

Date: August 24, 2021

To: Thomas B. Modica, City Manager 

From: John Gross, Director of Financial Management 

For: Mayor and Members of the City Council

Subject: **Response to Questions from the City Council Budget Hearing on August 17, 2021**

During the Budget Hearing held on August 17, 2021, the City Council received and discussed departmental budget overviews from the Departments of Economic Development, Fire, and Civil Service for the Proposed Fiscal Year 2022 Budget. This memorandum provides responses to questions raised by members of the City Council during that time that were not fully addressed on the floor or need further clarification.

1. What are the Fire Department's current turnout times?

Turnout time measures the time elapsed from when the emergency dispatcher informs the responding unit of an emergency to when the unit leaves the fire station. Long Beach Fire Department's turnout times for medical emergencies and structure fires average 57 seconds (0:57), well within National Fire Protection Association (NFPA) standards of one minute (1:00) for emergency medical incidents and one minute twenty seconds (1:20) for fire responses.

2. Please provide any information available from Urban Areas Security Initiative (UASI) that could fund staffing for the video production team and bringing that team in-house.

The Long Beach Fire Department's Video Production Unit is comprised of one full-time Communications Specialist and an independent contractor. The team creates and presents video content for training in emergency medical services, fire operations, and other training as needed. Additionally, the team is called upon to take photographs and video at fire and other emergency incidents; this content is used for post-incident analysis and other training purposes. Due to the current budgeted staffing levels in the Video Production Unit, there is limited capacity to take on additional duties. However, with the proposed additional grants staffing in the FY 22 Budget, the Fire Department is committed to seeking additional grant funding, which could support an expansion of services in this area.

3. Please provide more information on the transition from the Homeless Education and Response Team (HEART) model to the Restorative Engagement to Achieve Collective Health (REACH) team model and the implications of this change.

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In the FY 21 budget, part of the Fire Department's proposal to achieve needed budgetary savings was the elimination of the HEART program. The City Manager proposed to reallocate some of these savings to the Health and Human Services Department to begin a new program, now called REACH. It was not a transition of duties, but a completely new program to serve people experiencing homelessness (PEH) in Long Beach. As stated in the previous memo to the Mayor and Members of the City Council issued July 21, 2021 (attached to this memo for reference), the funding allows the Health Department to provide two specialized outreach teams focused on calls for services related to people experiencing homelessness, called the REACH Teams. Please see below for additional clarifications and elaborations.

HEART vs REACH Team

HEART was originally planned to cease operations approximately 6 months after budget adoption, around March 2021. The City Manager and the Health Department identified funding to continue the program using one-time funding for homelessness to allow additional time to put the REACH program in place, and ensure that REACH staff were hired prior to cessation of HEART. The REACH Team began a phased in implementation on August 2, 2021, solely focused on proactive outreach and requests for outreach received via e-mail and voicemails. Calls diverted from the 911 Call Center and Non-Emergency Lines will begin in mid-September 2021. The Fire Department has retained 8 paramedics from the HEART units and will continue its attempts to identify funding to support the HEART model in the future. HEART will cease week-day operations on September 1, 2021 but will continue engaging in weekend Tidelands area homeless response efforts using previously approved one-time funding from the Tidelands Operating Fund until depleted.

While funding to support the REACH Team came from a reallocation of some of the HEART funding, the mission and scope of work are different. The HEART model is comprised of two paramedics focused on intercepting calls for service related to PEH that would previously have been responded to by other Fire Department resources, daily outreach and follow-up, encampment hazard identification and tracking, providing education to the public and first responders, and collaborating directly with local and regional agencies to address encampment clean up and relocation of PEH. HEART can also identify and manage time critical emergencies.

REACH Teams will function as alternatives to traditional Fire and Police Department responses to certain calls for service related to PEH. Each REACH Team will consist of one public health nurse, one mental health clinician, and two generalist outreach workers. These specialized teams focus on increasing access to mental and physical health services, housing and case management resources, while reducing unnecessary impacts to the emergency response system and addressing the root cause of street homelessness. They have the ability to offer and link PEH to services and provide case management services. They partner with homeless service providers to engage with

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encampment locations, provide education to the public and City teams working on homelessness, and collaborate directly with the City's Interdepartmental team and local/regional agencies to outreach, house, offer direct services, and provide relocation opportunities for PEH at clean-up of locations.

