

2021 Proposal for the WASPC Vancouver Mental Health Co-Responder Crisis Team

Project Narrative

Background & Introduction. The Vancouver Police Department, in partnership with Sea Mar Community Services Northwest is proud to offer a collaborative proposal to enhance Mental Health Field Response in Southwest Washington.

We have worked very effectively to build working relationships, protocols, communication pathways and we have been partnering to provide crisis field responses to support law enforcement officers in the field since November 2020. We believe this is a model that could be successfully replicated in other communities. In fact, this year we propose to expand mental health crisis field response to two additional law enforcement agencies in our community: the U.S. Department of Veteran Affairs Police Department, and the Burlington Northern Santa Fe Railroad Police Department.

Agencies in Southwest Washington are deeply committed to reducing incarceration and providing safe options for individuals in need of behavioral health services. For nearly 20 years, the Vancouver Police Department has partnered with Clark County and the mental health community to develop emergency response policies for patrol officers and provide a 40 hour Crisis Intervention Team (CIT) training program to improve police emergency response to persons in crisis. While CIT training was initially targeted at a key contingent of patrol officers, these strategies have become standard operating procedure and required training for all front-line Vancouver Police Department officers, with 84% of officers currently trained. We continue to invest in advanced training and annual updates for police staff, while sharing our curriculum, policies and procedures with other agencies in the region.

This proactive work has progressed rapidly since Trueblood Phase One began, and in 2021 Southwest Washington finalized a Sequential Intercept Model Mapping Report and has nearly completed a Clark County Arrest Diversion Report for program implementation. Mental health field response teams to support law enforcement with crisis calls in the field are a key strategy for success, and we are working on a sustainability plan to leverage local funding to continue program services and expansion after the grant is complete.

If WASPC funding is approved for project expansion this year, we will leverage this continued grant opportunity to build on our current partnerships in the community as we plan for longer-term success and sustainability. Together, we propose to expand our already enhanced mental health field response services that can be dispatched either by the local 911 center or accessed directly during response hours via a designated cell phone by on-scene law enforcement. Our goal is to provide community-based crisis intervention services so that we can proactively divert individuals with behavioral health issues away from incarceration and keep them out of the criminal justice system so they can receive the help they need for longer-term safety and success. This model has effectively improved outcomes for service recipients, providers, and the community at large. Arrest and incarceration should never be the default response for mental health issues, and our community is committed to working together to expand our pilot programs to increase access to early intervention and arrest diversion.

Project Description. Vancouver, SeaMar, and other key stakeholders have already worked together to establish a robust crisis services network model that includes a 24/7 Crisis Line, a Youth Mobile Outreach Team, an Adult Mobile Outreach Team, and an Involuntary Treatment Program that provides intervention and evaluation in the community. We plan to bring together resources for the Adult Mobile Crisis Team (operated by Sea Mar Community Services Northwest) and the Involuntary Treatment Program (operated by Clark County) to provide an on-call mental health field response team that can respond to behavioral health crises in the community and assist law enforcement officers anywhere within the City of Vancouver.

Enhancing access to behavioral health care and services is a top priority for our community. We work closely with the Vancouver Police Department, Sea Mar Community Services Northwest, and a robust network of local leaders and organizations to provide individuals in crisis with an effective continuum of care and treatment options in lieu of criminal justice system involvement whenever possible and appropriate.

While law enforcement is often the first responder for individuals in crisis, some incidents do not initially involve a crime. Criminal justice system involvement for individuals with mental health issues often triggers a cycle that can lead to further criminal charges, poverty, and homelessness, while exacerbating physical and mental health. However, law enforcement officers need help in interrupting the cycle. We have seen success in adding crisis-trained mental health professionals are uniquely equipped to provide callout-based response to assist police officers in the field with these calls, especially when considering the impact that timely evaluation and treatment can have on longer-term individual safety and success. WASPC-funded Co-Responder Teams are also able to spend time with an individual on-scene to resolve the current crisis and reduce the risk of recurrence by connecting individuals with appropriate treatment, services and follow-up care that is customized for each person and situation and focuses on longer-term safety and success.

