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Police Response To Mental Health-Related Calls for Service in the City of Watsonville: A Process Evaluation of the City of Watsonville's Plan to Assist Their Officers When Responding to Citizens with Mental Health Issues

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**POLICE RESPONSE TO MENTAL HEALTH-RELATED
CALLS FOR SERVICE IN
THE CITY OF WATSONVILLE:**

**A Process Evaluation of the City of Watsonville's Plan to Assist Their Officers When
Responding to Citizens with Mental Health Issues.**

**By
Joseph Perez**

**A Prospectus for a Research Paper
Submitted in Partial Fulfillment of the Requirements
For the Master's Degree
In
Public Administration**

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INTRODUCTION

Police officers respond to a variety of calls for service 24 hours a day, seven days a week, including mental-health related emergencies. With deinstitutionalization of individuals with severe mental illness, officers are often the first to be called to contact these individuals when they are in crisis (DeCuir, Lamb & Weinberger, 2002). Yet, few law enforcement officers have adequate training to manage interactions with people in mental health crisis. Officers perceive mental health related calls as very unpredictable and dangerous, which without adequate training in de-escalation, could inadvertently cause them to approach in a manner which escalates the situation (Fulambarker & Watson, 2012).

The City of Watsonville has offered the Crisis Intervention Training (CIBHS, 2015) and developed a partnership with Santa Cruz County Mental Health Department to improve their response to these individuals. This research is built on the question, “What are police agencies doing to assist their officers when responding to calls for service that involve individuals with a mental health condition?” This research will conduct a process evaluation of what the Watsonville Police Department is providing to assist its officers when responding to these types of calls for service. The research will focus on the newest training provided and evaluate the efficiency of the newly implemented program known as the Crisis Assessment Respond Engagement Team (C.A.R.E.).

BACKGROUND

It is estimated that one in every five adults in the United States suffers from a diagnosable mental disorder, which does not include individuals who remain undiagnosed or who do not seek treatment (Cole, 2006). Law enforcement contacts with mentally ill individuals are difficult to handle, as they can be very unpredictable. Surveys of officers suggest that they do not feel adequately trained to effectively respond to mental health crises, that mental health calls are very time-consuming and divert officers from other crime fighting activities, and that mental health providers are not very responsive (Fulambarker & Watson, 2012). During these encounters, officers must take on the role of gatekeeper when deciding if the individual in crisis should enter the mental health system or the justice system (DeCuir, Lamb & Weinberger, 2002). In recent years, encounters with individuals having mental health issues have ended tragically, because many of these interactions are based on split-second decisions made by the officer (Goodman & Maskaly, 2017).

According to recent studies, one in four officer-involved shootings nationwide has involved a person with a mental illness (Salonga, 2017a). Over the past decade, nearly a third of all the officer-involved shootings in the City of San Jose have involved a person with mental illness (Salonga, 2017b). In 2017, the City of San Jose had eight officer-involved shootings and six of them involved shooting an individual suffering from mental health disorder (Salonga, 2017a).

Mental health calls for service have been occurring for decades, but are now receiving a remarkable amount of media coverage. These encounters have brought increased attention and community concerns due to the expanding access to records of police behavior through cell phone cameras, dash cameras, and body worn cameras, along with the public attendance to the

unfortunate outcomes. This recording technology has led to increasing news media coverage documenting incidents with individuals, decreasing police legitimacy while increasing civil litigation (Rossler & Terrill, 2017). This technology has also allowed knowledge of these situations to spread across the country through social media, causing community backlash against the police. Many of these viewers only receive information about a portion of the incident prior to the final results, and create their own conclusions.

Police officers are often the first to come in contact with people who are having a mental health crisis, yet they do not have the mental health training to engage with these situations (Eaton, 2008). Due to the tragic and negative outcomes in many of these encounters, agencies collaborated and the need for more training became the focus. Police departments across the country began to send their officers to Crisis Intervention Training (CIT) to improve police officer's training and skills to better handle such individuals (CIBHS, 2015).

CIT training was developed in Memphis, Tennessee after a 1987 incident in a public housing complex involving the Memphis police and a male experiencing a mental health crisis. Memphis Police Officers were called to the complex on a report that a young African American male adult was threatening people with a knife. The male had a history of mental health issues and refused to put the knife down after being ordered to do so by police. The police officer, who was Caucasian, eventually shot and killed the man, which caused an angry protest against racism and police brutality. The community demanded a change in the approach police use when intervening with individuals in mental health crisis. The Mayor of Memphis worked with the National Alliance on Mental Illness (NAMI), local police, mental health professionals, university leaders, hospital administrators and church officials to seek a new approach to these situations. This group worked together with a vision of training officers in selected topics including mental

health diagnoses, psychiatric medications, issues of drug abuse and dependence, mental health law, and cross-cultural sensitivity (Cochran & Dupont, 2017). The training would also involve police officers spending time with individuals who experienced mental illness, to learn first-hand the challenges of the illness. One of the biggest focuses was training officers in verbal de-escalation skills to reduce the intensity of a conflict or potentially violent situation. The vision was that uniformed Memphis Police Officers would be specially trained in these areas and would be integrated throughout the different shifts throughout the day and would handle their normal duties but would also be available to respond to calls involving individuals in a mental health crisis (Cochran & Dupont, 2017). By integrating them throughout the patrol shifts, they could respond without delay, and assist in de-escalating the crisis, decreasing the likelihood of violence or injury to the subject, family members, neighbors, and police officers. They would also be able to assess and evaluate the individual in crisis and make the decision whether or not to transport the subject to a medical or mental health facility (Cochran & Dupont, 2017). The major purpose of this type of training is to educate law enforcement officers about issues pertaining to crisis intervention techniques, especially when communicating with individuals with a mental illness (Cole, 2006).

While there has not been enough research to date to declare CIT an “Evidence Based” practice, CIT has been called both a “Promising Practice” and a “Best Practice” model for law enforcement (Fulambarker & Watson, 2012). This CIT training has become the “go-to” training for many law enforcement agencies across the country. The State of California has also adopted this model of training and the County of San Mateo has already sent nearly 800 law enforcement personnel through this 40-hour intense training program (Kelly, 2015). According to National

Alliance on Mental Illness, this training was designed to improve the outcomes of police interactions with people dealing with mental health issues (Kelly, 2015).

The City of San Jose is making this training mandatory for their officers due to the large number of calls for service they receive involving people with mental health disorders. According to a study by Salonga (2016), about 15% of all calls for service involved someone diagnosed with, or suspected of having, mental health issues, which results in about 4,000 calls in Santa Clara County annually. The San Jose Police Department has already sent approximately 350 of their 900 officers to this training. The Watsonville Police Department has sent 45 of their 75 officers to the local CIT training and will continue to send their officers until all 75 have been trained in crisis intervention (E. Montalbo, personal communication, November 14, 2017).

In 2015, Governor Jerry Brown signed two State Senate bills related to this issue - SB11 and SB29. These bills focus on requiring mandated additional behavioral health training for peace officers through the Commission on Peace Officer Standards and Training (POST). The Commission on POST was established by the Legislature in 1959 to set minimum selection and training standards for California law enforcement. POST minimum educational requirements set for Law Enforcement Officers and police departments are mandated to provide their officers with such training throughout the year in regards to Arrest and Control techniques, Low Speed Driving skills, firearm qualifications, and communication techniques (POST.ca.gov).

Senate Bill 11 requires POST to include 15 hours of behavioral health instruction in the basic police academy courses for new police recruits. This bill requires the individual agencies to develop at least three hours of behavioral health continuing education for current police officers with a rank of supervisor or below and who are assigned to patrol. The implementation of this basic and continuing training was required no later than August 1, 2016 (Lee, 2015).

Senate Bill 11 also added Section 13515.26 to the Penal Code, providing that POST review and develop additional training to better prepare law enforcement officers to recognize, de-escalate and appropriately respond to persons with mental illness, intellectual disability, or substance use disorders. The content of this training shall address issues related to stigma, be culturally relevant and appropriate, and include training scenarios and facilitated learning activities. Senate Bill 11 then added Section 13515.27 to the Penal Code, providing that POST update the continuing education classroom training to include instructor-led active training relating to behavioral health and law enforcement interaction with persons with mental illness, intellectual disability, and substance use disorders (Lee, 2015).

Senate Bill 29 requires police officers in supervisory roles who conduct field training to receive 12 additional hours of behavioral health training, including eight hours of crisis intervention instruction and four hours in the Field Training Officer program. This training should be focused on how to interact with persons having a mental illness or intellectual disability. The implementation dates for field training officers vary, depending on their assignment or appointment dates; the implementation date for the four hours of field training was no later than August 1, 2016. Any additional mental health related training costs to local law enforcement agencies can be reimbursed by the State (Lee, 2015). Prior to this legislation, the existing California POST curriculum included only six hours of mental health training out of a total of 664 hours of mandated training for peace officers. According to California State Senator Jim Beall, chair of the Senate's Select Committee on Mental Health and the bills' author, "These bills are essential in a day and age where officers are now the first responders for incidents involving untreated mental illness" (Lee, 2015, para 1).