Diversion of Calls for Service via 911 and City Non-Emergency Line

The Long Beach Emergency Communications Center, a team of highly trained professional call takers and dispatchers, currently assesses all incoming calls to the 911 and non-emergency lines in the City and determines the most appropriate response. For dispatchers, the REACH Team will serve as an alternate response resource to calls for service related to homelessness that are non-emergency and do not require a law enforcement or emergency medical response.

Starting in September, Emergency Communications Dispatchers will assess calls for service related to Unlawful Lodging or Camping (647-l) for diversion to REACH Team response. For a call for service to be eligible for REACH Team response, it must be deemed non-emergent, non-violent, non-criminal, and non-medical in nature. The REACH Team will *not* respond to situations involving the following: (1) emergency fire or medical situations, (2) threat of immediate physical injury or death to others, (3) reports of violent criminal activity in progress that would require law enforcement investigation.

Emergency dispatch call-takers represent the best avenue for assessing calls for service for diversion since they can properly screen the call on a recorded line, create a closed call with all pertinent information for data-gathering, and forward the relevant information to the MSC Outreach Support Coordinator. Dispatchers will receive in-service training on criteria for calls appropriate for diversion to the REACH Team prior to implementation, with ongoing monitoring and adjustment as necessary.

The following scenarios represent examples of the types of calls that may be diverted to the REACH Team:

- Caller reports four individuals who may be experiencing homelessness camping in a parking lot on private property. Emergency dispatch has confirmed that there are no weapons on scene, no crime in progress, and no threat of violence.
- Caller reports a person experiencing homelessness blocking the sidewalk with his belongings. Emergency dispatch has confirmed that the person is not experiencing an active medical emergency.
- Caller reports a tent across the street from their home with two people inside and wants the individuals to be connected to services. Emergency dispatch has confirmed that there is no crime in progress and no threat of violence.

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Once assessed by Emergency Dispatchers as meeting the criteria for the REACH Team, the call will be recorded and closed. Emergency Dispatchers will then contact the MSC REACH Team Coordinator to relay the call information. Depending on level of urgency, the call will either be directed for an immediate response by the REACH Team or added to the proactive outreach queue. Once MSC staff have determined that the REACH Team is at capacity, MSC staff will contact Emergency Dispatch to inform them that no more calls for service are to be diverted for that day. When REACH teams are unavailable, calls for service will be dispatched to Fire or Police personnel as appropriate and applicable, or scheduled for the next available day for the REACH team if appropriate.

During implementation of the REACH Team, City Staff will continue to monitor call data and outcomes in order to assess capacity for further expansion of eligible calls for service related to people experiencing homelessness.

Calls for Service via MSC Hotline

Members of the public are also encouraged to direct non-emergency calls related to persons experiencing homelessness to the MSC Hotline (562-570-4MSC). Currently, the Long Beach Multi-Service Center (MSC) receives requests for outreach via e-mail and voicemails, which are responded to within 48 hours. Starting in September, the MSC Hotline will be answered live, with a dedicated staff coordinating requests between the REACH Team and existing proactive outreach teams, depending on level of urgency. This Outreach Support Coordinator will also receive training from the Emergency Communications Center staff on triaging these outreach requests. Callers reporting medical or public safety emergencies will be directed to contact 911.

Medical Services Provided by the REACH Team

The REACH Teams will include one Public Health Nurse, whose role is to provide physical health assessments, facilitate linkages to appropriate medical services, and promote health and improved quality of life for people experiencing homelessness. Public Health Nurses may also provide field treatment of low-level medical issues that arise in the course of outreach to people experiencing homelessness. The Mental Health clinician will have a similar role aligned with access and supports for those experiencing mental illness.

The REACH Teams are not intended to serve as replacements for emergency medical services provided by the Long Beach Fire Department or community paramedicine. Calls for service related to medical emergencies will continue to be triaged by Emergency Dispatch to determine the level of response via the Fire Department (Advance Life Support / Basic Life Support), with the REACH Team responding only to non-emergent calls for service. In the event the call escalates to a medical or law enforcement emergency, REACH Team staff will immediately call 911 to request Fire or

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Police support. Homeless Services Bureau staff will collaborate with DHHS and LBFD staff to produce specific policies delineating non-emergency and emergency medical services.

Services Provided by HEART not in the REACH Model

As mentioned above, HEART was designed to intercept calls for service that would have otherwise been responded to by other Fire Department resources, providing medical assistance, field treatment, and transportation to medical facilities. This interception of calls dispatched to Fire will no longer occur; however, Fire will continue to respond to calls to 911 for medical emergencies for people experiencing homelessness. In addition, the HEART teams have currently been conducting proactive fire prevention on homeless encampments including constructing “heat maps”, identifying ingress/egress, water sources, impediments (fencing, gates, etc.) and providing photos and video to surrounding company commanders for situational awareness, which are Fire-specific roles not covered by the REACH Team. The Fire Department may lose some situational awareness of encampments. However, this will be addressed through ongoing interdepartmental efforts that include the Fire Department.

