

# Criminal Justice Council Report 2022

SANTA CRUZ COUNTY REGIONAL  
MENTAL/BEHAVIORAL HEALTH  
AND LAW ENFORCEMENT  
REVIEW AND ANALYSIS



CRIMINAL  
JUSTICE COUNCIL  
SANTA CRUZ COUNTY

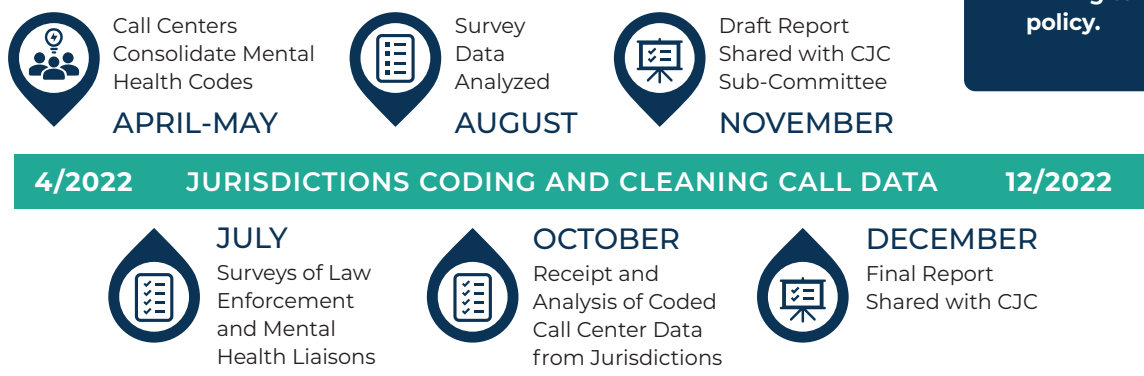


# INTRODUCTION

Law enforcement agencies in Santa Cruz County are facing a growing number of calls for service involving people who have mental/behavioral health needs. These calls are often complex and as the first, and sometimes only, responders a significant amount of time and resources may be dedicated by law enforcement agencies to those experiencing a mental/behavioral health crisis. As such, it is essential to have a complete understanding of local law enforcement policies, procedures and trainings around these calls and also to take a deeper look at what these calls actually look like.

This report provides two key elements in understanding local law enforcement response to mental/behavioral health calls: a comparative snapshot of mental/behavioral health policies, trainings and procedures in Santa Cruz County law enforcement agencies and a look at what mental/behavioral health calls look like when law enforcement arrives – from whether (and where) a transport was needed, to when the calls occurred and even whether an arrest occurred. As with any new data collection or analysis the data presented here is an initial measurement and it will most likely not capture 100 percent of the related mental/behavioral health calls in our county. While this process has highlighted the complexity of perfectly capturing these types of calls, it has provided a robust window into behavioral/mental health calls and a foundation for further analysis. Additionally, the report shares findings from surveys conducted both with non-sworn mental health liaisons (who partner with some local law enforcement agencies) and law enforcement patrol leadership aimed at gathering their front-line perspective on responding to these calls and how they felt having liaisons in partnership with law enforcement was working. This is the first known comparative policy and data snapshot on mental/behavioral health calls in our region and is meant to provide a baseline of understanding for the community on the scope of these calls and the public safety resources that respond. As with any baseline look, this provides an overview but also introduces the need for continued work on this issue. Additional analysis on how other entities address and interact with this same population – but at future points of contact such as the courts or the treatment side – should be explored moving forward.

## TIMELINE OF DATA COLLECTION AND ANALYSIS



## KEY TAKEAWAYS

- **Surveys of Law Enforcement and Mental Health Liaisons indicate that both groups feel that having Mental Health Liaisons accompany Law Enforcement on mental/behavioral health calls is positive and beneficial. All Mental Health Liaisons prefer responding to calls with Law Enforcement present.**
- **Law Enforcement indicated that more hours of Mental Health Liaison coverage would support their work. The two jurisdictions that do not currently work with Mental Health Liaisons would like to explore opportunities to gain access to Mental Health Liaisons, for example by sharing one position.**
- **While all three jurisdictions working with Mental Health Liaisons reported that additional hours would support their work, call center data indicates that Mental Health Liaisons are scheduled during the time when most mental/behavioral health calls occur.**
- **Additional work to streamline and standardize procedures and protocols at emergency mental health care facilities (Dominican Hospital and Behavioral Health Unit/Telecare) would improve Law Enforcement's ability to serve those in mental health crisis.**
- **Two jurisdictions have a written policy regarding arrestee's medications at time of arrest, and the other three jurisdictions are willing to help create a uniform policy.**