In California, the average size police department is under 50 officers, which would generally include between five to ten Field Training Officers (FTO) and/or Sergeants (Supervisors) which appears to be a small percentage of required CIT trained officers for a department. Even in larger cities, such as Austin, Texas that employs about 1,600 officers, and is currently training their officers in CIT, only a fraction of their staff is trained in mental health-related response, roughly 160 officers. Their CIT trained officers are requested to respond to calls involving persons with mental disorders, and are expected to handle the situation based on their training (Chavez & Hall, 2016).

According to Booker Hodges (2017), who has been a CIT coach for the past decade, offering this training for officers is a step in the right direction, but he does not think that law enforcement officers should be responding to non-violent mental health calls for service. Hodges emphasizes that the average psychologist has about ten to twelve years of university education, the average licensed mental health care professional has about seven to eight years of university education, and both have thousands of hours of supervised training, compared to an officer with 40 hours of training. Yet the expectation is that police officers will address these types of calls with the same precision and expertise as a mental health professional (Hodges, 2017). This ultimately creates a situation where officers are ill prepared to do their job and departments are vulnerable to litigation.

In 2017, the Santa Clara Police Department was sued for shooting and killing an individual who was in a mental health crisis. During the investigation, there was focus on the training the officer received. During the lawsuit, the family's lawyer indicated the police had been to the home on multiple occasions the same day and knew they were dealing with a mental health situation (Giwargis, 2017).

The Whitter Police department is also involved in a lawsuit after their officers were called to the scene of a mentally ill individual, but this time, the officers had to use control holds on the subject. He was detained by the officer and transported to a local hospital where he later died. The family's attorney stated that it was a tragedy that did not need to happen. She stated that the mother of the victim called 911 to get him help but instead her son was killed by the police. In this lawsuit, the family is asking the police to change their policies, practices and training on their approach when they interact with people with mental health disabilities (Sprague, 2017).

In the same year, Fremont Police Department was also being sued by a family over their son being shot and killed while unarmed and in the middle of a mental health crisis. Again in this lawsuit, the officers' training came into question, especially how they were trained to interact with people suffering from a mental health crisis (Geha, 2017).

Lastly, a lawsuit against the Santa Cruz Police Department was filed when the family of Sean Arlt initiated a complaint after their son was killed when he threatened police officers with a metal bow rake. The Santa Cruz police officers were dispatched to a home where a male, who was suffering from a mental illness, was creating a disturbance at the home by pounding on the door and making threats. The lawsuit alleges the police officers who arrived to the call placed themselves in a position of danger that could have been avoided. The family's attorney stated the officers are not being trained and re-trained in de-escalation techniques (Todd, 2017).

Many of these lawsuits are filed in federal court because the allegation is that these are violations of these individuals' civil rights, including their rights under the Americans with Disabilities Act. These cases are also heard in federal court over state court because, according to

attorneys, “it’s easier to access more information from the city and that system moves faster than the state’s” (Sprague, 2017).

Law enforcement agencies in the County of Santa Cruz acknowledged that officers throughout the county were not capable of handling mental health calls for service with the same skills as mental health professionals, so a new specialized service was developed, known as a Mental Health Liaison team. Mental health liaisons are county social workers who are trained in mental health and are integrated into three law enforcement departments, Santa Cruz Police Department, Watsonville Police Department, and the Santa Cruz Sheriff’s Office to assist with calls for service involving people in mental health crisis. The mental health liaisons work out of these departments and monitor the police radio, awaiting mental health calls for service. Once an officer receives a call for service involving a person in mental crisis, he or she can respond to the call with the liaison, who will assist the officer at the scene. Taking this approach allows the officer to focus on the safety issues, while the liaison focuses on the clinical needs of the individual, and assists with ensuring that the mental health crisis is addressed with the most appropriate service.

To take this a step further, the Watsonville Police Department developed a new position within their department, dedicating a full-time officer to work alongside a mental health liaison, naming this unit the Crisis Assessment Response Engagement Team (CARE Team). This team is comprised of one sworn full-time Watsonville Police Officer (Master Officer Angel Calderon) and one Santa Cruz County Mental Health clinician/liaison (MHL Reina Valencia). Both the officer and the liaison are trained in Crisis Negotiation and are members of the Crisis Negotiation Team. Together they respond to dispatched calls for service regarding individuals in crisis in the City of Watsonville. They conduct a mental health evaluation to determine if the

individual is a danger to themselves, a danger to others, or is gravely disabled. After conducting this assessment, they provide linkage and referrals to treatment services or crisis intervention services. They also provide support and psychoeducation to families and relatives of individuals with mental health disorders, and provide training and education to community members and members of the police department regarding mental health issues (A. Calderon, personal communication, October 5, 2017).

This team is also responsible for conducting follow-up contact with individuals who are evaluated for a 5150 Welfare & Institution hold. The Welfare & Institution Code Section 5150 is defined as:

When a person, as a result of a mental health disorder, is a danger to others, or to himself or herself, or gravely disabled, a peace officer, professional person in charge of a facility designated by the county for evaluation and treatment, member of the attending staff, as defined by regulation, of a facility designated by the county for evaluation and treatment, designated members of a mobile crisis team, or professional person designated by the county may, upon probable cause, take, or cause to be taken, the person into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment in a facility designated by the county for evaluation and treatment and approved by the State Department of Health Care Services (CA Welfare & Institution Code).

This includes following up with individuals who were placed on holds over the weekend or when the CARE Team was out of the office and patrol officers place the holds. They review the reports and attempt to locate the individual's whereabouts to insure the individual is receiving the correct services, (food, shelter, medication, and treatment).

The CARE Team is early in its development, but according to the police department's administration, this team has been successful in responding to mental health calls, thus freeing up patrol officers to be available to respond to other calls for service (E. Rodriguez, personal communication, October 5, 2017).

There is not a perfect way to handle calls for service involving people with mental health disorders due to their unpredictable behavior, but providing police officers with the proper training available and partnering them with mental health professionals will assist with generating better outcomes for the officers and the individual in need. This is a key step in moving forward for the safety of the officers, and the safety of the mentally disturbed individual, along with connecting them to the correct services.

METHODOLOGY

The researcher conducted a process evaluation of the current approach to managing mental health-related calls for service in the Watsonville Police Department. The researcher collected current data from the Watsonville Police Department, the County of Santa Cruz, and the individual program that has been implemented in the department. To complete this evaluation, the author conducted data analysis on mental health-related responses, such as the number of calls for service, times of these calls, results of the calls, types of calls, amount of time spent on calls and the cost of these calls. The author also conducted an anonymous survey of the department's employees, with the permission of the Chief of Police (Appendix A), regarding the current program, and whether the training they have received prepared officers to respond to mental health-related calls for service, and any recommended changes or adjustments that need to be made to the program.

The research also included information received during direct communication with the current CARE Team members and other Police Liaisons in the County of Santa Cruz regarding the effectiveness of their training, and the assistance they receive with contacting these individuals and the implementation of the collaborative response of the department to mental health-related calls for service.

This evaluation is necessary to determine whether the department's new efforts are mediating the challenges presented by the rising number of mental health-related calls for service by educating law enforcement professionals, providing a service to the citizens in crisis, and educating the families involved.

LITERATURE REVIEW

For the past 50 years, police officers have been encountering people with mental health disorders during their daily duties, many times because their family members contact the police looking for assistance. Families use the police as a community resource because other, more appropriate, resources are not as accessible and will not offer services to recalcitrant patients (Lieberman, 1969). According to Lieberman, “Until community mental health facilities develop more active evaluation and treatment programs for reluctant patients, the police will continue to serve a needed role in the care of the mentally ill” (1969). By 1975, law enforcement officers in Pittsburgh, Pennsylvania realized that they were the first line responders to individuals with mental health disorders, and began to consult with mental health professionals to gain a better understanding on responding to calls for service. Pittsburgh’s mental health center responded by creating a list of referral agencies to provide to the officers, so they could distribute it when encountering individuals in crisis (Teese & Van Wormer, 1975).

About 15 years later, 300 officers in the Cincinnati, Ohio area were interviewed about their contacts with individuals suffering from mental health disorders. It was reported that during a one month period, 60% of these officers had responded to at least one call for service involving an individual who suffered from mental illness and 42% reported responding to more than one call for service regarding such individuals. Officers identified that the ability to access the individual’s history was crucial when responding to these calls. Additionally, assistance from mental health professionals on scene for assessments was essential (Dumaine, Gillig, Grubb, Hillard, & Stammer, 1990).

