27:51

Thank you, Caroline. I very much appreciate that introduction, and I think we can say fully funded. So um we are.

- We are there, so I appreciate it. Um. We'll go ahead and go to the next slide.
- Thank you. Um. So I am more than happy to present today on uh the Santa Barbara Sheriff's Office Mental Health Co. Responder program that we have. Um, I'm also um
- would be remiss if I didn't mention our wellness program that we have at the sheriff's office. It's a big part of my heart um to be providing counseling and nutritional, and exercise support for our deputies who are out um doing the hard work, and so uh through in their an emblem of our Peer support team as well. But uh, we can go ahead and go on to the next slide.
- Okay, So a little bit um about me. So I am a full time employee at the Santa Barbara sheriff's office. Um Within that capacity I am actually a manager. So I supervise the sworn unit of deputies that respond to the mental health crises out in the field.
- I am on our crisis negotiation team. And so, whenever there is a swat, call out our crisis negotiation team gets activated, and I get to go out on scene and assist with collecting intel that might help us resolve this circumstance and situation peacefully.
- Um, I do a lot of behavioral threat assessment for our organization and allied agencies, and So it's often the case that we get folks with a history of behavioral health stuff, and that person might be evidencing behaviors or making statements about um
- committing violence uh in in our community. And so I have a hand in assisting our uh law enforcement. Folks get a handle on those cases. Um, I do all of the cit training or crisis intervention training for law enforcement within Santa Barbara County, through the Santa Barbara Sheriff's office.
- I also um supervise our medication assisted treatment program for our um inmates who are um
- addicted to opioids and um Similar substances. Gosh! What else? On my over, our wellness program and our Peer support program um at the sheriff's office as well.
- In addition to working at the sheriff's office,
- I have a private practice um through an organization called the Counseling Team International, Where? And I see first responders uh only, and I specialize in uh treating post-traumatic stress injury. Some of you on this call might know it as post traumatic stress disorder. Um, However, I think that that word is in in accurate depiction of what actually happens in the brain and body as a response to incidental and or cumulative trauma.
- Through my private practice I also get the honor of being deployed throughout California to respond to critical incidents and conduct Critical incidents, Stress deep reefs for natural disasters line at eighty deaths um Kit calls, and so on. Um. I'm contracted with Santa Barbara Police department for negotiation services as well,
- and I have the honor of working with our State Post on um as a subject matter expert for officer and dispatch or wellness, and have been published as an author on Um. Various topics, mostly inclusive of Co. Response and wellness as well.
- Next slide,

- all right. So our county corresponds. Um program started in two thousand and eighteen, and we have three primary objectives for our deputy and our clinician that are paired together. They are to respond to mental health crises that are coming through nine hundred and eleven.
- They are to engage in what's called proactive contact, so meeting with folks that may be pre crisis, so they're not at the level where a nine one one spon would be in a responsibly indicated. But perhaps they're evidencing behaviors of decompensating Um. Not taking their medication, they have a history of criminal behavior, and then following up. So once somebody goes to the psychiatric hospital or um,
- um, we divert them from the criminal justice system into some um corner of treatment our county offers. We want to also follow up with that person and ensure that they're maintaining their level of service, depending on the circumstances that led us to to meet with that person initially
- Um our co-
- for deputies. Um, and uh one of our clinical partners. So a license clinician from our department of Behavioral Wellness, which is our county mental health department. I uh do not go out in the field. I do not conduct the assessments. I'm a manager, and so um I help field the team and provide them with the resources they need to do the work next slide.
- So i'm going to be presenting some data um based off of calls for service that were um in two thousand and twenty.
- The reason why i'm presenting data from two thousand and twenty is because we have the most robust outcome slides for our program. From that period of time I am looking at getting the same robust slides for two thousand and twenty-one, and two thousand and twenty-two in the next month or so. Um! And so happy to follow up, as is requested by this group or members of this group to provide more current data. Um. But for this presentation i'm going to talk about what we did in two thousand and twenty.
- So in two thousand and twenty, generally speaking, Um, our sheriff's office uh fielded about three thousand mental health crisis calls of those three thousand mental health crisis calls one of our three existing full timeical response. Teams handled about one thousand six hundred of those calls
- out of those one thousand six hundred calls, we identified through treatment records through our counting mental health system that we touched about four hundred and ninety-six individual persons. So as I refer to the cohort in the subsequent slides, i'll be referring to those four hundred and ninety-six persons that were served
- um. This slide is um a bit busy, but what it shows you is if you look at the left hand side, where you see the word cohort in four hundred and ninety-six. It mentions how many persons within the cohort have a history of treatment with county mental health
- um, and that's uh that's inclusive of childhood, as well as adult engagement with our county mental health system. So our four hundred and fifty people that were contacted had already established some level of service with behavioral wellness.
- One hundred and forty-one had touched um our jail at some point between uh two thousand and sixteen or the event where they encountered our team in two thousand and twenty, and then twenty-two Of those persons were um engaged in

our newly established sobering center, which has been up and running since two thousand and twenty as well.