Impact on Fire Department Response Times

The REACH Team model is an alternate service model that can reduce impact on the emergency response teams, given that certain non-emergency response (as outlined above) will be served by the REACH Team. The HEART team previously reduced response times as they intercepted non-emergency calls for people experiencing homelessness, but information on the amount of reduced response time is not immediately available. The REACH Team will provide a different service model that allows emergency responders to focus more of its efforts on emergency response, thus helping to support response times.

Financial Savings

The REACH Teams also provides significant financial savings as compared to HEART. Two 2-person HEART units operated 4 days a week, from 8 am to 6 pm, at an FY 21 annual cost of approximately \$870,500 (Each HEART unit costing approximately \$435,250). The REACH teams once fully staffed will operate 7 days a week between the two teams (totaling 8 members) from 8 am to 4 pm at a cost of approximately \$414,400 (FY 21 costs for comparison consistency) in General Fund. (In FY 22, additional support is also expected from Measure H and Long Beach Recovery Plan to fund one public health nurse, outreach workers and basic operations such as uniforms and automobile costs).

The primary reason HEART was selected for elimination was to contribute towards the Fire Department’s FY 21 savings target, and there was an alternative health-based

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model that had benefits that could be implemented at a lower cost. The Fire Department had a \$5.3 million savings target to generate options for City Manager to consider when working to balance the budget, and identified HEART as the least mission-critical Fire Department service that would result in a savings of \$870,500. No other viable structural reductions were identified, although \$1.9 million of one-time savings were generated with a one-year suspension of all capital replacement charges for Fire's entire fleet, which was needed to balance the budget. The Fire Department is currently undergoing a fire services study to identify structural solutions to generate the savings of the \$1.9 million on an ongoing basis, as well as plan for potential additional reductions needed in the FY 23 budget.

If you have any questions, please contact Budget Manager Grace H. Yoon at (562) 570-6408.

ATTACHMENT

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DEPARTMENT HEADS

Date: July 21, 2021

To: Thomas B. Modica, City Manager *T.M.*

From: Kelly Colopy, Director of Health and Human Services *KC*

For: Mayor and Members of the City Council

Subject: **Update on the Transition of the Homeless Education and Response Team (HEART) Funding to the Health and Human Services Department**

As part of its adoption of the Fiscal Year 2021 (FY 21) Budget on September 8, 2020, the City Council directed the City Manager to delay the transfer of the HEART Teams from the Fire Department to the Health and Human Services Department (Health Department) for an estimated six months. This timeframe would allow staff time to assess and report back to the City Council on the details of the proposed new model and plan, including information on how the transition will be implemented without gaps in service, how the model compares to national best practices, and how any medical regulations and/or requirements are being addressed. This memorandum is in response to that request.

The Homeless Services Bureau (HSB), housed in the Health Department, is the lead agency for coordinated outreach through the Outreach Network Team and covers all 52-square miles of Long Beach. The current Outreach Network Team is comprised of four full-time HSB outreach staff; Police Department Quality of Life officers; Fire Department HEART unit; Public Works Department; Parks, Recreation and Marine Department; and, several community-based agencies.

REACH Outreach Teams

Reallocation of the HEART Team funds from the Fire Department to the Health Department will provide the opportunity for two outreach teams to respond to mental and/or physical health situations. These teams will be named the REACH (Restorative Engagement to Achieve Collective Health). This is a new best practice model designed by the Health Department for integrated health and mental health outreach. Each REACH team will comprise of a public health nurse, a mental health clinician, and two outreach workers to appropriately address the needs of people experiencing homelessness. REACH teams will serve as alternative response models focused on mental and physical health with the goal of increasing access to services for people experiencing homelessness while working to reduce the number of calls for emergency response for mental and physical health-related situations.

Coordination with Emergency Services Departments

Representatives assigned from the HSB, Fire and Police Departments, and Emergency Dispatch jointly discussed the best triage and response to calls that are coming into the 9-1-1 call center regarding homelessness. While the departments encourage the public to contact the non-emergency response line for outreach and concern requests, (562) 570-4MSC (4672), there is understanding that many people will continue to utilize 9-1-1 given their familiarity with

this number. Homeless outreach coordination staff will co-locate with Emergency Dispatch for several months to train on screening and triaging so that people who are having a safety or physical health emergency that needs Fire or Police Departments response are immediately connected with those services. Based on conversations with Emergency Dispatch and the alternative response workgroup, the REACH teams will primarily respond to unlawful lodging calls that relate to people experiencing homelessness.