In 1995, researchers conducted a study in the Los Angeles area focused on law enforcement encounters with people suffering from mental health disorders. Findings showed

that when officers and mental health professionals respond together to calls where the individual has a severe mental health illness, the contact was more appropriate and the individual entered the mental health system rather than the criminal justice system. When these agencies work together as a team, it avoids criminalization of the mentally ill (Lamb, Shaner, Elliot, DeCuir, & Foltz 1995). In that same year, a survey of California law enforcement agencies reinforced this critical need for partnership. Results indicated that mental health calls are just as commonplace as calls such as robberies, and that most officers do not have sufficient training to identify and appropriately refer individuals when responding to mental health calls. This lack of training often leads to criminalization of the individual called on, where the officer will arrest for nonviolent misdemeanor charges (Husted, Charter, & Perrou 1995).

Police encounters with individuals who have a mental health condition account for about 10% of all law enforcement contact, (Borum & Hails, 2003). Police officers typically respond to low-level misdemeanor offenses and nuisance calls with individuals who have mental illnesses, rather than to violent incidents (Lipson, Turner, & Kasper, 2010). Nonetheless, individuals with mental illness are often depicted in the media as aggressive individuals who are violent, dangerous, and unpredictable, and the number of contacts with these individuals by the police are continuing to increase over time. Studies have shown that mental health-related calls for service have risen 227% since the late 1990s, and it is estimated that police officers spend 20% of their time responding to calls involving people with mental health issues (McTackett & Thomas, 2017). This study indicated that police use of force when dealing with an individual having a mental health crisis is extremely low when the individual does not act irrationally or unstable. The numbers of violent interactions increase significantly to between 37% - 57% when these individuals are determined to be judgment impaired, due to their illness, and increase to a higher

level when the crisis is combined with a substance abuse disorder (McTackett & Thomas, 2017). Another study estimates that 6% to 17% of individuals who have mental health illness are incarcerated, compared to 5-7% of the general population (Watson & Angell, 2013).

According to the Mental Illness Policy Organization (2017) people with severe mental illness are being routinely abandoned by the mental health system, forcing Law Enforcement Officers to step into a dangerous situation if they are a danger to self or others. Statistics show these encounters frequently result in the person with the mental illness being injured, incarcerated and sometimes killed by police, but it also results in a number of police officers being injured or killed by the individual in a mental health crisis (MIP Org, 2017). Since 1975, there have been 115 law enforcement officers killed by mentally ill individuals in crisis. In almost every incident, the mentally ill individual who killed the officer had prior contact with a mental health facility but was released or untreated (MIP Org, 2017).

Due to the rise in the numbers of these calls, which are time-consuming and unpredictable, and for which officers lack adequate skills, officers have expressed interest in additional training in managing mental health-related calls. Based on these requests, many agencies are now providing their officers with one of the newest trainings, known as Crisis Intervention Training, also known as CIT (Watson & Angell, 2013). This 40-hour comprehensive training is a behavioral health crisis intervention focused on improving outcomes between law enforcement officers and individuals in a mental health crisis (CIBHS, 2015). CIT is designed to “improve officer and consumer safety, and to redirect individuals [living] with mental illness from the judicial system to the health care system” (CIBHS, 2015). This training has a reputation as the most effective training provided to first responders, and there are currently

1,000 jurisdictions in the United States implementing some version of CIT training for their first responders (Watson & Angell, 2013).

Combining CIT training with community resources and expertise from mental health professionals is what the County of San Diego developed in 1998. Their law enforcement agencies were experiencing an increase of mental health related calls for service, and in order to better respond to these calls, they created the Psychiatric Emergency Response Team (PERT). This is a collaborative team comprised of San Diego law enforcement officers, San Diego County Mental Health, Community Research Foundation and other mental health providers, NAMI San Diego, as well as mental health consumers and their families. PERT is able to provide a variety of services to individuals who are experiencing a mental health crisis. Their mission is “to contribute to the well-being of individuals with mental illness by actively and compassionately assisting individuals in crisis who come to the attention of law enforcement to access appropriate services and to optimize outcomes through on-scene assessments and referrals” (Community Research Foundation, 2010).

A study by Watson and Angell (2013) focused on procedural justice theory and the factors that influence cooperation and resistance by individuals with mental health issues. During the study, individuals suffering from mental health-related illnesses who were recently in contact with officers reported that when the officers treated them with fairness and respect, they were more willing to cooperate with the officer’s orders rather than resist (Watson & Angell, 2013). These new approaches to responding to these types of calls for service are leading to fewer arrests and more supplemental services being provided (Desmarais, 2014).

FINDINGS

As with any newly implemented program, there are some kinks to be worked out to make the program successful. Looking into the newly implemented CARE program, the first challenge that needs to be addressed is the schedule. The current schedule of the CARE team is Monday through Friday from 8:00am to 4:00pm. This current schedule assists most calls that come in during the day, offering excellent support for day shift officers, but neglecting other shifts, such as swing shift (3pm-1am), graveyard shift (8pm-6am) and calls that come in during the weekends. According to the statistics from the Santa Cruz County Dispatch center, in 2017, officers had to respond to approximately 344 calls for service with individuals experiencing a mental health crisis with no assistance from the CARE team. With only 45 of the allotted 75 sworn officers trained in CIT, the chances of an officer working one of these shifts, and not trained in CIT, having to respond to these types of calls can result in a unfavorable outcome for all parties involved.

The next relevant issue was the inability to accurately track mental health calls for service. In the current model, mental health calls for service are reported through dispatch in several ways, from “Mental subject causing disturbance,” “Mental subject-Any person,” “Suicidal subject,” “Suicide attempt,” or “5150.” The wide variety of labels placed on these calls creates an inability to effectively track the number of these types of calls, as well as their outcomes, such as whether the person was taken to the hospital, released at scene, evaluated for a 5150 hold, or voluntarily transported to a mental health facility. Most of this is done through the disposition of the call or through police reports (a 5150 hold was placed).

Watsonville Police Officers are required to finish every service call they handle using a disposition code. These codes consist of a letter and a number which coincide with an action and

the reason or type of action. For example, if an officer responded to a mental health call for service and after they evaluate the individual who does not meet the criteria for a 5150 hold, the officer may clear the call using the disposition code “H60.” The letter “H” representing “Handled” and the number “60” represents “Other activity.” This only occurs when there is not a police report taken for the situation and it appears to be one of the most common actions recorded by officers handling these types of calls, but it makes it very difficult to track, because this disposition can be used on many other types of calls as well.

Staffing/Scheduling

Agencies throughout California have mental health response teams that are similar in nature to the local county departments. For example, the Santa Cruz Police Department currently has two Santa Cruz County Mental Health Liaisons (MHL) assigned to their department who work closely with their officers. One MH Liaison, Danielle Long, is scheduled to work 8:00am to 4:30pm Monday through Friday, and the other MH Liaison, Julie Tatowicz, is scheduled Thursday through Sunday 8:00am to 6:30pm, which provides some night and weekend coverage (J. Tatowicz, personal communication, February 23, 2018). These two liaisons ride alongside full time Santa Cruz police officers daily and respond to mental health calls for service in their city. This approach is slightly different from the WPD CARE team, because these MHLs ride with different officers on a daily basis. Unlike Watsonville, they do not have a dedicated officer, which according to Tatowicz, allows each officer they ride along with to get more training and experience with every call they are dispatched to and every contact they make. According to Long, who has been a social worker in Santa Cruz County for 17 years, this approach started as a pilot program in 2013, and focused on the downtown area of Santa Cruz, but the department quickly realized this was a much needed program for their

department. The challenge was earning the trust of the officers. These liaisons are not sworn personnel, and getting the officers to buy-in to the program is difficult when many officers are set in their ways and not willing to change (D. Long, personal communication, April 6, 2018). One way they were able to get buy-in from their officers was the support they provide the officers, not only at the scene with the individual in crisis, but also during the report writing process. The liaisons conduct their own evaluations on the individual in crisis, and, if they are determined to fit the criteria for a 5150 hold, the liaison will complete the required paperwork, providing the needed information regarding why the hold was placed. By having the liaisons complete this paperwork for the officers, the officers do not need to write a lengthy report, ultimately stating the same information on this form, rather they get a case number and write a short report stating, 'refer to MHL report which is attached' and they attach a copy of the 5150 form. This cuts down on the report writing time and allows the officer to be available for calls for service.

Even with two liaisons working every day of the week, the officers who work night shifts will not have any support from these teams from 6:00pm to 8:00am and as the numbers have shown, a mental crisis can occur at any time of the day or night.

Another role this team has taken on is being a liaison (clinical consultant) for the police department by fielding calls from outside agencies such as the school district, high school counselors, Housing Authority, Adult Protective Services, Child Protective Services, senior living facilities, and other therapeutic services. Rather than dispatch sending an officer to the call or facility, these calls are directed to CARE, leaving the officers available for service.

Another reason the CARE team would benefit from more personnel is due to the increase of mental health challenges among the homeless population encountered in the city. The City of

Watsonville, like most cities in the country, is experiencing an increasing number of homeless. Many suffer from mental health issues and are unaware of the services available to them, especially if they are veterans. The CARE team has also been assisting city employees with clearing out homeless encampments, limiting their availability to assist patrol even further. If there were more personnel involved with the team, they would be able to work together in addressing the multi-faceted needs of the homeless population and the mental health community (A. Calderon, personal communication, February 22, 2018).