This Vancouver-based partnership proposes to increase mental health field response, build collaborative partnerships and enhance proactive outreach in the year ahead. WASPC funding will help our community to enhance mental health field response and access to services by providing crisis-trained mental health professionals who are immediately available to assist police officers in the field with de-escalation, mental health evaluation, and reducing criminal justice system involvement in favor of more appropriate providers for treatment and care. This is just one of our strategies for enhancing arrest diversion and improving access to treatment and services for vulnerable members of our community in southwest Washington.

We have the partnerships and key program elements for project success already in place. However, services for field response are currently in very high demand, and the average wait time of 2 hours made this resource difficult for law enforcement officers to access for individuals in crisis, as Vancouver Police patrol officers are 9-1-1 call responsive and cannot generally wait on scene for two hours. This year we decreased the wait time from approximately 2 hours to less than 30 minutes, making this a very viable option for law enforcement officers to use. The program has hired and trained three (3) full-time Mental Health Rapid Response Crisis Team members who can respond to requests for assistance in the field within fifteen minutes during peak call hours 12pm – 10pm. The team consists of two mental health professionals and one certified peer counselor. We believe this improved response time will make this new MHFRT Co-Responder Crisis model our standard response to mental health calls whenever possible. There is a great deal of interest from nearby law enforcement agencies, and we would love to be able to expand the program to serve clients throughout Clark County in future years.

This year we propose to hire and train three additional mental health staff to double service hours this fall, Monday – Friday from 8am to midnight. The staffing model will continue to consist of two mental health professionals and one certified peer counselor.

This year Sea Mar has assisted 59 individuals through the WASPC Co-Responder Program, and once the new staffing hours are fully implemented and operational, we anticipate fielding about 70 calls per month.

This Vancouver Mental Health Field Response Team program is modeled after existing successful programs already in place in Washington State, specifically Pierce County. SeaMar CSNW will continue to provide two mental health professionals and a peer counselor support specialist to respond to calls that meet specific criteria, which may be requested either by 9-1-1 dispatch or by on-scene law enforcement. A clinical evaluation will be conducted by a mental health professional to determine an appropriate level of care for the person of concern, and evaluate the level of risk to the individual and to the community. The goal of this field-based intervention is to provide an effective alternative to incarceration or hospitalization of individuals in crisis when possible and appropriate. Once the scene is safe and legal requirements are met, Vancouver Police officers can transition the scene to Mental Health Field Response Team members so that the individual of concern can receive needed behavioral health treatment, while law enforcement officers can leave and respond to other emergency calls.

The Vancouver Police Department will also work with the WASPC Mental Health Field Response Team to add a proactive program component. We propose to have specially trained VPD officers coordinate with mental health field response team members to provide proactive outreach to individuals so we can work together to establish positive relationships, assist with safety planning, and provide resources and support so we can prevent future crises. We believe that investing in building positive relationships is important, and this has the potential to enhance safety and perhaps prevent future crisis situations. We will use grant funds to schedule these officers on overtime shifts so they are able to go out in the field with mental health field responders without having to be call responsive.

The Vancouver Police Department has partnered with the behavioral health community for many years, and our region has developed a robust crisis services system with many current systems and relationships in place, which are a tremendous asset for this program. We have job descriptions ready for posting and plan to begin field response quickly.

Our Clark-Vancouver Mental Health Rapid Response Crisis Team program is modeled after existing successful programs already in place in Washington State, specifically the Co-Responder program currently being implemented in Pierce County. Our Clark-Vancouver proposal for expansion will be consistent with the Intercept 1 intervention model. In the Clark-Vancouver model, a mental health professional and a peer counselor support specialist from the adult mobile team respond to a location in the community by 9-1-1 dispatch or by on-scene law enforcement. A clinical evaluation is conducted by a mental health professional to determine an appropriate level of care for the person of concern, and to evaluate the level of risk to the individual and to the community. The goal of this on-call field-based intervention is to provide an effective alternative to incarceration or hospitalization of individuals in crisis. Once the scene is safe and legal requirements are met, Vancouver Police officers transition the scene to Sea Mar responders, so that the individual of concern can receive needed behavioral health treatment, while law enforcement officers can leave and respond to other emergency calls.

This proposal is to expand the current model from 12pm – 10pm Monday through Friday to 8am to 12pm Monday through Friday. We believe that matching the hours of operation will make it easier for officers to know when to call as those hours will be identical to the current adult mobile crisis team. This simplified model will be easier for officers to remember and access.