REACH team members will receive training on assessing for safety and physical health emergencies. Protocols will be established for requesting additional response through dispatch, as well as for what precautions will be taken while waiting for response from the partner department in situations where it is identified that additional response is needed from either Fire or Police. Depending on the situation, these may include administering CPR or providing de-escalation techniques. Upon arrival of the partnering department, REACH teams will remain onsite to ensure a warm handoff and to provide follow-up information when appropriate. REACH teams will also be available to receive handoffs from Fire and Police in situations where a person who is experiencing homelessness has been evaluated and is not in need of additional crisis-related services, such as hospitalization. This is intended to connect the person to services so that they do not enter back into a situation where they are in need of emergency response due to being on the street.

Additional Outreach and Engagement

When not responding to urgent calls for response, the REACH teams will provide proactive outreach as well as follow-up engagement to people experiencing homelessness. This may include interacting with people in treatment settings such as hospitals, mental health or substance use disorder programs, or interim housing settings to ensure that connection is maintained, and people are continually supported in their connection to the service system and recovery. For persons who regularly interact with emergency response services, the REACH teams will be a key partner in ending the person's cycle of homelessness and improving health outcomes through proactive follow-up, engagement, and close coordination between HSB and other care partners.

Hours of Operation

The MSC contact line ((562) 570-4MSC) will be answered from 8:00 a.m. to 4:00 p.m. for same-day response. Any messages received after 4:00 p.m. will be reviewed the following morning. Calls and messages will be triaged and prioritized based upon urgency. Any call or message that does not have a direct concern regarding a person's physical or mental health will be scheduled within normal outreach protocols and will be addressed within 48 hours.

The REACH teams will operate daily (beginning with Monday-Friday and expanding through the weekend as additional staff are hired) from 7:00 am-5:00 pm. The two teams will alternate their schedule to ensure coverage throughout the City (as well as perform outreach on weekends in the future). For emergency calls and after 4:30 pm, individuals will be directed by the voicemail system to contact 9-1-1 for immediate medical response.

Staffing

The information listed below outlines the staffing model for the Health Department's outreach team. All positions below will provide field-based outreach and engagement services and intensive case management functions within the City to people experiencing homelessness.

Staff Duties:

1. *Public Health Nurse II (2 Full-Time Equivalent (FTE) total - 1 funded through Measure H)*
 - Support the Street Outreach Network in addressing the healthcare needs of people experiencing homelessness.
 - Establish rapport with medical facilities and liaison with appropriate medical services.
 - Participate in a multi-disciplinary street outreach team to engage individuals in homeless encampments, shelters, and provide health assessments in non-traditional settings.
 - Assist in triaging, evaluating, and promoting the health of people experiencing homelessness, and provide the needed support in improving the quality of life of the homeless community.
 - Provide onsite care, situational health education, disease management, medication reconciliation, and preventive care activities.
 - Provide field-based case management, refer and link individuals to appropriate medical/specialty care.
 - Will receive direct supervision and support from the Nursing Division within DHHS.
2. *Mental Health Clinician and Licensed Mental Health Clinician (2 FTE: Public Health Professionals III)*
 - Conduct field-based outreach to people experiencing homelessness to connect them to appropriate resources.
 - Complete mental health assessments and coordinate appropriate clinical services, including behavioral health involuntary holds when needed.
 - Develop individualized case management plans to achieve permanent housing.
 - Provide case management and housing navigation services to clients with severe physical or mental health needs.
 - Provide limited housing retention services for those who are housed.
3. *Outreach Support Coordinator/Outreach Worker (1 FTE: Clerk Typist III)*
 - Operate the Outreach Hotline.
 - Prioritize urgent outreach needs as well as create the weekly outreach calendar to ensure response to all calls through the hotline.
 - Track call volume and response times.
 - Report on tracked metrics through outreach efforts.
 - Provide operational support to outreach teams.
 - Coordinate closely with 9-1-1 dispatch for triage.

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The Health Department is prepared to initiate the new REACH teams on August 2, 2021. The HEART Team has continued to operate and will continue through the end of August, leaving a one-month overlap of services so there is no gap in service. For questions or follow up, please contact me at (562) 570-4016 or Paul Duncan, Homeless Services Officer, at (562) 570-4581.

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