During this research, it was learned the Watsonville Police Department is allotted 75 sworn positions for a fully staffed police department, but currently they only have 67 sworn officers. For a department to fill their Patrol staff, Investigations Unit, Traffic Unit, Special Unit, and Administration staff, they find themselves staffing patrol shifts with only four Patrol officers and a Sergeant (Supervisor) during day shift and graveyard shift; and if someone were to be on vacation; at training or sick, it could be just three officers. When a call for service comes from dispatch regarding a mental health emergency, it is automatically a two officer response. As these officers respond to this call, it only leaves two officers available to cover the entire city. According to Ofc. Calderon, these calls can last anywhere between 10 minutes to four hours, depending on the circumstances, not including the time it will take to prepare the police report for the incident, if necessary. By having the CARE team on duty, it allows the patrol officers to remain available for other calls for service, while the CARE team provides service to these individuals. Not only are they getting a better service by the CARE team, but according to the City of Watsonville's Finance department, it is more cost effective to have the CARE team respond.

The current loaded cost of a full time sworn WPD police officer is approximately \$100 an hour and the loaded cost of a Mental Health Liaison is nearly \$50 an hour. With these calls averaging about two hours per call and a mandatory two officer response, the average call costs approximately \$400 when patrol officers respond, and \$300 a call when the CARE team responds. If the police department averages 500 calls a year, by sending the CARE team to respond, the department will allocate about \$50,000 a year towards other calls for service other than mental health related calls, all while providing the best service possible for those experiencing a crisis. This does not account for the liability cost that is being circumvented as lawsuits, injury, or worse are avoided during these calls. By having a trained law enforcement team including a mental health liaison respond to the scene of a mental health emergency, the likelihood of being involved in a costly lawsuit lessens.

Even though the CARE team is not scheduled to work nights or weekends, and calls continue to be dispatched to patrol officers, and 5150 holds are placed on individuals meeting the criteria, the CARE team reviews all 5150 reports taken when they were not there to assist. After reviewing these reports, they follow-up with these individuals to make sure that they are connected to the proper services. According to the CARE team, knowledge of resources is lacking after a 5150 hold. These resources may include health insurance, disability, government assistance and veteran affairs. The CARE team can also determine if the individual would benefit from support with substance abuse (illicit drugs, alcohol, and/or prescription drugs).

Survey Results

An anonymous survey of the sworn police officers from the Watsonville Police Department was administered to determine their level of training in the subject of mental health,

their ability to handle calls for service involving people with mental health issues, and the assistance from the CARE team when responding to these calls.

The Watsonville Police Department currently has 67 sworn officers, and 54 agreed to participate and completed the survey, (the survey was not given to the Administrative Officers (6), nor was it given to three officers at the Police Academy or the three in the Field Training Program).

The following figures provide a summary of the results to a number of the survey questions. Question two asked about the number of hours of training in mental health that the City of Watsonville has provided to the officer. Figure 1 indicates that 41% of the police officers in Watsonville have been provided with 40 or more hours of training in mental health response, but it also indicates that a total of 31% have 8 hours or fewer of training in mental health.

Figure 1: Hours of Mental Health Training

Figure 2 indicates the comfort level of Watsonville Police Officers when dealing with calls for service involving people with mental health issues. It appears 46% of the responding officers feel comfortable responding to mental health calls for service, while only 15% of the officers responded that they were uncomfortable responding to these calls for service. There is still 13% of the responding officers who are undecided whether they feel comfortable responding to these calls.

Figure 2: Comfortable responding to mental health-related calls

Figure 3 indicates whether the CARE team has assisted officers when responding to mental health calls. Survey responses indicate that the CARE team has assisted 77% of the officers on calls. There are 16% of respondents who indicate that they have not had CARE team assistance, while 7% of the survey responses are undecided whether the team has helped them.

Figure 3: Officers Receiving CARE Team Assistance with Calls for Service

Figure 4 indicates how often officers use the available resources when responding to calls regarding individuals with mental health issues. It appears that only about 38% of the responding officers use the resources available to them regularly when responding to calls related to individuals with mental health issues, and 49% use the resources occasionally. Still 13% never use the resources, or do not know what resources are available to them when dealing with these types of calls for service.

Figure 4: Use of Mental Health Response Resources

Figure 5 depicts the responses to the final question of the survey, which was an open ended response. The question reads, “What, if any, changes would you like to see applied to the CARE program?” Figure 5 indicates that 64% of the officers would like more personnel added to the team so that they could cover more hours of the day. However, 30% of the responding officers stated they did not see a need for change, or did not answer the question at all. The survey also indicated 4% of the officers wanted to see more training for officers, and 2% would like to see a mental health transport unit available to assist in transporting these individuals to the mental health facility in Santa Cruz, allowing for the officer to stay in the city and available for calls for service.

Figure 5: Changes to CARE Team Program

Results of surveys show that the City of Watsonville Police Department’s police officers are being provided with mental health training, and these officers indicate that they feel reasonably comfortable handling these types of calls for service, but it is apparent these officers are significantly in favor of more personnel being added to the CARE team, so they would be available during more hours of the night and weekends, if not available 24 hours a day, seven days a week.

Tracking

In order to better assist in the tracking of these types of calls for service, the Santa Cruz Police Department, who use similar disposition code as the Watsonville Police Department, created new disposition codes for officers to use with the intention of monitoring the frequency

of calls for service and their outcomes (L. Schonfield, personal communication, October 6, 2017). These new codes are numbered and coded below:

25 = Community Issues

26 = Mental Health

27 = 5150 Placement

When officers use these codes after finishing their calls for service, it allows their department to track the frequency of different types of calls and their outcomes. Currently, the only true tracking outcome for the City of Watsonville is if the individual, who is the main subject the officers were dispatched to, was evaluated and placed on a 5150 hold (72 hour mental health evaluation) and sent to the hospital or a mental health facility. This would be tracked through a required police report. These reports includes the case number, the individual's name, date of birth, address, where they were contacted and a detailed summary as to why police were called, the officers' actions, and a detailed summary of how the individual met the criteria for a 5150 W&I, (danger to self, danger to others or gravely disabled). There is also a county protocol Mental Health evaluation worksheet which is filled out by the officer; a copy stays with the individual being placed on the hold and a copy is attached to the police report.

In 2017, Watsonville Police officers were dispatched to 564 mental health related calls for service, from suicidal subject to mentally disturbed individual, (Silva, 2017). Out of these 564 calls for service, 220 calls were received during the time the CARE team would be on-duty (8am-4pm M-F). These 220 calls came in when the CARE team would be on duty, not accounting for holidays, training days, sick days, and meetings, which can average about 1-3 work days a month. This means that there were 344 calls for service that were handled by patrol officers, not including the number of calls for service which are dispatched as "Suspicious

Person,” but when officers arrive on scene, they learn the “Suspicious Person” is a subject in a mental health crisis. Another example that is difficult to track is when officers are dispatched to a “Disturbance,” but when they arrive on scene they learn the disturbance is due to the person causing the disturbance being in a mental health crisis. To help with correcting the outcomes of these calls, and to assist in tracking these calls, the Watsonville Police Department adopted the same disposition codes as the Santa Cruz Police department. Unfortunately, these codes are new to the officers, and many are still not using the correct disposition codes, continuing to make it difficult to track the number of calls related to mental health service needs.

The ability to accurately track the number of mental health–related calls for service will assist the department when requesting additional resources from their county. This may include receiving funding to add additional staffing, such as another CARE member/liaison to assist officers. Currently, the salary for the Watsonville Police Department CARE team liaison is divided between the City of Watsonville and the County of Santa Cruz. The ability to provide the county with accurate recorded calls for service regarding individuals with mental health disorders may justify the addition of another liaison. This may also provide funding for additional mental health training for the officers so they become more efficient when responding to mental health crisis. Lastly, the Santa Cruz County Mental Health facility, known as Telecare, is located in Santa Cruz, which is about 15 miles north of Watsonville, and is the only mental health facility in Santa Cruz County. This means that if an individual is placed on the 5150 hold, the officer or CARE team member placing the hold will need to transport the individual to this facility, which may take the CARE team or a patrol officer off the streets for an average of 2 hours (A. Calderon, personal communication, February 22, 2018). If the data can show the need, funding to build a new south county mental health care facility could very well be justified.

Another tracking issue are the calls that do not come through dispatch; these are often calls directly made to an officer or in person at the police department. The CARE Officer is contacted directly on average 1-2 times daily by individuals he has had prior contact with. These could be calls directly to his desk or he being flagged down by individuals while he is out in the field (A. Calderon, personal communication, October 5, 2017). When calls/contacts do not come in through dispatch, they are even harder to track and are not in the above mentioned number of calls for service. This could be an additional 220 calls that are not tracked through dispatch or through a disposition, and are not recorded.