Our proposed model for a mental health field response team enhances the current mobile crisis outreach program model and makes services more accessible to law enforcement officers who are interacting with individuals in crisis; and also provides an opportunity for law enforcement to work proactively with mental health field responders. Sea Mar already has agreements in place with a local evaluation and treatment facility, a local crisis stabilization program, several community behavioral health agencies, and community-based substance use disorder treatment facilities to assist us in accessing behavioral health treatment in order to reduce or minimize the need for criminal justice system involvement.

Service Area. We will primarily serve the greater Vancouver area, which includes law enforcement jurisdictions served by the Vancouver Police Department, the U.S. Department of Veteran Affairs Police Department, and the Burlington Northern Santa Fe Railroad Police Department, which covers approximately 50 square miles. Sea Mar MHFRT Crisis Co-Responders are located near the center of the response area, with easy access to freeways and main arterials that should allow us to maintain a 15-minute average response time to officer requests during the hours the MHFRT is staffed. This area also has the highest population density and the greatest number of 911 mental health related emergency calls (over 45%). Our MHFRT staffing plan is based on peak call hours for mental health related 911 calls and includes:

- Phase One – Current Program: Mon-Fri, noon-8pm staffed by 2 MHPs and 1 Peer Counselor
- Phase Two – October 2021: Mon-Fri, 8am – 4pm; and 4pm – midnight. Both shifts to be staffed by 2 MHPs and 1 Peer Counselor.

The Vancouver Police Department currently responds to approximately 40% of all law enforcement emergency calls in Clark County. Clark County Crisis Services responded to about 172 crisis hotline calls in June 2019, while specially trained Designated Crisis Responders provided 470 field based interventions in the community, local hospitals, and other locations. The 9-1-1 dispatch center receives calls for law enforcement assistance for mental health crises, and the Vancouver Police Department responded to 1678 mental health calls in 2018, which is approximately 45% of the total for Clark County law enforcement agencies. Even more concerning, over half of these calls were initially reported as suicidal subjects. Early 2019 is showing an increase in mental health calls, with 1272 Vancouver Police responses through mid-July, which is on track for a 28% increase over 2018. The 2020 coronavirus pandemic has further increased pressure on mental health resources.

We are fortunate to have so many community resources available, and have already formed a number of collaborative partnerships. As stated above, we propose to continue deploying the current Mental Health Field Response Team during peak call hours, M-F noon-8pm, and add additional staff to expand coverage hours this fall, M-F 8am- midnight. The Mental Health Field Response Team staff will likely be responding from a central area of the city that is well connected to freeways and arterials that would allow responders to reach most areas of the city within 15 minutes when they are on duty. All the grant-funded staff positions will work out of current program space, which will be provided as local agency matching support for the project. We look forward to the opportunity to establish a pilot mental health field response program for future expansion and possible replication in other communities.

Triage Process. Clark County currently contracts for 24/7 crisis hotline services, call triage and referral to behavioral health providers in the community, and works closely with our 9-1-1 PSAP and Dispatch center to determine which crisis services provider to dispatch in any situation.

For our WASPC MHFRT service model, 9-1-1/dispatch will be able to deploy the Mental Health Field Response Team members when law enforcement has asked for assistance with a behavioral health-related call, or officers can call out responders directly when they are on-scene. The Vancouver Police Department will work with the Vancouver Mental Health Field Response Team and stakeholders to develop a detailed process for establishing and refining criteria to ensure appropriate response team call-out, which will include a determination of safety at the scene of the call. The mental health field responders will not work 24/7, but we will review call data to identify peak hours so they are scheduled for deployment as effectively as possible.

We have worked closely this last year with the 911 Center Public Safety Answering Point to establish policies and procedures for call triage and deployment of the WASPC MHFRT. Clark Regional Emergency Services Agency (CRESA), serves as the local 911 Center and PSAP, and also dispatches all law enforcement, emergency medical services, and fire department personnel in Clark County. We have also coordinated with Sea Mar to provide a cell phone hotline exclusively for law enforcement officers to reach out directly to the mental health field responders to request immediate callout assistance and share pertinent details before they arrive on scene. We continue to fine-tune these processes at monthly meetings with key staff from Vancouver Police, 911 PSAP and the Sea Mar MHFRT.