# METHODOLOGY

## SURVEY ADMINISTRATION

In June and July of 2022, Applied Survey Research (ASR) worked with the Criminal Justice Council (CJC) to develop two surveys for Law Enforcement Officers and Mental Health Liaisons. ASR administered surveys to five law enforcement jurisdictions in Santa Cruz County (Watsonville Police Department, Capitola Police Department, Sheriff’s Office, Santa Cruz Police Department, and Scotts Valley Police Department), and the Mental Health Liaisons that work with three of the agencies. The purpose of the survey was to gather information about each agency’s procedures and policies related to mental/behavioral health calls, how mental/behavioral health calls are being handled, and how Mental Health Liaisons and Law Enforcement Officers are working together to respond to mental/behavioral health calls.

One executive level staff member from each agency (Watsonville, Capitola, Santa Cruz, and Scotts Valley Police Departments and the Sheriff’s Office) completed the Law Enforcement survey (five surveys total). Of the five Mental Health Liaisons (MH Liaison) surveyed, all were non-sworn and work full-time for Santa Cruz County Behavioral Health Department. Two Mental Health Liaisons were affiliated with the Sheriff’s Office, two with Santa Cruz Police Department, and one with Watsonville Police Department. In the survey data, calls are referred to as “mental/behavioral health” calls.



Indicates data collected from surveys of Law Enforcement Officers and Mental Health Liaisons

## SANTA CRUZ COUNTY 9-1-1 CALL CENTER DATA

In April of 2022, the Santa Cruz Regional 9-1-1 Call Center and Scotts Valley Police Department 9-1-1 Call Center together with the law enforcement jurisdictions standardized their coding system for mental/behavioral health calls so that analysis could be conducted on the calls across the county. Data from the two call centers were collected and calls from June 1 – August 15 were analyzed by ASR. In the call center data, calls are referred to as “mental health” calls.



Indicates data collected from the call centers.

### Key considerations for call center data:

- Some mental health calls had multiple disposition codes; the number of calls does not equal the number of disposition codes.
- Disposition codes provided to ASR differ by one number between the police departments (PD) and the Sheriff’s Office (SO). ASR accounted for this and matched codes for analysis. Codes are listed with PD code first, then SO code (e.g., “H25/H26”).
- Mental health disposition codes include the categories of “5150” and “mental health”. 5150 refers to individuals detained or treated involuntarily. If an Officer/Deputy responds to a situation related to mental or behavioral health, but it does not result in a 5150 placement, “mental health” is used as the disposition code.

# SUMMARY OF DATA

## MENTAL HEALTH RELATED TRAINING FOR LAW ENFORCEMENT AND MENTAL HEALTH LIASISONS

Law Enforcement Officers were asked to describe the mental health training they receive. While there was alignment across all agencies regarding which trainings their officers attend, there were differences related to renewal intervals.



Are your Officers/Deputies required to attend (or do you provide) these trainings? If yes, are they required to renew the training and how frequently? (Law Enforcement Respondents only)