When individuals walk into the police department lobby and ask to speak to an officer regarding their mental health status, this compounds the tracking issue. When the records department is open, (9am-4pm) a records clerk will make contact with this individual and place a direct call to the CARE team who will respond and contact this person in the lobby. They will conduct their evaluation or assessment and provide service to these individuals, but unless there is a 72 hour, 5150 hold placed on this individual, a case number will not be generated for a documented police report and these calls go unrecorded.

The following chart (Figure 6) indicates the number of documented calls for service regarding individuals in a mental health crisis where the Watsonville police department responded. It represents the number of total calls for service, the number of calls the CARE team responded to, the number of calls patrol officers responded to, and the number of 5150 holds each group placed.

Figure 6: CARE Team Call for Service vs. WPD Patrol Calls for Service

Source: Figueroa, 2018.

According to these numbers, the CARE Team responded to 220 calls regarding an individual in a mental health crisis, and determined that the individual met the criteria for a 5150 hold on 41 of these calls, or about 19% of the calls. Patrol officers responded to 344 calls related to individual in a mental health crisis, and determined that the individual met the criteria for a 5150 hold on 83 of these calls, or about 25% of the calls. Looking at all of the mental health related calls for service, about 22% of calls result in a 5150 hold.

There were 137 mental health related calls that came in during the weekend when there was no CARE team coverage. Officers on weekend shifts might be trained to assist with mental health calls, but they do not have the same training as the CARE team, nor do they have the same level of knowledge of resources available. This is a disservice to the officers, and more importantly, the person in crisis, and their families. Considering the challenged of getting an

accurate count of mental health related calls for services due to disposition code challenges, the actual number of mental health related calls can be higher than the 564 recorded calls.

Calls for Service Occurrences

Figure 7 indicates the number of dispatched calls for service that the Watsonville Police Department receives by month involving an individual in mental health crisis. Data shows there was an average of 47 calls per month identified as mental health related, with January being the lowest and a peak in calls during the month of October.

Figure 7: Mental Health Calls for Service, By Month

Source: Silva, 2017

Figure 8 indicates the number of calls regarding individuals in a mental health crisis by day of the week. It appears that on Mondays the department is receiving the most calls for mental health service, and the least number of calls are coming in on the weekends. Even though the

weekends have fewer calls than the weekdays, there are still a number of calls coming in and the patrol officers are responding without the assistance of the CARE Team.

Figure 8: Mental Health Calls for Service in Watsonville, by day of the week, 2017

Source: Silva, 2017

Figure 9 indicates the different times that officers are dispatched to calls involving individuals having a mental health crisis. It is evident that calls are dispatched throughout the day, but there is a peak between 11:00am and 12:00pm. Fortunately for the police department, the CARE Team should be on duty during this time, but at about 6:00pm there seems to be another rise in calls for service, and by this time the CARE Team has already gone off-duty.

Figure 9: Mental Health Calls for Service in Watsonville, by hour, 2017

Source: Silva, 2017

ANALYSIS

In order to better assist the patrol officers of the City of Watsonville when responding to mental health calls for service, the current CARE team should make an adjustment to their current work schedule. After reviewing the times of calls for service for 2017, it appears that a majority of the calls come in between 10:00am to 6:00pm. If the CARE team could adjust their schedule from 8:00am to 4:00pm to 10:00am to 6:00pm, they may be able to assist with more calls, provide better assessments for individuals in crisis, and connect them with the correct services. This would appear to be an easy, no cost adjustment and would address the call pattern from 2017. Unfortunately, this does not address the night and weekend calls for service involving mental health related problems, which leads to the next recommendation of adding another MH Liaison to this team.

By adding another MHL to the CARE team, they can use the SCPD style of approach to these calls, by scheduling the second liaison to work Thursday through Sunday. Now depending on how they schedule the original team, keeping their current Monday-Friday 8:00am-4:00pm schedule, the new liaison would work a similar schedule as the SCPD liaison, Thursday-Sunday 8:00am to 6:00pm. A better approach would consist of changing the current team's schedule to Monday-Friday 10:00am-6:00pm and for the new liaison's work schedule to be Thursday-Sunday 3:00pm to 1:00am. This would allow for more hours of coverage during nights and weekends. This liaison would follow the SCPD model by riding along with different officers each night, and respond to calls for service involving mental health.

To take this a step further, there is the proposal of adding another liaison and another dedicated officer, creating a second CARE team. This would allow the teams to work a similar schedule as the officers. Currently, the department is made up of two patrol teams, Blue and

Gold. Gold team works Sunday through Wednesday and Blue team works Wednesday through Saturday. They overlap on Wednesday when many trainings occur along with built in holidays. In this case the CARE Teams would work 10-hour shifts, just as it is for the officers, but the shift would be from 10:00am to 8:00pm. According to the times of calls in 2017, this shift would cover the time period in which the highest volume of calls occurred. Based on the number of calls for service and the wide range in times/days these calls are being dispatched, the need for more personnel appears apparent.

Another aspect that should be considered when adding Law Enforcement personnel to this team is the need to add the right person for the position. When adding an officer or a liaison, they must have the right attributes to handle such a position. These individuals need to be respectful to the clients they serve, patient, passionate, have good communication skills including listening skills, well trained in mental health, with the ability to show empathy for people and their families. This is a demanding position within a critical program for the department.

Another option is to have someone available by phone to assist with, and consult on, after-hours calls. Many times officers attempt to determine next steps, but without the CARE team available, they find themselves improvising and hoping for the best results (H. Robles, personal communication, March 22, 2018). If a mental health liaison were available after-hours to assist officers by phone, this could resolve some situations where officers find themselves in unfamiliar and uncomfortable territory. A phone consulting liaison would be most accessible and efficient, but comes at a cost of additional personnel or an overtime bill.

The CARE team continues to receive ongoing training in the area of mental health, and gain valuable experience with every contact they make. Not only do they become familiar with

the individuals they encounter, they learn about their history, mental illness, and family situation. They also learn the best practices in working with members of the community who suffer from mental health illnesses, which could translate into training and support for patrol officers. This information is currently passed along to the patrol officers through the department Intranet, but like most posts, they are read once and forgotten about within minutes. A more effective method of passing this information along is if the CARE team sat in roll call, on a monthly basis, and provided regular updates and consultations. This approach will have a longer lasting effect on the officers than an intranet post. It also provides a venue for the officers to ask questions and interact with the CARE team, ultimately creating a better relationship.

The ability to accurately track calls for service has been shown to be difficult, especially when officers do not use the correct disposition codes. With the rise in calls for service involving individuals with mental health issues, this is critical when requesting additional resources. This is an issue of both training and supervision. Supervisors need to hold officers accountable in reporting, responding on the radio, and clearing calls for service. Accurately tracking the numbers of mental health related calls for service is key when asking for funding, so using the correct disposition code is of the utmost importance.

In order to keep officers available for service, an effort to streamline the required paperwork is needed. Currently, there is a county 5150 protocol worksheet that needs to be completed prior to the individual going to the hospital or the mental health facility. After this is completed, the officer still needs to write a detailed report in the report writing system, essentially duplicating the worksheet. Then the report and worksheet are filed together. This level of redundancy unproductively consumes the officer's time. WPD could follow the SCPD protocol where the liaison completes the report. As no crime has been committed, it is most

relevant that the liaison shares findings and the officer can simply identify their level of participation during the call. This appears to be more appropriate and efficient. To take this a step further, if the county would upgrade the 5150 worksheet to a duplicate form, the officer would only have to complete it one time, send a copy with the individual, and drop off the other copy to their records department and be done. This procedure would allow the officer to be back in service 30 minutes to an hour more quickly than using the current redundant system. This would only be appropriate if the individual did not commit a crime and was only taken to a mental health facility or hospital on a 5150 hold, meaning it is a victimless report.

Adoption of these recommendations could assist in the efficiency of handling calls for service involving individuals in mental health crisis, while keeping the officer and individual safe, and providing individuals needing assistance with the best service possible, while protecting the police department and avoiding litigation.

CONCLUSION

It appears that with the creation of the CARE Team, and by training their officers in CIT, the Watsonville Police Department is taking a proactive approach in responding to the increased number of calls for service involving individuals in a mental health crisis. By creating this team and implementing it to handle these types of calls for service, they are preventing dangerous situations with these individuals, providing or connecting them with the appropriate services, and decreasing the liability when handling these situations. This department is still challenged with covering shifts during nights and weekends, however if some of the mentioned recommendations are implemented, such as accurate disposition codes and streamlined documentation, it could provide justification to increase the current budget, allowing for more resources or personnel in the future.

Santa Cruz County Behavioral Health Services

How to access Mental Health Liaisons:

For More Information Contact:

Eli Chance, LCSW

Behavioral Health Supervisor

eli.chance@santacruzcounty.us

Jasmine Nájera, LCSW

Behavioral Health Program Manager

jasmine.najera@santacruzcounty.us

If emergency, call 911 immediately and request Mental Health Liaison to respond with an officer if available.

If non-emergency, call 1-800-952-2335 to triage the case with a Behavioral Health crisis worker.