Scope of Program. The Mental Health Field Co-Responder Crisis Team will be staffed initially by three current grant-funded mental health responders who will be assigned to work during peak call hours, M-F noon-8pm. We also propose to hire and train an additional three mental health field responders for deployment by November 1 to expand coverage hours to M-F 8am-midnight. If there are hiring delays, we will start the program with current experienced staff on overtime until the new vacant positions can be backfilled with new hires. We believe callout demand will increase as patrol officers in the field are able to see improvements in response times and outcomes with this new resource team. We will also identify a cadre of police officers with specialized crisis intervention and mental health training and experience to proactively accompany mental health field responders as they meet with individuals to assist with proactive safety planning, assist with long-term solutions, and establish positive relationships for the future.

We will primarily serve the greater Vancouver area, which includes law enforcement jurisdictions served by the Vancouver Police Department, the U.S. Department of Veteran Affairs Police Department, and the Burlington Northern Santa Fe Railroad Police Department, which covers approximately 50 square miles. Sea Mar MHFRT Crisis Co-Responders are located near the center of the response area, with easy access to freeways and main arterials that should allow us to maintain a 15-minute average response time to officer requests during the hours the MHFRT is staffed. This area also has the highest population density and the greatest number of 911 mental health related emergency calls (over 45%). Our MHFRT staffing plan is based on peak call hours for mental health related 911 calls and includes:

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Training

Current Training. The Vancouver Police Department already requires all front-line patrol officers to complete forty hours of initial Crisis Intervention Training and annual training updates, in partnership with Clark County Crisis Services and Sea Mar Community Services Northwest. In addition to individual agency training requirements per state law and agency policies, we are enhancing specific training for each of the partner agencies based on the unique roles and requirements of the agency's function in the MHFRT.

Proposed Training. Mental Health Field Response Team Training. New field responders will primarily be trained by Kori Brooks, manager and clinical supervisor of the SeaMar CSNW adult mobile crisis team and the MHFRT Co-Responder Crisis Team. In addition to required training for adult mobile crisis team staff, mental health field team responders will also receive an additional block of training from the Vancouver Police Department on safety, situational awareness, and interacting with law enforcement on-scene.

Local Agency Training. The Vancouver Police Department, SeaMar, BNSF Police, and US VA Police Departments will also partner together to provide local training updates and informational bulletin for local agencies on the purpose, policies and procedures of the MHFRT, protocols for dispatch, on-scene evaluation, interaction between law enforcement and field response team members, how individuals will be transported for various services, and the transfer of the scene from police officers to the field response team mental health staff. We also plan to bring in experts to address mobile mental health crisis response principles, motivational interviewing, de-escalation, and other topics relevant to 911 PSAP, mental health crisis responders, and law enforcement officers.

Project Leader Training. We propose to have key team members virtually participate in the national CIT conference and mental health field response training so they can learn more about best practices in the rapidly changing areas of Crisis Intervention Training, mental health crisis field response strategies, and pre-arrest diversion programs, which will be shared with our community leaders and partner agencies in order to maximize the impact and effectiveness of our project.

We will maintain open lines of communication with project partners to update training and make process improvements as needed.

Moving Individuals from Short-term to Long-term Community Services. Our community's current model of community-based crisis intervention focuses on connecting individuals to appropriate behavioral health services and providing effective support during the transition to maximize success. Our community's current outreach teams work closely with community behavioral health agencies to identify the appropriate level of service for individuals and to facilitate rapid intakes and access to resources. Sea Mar Community Services Northwest, Columbia River Mental Health Services, and Lifeline Connections provide same-day intake for referrals made by Clark County mobile crisis teams. The adult mobile crisis team is able to refer individuals to an outpatient provider or to one of the intensive in-

home programs serving our community. These referrals and appointments can often be made at the time of the outreach.

Wraparound Linkage Services. Currently, the adult mobile crisis team provides wraparound crisis stabilization services for up to 7 days following initial crisis contact with the team. These services include crisis de-escalation, safety planning, resource referrals, peer support recovery services, and connection to ongoing behavioral health services. This proposed mental health field response team will directly loop individuals into this existing framework after the initial response with law enforcement occurs.

Additional wraparound services are currently being provided with local funds. Sea Mar is also seeking future partnerships to establish medical care linkages to provide urgent care walk-in access and services for individuals reached through the mobile crisis and co-responder programs. Sea Mar is also working with Council for the Homeless to provide hotel/motel vouchers for the mobile crisis responders to provide for individuals who need short-term housing.