- Um next slide.
- So some of the um data um related to um who it is we're interacting with.
- So on average um the cohort. Uh, we're interacting with persons who are about thirty-eight years of age about fifty-six percent self identify as not having a permanent residence which doesn't necessarily indicate homelessness. Um, in the traditional sense of the term, but indicate they don't feel as though they have a permanent residence of time of contact.
- Most of them are male. Most of them are white. Um. A significant minority have graduated or received a um, a high school diploma, or or uh equivalent certificate.
- Most have had an admission to behavioral health services prior to our contact with them. Some I've also had admission into our alcohol and drug services in the county in our county in Santa Barbara the mental health and drug services are somewhat bifurcated. Um! And so, um! There's separate admissions that have to occur for each of those domains.
- Then most of the persons that we encountered in two thousand and twenty we encountered one time. Of course, we have folks that we encountered multiple times. Um! But those were the exception, not the rule. Next slide.
- So out of the one thousand six hundred and six contacts that were made by the one of the three call response teams in two thousand and twenty, only eleven times was somebody arrested.
- So out of one thousand six hundred and six contacts. Somebody went to jail eleven times.
- Um! That's a pretty impressive uh from my uh, where I sit impressive Number Um! What that meant is that? Um most of the people that were taken um that were not taken to custody on the next slide will show you kind of what we did with them, but for the eleven folks that were taken to custody. Um, I think it's important to mention our Co. Response team does not do the arrest. If an arrest needs to occur, it is patrol that comes in, and we'll take that person into custody, so that we can maintain
- a positive relationship with them if we encounter them again, which oftentimes we do so. On the left hand side, you see, Co. Response related arrests on the right hand side. What you'll see is um that um
- uh bar that says arrested is indicative of the cohort. So the cohort, when patrol was responding to a call for service. The cohort um was experiencing a higher number of arrests than when Co. Response was involved versus patrol
- that could be indicative of. There was a different interaction. Um, perhaps, that the reason for the patrol request was that there was a criminal activity unrelated to behavioral health stuff.
- Um, or um, perhaps um that patrol, that deputy felt that an arrest was more appropriate than it diversion to treatment um for for whatever reason.
- Um, I think it's also important to mention that for our county we are the only county in California at present, where our law enforcement officers are not authorized to write their own psychiatric detentions.

- Um, so they do not write fifty, one fifty, which is the week Code welfare Institutions code for psychiatric detention for our uh our State. I'll go into that in a little bit more detail in a subsequent slide
- next slide.
- So everything else Um. So if somebody is not going to jail. But they're engaging with our team. We want to ensure to the best of our ability that they have the resources they need to get through the crisis that's occurring right now, and that we provide whatever support might be reasonable and necessary to prevent future crisis.
- Sometimes it's helping the person with with transportation to um where their destination might be
- um social services, substance use support housing. We will at times take persons to the Dmv. To help them get their driver's license so that they can get into a shelter within our community. So our program is really in existence to do whatever is needed, whatever else is available to help that person move through their crisis and out of the criminal justice system, if uh, safe and appropriate to do so
- next slide.
- All right. So our teams at present. Um, we have three, and they work um uh
- split shifts, and they work from eight Am. Until six Pm.
- Has the majority of our mental health calls for service. So we know um that the majority of our mental health crisis calls come in Monday through Friday, and they come in eight Am. To six Pm. Um, it is not um.
- We did not create bankers hours, if you will, for the crisis teams to encourage um people putting in for the position uh, this just happens to be what our data is telling us, the need is, and should the data change um, so will how we staff the teams
- um next slide.
- So um! What this slide shows
- is on the left hand side. You'll see that in two thousand and twenty. When our Co. Response team is working. Um! We are able to handle almost seventy um or more of all of the mental health crises that come through nine hundred and eleven, so these are calls for service that would have otherwise been handled by patrol. When our team is engaged, um Patrol is released to be able to do other law enforcement duties. And so we're able to take a huge workload off of our Patrol deputies who would otherwise be on
- with the person in crisis. Um, and then you can see that when our Co. Response teams are not working, they handle a lesser number of calls on the right hand side. We have uh the time of day. Um
- based on call type. So our three most common call types for our mental health crises are suicidal. Subject check the welfare calls, and then our sort of catch. All um
- dispatch term would be all other. So that's everything else. There's some three most common call types. So we're able to look at our data and mind through when these call types are occurring as well, which helps us deploy the teams. Um at targeted times.
- Next slide.
- Um! So in addition to the general calls for service that our teams handle um. The teams are also very busy in terms of working with um. Our