For case consult – if non-emergency and you have questions, contact the liaisons directly through email or phone.

Mental Health Liaisons to Law Enforcement

Santa Cruz County Behavioral Health
Law Enforcement Liaison Program

What –

- Behavioral health clinicians embedded with local Law Enforcement
- Responds to mental health related calls through dispatch with officers or deputies
- Provides 5150 assessments, crisis assessments and crisis intervention services
- Provides linkage and referrals to treatment services as needed
- Provides support and psychoeducation to families and relatives of individuals with mental health disorders
- Provides training to community members and partners
- Provides education to department officers and leadership on mental health issues and crisis intervention
- Trained in Crisis Negotiation and MHL are members of Crisis Negotiation Teams per

Where –

- 2 FTE liaisons with the Santa Cruz Sheriff's Office covering all unincorporated areas 6 days per week Sun-Fri.
- 1 FTE liaison with the Watsonville Police Department responds to calls within the Watsonville City limits 5 days per week Mon-Fri.
- 2 FTE liaison with the Santa Cruz Police Department responds to calls within the Santa Cruz City limits 7 days per week

When –

Santa Cruz Police Department

- 1 FTE Mon-Fri 8am-4:30pm
- 1 FTE Thur-Sun 8am-6:30pm

Watsonville Police Department

- 1 FTE Mon-Fri 8am-4:30pm

Santa Cruz Sheriff's Office

- 1 FTE Mon-Fri 8am-5pm
- 1 FTE Sun-Tue, Thur 8am-6:30pm

Who –

Santa Cruz Police Department –

Danielle Long ASW

danielle.long@santacruzcounty.us

Julie Tatowicz LCSW

Julie.tatowicz@santacruzcounty.us

Santa Cruz Sheriff's Office –

James Russell LMFT

James.russell@santacruzcounty.us

Kurt Churchill LMFT

Kurt.churchill@santacruzcounty.us

Watsonville Police Department –

Reina Valencia ASW

Reina.valencia@santacruzcounty.us

Appendix B

A Demographic Data and Mental Health Training Questionnaire

1. How many hours of mental health-related training have you received over the course of your career?
 - A. 6 hours or less
 - B. 8 hours
 - C. 16 hours
 - D. 24 hours
 - E. 40 hours or more

2. How many hours of mental health related training have you received as a City of Watsonville employee?
 - A. 6 hours or less
 - B. 8 hours
 - C. 16 hours
 - D. 24 hours
 - E. 40 hours or more

3. I feel comfortable responding to situations involving people with mental health issues.
 - A. Strongly agree
 - B. Agree
 - C. Undecided
 - D. Disagree
 - E. Strongly disagree

4. The C.A.R.E. program has assisted you when responding to situations involving people with mental health issues.
 - A. Strongly agree
 - B. Agree
 - C. Undecided
 - D. Disagree
 - E. Strongly disagree

5. There are resources available for you when responding to situations involving people with mental health issues.
 - A. Strongly agree
 - B. Agree
 - C. Undecided
 - D. Disagree
 - E. Strongly disagree

6. How often do you use the resources available when responding to situations involving people with mental health issues?
- A. On every mental health call
 - B. On most mental health calls
 - C. Occasionally on mental health calls
 - D. Never on mental health calls
 - E. I don't know what resources are available

Place an "x" at the place on the line which corresponds with your response.

7. How comfortable do you interact with someone with a mental illness?

1----- 2 ----- 3 ----- 4 ----- 5 ----- 6 -----7

Not at all Comfortable

Comfortable

Extremely comfortable

8. To what extent do you consider yourself to be adequately trained to interact with the mental health patients?

1----- 2 ----- 3 ----- 4 ----- 5 ----- 6 -----7

Completely Inadequate

Some

Completely Adequate

9. What, if any, changes would you like to see applied to the C.A.R.E. program?

APPENDIX C

DISPOSITION CODES

A	Arrest	C	Cite, criminal	Secondary Codes – Schools
F	Follow-up	G	GOA/UTL	W99 WHS
H	Supplemental	I	Cite, infraction	P99 PVHS
R	Handled at scene		CVC, Muni	M99 Middle Schools
U	Report, no arrest	S	Subject contacted	E99 Elementary Schools
	Unfounded	X	Canceled prior to A	GA Gang Activity
00	<u>Administrative</u>	40	<u>Property Crimes</u>	<u>Muni Codes</u>
01	COPS Activity	41	Prowler	70 Animal complaint
10	<u>Person Crimes</u>	42	Trespass	71 Curfew
11	Murder/Homicide	43	Fraud/Forgery	72 Skateboarding
12	ADW	44	Graffiti	73 Camping
13	Robbery/armed	45	Susp. Circum	80 <u>Drugs/Alcohol</u>
14	Robbery/strong arm	50	<u>Traffic</u>	81 Drug Activity
15	Assault/Battery	51	Accident/injury	82 Possession
16	Domestic Violence	52	Accident/non-injury	83 Possession for sales
20	<u>Sex Crimes</u>	53	DUI	84 Inhalant
21	Rape or attempt	54	Private Property T/C	85 HBD
22	Indecent exposure	55	Tow/Store Vehicle	86 Alcohol Violations
23	Against children	60	<u>Other Activity</u>	90 <u>Alarms</u>
30	<u>Theft</u>	61	Civil Problem	91 Malfunction
31	Burglary	62	Warrant service	92 Vehicle
32	Petty	63	AOD	93 Fault of nature
33	Grand	64	Found/Lost Property	94 Employee error
34	Shoplifting	65	Lost/missing/found person	95 Failure to respond
35	Bicycle	66	Transport	
		67	Disturbance	

**APPLICATION FOR ASSESSMENT,
EVALUATION, AND CRISIS INTERVENTION
OR PLACEMENT FOR EVALUATION AND
TREATMENT***Confidential Client/Patient Information*See California W&I Code Section 5328 and
HIPAA Privacy Rule 45 C.F.R. § 164.508**Welfare and Institutions Code (W&I Code), Section 5150(f) and (g)**, require that each person, when first detained for psychiatric evaluation, be given certain specific information orally and a record be kept of the advisement by the evaluating facility.☐ **Advisement Complete**☐ **Advisement Incomplete**

Good Cause for Incomplete Advisement

Advisement Completed By

Position

DETAINMENT ADVISEMENT

My name is _____.

I am a (peace officer/mental health professional) with
(name of agency). You are not under criminal arrest,
but I am taking you for examination by mental health
professionals at (name of facility).

You will be told your rights by the mental health staff.

*If taken into custody at his or her residence, the
person shall also be told the following information:*You may bring a few personal items with you, which I
will have to approve. Please inform me if you need
assistance turning off any appliance or water. You
may make a phone call and leave a note to tell your
friends or family where you have been taken.

Language or Modality Used

Date of Advisement

To (name of 5150 designated facility) _____

Application is hereby made for the assessment and evaluation of _____

Residing at _____, California, for up to
72- hour assessment, evaluation and crisis intervention or placement for evaluation and treatment at a designated facility
pursuant to Section 5150, et seq. (adult) or Section 5585 et seq. (minor), of the W&I Code. If a minor, authorization for
voluntary treatment is not available and to the best of my knowledge, the legally responsible party appears to be / is: (Circle
one) Parent; Legal Guardian; Juvenile Court under W&I Code 300; Juvenile Court under W&I Code 601/602; Conservator. If
known, provide names, address and telephone number:

The above person's condition was called to my attention under the following circumstances: _____

I have probable cause to believe that the person is, as a result of a mental health disorder, a danger to others, or to himself/ herself,
or gravely disabled because: (state specific facts) _____

Based upon the above information, there is probable cause to believe that said person is, as a result of mental health disorder:

☐ **A danger to himself/herself.**☐ **A danger to others.**☐ **Gravely disabled adult.**☐ **Gravely disabled minor.**Signature, title and badge number of peace officer, professional person in charge of the facility designated by the
county for evaluation and treatment, member of the attending staff, designated members of a mobile crisis team,
or professional person designated by the county.

