

Date: August 30, 2024

To: Thomas B. Modica, City Manager



From: Kevin Riper, Director of Financial Management



For: Budget Oversight Committee Members

Subject: **Response to Questions from the Budget Oversight Committee Meeting on August 27, 2024**

During the Budget Oversight Committee Meeting held on August 27, 2024, City staff provided presentations on Measure A infrastructure project status and plans, Elevate 28, and the future financial outlook, as well as a report on the Community Crisis Response team from the Health and Human Services Department (Health Department). This memorandum provides responses to questions and/or comments raised by members of the Budget Oversight Committee during that time.

- 1. \$2.2 million is structurally budgeted for the Neighborhood Safety Bike Team (NSBT) in Measure A. Please provide background on what the staffing model looks like for the NSBT in the Police Department. Please explain what happens to the remainder of funds that are unused, as a result of vacancies or delays in hiring.**

In FY 2023 (FY 23), the creation of the Community Services Bureau led to the addition of 16 Full Time Employees (FTE) Police Officers to the budget for the Neighborhood Safety Bike Team (NSBT). Measure A funds were allocated to offset \$2.2 million of NSBT expenses, covering approximately 11 FTE positions. The remaining five FTE positions were funded through the Police Department's General Fund Group budget.

For FY 2024 (FY 24), the total personnel budget for NSBT is \$3,877,388. Of this amount, \$2,200,000 is covered by Measure A, with the remaining \$1,677,388 funded by the General Fund Group.

Due to staffing challenges, the Police Department has had to make difficult decisions to balance priorities and maintain reasonable response times to Calls for Service (CFS). Like many other divisions, NSBT has been affected by vacancies as the Department prioritizes Calls For Service (CFS) responses. Despite these challenges, the Police Department has managed to fill nine FTE NSBT positions, allowing these officers to fulfill their roles as bike officers while also working overtime shifts in Patrol to respond to CFS. Overtime costs are recorded under the Patrol Division where the work is performed.

As of mid-August, actual FY 24 expenditures for NSBT Officers total \$2,212,457, with an estimated \$412,205 in additional expenses projected through the end of the fiscal year. This brings the anticipated year-end expense to \$2,624,662, resulting in a projected savings of \$1,252,726 in the General Fund Group due to NSBT vacancies. Savings from vacant positions will contribute to the General Fund Group's bottom line, to be reported in the FY 24 Year-End Performance Report in February 2025. If an overall surplus is available, the City Manager will propose recommendations for its use.

2. Can you please provide an update on Gumbiner Park for crisis response? The park has been experiencing more public safety issues that need to be addressed. Also, please provide a list of parks where crisis response is served.

A Community Crisis Response (CCR) team responds to calls for behavioral health crisis, wellness checks, and others that are within criteria for eligible Calls for Service (CFS). The following list includes parks where eligible CFS are located. According to the call data, there have been zero CFS originating at Gumbiner Park. However, the CCR team has responded to 13 calls located at the following parks:

- Veterans Park (4)
- Admiral Kidd Park (2)
- Macarthur Park (5)
- Cesar E. Chavez Park (1)
- Alamitos Beach (1)

The CCR team does not provide any enforcement services, nor would it be eligible to respond to calls related to violent behavior, should the person in question commit a crime, for example. For support related to homeless encampments and connections to supportive services for community members who are not in crisis but may be experiencing homelessness, the Restorative Engagement to Achieve Collective Health (REACH) team would be the appropriate responder.

Calls eligible for CCR Response include:

- Mental Health Crisis
- Suicidal Caller
- Public Intoxication
- Unwelcome Person
- Welfare Check

- Disturbance

The CCR would not be dispatched if the following exclusionary criteria are present:

- Person is exhibiting violent behavior
- Person is in possession of a weapon
- Person is experiencing a medical emergency
- Person is threatening or at imminent risk of hurting self or others
- Person has committed a crime

3. Please provide information on how crisis response is dispatched during off hours. This includes outside of regular business hours, such as weekends and overnight hours.

Standard operations continue when the CCR team is out of service, such as weekends and overnight hours. All calls to the 9-1-1 center are triaged by Dispatchers to determine the priority of the call and the appropriate unit to respond. Based on information provided by the calling party, Dispatchers enter a Call for Service (CFS) and send an available unit assigned to the field. Calls that are eligible for a CCR team response and yet a unit is unavailable, are dispatched to Police or Fire units assigned to the field. Dispatchers “tag” or indicate in the Computer Aided Design (CAD) system that the call was CCR eligible.

According to sample data, 42 calls with call entry times occurred in July 2024 and 58 calls with call entry times have occurred in August 2024 so far, for a total of 100 calls, as of the date of this memo, between the hours of 5:00 p.m. and 09:59 a.m. These were still triaged by the 9-1-1 center as standard operations. Based on what the caller provided, the Dispatcher entered a CFS and sent a unit assigned to the field. This could include a patrol officer, Mental Evaluation Team (MET) unit, or Fire personnel.