- call outs. Um! So folks that are uh barricaded and suicidal perhaps may have been a full swat. Call out negotiations! Call out
- four years ago, but now we're able to deploy a lesser and more targeted um response to those kinds of uh calls for service, and so our team will assist on an as needed basis.
- Our team assist with cit trainings and de-escalation trainings. Um! We have worked with our nonprofit partners within the county, as well as our other county partners. Excuse me um to train them, and de-escalation tactics.
- Um, I think Caroline was mentioning earlier that depending on um your licensing your training your experience where you went to school, you might get a lot of really good information from a um as a clinician on um how to work with somebody who's in your office, who's ready to engage in a therapeutic conversation. Um! You may not have received information on positioning or how to de-escalate somebody who is um standing across the room holding a weapon.
- And so what we're able to do is provide that sort of ancillary training to our partners, and hopes that they feel more comfortable and confident, de escalating these kinds of circumstances themselves, so that perhaps that will avoid an unnecessary call to law enforcement. Um, Now somebody standing at the other end of the room with a knife that would likely be an appropriate call to law enforcement. Um, but for lesser kind of engagement Um,
- we we want our community partners to feel empowered to do some de-escalation themselves.
- Um, we work quite closely with our intel unit um on cases of potential mass casualty um or um Persons who are, I'll give an example. Um. High school students who are clinically depressed, who have expressed a want to resolve their grievance by committing a school shooting. Um,
- perhaps that
- the um, the intent to commit the school shooting, or the comma uh intent to commit an active violence is not meeting a criminal threshold, but it is clear that the intervention is warranted or necessary. Um! We will engage um with those folks um to try and divert them from the pathway to violence.
- Um! In California we have a red flag law called gun violence or straining orders. Our team um, our Co. Response. Units are the most um
- expert on those civil orders which allow for sort of like a domestic violence restraining order. It separates somebody from their guns for a period of time, and then there can be stipulations or court processes that the person can move through um to get their weapons um back if they so choose.
- We will assist with our civil department when they're doing evictions of persons who have known mental health and or substance abuse histories,
- and then We also will work with our um city counterparts who have upstood their own Co. Response teams. So the sheriff's office first um upstate our our Co. Response team in two thousand and eighteen, and then in twenty twenty, one. Two of our local police departments have also um
- started their own programs, and so we assist each other. Um case, consultation and provide coverage and mutual aid when when indicated.
- Um, next slide.

- Okay, could you go back to the other slide? There's a few more things I would like to add.



### Unknown Speaker

00:44:37

Thank you.



### Dr. Cherylynn Lee

00:44:38

Um. So I think it's important to mention um that you know the the benefit of our Co. Response program is one that is a benefit to patrol community and our behavioral health partners. One of the ways that our program is a direct benefit to our own agency at the sheriff's office is that

- we have less resources that are needed when we have that clinician embedded with us. An example I mentioned our three most common call types, suicidal subject,
- on average for uh patrol to respond to that call type. It takes about four patrol units, and i'm sorry. Three patrol units and one hundred and twenty minutes to disposition the call. So from beginning to end, about three cars on scene, and about one hundred and twenty minutes from beginning to end,
- when our Co. Response team is responding to that same call type. On average, we'll have one unit, and on average we'll disposition that call within sixty-six minutes. That's a big difference. It's a big resource savings
- the reason. We feel that that is the case is because of what I briefly mentioned earlier in our community. At present our law enforcement officers are not authorized to write fifty, one hundred and fifty holds, so if I, as a peace officer
- respond to a call for service for Caroline, who's expressed that she's feeling suicidal um, and I recognize there's probable cause for psychiatric detention. I have to call my partners over at mobile crisis or county mental health, to respond on seeing conduct, the evaluation, and determine if a hold is needed or not,
- that process of just responding on scene can take from ten minutes to three hours. And so one of the reasons why it takes so long for our patrol deputies to be able to disposition these types of calls is because of that response. Time.
- Now, through Co. Response, we have a clinician that can roll Code three um, and we're better for it. So that's um. I think one of one of the benefits um of of the program. That's a direct benefit to to us is the law enforcement organization. Um. I will also add that from a treatment um perspective

- uh in the six months after the Co. Response contact. So we um. So i'm a deputy. I respond to Caroline, who's uh suicidal. We take Caroline to treatment. We can follow Caroline from that point of contact where she and I met six months beyond to see what's going on in in her life in terms of the intersection of criminal justice and mental health.
- What we know based on the cohort, four hundred and ninety-six people from two thousand and twenty is that bookings for the cohort reduced by forty one percent,
- only thirteen of the cohort was arrested within six months after their co- response. Contact
- twenty-four more individuals engaged in mental health services. So twenty four percent of the cohort was still engaged in mental health services six months after their initial contact. Most of those services were non crisis, meaning they were outpatient treatment, which is a cost savings to our mental health Department.
- Um! And then I um like to say um, we save lives. Um! There's a a brief story that I will mention um, and then I have
- two more data points to share, and then I will um stop the talking at y'all. Um. So
- there was a call for service. We had of a twenty-three year old um man named Nicholas it's not his real name. He had texted his best friend in other county, and said that he was going to kill himself. He was sitting on a tree. Um had a a rope around his neck, and was uh saying his goodbyes.
- So um his best friend called us, and we set out on a search for Nicholas. We did what called the ping. We got a warrant and the reservation to find where he was using cell phone data. And when we did he was in a very remote location of our county. Um, It actually took fire, using chainsaws to to get to him um safely.
- So um our team um
- saw Nicholas, who was, in fact, sitting on a tree with a rope around his neck. Our clinician identified pretty quickly that he was um very committed to the intent to kill himself. Our deputy sort of stayed back a little bit um to, so as to not um
- create the exigency or put pressure on Nicholas, if you will. So, as soon as our clinicians started engaging in communication. Our deputies were engaging in finding resources and getting them to the scene, so, after about ninety minutes of communication, unfortunately, Nicholas decided that he was going to attempt suicide.
- So um! He jumped right in front of our clinician.
- Within less than four seconds our deputies had slid down the hill they were standing on out of you. Um! And uh cut the rope from his neck
- within minutes. Um, like I mentioned fire had to use chainsaws. He was on a back board uh being placed in the ambulance on the way to the hospital, and because of our Co. Response intervention, we believe um that Nicholas survived that encounter because had we not had the team together, um and we had law enforcement on scene, our behavioral health partners may not have been able to find where we were. Um! And so um!
- I'll share a brief quote from Nicholas's parents, who came into the station four days later to to say Thank you.
- The events of this last week, although extremely trying, had reinforced our faith in God and in humanity. Indeed, there were so many miracles and events, we believe