Date

Phone

Time

Name of Law Enforcement Agency or Evaluation Facility/Person

Address of Law Enforcement Agency or Evaluation Facility/Person

NOTIFICATIONS TO BE PROVIDED TO LAW ENFORCEMENT AGENCY

Notify (officer/unit & telephone #) _____

NOTIFICATION OF PERSON'S RELEASE IS REQUESTED BY THE REFERRING PEACE OFFICER BECAUSE:☐ The person has been referred to the facility under circumstances which, based upon an allegation of facts regarding actions witnessed by the
officer or another person, would support the filing of a criminal complaint.☐ Weapon was confiscated pursuant to Section 8102 W&I Code. Upon release, facility is required to provide notice to the person regarding the
procedure to obtain return of any confiscated firearm pursuant to Section 8102 W&I Code.**SEE REVERSE SIDE REFERENCES AND DEFINITIONS**

APPENDIX E

Watsonville Community Resources/Recursos en la Comunidad de Watsonville

Mental Health/ Salud Mental	Shelter Services/ Servicios de Casa Ahogar
<p>-<u>Santa Cruz County Mental Health Services</u> <u>Servicios de Salud Mental del Condado de Santa Cruz</u> (ACCESS services for an assessment) (Servicios de ACCESS para una evaluacion) 1-800-952-2335</p> <p>- <u>Santa Cruz Behavioral Health Center (CSP/BHU)</u> <u>Hospital de Salud Mental de Santa Cruz (CSP/BHU)</u> 2250 Soquel Avenue, Suite 150, Santa Cruz, CA. 95062 (831) 600-2801</p> <p>-<u>Mariposa Wellness Center</u> 10 Carr St. Watsonville, CA. 95076 (831) 768-8132</p>	<p>-<u>Pajaro Rescue Mission</u> (30 beds for homeless men)- (30 camas para hombres sin hogar) 111 Railroad Ave. Watsonville CA. 95076 (831) 722-2074</p> <p>-<u>Salvation Army</u> 112 Grant St. Watsonville, CA 95076 (831) 724-3922</p> <p>-<u>Grace Harbor women's shelter</u> (831) 840-0119 / (831) 288-5699</p> <p>- <u>Pajaro Valley Shelter/ Casa Ahogar del Valle de Pajaro</u> (Shelter for women & children, 90 day stay) (Casa ahogar para mujeres y ninos/as, ospedaje de 90 dias,) (831) 728-5649</p>
Support Services/ Servicios de Apoyo	Food/Comida
<p>- <u>NAMI (National Alliance on Mental Health)</u> <u>NAMI(Alianza Nacional de Salud Mental)</u> (Provide support and education about mental health to mentally ill individuals, their family members, & friends.) (Proveen apoyo y educacion sobre salud mental a individuos con enfermedades mentales, a sus familiars y amigos/as). (831) 440-7883, info@namiscc.org</p> <p>- <u>Suicide Prevention Services/ Servicios de la Pevencion del Suicidio</u> (Provide a 24 hr. suicide crisis line) (Proveen linea de crisis sobre el suicidio las 24 horas) (831) 458-5300 or 1-877- 663-5433</p> <p>- <u>Encompass Community Services</u> <u>Servicios Encompass de la Comunidad</u> 241 East Lake Avenue Watsonville, CA 95076 (831) 688-8856</p> <p>-<u>Homeless Persons Health Project</u> 1430 Freedom Blvd. Ste. A Watsonville CA.95076 (831) 454-2080</p> <p>-<u>CAB (Community Action Board)</u> (Assists with employment, community engagement and leadership activities, housing evictions, immigration support). (Ayuda con empleo, participacion de liderasgo y actividades en la comunidad, eviccion de casa y apoyo de inmigracion) 406 Main St. #207 (2nd Floor/Segundo Piso), Watsonville. (831) 763-214</p>	<p>-<u>Second Harvest Food Bank/Banco de Comida</u> 800 Ohlony Parkway, Watsonville CA 95076 (831) 722-7110</p> <p>-<u>Meals on Wheel</u> (Meals of elders over age 60+) (Comida para mayores de 60+ anos) 114 East 5th St. Watsonville CA 95076 (831) 724-2020</p> <p>-<u>Loaves and Fishes</u> (Free Hot Lunch, Mon-Frid. 12-1pm.) (Lonche Caliente Gratis, Lunes-Viernes, 12-1pm). 150 2nd St. Watsonville CA 95076 (831) 722-4144</p> <p>-<u>Salvation Army</u> (Free Dinner at 5-6:30pm) (Cena Gratis alas 5-6:30pm) 214 Union St. Watsonville CA 95076.</p> <p>-<u>Green Valley Christian Center/Centro Cristiano de Green Valley</u> (Free food on 2nd & 4th Thursday of the month, 11am-12pm) (Comida gratis el 2nd y 4th Jueves del mes, 11a.m- 12pm) 376 Green Valley Rd. Watsonville CA 95076</p>

Medical Health/ Salud Medica	Benefits/Beneficios de Gobierno
<p>- <u>Watsonville Health Clinic/ Clinica de Salud de Watsonville</u> 1430 Freedom Blvd. Suite , A. Watsonville, CA 95076 (831) 763-8400</p> <p>-<u>Salud Para La Gente</u> 204 East Beach St. Watsonville CA 95076 (831) 728-0222</p> <p>- <u>Dientes Community Dental Clinic/ Dientes Clinica Dental</u> 1430 Freedom Blvd, Suite C. Watsonville CA 95076 (831) 621-2560</p> <p>-<u>Watsonville Community Hospital/Hospital de Watsonville</u> 75 Nielson St. Watsonville, CA 95076 (831) 724-4741</p>	<p>-<u>Medi-Cal</u> (Public Health Insurance/Aseguranza Medica)</p> <p>-<u>Medi-Care</u> (Health Insurance for Elderly or Disabled) (Aseguranza Medica para Mayores de Edad o con Desabilidades)</p> <p>-<u>CalWORKS</u> (Cash Aid/Ayuda Financiera)</p> <p>-<u>CalFresh</u> (Foodstamps/Estampillas de Comida)</p> <p>-<u>General Financial Assistance/Ayuda Monetaria General</u> 18 West Beach St. Watsonville CA. 95076 1-888-421-8080</p> <p>-<u>Social Security Services /Servicios de Seguro Social</u> 180 Westgate Drive, Suite 301. Watsonville CA 95076 (831) 722-7141</p> <p>-<u>State Disability/Desabilite del Estado</u> 1-800-480-3287 www.edd.ca.gov/</p>
Drug/Alcohol Services/Servicios - Alcohol/Drogas	Veterans Services/ Servicios de Veteranos
<p>-<u>Encompass- ALTO Services</u> 585 Auto Center Drive. Watsonville CA. 95076 (831) 728-2233</p> <p>-<u>Fenix Services</u> 18 Alexander St. Watsonville, CA. 95076 (831) 728-5914</p> <p>-<u>Si Se Puede</u> 161 Miles Lane, Watsonville CA. 95076 (831) 761-5422</p> <p>-<u>Teen Challenge</u> Pajaro Men's Center (Male): 722-2074 Freedom Women's Center (Female): 724-2898</p>	<p>-<u>Palo Alto Veterans Services/Servicios de Palo Alto para Veteranos</u> 1350 41st Ave. Capitola, CA 95010 (831) 464-4575</p> <p>- <u>Veterans Services/Servicios de Veteranos</u> 1400 Emeline Ave. Building K, Santa Cruz CA. 95060 (831) 454-4761 (831) 763-4419</p>
Mental Disabilities-Delays/Disabilidades Mentales	Youth Cervices/ Servicios Para Adolescentes
<p>-SARC (San Andreas Regional Center) 1110 Main St, Watsonville, CA 95076 (831) 728-1781</p> <p>-CCCIL (Central Coast Center for Independent Living) 18 W. Beach Street, Watsonville, CA 95076 (831) 763-8700 - Ext 8686 (Voice) (831) 757-3949 TTY</p>	<p>-Youth Services/Servicios Para Jovenes 241 East Lake Ave. Watsonville CA 95076 (831) 688-8856</p> <p>-PVPSA (Pajaro Valley Prevention Student Assistance) 335 E Lake Ave, Watsonville, CA 9507 (831) 728-6445</p>

Santa Cruz County Behavioral Health Crisis Services

Service	Walk-in Crisis Services	Mobile Emergency Response Team	Mental Health Liaisons to Law Enforcement	Crisis Stabilization Program	Psychiatric Health Facility
Description	Crisis Assessment & Intervention Services for adults and children. Also provides linkage & referrals for follow-up care	Mobile Crisis Team responding in the field to secure sites for individuals experiencing a serious mental health crisis	Mental Health Clinicians embedded with Santa Cruz Police Department, Santa Cruz Sheriff's Office, & Watsonville Police Department	Crisis assessment, intervention and referral services in a locked setting for up to 24 hours for adults and children. Dispositions to locked inpatient care or community resources	Locked 16-bed psychiatric inpatient treatment facility for adults experiencing a serious mental health crisis. Twenty-four hour treatment and care.
Hours of Operation	Monday – Friday, 8:00 am – 5:00pm (non holidays)	Monday – Friday, 8:00 am – 5:00pm (non holidays)	Monday – Friday, 8:00 am – 5:00pm (non holidays)	24 – hours/day 365 days/year	24 – hours/day 365 days/year
Location	1400 Emeline Ave, Santa Cruz	Field-based	Field-based	2250 Soquel Avenue, Santa Cruz	2250 Soquel Avenue, Santa Cruz
Access Process	Self-refer	Call (800) number to reach a Triage Worker	Law Enforcement Dispatch	Self-refer or 5150	Self-refer or 5150
Telephone Number	1 (800) 952-2335	1 (800) 952-2335	911 – dispatch; 1 (800) 952-2335	(831) 600-2800	(831) 600-2800