While our region has demonstrated significant success in obtaining timely forensic evaluations, it has been a struggle to reduce the time it takes to secure restoration services for individuals in need of mental health treatment due to the lack of resources available. Like most regions, the Clark County Jail often houses a significant number of individuals who could be better served in a mental health treatment program or facility.

Case management. After the initial field response, each day for a period of up to 7 days, co-responder staff review each case and provide various forms of case management, resource allocation, referrals, in order to achieve individual stabilization for an appropriate discharge from the service and connect them with more appropriate longer-term treatment or services. Wraparound linkage services and resources include mental health professional, peer services, and case management consistent with evidence-based practices.

We provide a **coordinated system of care and feedback loop** operationally through the case management process above. At a systems level, we have a process that encompasses all providers in Southwest Washington. A monthly Crisis Collaborative Meeting integrates law enforcement, mobile crisis, care providers that provide outpatient treatment, short term stabilization, inpatient and residential services, longer term case management, evaluation, and more. A feedback loop is provided at monthly meetings which evaluate dashboard data for each provider, agency and service in the system. Each crisis system provider and stakeholder agency is able to address what's working well – essentially how are people getting into the mental health crisis system, and how are they graduating from the programs and finding success. Sea Mar's Adult Mobile Crisis Program data is reviewed each month, and we plan to add the WASPC MHFRT Co-Responder Crisis Team data to the Dashboard for systemwide review with the start of the new grant year. This is also a significant step for sustainability and future growth, as the WASPC Mental Health Field Co-Responder Crisis Team will receive more regional attention, recognition, and referrals. This greater system-wide coordination and feedback loop is managed and led by Beacon, the Behavioral Health Administrative Services Organization that manages crisis services for the Southwest Washington region.

Currently, we have very effective partnerships with local agency providers to provide **individual stabilization, observation, disposition, and custodial care**. Any services that cannot be met by our WASPC Co-Responder team will be directly transferred to the most appropriate facility for care. Our

local partnerships include the Clark County Designated Crisis Responders with Involuntary Treatment Act evaluation and placement capacity; the Lifeline Crisis Triage Center which has inpatient treatment capacity that has 8 triage chairs, a 16-bed short-term unit, and 16 beds for medically-assisted detoxification services; Rainier Springs Behavioral Health Hospital has 72 voluntary and involuntary beds, with an average 7-10 day stay; Columbia River Mental Health Services provides residential rehabilitation and a crisis stabilization program at Elahan Place. We also have effective working relationships with the local hospital emergency departments via MOUs with PeaceHealth Southwest Medical Center and Legacy Salmon Creek Medical Center, which are both located in Vancouver.

To **assess and reduce risk of harm to self or others**, Sea Mar MHFRT Co-Responders provide a clinical evaluation on scene, and we use evidence-based risk assessment and safety planning tools, with the goal of diverting the individual from a higher level of care if possible. If there is significant risk that we are unable to address, hospitalization is available but only as a last resort.

High utilizers for this program are often identified first by law enforcement. This year we plan to partner law enforcement officers on overtime with the Mental Health Field Response Team to proactively reach out to high utilizers when not in crisis in order to prevent future crises and escalation. However, generally law enforcement will request mental health crisis team members to provide on-scene field response to assist with an individual in crisis once the scene is safe. The MHFRT is able to provide outreach and proactive planning with whatever part of the system an individual is stuck in. The MHFRT includes both a Crisis Mental Health Professional Therapist and a Certified Peer Counselor to provide safety planning and connect people with resources to stay safe in the community, and/or connect people with solutions and resources to address the circumstances that led to the crisis, whether housing, medication, recovery, legal assistance, health care, etc.

Individualized case plans are unique to the team, and addressed daily during case review by MHFRT Co-Responder staff members. The plan is developed at the time of the initial response, during which time Co-Responder staff gather information, provide a risk assessment and safety plan, which they review with the participant. Each subsequent service the client receives is tied back to that safety plan, which outlines the resources that individual needs to stay safe in the community. The form is called a Crisis Contact Form, which gathers essential data for reporting and also includes a narrative description of the current situation, intervention, safety concerns, safety plan, and outcomes. A separate safety plan and risk assessment is completed for every face to face intervention. All our work is focused on proactively interrupting the cycle, providing services that keep people safe in the least restrictive environment.