were divinely orchestrated, using individuals like your team to bring Nicholas to the point where he can find help through that help find healing and through healing find hope.

- If Nicholas had to go through the painful situation he did, he was in the right place and saved in exactly the right manner.
- Um!
- That's why we do it.
- Last couple of data points, and then I will um
- sit back um in two thousand and twenty-two between January and uh, September twenty fifth,
- our sheriff's office has fielded three thousand nine hundred and thirteen mental health crisis calls. So just in the first nine months of the year we have surpassed all of two thousand and twenty. Um! We are seeing a huge uptake in the volume and acuity of these kinds of calls.
- One of our three Co. Response teams. Um! We responded to nine hundred and eighty-nine of those calls, or twenty-five and of those only forty-three arrests occurred which is less than half a percent inch of calls for service.
- So we're seeing a higher volume and acuity. We're still seeing a a relatively no low number of arrests and uh to Caroline's Point earlier.
- Our three teams were Grant funded, and we have a commitment from the Board of Supervisors to continue the funding for these three teams, and we're also adding two additional teams for the next calendar year. So that is the conclusion of the formal portion of my presentation. And so next slide
- I see that it Nope.



### **Deirdra Assey**

00:52:09

I was gonna say thank you so much, Dr. Lee. Um. Our first question in the chat was, Can you repeat the statistic that you mentioned about engagement and follow up treatment? Um! Was it twenty? Four percent of people who called crisis were in treatment six months later, or twenty four percent of crisis calls who are referred to additional treatment or in treatment. Six months later,



### **Dr. Cherylynn Lee**

00:52:30

Um! So out of the four hundred and ninety-six individuals that were contacted by our correspondence team in two thousand and twenty twenty-four of the cohort.

Six months after the encounter we're still engaged in uh services with the Department of Mental Health.



**Deirdra Assey**

00:52:50

Thank you. And then the last question in this was is that publicly available?



**Dr. Cherylynn Lee**

00:52:57

The statistics?



**Deirdra Assey**

00:52:59

Uh: yeah, I The data. Yeah, absolutely. I'm happy to send it to you all to send it out, or um happy to put my contact information in the chat that folks can ask me directly.

- Great. Thank you.
- Um. Do you want to remind people um that you can chat into either in the chat or the Q. A. You can continue to ask questions for um, either Dr. Lee or Caroline. Um! But as we wait for more questions to
- oh,



**Dr. Cherylynn Lee**

00:53:32

uh! And we do have another question: Does your team do follow ups? Yes, we do so. Our teams are very busy, as you might imagine, just listening to the radio, and they're often on a call, and there are two calls pending in the queue, and so we triage the calls and go to whichever is going to be the most um uh,

- wherever we're going to have the most impact when they're not running from call to call. They have a list of persons to follow up on. And so there's a different ways that we receive. Follow up information we have at the sheriff's office established um like field interview cards for mental health that we have thus far kept out of the hands of the district attorney's office and public Defender's office because they're considered notes.
- Um hope there's no attorneys on the call. Um! In any case, Um, there are own notes. We have our own database, and so what deputies might do when our Co. Response team is not working is um fill out one of those field interview cards for follow up. So our Co. Response teams will review those cards at the beginning of their shift and um engage with those persons, or if they might follow up on a crisis contact that they've had, so a good example might be somebody that was um
- committed to uh committing an active violence. They got treatment. They're feeling better. Um! That fifteen year old that I mentioned. That's a real case our team plays basketball with him twice a week. Um! To maintain a positive relationship, and also to uh,
- i'll use a quote from one of my favorite deputies test his temperature and see how he's doing on an ongoing basis.
- Thank you so much, and I, It looks like there is a follow up to that. So are you self dispatching, and it sounds like you must remember this, your self-dispatching being dispatched or being requested, or all three, and it sounds like it's a combination. It is. But um! There's a particular way that we determine which of those buckets we're doing when so, if it's a um suicidal subject, we will start rolling, regardless of the circumstances we hear. There's somebody who is actively um imminently suicidal. We self dispatch
- um for most other things. Um, unless we know the person. Um and um. You know our teams are sitting at the at the desk. Um, we will wait for patrol or dispatch to call us in. The reason being is because what often comes over the radio is very different than what you have in front of you.
- And you know our Um Patrol deputies are supposed to be at any scene within a certain number of minutes, So patrol is often going to be first on scene anyway, because with three teams covering the whole county, we're often not going to be the the first ones there, just because of logistics. And so um from car to car. Our uh Patrol deputies will call in Co. Response and consult or ask them to roll in over the radio. Um, and then um we we will um
- be requested uh that way?