REFERENCES

- Angell, B. and Watson, A. (2013). The Role of Stigma and Uncertainty in Moderating the Effect of Procedural Justice on Cooperation and Resistance in Police Encounters with Persons with Mental Illnesses. *Psychology, Public Policy, and Law*, Vol 19, No 1, 30-39.
- California Institute for Behavioral Health Solutions (CIBHS) (2015). Crisis Intervention Training. Current Practices and Recommendations for California. (URL or publisher)
- Chavez, N. & Hall, K. (2016). Texas officer explains how cops respond to mental health calls. Policeone.com. Retrieved from <https://www.policeone.com/patrol-issues/articles/251680006-Texas-officer-explains-how-cops-respond-to-mental-health-calls/>
- Cochran, S. & Dupont, R. (2017). A Resource for CIT Programs Across the Nation. CIT CENTER. Retrieved from <http://www.cit.memphis.edu/>
- Cole, D. (2006). Crisis Intervention Training: The Bill Blackwood Law Enforcement Management Institute of Texas. Retrieved from <https://shsu-ir.tdl.org/shsu-ir/bitstream/handle/20.500.11875/1536/1117.pdf?sequence=1>
- Community Mental Health Services, Cal. Welfare and Institution Code 5150. Retrieved from http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC§ionNum=5150
- Community Research Foundation (2010). *History*. Retrieved from <http://www.comresearch.org/pages.php?from=pert&id=47>
- DeCuir, W., Lamb, H., and Weinberger, L. (2002). The Police and Mental Health. *American Psychiatric Association; Psychiatric Services*, Vol. 53, No.10.
- Desmarais, S.L., Greaves, C.L., Verdun-Jones, S., Parent, R., Livingston, J.D., Johnson, K.L., & Brink, J. (2014). Police perceptions and contact among people with mental illnesses: Comparisons with a general population survey. *Psychology, Public Policy, and Law*, 20(4), 431-442.
- Draper, L., Reuland, M., and Schwarzfeld, M. (2009). Law Enforcement Responses to People with Mental Illnesses: A guide to research-informed policy and practice. Council of State Governments Justice Center, New York.
- Dumaine, M., Gillig, P., Grubb, P., Hillard, J., Stammer, J. (1990). What o Police Officers Really Want From the Mental Health System? *American Psychiatric Association*. Vol. 41(6), 663-665.
- Eaton, L. (2008). Charity calls for better training of police in handling mentally ill people. *British Medical Journal* Vol. 337, (7669), p 537.
- Figueroa, H. (2018). Alliance Report. City of Watsonville Records Division.
- Fulambarker, A. & Watson, A. (2012). The Crisis Intervention Team Model of Police Response to Mental Health Crises: A Primer for Mental Health Practitioners. *Best Pract Ment Health*. 2012 Dec; 8(2): 71. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3769782/>

- Geha, J. (2017). Fremont: City, police officer sued over fatal shooting. East Bay Times. Retrieved from <https://www.eastbaytimes.com/2017/11/09/fremont-city-police-officer-sued-over-fatal-shooting/>
- Giwargis, R. (2017). Santa Clara: Family sues city after police killed their son during mental breakdown. The Mercury News. Retrieved from <https://www.mercurynews.com/2017/08/05/santa-clara-family-sues-city-after-police-killed-their-son-during-mental-breakdown/>
- Gomez, M. (2017). San Jose police officer fatally shoots man who allegedly charged with knife. San Jose Mercury News. Retrieved from <http://www.mercurynews.com/2017/05/03/san-jose-police-officer-shoots-man-during-response-to-family-disturbance/>
- Green, J. (2017). San Jose: Man wielding an ax in fatal downtown shooting by police. San Jose Mercury News. Retrieved from <http://www.mercurynews.com/2017/05/28/downtown-officer-involves-shooting-leaves-one-dead/>
- Hodges, B. (2017). 2 reasons cops should not respond to non-violent mental health calls. Policeone.com. Retrieved from <https://www.policeone.com/patrol-issues/articles/421707006-2-reasons-cops-should-not-respond-to-non-violent-mental-health-calls/>
- Husted, JR1., Charter, RA., Perrou B. (1995). California law enforcement agencies and the mentally ill offender. *Bull Am Acad Psychiatry Law*. 1995;23(3) p315-29.
- Kelly, K. (2015). San Mateo County: County Ups crisis intervention training. June 10. San Jose Mercury News. Retrieved from <http://www.mercurynews.com/2015/06/10/san-mateo-county-county-ups-crisis-intervention-training/>
- Lee, C. (2015). California Enacts Mental Health Training Legislation for Peace Officers. People with Disability Foundation. E-News Article. Retrieved from <http://www.pwdf.org/update-california-enacts-mental-health-training/>
- Lamb, H. R., Shaner, R., Elliot, D. M., DeCuir, W., & Foltz, J. T. (1995). Outcome for psychiatric emergency patients seen by an outreach police-mental health team. *Psychiatric Services*, 46(12), 1267-1271.
- Lieberman, R. (1969). Police as a community mental health resource. *Community Mental Health Journal*. Vol 5(2), pp 111–120
- Lipson, G., Turner, J. and Kasper, R. (2010). A Strategic Approach to Police Interactions Involving Persons with Mental Illness. *Journal of Police Crisis Negotiations*, 10:30–38, 2010
- Maskaly, J. and Goodman, D. (2016). Strengthening Criminal Justice and Law Enforcement: Moving into the Future Requires Looking into the Past. In *Memos to National Leaders*. Eds. Paul L. Posner, Janice R. Lachance, and Tonya T. Neaves, 159- 163. Washington, DC: National Academy of Public Administration (<http://www.memostoleaders.org>).

Masters, R. (2016). Santa Cruz mental health services under microscope after fatal officer-involved shooting. November 14. San Jose Mercury News. Retrieved from <http://www.mercurynews.com/2016/11/14/santa-cruz-mental-health-services-under-microscope-after-fatal-officer-involved-shooting/>

McTackett, L. & Thomas, S. (2017). Police perception of irrational unstable behaviors and use of force. *Society for Police and Criminal Psychology* 32: 163-171.

Mental Illness Policy Organization 2017. 115 Law Enforcement Officers Killed by Mentally Ill. Retrieved from <https://mentalillnesspolicy.org/crimjust/120leoskilledbymentallyill.html>

Miller, K. & Talley, T. (2017). Police chief: 'A lot of concerns' after shooting of deaf man. Associated Press. Retrieved from <https://apnews.com/1850623653aa4658a49281f5d6685922/Police-chief:-%27A-lot-of-concerns%27-after-shooting-of-deaf-man>

POST: Commission on Peace Officer Standards and Training. (2017). Crisis intervention behavioral health training. . Retrieved from <https://www.post.ca.gov/crisis-intervention-behavioral-health-training.aspx>

Rossler, M. & Terrill, W. (2017). Mental illness, police use of force, and citizen injury. *Police Quarterly*, Vol 20(2) p 189-212.

Salonga, R. (2017a). Police, clinicians look to shift mental-health response burden away from officers. September 30. San Jose Mercury News. Retrieved from <http://www.mercurynews.com/2017/09/30/police-clinicians-look-to-shift-mental-health-response-burden-away-from-officers/>

Salonga, R. (2016). San Jose: Parents of bipolar woman killed by officers applaud boosted police mental-health training. May 8. San Jose Mercury News. Retrieved from <http://www.mercurynews.com/2016/05/08/san-jose-parents-of-bipolar-woman-killed-by-officer-applaud-boosted-police-mental-health-training/>

Salonga, R. (2017b). San Jose union lobbies feds to boost police mental illness response. July 12. San Jose Mercury News. Retrieved from <http://www.mercurynews.com/2017/07/12/san-jose-police-union-joins-national-push-to-boost-mental-illness-response/>

Senate Bill 11, Beall. Peace officer training: mental health of 2015-2016 chapter 468. Retrieved from http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201520160SB11

Senate Bill 29, Beall. Peace officer training: mental health of 2015-2016 chapter 469. Retrieved from http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201520160SB29

Silva, S. (2017). Mental Health Frequency Chart. City of Watsonville Police Department, Crime Analysis Unit.

Spina, M. (2015). New style of policing works to defuse mental health crises. Policeone.com Retrieved from <https://www.policeone.com/drug-interdiction-narcotics/articles/8565705-New-style-of-policing-works-to-defuse-mental-health-crises/>

Sprague, M. (2017). Family of mentally ill man killed in struggle with Whittier police files civil rights lawsuit. December 19. Whittier Daily News. Retrieved from <https://www.whittierdailynews.com/2017/12/19/family-of-mentally-man-killed-in-struggle-with-whittier-police-files-civil-rights-lawsuit/>

Teese, C. & Van Wormer, J. (1975). Mental Health and Consultation with Suburban Police. *Community Mental Health Journal*, Vol 11(2) p 115-121.

Todd, M. (2017). Sean Arlt's family files federal suit against police chief, officers. April 14. Santa Cruz Sentinel. Retrieved from <http://www.santacruzsentinel.com/article/NE/20170414/NEWS/170419778>