This year we also propose to extend WASPC Mental Health Field Co-Responder Crisis Team services to two new law enforcement agencies, the U.S. Department of Veteran Affairs Police Department and the Burlington Northern Santa Fe Railroad Police Department. Each of these law enforcement agencies serves unique communities and jurisdictions in Southwest Washington that bring new challenges and opportunities. We are glad for the opportunity to extend mental health crisis response services to assist these state-certified police officers with 911 calls involving persons in crisis, provide officer training, engage proactive outreach, and promote arrest diversion within these two new law enforcement agencies and the communities they serve.

Project Need. The City of Vancouver and Clark County have worked together to develop an effective behavioral health crisis system, but our current programs do not allow for a rapid co-response with law

enforcement and have been limited in their ability to divert individuals from jail. The mental health field response team builds on the current effective mobile outreach model and adds resources that will be accessible to assist law enforcement officers in the field. It is also critical that we partner officers with mental health responders to invest in proactively building positive relationships with individuals in the community outside of a crisis. We believe that this proposed mental health field response program is a significant step toward beginning to meet the needs of our community and are grateful for the opportunity to partner with WASPC to bring these resources to Vancouver.

While we are focusing primarily on the area of Southwest Washington with highest population density as we build a solid foundation, there is a great deal of interest in this program from other law enforcement agencies in Clark County, and we have already started conversations about how the program might be expanded in future years, starting with increasing CIT training and planning for longer-term sustainability and growth for the MHFRT.

Currently, the Vancouver Police Department handles well over 40% of all law enforcement emergency calls in Clark County, with peak call hours from approximately noon to 10 pm. The 9-1-1 PSAP and dispatch center is receiving more requests for law enforcement assistance for mental health issues than ever before. Vancouver Police Department responded to 1678 mental health calls in 2018, which is 45% of the total for all law enforcement agencies in Clark County. Even more concerning, over half of these calls were reported as suicidal subjects. Calls continue to increase each year, with unprecedented mental health needs in 2020.

We are fortunate to have so many community resources available, and we have already formed collaborative partnerships. Together, we propose combining resources and enhancing the outcomes of both through the new Clark-Vancouver Mental Health Rapid Response Crisis Team, which would operate during peak swing-shift hours, perhaps 2 p.m. and 10 p.m. Clark-Vancouver Mental Health Rapid Response Crisis Team staff would be call responsive from offices either with Clark County Community Services or Sea Mar Community Services Northwest. Both locations are near freeways and arterials that would allow responders to reach most areas of the city within 15 minutes. All three new full-time Rapid Response team staff positions will work out of current program space, which will be provided as matching funds for the project. We anticipate that this new field response team could assist over 1000 individuals during the grant program year, which could be half of the Vancouver Police Department responses to persons in mental health crisis. We look forward to the opportunity to test a pilot mental health field response program for future expansion and replication in other communities.

Project Personnel. We are requesting funding for seven total positions: four mental health professionals, and two certified peer support specialists, and one administrative assistant to support grant data collection, grant reporting, staff scheduling, meetings, and more. SeaMar has job postings ready and a pool current staff available to expedite field deployment on an overtime basis if needed while we backfill the vacant positions with new hires. Job descriptions for all positions are attached, including minimum requirements and credentials. All six mental health field responder positions will provide as their only function on-call field response services during peak hours for mental health calls either in response to Vancouver Police officers on-scene, or possibly through carefully screened requests from the 9-1-1/dispatch center. This Mental Health Field Response Team will build on the current mobile crisis outreach model, while enhancing behavioral health response, evaluation, and referral services to assist law enforcement officers in the field with crisis calls. We also request funding for Vancouver Police to add proactive overtime shifts for police officers to partner with mental health field responders – without having to leave to respond to 9-1-1 emergency calls. We propose to develop

a cadre of police officers with specialized crisis intervention and mental health training and experience who can partner with mental health field responders to proactively meet with individuals to offer proactive safety planning, proactive long-term solutions, and establish positive relationships.