**Deirdra Assey**

00:56:28

Thank you. Um. Questions are really pouring in right now. So um!

- The next one is so from someone who is um working with a police department and has a civilian unit, and they also do Cit. And they're interested in learning more

about how to organize and collect data to effectively demonstrate outcomes which I know we could probably do an entire Webinar on. So if um, either you or Caroline have some like quick takeaway points on this topic. I think that'd be super helpful. And then um! Since you've included your information, I would encourage folks to follow up if they had additional

- questions.



### **Dr. Cherylynn Lee**

00:57:05

So i'll say that we have two different Uh well, three different data points that we use right now. We have the dispatch data through our cad system where we pull the raw data. How many mental health calls! Where are they coming from? What times a day? How often are our patrol deputies and Co. Response teams responding. We then have an Ehr electronic healthcare system that our clinicians hold. So they're entering all of the um treatment data or demographic data. What was the reason for the call? Was the person suicidal? Was there a gun involved?

- Um, you know what What age are they? Then we also point. Sorry for data points. We pull data from um
- the uh treatment continuum within behavioral wellness. And then we pull our our jail data as well. We've had the luxury Um, our pleasure of working with an organization called Social finance that we contracted with through the grant to sort of make sense of and sympathize all of these data points, and they de identified the data. So it's all hipaa compliant, and that's how we get the outcome information back.
- But happy to speak more on that um offline.



### **Caroline Huffaker**

00:58:06

One other point, too, Dr. Lee. I know you. You just mentioned that you contracted, and so for some folks another area that they could explore partnerships is, if you have a local college or institution with a criminal justice program, a social work program, a public health program, you might be able to partner with researchers, professors, and graduate students. If you don't have the funds to contract uh with with an entity. Um, you might be able to get some really rich data analysis from local

- institutions. And that's just another way to kind of brought in your partnership um, and bring other folks into the fold that could help with data analysis. Um, which can then translate to policy development. And so, if you can, if you don't have great

funds You can't afford um or don't have like a crime analysis unit. That might be a really good option is uh local institutions of higher Ed.



### **Deirdra Assey**

00:59:00

Thank you both. So much for such a well uh rounded answer. And, Caroline, you kind of are prepping us for the next question. So uh, someone writes: I am currently writing policies and procedures for our mobile crisis response teams and looking for examples of other policies procedures that teams have completed. Um. They've reviewed info on our tool at the Csg. Justice Centers toolkit. But looking for more, do either of you have some suggestions of where to find some

- detailed policy and procedure suggestions, or do you have something
- that you recommend that you can talk about?



### **Dr. Cherylynn Lee**

00:59:37

I will say, if there's a lot of conversation at the Federal and state level um guiding these um initiatives. Um! I can certainly

- um share what we have in our state in our county, because that's my span of control. What I have access to, but I know that there's a lot I just came from Sacramento a week or two ago talking about this very thing, and I know there's going to be a lot of guidance coming down. Um! But outside of that i'm happy to send you what I have access to.



### **Caroline Huffaker**

01:00:06

I'm also happy to send. I've. Um. This is more specific around nine hundred and eighty-eight implementation, which we think there's a question around nine hundred and eighty-eight, and again that's going to be different State by State, because each State is responsible for rolling out their implementation of nine hundred and eighty-eight with Federal dollars. Um! But that said, there's some really great stuff on um, same, says website. Um uh, they did the name of the official agencies escaping me now, so I apologize for that. But

- um
- one of the national um kind of best practice agencies for nine, one one, and dispatch also has um sample policies and procedures specific to nine hundred and eighty-eight. But that kind of complements really nicely into uh Co. Response or police mental health collaborations. Um, So i'm happy to if It's easier to give that to Deedra and Dijk can then send it out, or folks I can drop my information in the chat as well. Um, and then to Dr. Lee's point. Um, I've never built a embedded
- mental health uh behavioral health unit. But um when doing something around the the the lines of victim services within a law enforcement agency. Um
- peer peer exchange. What Dr. Lee just offered to do was one of my best resources, was um finding agencies that really had promising practices and really had promising um,
- you know, initial findings and results.
- Um, that, you know, perhaps could translate into my community and contacting them so um lot of cold calling. But um! When you can find someone like Dr. Lee, who then might be able to put you into contact with another agency that's doing things really well. And then, if they're willing to kind of share, or at least hop on the phone with you for an hour. Um. Those peer exchanges are fantastic ways also, just to build your network. Um, if you're building an agency, and then one person it um
- entity or a Public Safety Agency can be hard. Um! And so creating a network to of other folks that have kind of walked that past ahead of you also. Uh, is really really helpful and can be really encouraging as you develop. Um, these really really important programs.