4. How does a dispatcher determine who a call goes to? Please provide a flow chart of this process. Please also explain the difference between the Restorative Engagement to Achieve Collective Health (REACH) Team, Community Crisis Response (CCR) Team, and Mental Evaluation Team (MET), including what each Department’s role is in each team (Health and Human Services, Police, and Disaster Preparedness and Emergency Communications Departments).

All calls to the 9-1-1 center are triaged by Dispatchers to determine the priority of the call and the appropriate unit to respond. Based on information provided by the calling party, Dispatchers enter a Call for Service (CFS) and send an available unit

assigned to the field. Units could include a CCR unit, patrol officer, MET unit, Fire personnel, etc. The call takers in the 9-1-1 center are trained to ask Primary and Secondary Questions. The Primary Questions determine the appropriateness for CCR response units to ensure that the incident is a non-medical emergency, non-criminal, and non-violent in nature. The Dispatchers use the following questions to properly code and prioritize any call that come through the 9-1-1 center:

The Primary Questions include:

1. *Where: The location*
2. *When: Is it happening now or when did it happen?*
3. *What: What is happening?*
4. *Who: Who is involved?*
5. *Weapons: Are any weapons involved?*

The Secondary Questions may include:

1. *Is there drinking / drugs involved?*
2. *Are there medications on board?*
3. *What is the mental state?*
4. *Are there children involved?*
5. *Is there a restraining order in place?*
6. *Is the person(s) in question on parole / probation?*
7. *What is the scene information?*
8. *Any follow up to primary questions*

At a high level, the differences between the programs managed by the Health and Human Services Department (CCR and REACH) and the programs managed by the Police Department (MET and Quality of Life [QoL]) are below:

Health and Human Services Department (Health Department): The calls CCR is dispatched to are call types that existed before the creation of the CCR team. The Health Department recognizes CCR as an additional resource during specific days and times of the week, so it is an easy transition to now tag those calls and dispatch the CCR team according to the calls identified by the CCR working group and parameters set by the program.

Neither CCR nor REACH may transport individuals who do not consent to transport or hospitalization, nor can CCR or REACH issue any citations or enforcement. Both CCR and REACH provide alternative support to lower-level support needs to

reduce the burden on officers in the field. CCR is focused on Mental Health Crisis and REACH is specific to persons experiencing homelessness.

Police Department: MET and QoL both respond to emergency or urgent Calls for Service. The six MET teams are each a co-response team, consisting of a police officer and a Los Angeles County Department of Mental Health (LACDMH) mental health clinician (provided at no cost by LACDMH), that respond to calls related to persons experiencing a mental health crisis where the person is a danger to themselves, a danger to others, or gravely disabled. These calls may involve weapons and/or violence. Officers on the MET team are legally allowed to detain someone for a mental health evaluation and transport them involuntarily to a hospital for further evaluation and care. Year-to-Date, MET has responded to 720 Calls for Service, conducted 197 evaluations in the field or an average of 29 a month and placed 80 individuals experiencing a mental health crisis in a psychiatric hospital for evaluation.

The QoL team consists of police officers who assist persons experiencing homelessness who are reported to the PD as also committing quality of life related crimes (such as blocking sidewalks, littering, indecent exposure, etc.). QoL officers work to connect persons experiencing homelessness to supportive services such as community support groups, housing resources, transportation, and mental health services. Year-to-date the eight QoL Officers have responded to 306 Calls for Service, participated in 671 encampment clean-ups, provided transportation to 79 people experiencing homelessness to the Multi-Service Center / Rescue Mission, issued 138 citations, and made 15 arrests, among other activities, in addition to working mandatory shifts as Patrol Officers.

Attachment A includes additional information about CCR, REACH, MET and Quality of Life (QoL) teams.

- 5. On Slide 21, it was mentioned Citywide coverage within the same service hours requires a minimum of three CCR teams, and Citywide coverage that provides support 24 hours a day, 7 days a week, requires a minimum of nine CCR teams. Please provide additional alternative expansion models, (i.e., 24 hours a day, 5 days a week; 10:00 a.m. to 5:00 p.m., 7 days a week). Please include the cost of the expansion models as well.**

Alternative expansion models could vary by community need. For instance, hours and dates of operation could be modified. However, staff would be limited to 40-hour work weeks with service hours being limited to 7 hours of service per day. Therefore, the cost per each new team would not change. Each new team would cost approximately \$1.2 million.

Each additional service area (beyond South and West Long Beach) would require at least one new team. The CCR data work group identified that there is an unmet

call need early morning and later evening during the week in both South and West Long Beach areas. To meet this need, the addition of one team could be prioritized in in this area.

Adjustments (to include expansion/extended hours) to service areas and hours may require labor union (IAM, POA, and FFA) and Human Resources Department approvals.