The Mental Health Field Co-Responder Crisis Team will be staffed initially by three current grant-funded mental health responders who will be assigned to work during peak call hours, M-F noon-8pm. We also propose to hire and train an additional three mental health field responders for deployment by November 1 to expand coverage hours to M-F 8am-midnight. If there are hiring delays, we will start the program with current experienced staff on overtime until the new vacant positions can be backfilled with new hires. We believe callout demand will increase as patrol officers in the field are able to see improvements in response times and outcomes with this new resource team. This should allow us to maintain a 15-minute average response time to officer requests during the hours the MHFRT is staffed. Our MHFRT staffing plan is based on peak call hours for mental health related 911 calls and includes:

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Project Leaders and In-Kind Support

Commitments by Vancouver Police. Vancouver Police Department West Precinct Patrol Lieutenant Blaise Geddry and Special Operations Lieutenant Kathy McNicholas will serve as co-project managers. They will provide operational oversight for the project and the Steering Committee, communicate regularly with the managers at Sea Mar Community Services Northwest to evaluate program successes and challenges, in order to make adjustments to the procedures and policies that will maximize program effectiveness. They will also direct grant program oversight on behalf of the Vancouver Police Department.

Lt. McNicholas and Lt. Geddry also support this initiative in many other ways as part of their current responsibilities for the Vancouver Police Department. They coordinate 40-hour Crisis Intervention Training for all new VPD officers and annual update trainings for VPD staff. This represents a significant commitment by Vancouver Police for improving police services and partnerships with the mental health community.

Grant management and administration for Vancouver Police Department's role as fiscal agent will be provided by Vancouver Police Management Analyst Brenda Tryon and City of Vancouver Finance Division Accountant LaVonne Steiner-Weigel through in-kind project match.

Commitments by SeaMar Community Services Northwest. Kori Brooks, Mobile Crisis Services Clinical Supervisor at Sea Mar Community Services Northwest, will provide program direction and clinical supervision for all the WASPC-funded Mental Health Field Response Team staff members. This support will be provided at no cost to the grant as part of the agency's in-kind project match contribution.

She will coordinate training for the new Mental Health Field Response Team staff members. She will also coordinate with SeaMar CSNW Director John (Bunk) Moren to direct and oversee SeaMar staff, including a new Administrative Assistant 1.0 FTE to provide support for the leadership and administrative support

needed for the grant project, including finance and budgeting, payroll, human resources, data entry and reporting, and field team scheduling.

She will coordinate with WASPC, Vancouver Police, U.S. Department of Veteran Affairs Police Department, Burlington Northern Santa Fe Railroad Police Department, and the Steering/Stakeholder Team to ensure that all programmatic and administrative grant requirements are met.

U.S. Department of Veteran Affairs Police Department Law Enforcement Specialist Gregory Heaton will serve as the agency's liaison with VPD, Sea Mar, and WASPC and will provide ongoing project coordination and support.

Burlington Northern Santa Fe Railroad Police Department Deputy Chief Ronald Rose will serve as the agency's liaison with VPD, Sea Mar, and WASPC and will provide ongoing project coordination and support.

Key Community Partnerships, Collaboration, and Services

Because the Vancouver Police Department has partnered with the behavioral health community for many years, and because our region has developed a robust crisis services system, we are able to quickly build out this Mental Health Field Response Crisis Team by leveraging our existing partnerships and resources at no cost to WASPC. Our proposed model for a rapid response team expands on our current mobile outreach model and extends these services to individuals who are interacting with Vancouver Police. Clark County Crisis Services and the Adult Mobile Crisis Team currently have agreements in place with a local evaluation and treatment facility, a local crisis stabilization program, several community behavioral health agencies, and community-based substance use disorder treatment facilities. These partnerships will assist the mental health field response team members in accessing behavioral health treatment and resources to provide options for law enforcement officers other than criminal justice system involvement, when available and appropriate. These partnerships will be utilized to quickly access needed behavioral health treatment in order to reduce the need for further law enforcement action and criminal justice system involvement, which will help to enhance longer-term safety and success for these vulnerable community members.

Two new law enforcement agencies, the U.S. Department of Veteran Affairs Police Department, Burlington Northern Santa Fe Railroad Police Department, have unique police response jurisdictions and communities, and they have expressed interest in participating in this project to provide mental health crisis responders to assist officers in the field with individuals in crisis. We will work together to train officers, promote arrest diversion, and facilitate access to treatment and care.