### **Deirdra Assey**

01:02:14

Thank you so much. And you are right. There is a question about nine hundred and eighty-eight, so just to specifically ask it. Um,

- I have, is it? Has the event of nine eight changed planning for Co. Response. And do you expect fewer calls for law enforcement to respond to where mobile crisis is responding with no law enforcement?



### **Dr. Cherylynn Lee**

01:02:36

Who Um! So um! I'll speak on behalf of myself and not my sheriff's office. Um,

- I don't expect the impact of ninety-eight to really have an impact on law enforcement calls for service. Um, and the reason being somebody who's likely

- going to call nine eight, eight, because they're asking for help, because they recognize they're in a crisis is not likely the person that's also calling nine, one one
- um, and so um! I don't know that it's going to take a huge workload off of law enforcement, except that maybe in an indirect way, and that people recognize they're not okay and get help. It'll prevent them from going into a crisis later on. Um,
  - my um own experience, and I know It's a new program, and having Britain and develop new programs, There are bumps in the road, and i'm the first to admit that. Um! It took me two and a half minutes to get a live person on the phone.
  - Um, and that's a very, very long time. Um, and so um i'm a bit concerned that folks are going to use that instead of connecting with law enforcement. And so um i'm navigating that you know it internally and with our local Nami national lines and mental illness group. And you know we're sort of game planning what that means for for us. But I don't know that it's going to have a big impact on law enforcement or Co. Response operations just because of the nature of the call.
  - Um i'm also not quite sure how. Um
  - nine eight is going to transfer those calls to us, because I think it's area code specific and not zip code specific. So I don't know that we're going to get a lot of work from nine hundred and eighty-eight, though i'm very much looking forward to our ability to transfer some callers to nine hundred and eighty-eight
  - um, which will relieve some of the impact that um these calls for service might have on dispatch where a deputy never even gets dispatched to the scene. But our dispatchers are kind of doing the crisis work themselves. So um! Those are my thoughts.



### **Deirdra Assey**

01:04:29

Thank you so much. Um. Our next question is, why is the percentage of people being served by the program in the program? Um predominantly white when Black and Hispanic people are uh it's saying three and a half times more likely to be in jail, which I don't know if that's specific to the county. Um, but can you talk a little bit about some of those disparities Won't be causing that sure. Um, i' to address. Yeah, I can. Um, I think Anecdotaly Santa Barbara County,



### **Dr. Cherylynn Lee**

01:04:58

Um is is historically a very white community. With the exception of our North County, where I present we only have one team. Um, and we will be on boarding a a second team in North County to help with that Um

- perceived your real disparity, you know, if you will. Um, we have a higher number of crisis calls documented in South County. Um, and that might be because just historically, um folks are um
- less likely to engage law enforcement or less likely to be accepting of or appreciate that there is mental health stuff and reaching out for resources for mental health stuff.
- Um. So that is the best answer that I have just anecdotally from. Why, there is an apparent disparity in the data. I will say that that is a data metric. We are looking at.
- Um. I will also say that that is a data metric that comes from our behavioral health clinicians. And so when we don't have a clinician. Um with us. They're sick. They're on vacation, So on and so forth. We don't get that outcome data. And so there are a large number of calls that um are handled by our deputies Working Co. Response when they don't have a clinical partner. So we're missing um some of the raw data. And so that data point may be skewed in part because
- because of that. Um,
- But that is something we're looking more into. But anecdotally, I think it has to do with logistics of where the teams are located, and who is more likely to call um nine hundred and eleven because of a mental health crisis,



### **Caroline Huffaker**

01:06:34

if I may add to, I think that I appreciate that question being asked, and I appreciate the curiosity with which Dr. Lee and her team are approaching. That. Um, you know traditionally in the Mental Health um field and in the code of ethics for Aca and Asw is

- is um a commitment to cultural competency and cultural humility and understanding. How is it that we serve people? Um in a way that isn't just engaging them, but it's also engaging them in services that meet them uh with their cultural considerations
- as a part of how we assess and engage folks. And so um, you know that's a great question to ask um in a webinar such as this, and that's a great thing that um, it's a data point that Dr. Lee and her team are curious about um, because absolutely
- folks might be uh less inclined to engage with a system that um perhaps in their community isn't one that's traditionally sought out. Uh, perhaps the history of that system with a particular community, Hasn't always been the most successful. And so what kind of conversations do you need to have as a community to reconcile yourselves as
- uh even public health or systems providers um to communities that perhaps have had a a difficult relationship with um, not just mental health, but health in general. Um! And then you layer on law enforcement.
- Um! So there's just as much, I think, a a community conversation that can come out when we ask those questions, to make sure that everybody in um our communities

feel as though they can access, and are represented in the systems that are there to serve them. So

- remaining curious about what the data does show. Um! So that you know, Perhaps again, you can address disparities. Um, and then bridge access um, or increase access for for folks in the community that that may not be represented.



### **Deirdra Assey**

01:08:29

Thank you both so much for such a thoughtful answer. There was a follow up question about the

- the ethnic and racial makeup of the team. So is that something that's been a priority, for your team is making sure to hire um folks from diverse backgrounds. Or is that something that you're looking to be able to do more in the future with um setting up your second team.



