

CITY COUNCIL STUDY SESSION

Update to Council on the Bellevue Police Community Crisis Assistance Team (CCAT) Trial

Wendell Shirley, Interim Chief, 452-2031
Police Department

Jay Hagen, Fire Chief, 452-6895
Fire Department

DIRECTION NEEDED FROM COUNCIL**INFORMATION
ONLY**

Update to Council on the CCAT pilot program conducted by the Bellevue Police Department and the Bellevue Fire Department. No Council action is needed.

RECOMMENDATION

N/A

BACKGROUND & ANALYSIS

Cities across the country continue to explore co-responder models to engage with persons experiencing behavioral health crises. Society is asking for alternative response options to simply calling on traditional law enforcement service. The models vary in practice, but generally involve crisis responders working together with law enforcement to respond to calls for service involving those in a behavioral health crisis.

At the March 15 Council meeting, Chief Steve Mylett and Assistant Chief Wendell Shirley presented a plan to test alternative co-response models through a Community Crisis Assistance Team (CCAT) pilot program in partnership with the Fire department's Citizen Advocates for Referral and Education Services (CARES) program. Chief Mylett committed to reporting the findings to Council following the pilot. While the City was planning to conduct the co-response pilot, the community feedback to the OIR Group also provided helpful affirmation for the desire for alternative response services for emergency calls involving persons in crisis who are suffering from behavioral health effects. Staff will provide an update to Council on what the CCAT pilot program revealed about effectiveness in alternative emergency response.

Based on research of co-response models nationwide, CCAT was developed as the pilot program.

Setting up the Pilot

During the pilot period, three types of models were tested in the field:

1. Two police officers with specific mental health training, not wearing traditional police uniforms, working as a team in one vehicle.
2. One police officer with specific mental health training and one Mental Health Professional (MHP), not wearing traditional police uniforms, working as a team in one vehicle.
3. Two MHPs, working together, responding to police calls when requested by uniformed police officers on scene.

During the design phase of the pilot program, two key features were determined to be necessary for the success of the program:

1. Calls involving those in behavioral health crisis needed to be diverted specifically to CCAT units by 9-1-1 dispatch.
2. The program had to provide follow up to those contacted after the initial crisis was over.

The goals set for the unit were (1) to improve community/police response to persons suffering from mental illness by diverting individuals from the criminal justice system to appropriate services, (2) to improve the quality of life of others, and (3) to reduce recidivism. The Departments also wanted to determine if a unit like CCAT could reduce the number of individuals booked into jail and reduce the occurrences of police use of force. The Departments also wanted to learn the impact to time on the call given that the CCAT unit had to be allowed to spend as much time as needed to assist the person in crisis rather than trying to quickly triage an issue and move on to the next call.

For additional insight into a good design for the pilot, several community stakeholders were consulted that are involved in serving those who may experience a crisis event. These stakeholder conversations were with varied organizations from medical institutions to homeless outreach groups. The meetings assisted in the development of the program by identifying gaps in existing emergency services and the process needed to get treatment for those in crisis.

The police officers that were selected to serve as pilot program CCAT members voluntarily showed interest in joining the program. Members of Bellevue Fire CARES volunteered to team up with the police officers to form the pilot teams of officers and MHPs. All CCAT units were specially trained in mental health first aid, crisis intervention, trauma, and other areas applicable to their new role in the co-responder model.

Prior to the deployment of CCAT, an academic program evaluator was brought in to conduct an analysis of the pilot program. That analysis continued throughout the pilot period. This evaluation not only collected empirical data about the work of CCAT but also included subjective interviews of individuals that CCAT served.

Findings of the Pilot Program and Next Steps

The CCAT pilot program occurred from May 1 to August 31. The analysis of the data showed an increase in diversion from jails or the hospital, a decrease in the number of times force was used, and an increase in the time CCAT officers spent on calls. The data showed that the CCAT team was highly effective in accomplishing the goals and expectations laid out prior to the pilot.

In early 2022, the Bellevue Police Department will receive an academic analysis of the data from CCAT and will move into public engagement. Residents will have opportunities to learn about the pilot's results and have multiple channels to provide meaningful feedback. The Department seeks to appropriately tailor future service that will be well informed by research and the community's values.

POLICY & FISCAL IMPACTS

Policy Impact

Learning from the CCAT pilot aims to keep service in line with the City Council's Vision 2035, whose preamble reads, "Bellevue welcomes the world. Our diversity is our strength. We embrace our future

while respecting our past.” The Bellevue Police Department Police Manual compels the duty to keep the peace, protect the public, and preserve public trust while representing the whole community without favoritism.

Fiscal Impact

There is no fiscal impact associated with this study session item.

OPTIONS

N/A

ATTACHMENTS & AVAILABLE DOCUMENTS

N/A

AVAILABLE IN COUNCIL LIBRARY

N/A