Sea Mar Community Services Northwest. In addition to operating the adult mobile crisis team, Sea Mar Community Services Northwest partners with the Clark County Crisis Services and the SW Washington Crisis Line to provide in-community intakes for individuals in need of intensive community-based services. This is a critical resource for clients who are high utilizers of crisis services. This established relationship provides an additional resource that the Mental Health Response Team can utilize to assist in diverting individuals from incarceration and allow them to stay in the community while receiving needed behavioral health treatment and services. Sea Mar will provide project coordination and leadership for all aspects of the MHFRT. If there is a transition in staffing, Sea Mar will make whatever arrangements are needed to ensure program success. A transition last year of the program director last

fall was addressed smoothly and we actually experienced an increase in engagement and project success.

Clark County provides and coordinates a tremendous network of crisis services and behavioral health support resources. For this program, Clark County Crisis Services has committed that locally-funded on-duty Designated Crisis Responders will assist the Mental Health Field Response Team members with any involuntary treatment assessment evaluations needed as resources are available, and a part-time temporary DCR will be added to assist with field response when call volume is heavy. Clark County is at the heart of our mental health response.

Rainier Springs Psychiatric Hospital provides both voluntary and involuntary hospitalization, partial hospitalization, and outpatient mental health and substance use disorder treatment. Currently, Rainier Springs has an agreement with the adult mobile crisis team and Clark County Crisis Services to accept direct admits via AMR when an individual is evaluated by crisis staff in the community and is cleared by AMR. Because of this established relationship, the Mental Health Response Team will be able to evaluate an individual in the community and arrange for transport to a psychiatric facility for admission.

Elahan Place is a local residential treatment center and crisis stabilization unit. Clark County Crisis Services currently has an agreement with Elahan Place that allows them to place appropriate individuals into a stabilization bed after they obtain medical clearance at a local emergency department. Elahan Place is operated by Columbia River Mental Health Services.

American Medical Response ambulance service has partnered with the Vancouver Police Department, Adult Mobile Crisis Team, Clark County Crisis Services, and Rainier Springs Psychiatric Hospital to develop an in-community triage process that allows them to take qualifying individuals directly to Rainier Springs for treatment without the need to obtain medical clearance at a local emergency room.

The **Clark County Jail** has partnered with Clark County Crisis Services to arrange for involuntary treatment evaluations for incarcerated individuals who would traditionally have remained in jail while waiting for competency restoration at Western State Hospital. This established relationship serves to minimize the time that individuals are incarcerated and significantly reduces the time spent waiting for needed treatment.

Lifeline Connections provides dual-diagnosis treatment in the community. Lifeline operates a detox unit, a sobering center, a residential treatment center, and inpatient and outpatient substance abuse treatment services including medically assisted treatment. Lifeline operates a mobile unit that can be used to transport individuals from the community to needed substance abuse treatment. Lifeline has been a partner with Vancouver Police Department in planning for the Mental Health Response Team program. Lifeline has also opened a 22- bed stabilization unit which will provide additional options for the Mental Health Response Team. Lifeline has committed to allowing Vancouver Police and AMR to make direct referrals to a stabilization bed. Lifeline is also adding a new 24-hour facility and triage center in 2020, which will provide additional critical resources for the mental health field response team to provide referrals.

Steering Committee & Stakeholder Oversight

The Vancouver Police Department already meets with the Clark County Sheriff's Office, Clark County Crisis Services, the Adult Mobile Crisis Team, the Youth Mobile Crisis Team, CRESA, Camas Police, Ridgefield Police, Washougal Police, Fire, AMR, inpatient psychiatric hospitals, and other community partners on a monthly basis to review and improve the interaction of emergency service providers in the community. The Mental Health Field Response Team will leverage this established community partnership panel to communicate with providers, to evaluate the program's effectiveness, and to make needed improvements.

In order to effectively oversee this complex project and network of interconnected multi-disciplinary cross-jurisdictional partnerships, we will meet regularly with our Mental Health Field Response Steering/Stakeholder Committee, which is an active component of the current regional Crisis Response Team oversight panel. This committee will provide feedback on the program design and help us to maximize operational outcomes, and ensure timely and accurate reporting during the implementation phase and throughout the duration of the project.

The committee will include key project staff from the Vancouver Police Department, Clark County Crisis Services, Sea Mar Community Services Northwest, 9-1-1/dispatch, and a representative from local Emergency Medical Services. Other ad-hoc members or stakeholders with an interest in program's success may be added. Discussions will be led by Lieutenant Kathy McNicholas of the Vancouver Police Department or her designee.

(just to add perspective and highlight our current partnerships and our role in the larger system)