### **Dr. Cherylynn Lee**

01:08:50

Yeah, no, absolutely. Um. When we started in two thousand and eighteen as a pilot program, both our clinician and our deputy were African American

- um, And so the makeup of the team changes depending on staffing. Um. Right now we have two um folks on the team that speak um fluent Spanish
- um then that wasn't the case in two thousand and eighteen. Um, but that's the case. Now. Um, and so we're We're always wanting to have a diverse group of persons. They're responding to to crises. But I will also say, if we're responding to a mythical speaking household. Um, or you know another primary language. Our Co. Response team will utilize one of our deputies or other clinicians who speak that language, or who are embedded in the culture to help communicate
- um with them if if time allows, so we certainly use the resources we have available to us. Um, if we're not able to do that direct communication when it's when it's safe, and time allows to do so.



### **Deirdra Assey**

01:09:50

Thanks so much. I feel like um. You know we've done other sessions together talking about hiring, and there's just so much overlap with training and hiring and being intentional about the folks that you're hiring together.

- We could really talk about this uh endlessly. But I think that, uh, we'll move on. So the the next question is, does the sheriff's office also have access to mobile crisis teams? And if So how have you worked with dispatchers uh to differentiate calls that should go to the police only, or maybe cit versus Co. Response versus mobile crisis Only



### **Dr. Cherylynn Lee**

01:10:24

so. Um our mobile. So how do I see this?

- We have had mobile crisis teams. Um for decades. Um, since at least the eighties. So I mentioned that our peace officers are not authorized to right by policy by law. They are by policy um not right. Their own psychiatric detentions, or in California to one hundred and fifty. What we have is mobile crisis. You can come in and do that instead.
- Um! The makeup of our mobile crisis teams are anywhere from persons with lived experience that I've had eight hours of training to clinical interns to folks that are licensed practitioners.
- Um. And so we really have a wide variety of persons that respond on scene. And unfortunately, um! We might have one mobile crisis person working for the entire county at any given time. And Um! That's you know, four hundred and fifty thousand people that are residents here, and that number is much, much higher during the day. Um, we have a lot of our workforce commuting. And so, though we have mobile crisis teams, they're not sufficient to meet the demand of our community. And so I really feel that Co. Response is a helpful
- adjunct to that. Um! I would love for our co- our mobile crisis folks um to do more proactive work and more follow up work. Um, and we're currently um in our county is currently considering restructuring some of the way we've done things because of how successful our co response program has been:
- Um. But I will also say that an interesting anecdote is our um mobile crisis. Folks do not want to respond out in the field without law enforcement.
- Um! And so it's been the case that they will say, Well, is law enforcement there if they're not there, and have seen security. I'm not coming yet. And so yeah, we have mobile crisis teams, But we've always sort of responded together. Anyway, it's just been a bit disjointed. Um, and so just
- ha! I know there's a lot of talk about mobile crisis teams, I think, having a team is great. Um, I think it can really work against you to check a box. And I think you know, considering the utility of the team, your region, what resources you have or

Don't have are really meaningful when upstanding these types of programs. Um, especially when it comes to crisis services.



**Deirdra Assey**

01:12:36

Thank you so much. I've definitely experienced that as well, and I think That's kind of the the kernel at the heart of this today is,

- how can we help especially mobile crisis, like Co. Response still has that law enforcement aspect. Um! But if there's are there any resources or trainings for mobile crisis specifically about safety on scene? Um for folks that are not responding with law enforcement, and may have some lingering concerns about safety securing the scene, et cetera. Do you know of any
- national programs or um continue education for clinicians? Any any starting point for folks.



**Dr. Cherylynn Lee**

01:13:17

I don't personally know if any existing programs. I will say that our Um. Co. Response teams do de-escalation and safety training for our clinicians for clinics, for our psychiatric health facility are locked in patient unit. Um. So so we that partnership has allowed us to help

- um. Our civilian counterparts understand
- better about safety. Um. But i'm not aware of any formalized training in our cit training that we do for law enforcement. We always invite our behavioral health, friends and practitioners to attend, and there is safety information and um scenario based training about safety embedded in the course. Um,
- but that's about all I can contribute to that answer.



**Deirdra Assey**

01:14:05

Thank you. Um! And it looks like we're at our last question. So if anyone has

- any last minute questions, go ahead and get them in quickly, because we might be closing out the question and answer after this Otherwise, um and I actually i'm going

to take a stab at this one before I pass it on. But the question is, you anticipate additional Federal funding becoming available to support Co. Response, and I just want to remind everyone that this is a Webinar funded by the justice and mental health collaboration program, and for the first time for fiscal year,

- twenty-one um, and again for fiscal year twenty two under the Jmh. Cp. Program, Bj. Released a separate bucket of funding, called connect and protect. That is focused on law enforcement. So justice and mental health collaboration program is no longer serving law enforcement grantees. Um, Those have been pulled out into a separate bucket. So more opportunities for folks across the intercept um map, but that funding is specific for law enforcement. It doesn't have
- have to be Co. Response. But uh, we've seen for the past two years that a number of the Grant team cohort does uh in at least include a Co. Response model, whether it's planning and implementation or expansion of an existing Co. Responder program. Um, but i'll pick it probably over to Caroline to talk about any other funding opportunities that you're aware of.