The chart below lists the options for additional teams. The last row indicates the minimum teams required for each division for a 24/7 operation. The chart also identifies the caveats with expansion.

| CCR Scenarios | | | |
|--|---------------------------|---------------|--------------------------------|
| Scenario 1 - West and South Long Beach, 5 days, 7 hours | | | |
| \$ 1,200,000.00 | Total Cost | 1 | Number of Teams |
| \$ 4,615.38 | Cost per day | 260 | (52 weeks x 5) Days of service |
| \$ 659.34 | Cost per hour | 7 | Hours of per day |
| | Total yearly hours | 1,820 | |
| Scenario 2 - Citywide, 5 days, 7 hours | | | |
| \$ 3,600,000.00 | Total Cost | 3 | Number of Teams |
| \$ 13,846.15 | Cost per day | 260 | (52 weeks x 5) Days of service |
| \$ 1,978.02 | Cost per hour | 7 | Hours of per day |
| | Total yearly hours | 5,460 | |
| Scenario 3 - Citywide, 5 days, 24 hours | | | |
| \$ 7,200,000.00 | Total Cost | 6 | Number of Teams |
| \$ 27,692.31 | Cost per day | 260 | (52 weeks x 5) Days of service |
| \$ 1,153.85 | Cost per hour | 24 | Hours of per day |
| | Total yearly hours | 37,440 | |
| Scenario 4 - Citywide, 7 days, 24 hours | | | |
| \$ 10,800,000.00 | Total Cost | 9 | Number of Teams |
| \$ 30,337.08 | Cost per day | 356 | (365) Days of service |
| \$ 1,264.04 | Cost per hour | 24 | Hours of per day |
| | Total yearly hours | 76,896 | |
| Notes | | | |
| S2 = S1 total (\$1.2M) x 3 teams = \$3.6M | | | |
| S3 = S3 days of service (260) / S4 days of service (365) = 71%, S4 teams (9) x 71% = 6.39 teams | | | |
| S4 = S1 total (\$1.2M) x 9 teams = \$10.8M | | | |
| Assumptions: 3 Teams for S2 and 9 Teams for S4 | | | |
| *Once another team is added or operations move to overnight or weekends, CCR will need a large facility to house staff. Additionally, once hours or days are expanded the team will require additional supervisory personnel, programmatic supplies, and technology. Those costs have been approximated in the cost. Overnight and weekend shifts may have less teams as the call volume is lower during those hours, which also for cost savings that can support the afore mentioned requirements. | | | |

6. When calls are received by dispatch, what proportion is for CCR compared to Public Safety departments over the course of a month?

There are no set daily proportion of calls set aside for the CCR. Calls where the Health Department identifies that the CCR team would be the best resource come in at all hours of the day and night. These calls are tagged with #ACR. As calls that meet the criteria for the CCR program come in, they are dispatched to the CCR team. If the team is not available, they may hold and be dispatched later. Calls still holding after the CCR team has logged off for the night are handled by Police and Fire units assigned to the field.

6a. Please provide the proportion over the course of 6 months as well.

The below chart provides the proportion of calls set aside for the CCR over a 6-month period. While the number of calls in the third column (CFS Eligible for CCR) listed show how many calls were tagged with #ACR, this does not necessarily represent the number of calls that were actually handled by the CCR team.

| Citywide Calls for Service (CFS) as of 8/1/24 | | | |
|--|---------------|----------------------|-----------------------|
| Month | Total CFS | CFS Eligible for CCR | % of CCR Eligible CFS |
| August* | 17,131 | 237 | 1.38% |
| July | 19,128 | 87 | 0.45% |
| June | 19,032 | 150 | 0.79% |
| May | 19,033 | 97 | 0.51% |
| April | 17,822 | 136 | 0.76% |
| March | 18,743 | 141 | 0.75% |
| Average | 18,482 | 141 | 0.76% |

*Month-to-date 8/1 - 8/28/24

If you have any questions, please contact Budget Manager Rebecca Bernstorff at (562) 570-6408.

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Attachment A

| | COMMUNITY CRISIS RESPONSE TEAM | REACH | QUALITY OF LIFE (PD) | MENTAL EVALUATION TEAM (PD) |
|--------------------------------------|---|---|---|---|
| What does this program do? | The CCR team consists of specialized, non-law enforcement staff who respond to non-medical, non-violent calls-for-service to the emergency communications center with a focus on behavioral health and quality of life issues. The CCR pilot is part of the City's Racial Equity and Reconciliation Initiative. | The REACH team focuses on increasing access to mental and physical health services as well as housing and case management resources, while reducing impacts to the emergency response system and addressing the root cause of homelessness. | Originally formed in 2007, QOL officers work to connect persons experiencing homelessness to supportive services such as community support groups, housing resources, transportation, mental health services. | Originally formed in 1996, the Mental Evaluation Team provides additional resources to patrol by responding to and handling calls involving the mentally ill and homeless individuals. This team increases service to those individuals who need access to mental health services in an efficient manner. |
| Who is staffing this program? | Mental Health Clinician, Public Health Nurse, and Peer Support Specialist | Mental Health Clinician, Public Health Nurse, and Outreach Workers | Police Officers | Police Officer and DMH Mental Health Clinician |
| How are the teams dispatched? | Dispatched through 9-1-1 calls & the non-emergency line (562) 435-6711 | Dispatched through 9-1-1, non-emergency line, and MSC Hotline (562)570-4672 | Dispatched through 9-1-1 calls | |