### **Caroline Huffaker**

01:15:31

Not certainly not at the the Federal level, and I certainly don't want to um speak without direct knowledge. But I think Dr. Lee it just, and she can kind of expound upon this, I think one thing that you could strategically think about is, if you were able to secure funding at a Federal level, or even with like a state pass through Grant like a formula grant through your department of health and human services.

- Um, I believe Dr. Lee can kind of speak to how she used that as a proof of concept. Essentially so, you know, if you utilize a Federal grant or a State formula grant to kind of get your services up and running, and then approach your city council, a Pritchard County Commission, or your board,
- and then say, Look, this is the work that we've established in order for us to continue um doing this work that provides a critical public safety service to your constituency. This is the cost savings that we have
- provided. And also these are the things that could potentially be at risk of going away. Not certainly not in a threatening way of not saying, Please, don't go out, and
- uh, you know, hold your city council people to the podium and say, this is gonna go away, but but helping them strategically think through right like this is a critical component of what we have been able to provide citizens in our community. Um! And in order for us to continue doing this. These are the potential cost savings. If you provided an investment into public safety in this way, and particularly post two thousand and twenty, I think That's what a lot of communities are wanting to see right. A lot of constituents would get up there during um
- open sessions and and public commentary, and say we want our public safety to look different, and how And and this is a a potential way to remedy that. And
- you know I don't know if Dr. Lee has any more about how she's strategically



## Dr. Cherylynn Lee

01:17:14

works through that. But funding is always, uh oh, tricky and necessary part of these conversations you mean We're not supposed to threaten our elected, because you should have told me that four years ago it's still being strategic, you putting so eloquently um i'm telling people. I have a condition called assertiveness, and then, when I get in trouble, I just tell them it's my condition. Um. So uh. So to your question, what we did is we had a um the um

- for Jack Grants of Federal funding. That uh was two point, one, four, five million dollars that funded two of our three mental health Co response teams through uh some Federal funding. Um. Second, Grant was prompt. Forty-seven
- um which was Federal dollars. That also um came uh through this day to our county. And, interestingly enough, it was actually the public offenders, Grant, and they felt so strongly in our ability to divert folks that intercept one, that at um the expense of bolstering their holistic defense program and adding personnel, they
- funded a deputy position for us. And so when I say that this is a partnership, You know. I I really mean that that's one of the things that i'm most proud of. With this program is we did not do anything in a silo. We walked arm in arm with Nami, armed with the public vendor. With the community,
- persons with lived experience, criminal Justice jail courts all of that, and said, This is what we, as a community and county, really feel like will benefit our community members in our county. Um. So
- the grants are ending um December thirty first. And so what we did this last budget cycle, which for us um starts in April or May, and concludes sometime in June or July. That period of time is usually a big blur for me. Um! But we went to. We walked our board of supervisors. We took the data. We took the stories we um met with each of our um County supervisors, and had a one on one meeting to answer any questions they had, and then took it to um a larger public meeting. Um! And there was a lot of
- um
- community and and government support, and so what they are doing at present. Um! Just to get more nuance for those of you that are in this process is they're continuing the three teams for three years with Arpa funding
- um. That is the um the initial commitment, because Arpa funding, which is the Covid money that came down to help support some of that mental health stuff if you will. Um. Our Board of Supervisors is using that to help support um the continuation of these of this program, and then we'll go through the budget process again.
- Um! We'll have even more data that can help us. Um
- uh petition for the additional teams for ever more as as line items, but because you were grant funded. What's often tied to grants is a component of research and evaluation. So we we had to partner with Um Uc. Santa Barbara, our research and

evaluators, and then social finance, who are really able to synthesize the data put together some of the slides that you saw, which we used in our presentation to the Board of Supervisors to provide proof of concept um to request additional dollar



### Unknown Speaker

01:20:12

ours.



### Deirdra Assey

01:20:17

Thank you so much. It looks like we have not gotten additional questions. I want to thank everyone in attendance for posing such thoughtful questions um, and facilitating our really great discussion. Um! And then, of course, I want to give a very big Thank you to the panelists for your presentation and for such thoughtful answers to our questions today. Um,

- I I think this is a real testament to how much we really need to kind of explore this emerging best practice of having clinicians respond during crisis calls whether it's with police or alone. Um! There are some serious concerns here. Um! And I want to thank you all for
- such a great discussion. Um, thank you to all of you listening and again for attending. And as a reminder, this Webinar was recorded. Um, normally, I would say it should be available early next week. But I do know that next week is the holiday. So I say, if you haven't uh seen it posted in about two weeks. Uh, here's my email. Go ahead and feel free to send me an email. Um
- again. Just such a big Thank you to all of the folks from the National Policing Institute from Dr. Lee with the Barbara uh Santa Barbara County. Thank you so much. Um! And I wish you all a great afternoon and a happy Thanksgiving.



### Caroline Huffaker

01:21:39

Thank you, and thank you.