COUNTY-WIDE CRISIS INTERVENTION TRAINING (CIT)	DO YOUR OFFICERS ATTEND?	IS IT A REQUIRED TRAINING?	ARE THEY REQUIRED TO RENEW?	RENEWAL INTERVAL
Santa Cruz Police Department	Yes	Yes	Yes	Every 2 years
Watsonville Police Department	Yes	Yes	Yes	Every 2 years
Capitola Police Department	Yes	Yes	Yes	Every 2 years
Scotts Valley Police Department	Yes	Yes	Yes	Every 3 years
Sheriff's Office	Yes	Yes	Yes	Every 2 years
MENTAL HEALTH TRAINING DURING FIELD TRAINING OFFICER PROGRAM	DO YOU PROVIDE?	IS IT A REQUIRED TRAINING?	ARE THEY REQUIRED TO RENEW?	RENEWAL INTERVAL
Santa Cruz Police Department	Yes	Yes	Yes	Every 2 years
Watsonville Police Department*	Yes	Yes	Yes	Every 2 years <sup>^</sup>
Capitola Police Department	Yes	Yes	Yes	Every 2 years
Scotts Valley Police Department	Yes	Yes	Yes	Every 3 years
Sheriff's Office	Yes	Yes	Yes	Every 2 years
INTEGRATED COMMUNICATION ASSESSMENT & TACTICS TRAINING (ICAT)	DO YOU PROVIDE?	IS IT A REQUIRED TRAINING?	ARE THEY REQUIRED TO RENEW?	RENEWAL INTERVAL
Santa Cruz Police Department	Yes	Yes	Yes	Every 2 years
Watsonville Police Department	Yes	Yes	Yes	Every 2 years
Capitola Police Department**	Yes	Yes	Yes	Every 2 years <sup>^</sup>
Scotts Valley Police Department**	Yes	Yes	Yes	Every 2 years
Sheriff's Office	Yes	Yes	Yes	Annually

Source: 2022 Survey of Law Enforcement Executive Staff

\*All Officers will receive training in 2023

\*\*Officers attend training offered by another source (e.g., SO or SCPD), not their department

<sup>^</sup>Starting in 2023



Please list any trainings you provide that are related to mental/behavioral health calls, other than those listed above. Please indicate if these trainings are required, and if officers/deputies are required to renew (and how frequently). (Law Enforcement Respondents only)

**LAW ENFORCEMENT**

***“We attempt to coordinate with the Sheriff’s Office Mental Health liaisons to present at a training day annually.”***

***“We add De-Escalation training as part of our Field Training Program and real-life De-Escalation training as part of our yearly training goals.”***

**LAW ENFORCEMENT**

***“We require our officers to conduct 30 monthly Daily Training Bulletins (DTB’s) though the LEXIPOL policy portal that often cover de-escalation, behavioral health and other tactical communication type topics. We also have monthly POST video requirements, and training days where we invite agencies in to provide additional training such as Monarch Services, MENTAL HEALTH units.”***

Source: 2022 Survey of Law Enforcement Executive Staff



Please list any trainings you participate in with the department that are related to mental/behavioral health calls. (Mental Health Liaison Respondents only)

**MENTAL HEALTH LIAISON**

***“Provide 4-hour 5150 training to all new officers in the county and 2-hour re-certification training to all officers every few years. Provide 3-day Crisis Intervention Training to officers. Provide on scene training regarding real time calls for service.”***

Source: 2022 Survey of Mental Health Liaisons

**MENTAL HEALTH LIAISONS**

***“I facilitate 5150 Certification trainings, CIT trainings, attend Crisis Negotiation Team trainings.”***

***“CNT (Crisis Negotiation Team, includes de-escalation tactics/skills and interventions)”***

***“CIT, Crisis Negotiations, 5150 Certification trainings, Community Trainings about our role with PD”***

## MENTAL/BEHAVIORAL HEALTH POLICIES

Law Enforcement Officers and Mental Health Liaisons were asked about their department's mental health policies, and to rate their own and the rest of their department's knowledge of mental health procedures and policies.



Please indicate if you **have the following policies**. Respondents Selecting "Yes".  
(Law Enforcement Respondents only)

**100%**  
Mental Illness  
Commitments (5150)

**100%**  
Crisis Intervention  
Incidents

Source: 2022 Survey of Law Enforcement Executive Staff  
N=5

Note: ICAT and De-escalation were named by one jurisdiction as "other" policies related to responding to mental/behavioral health calls.



Does your department have a **written policy regarding arrestee's medications at time of arrest?** If no, would your department consider being a part of a workgroup to create a uniform policy across the County?  
(Law Enforcement Respondents only)

**40%**  
YES

**60%**  
NO



No, but willing to be part of a workgroup to create a uniform policy

Source: 2022 Survey of Law Enforcement Executive Staff  
N=5

Note: The uniform policy would ensure arrestees receive their prescription, psychotropic and non-psychotropic, medications without interruption from time of arrest throughout their stay in the jail and after release.

### Knowledge of Policies and Procedures

■ LAW ENFORCEMENT ■ MH LIAISONS



With regards to responding to calls related to mental/behavioral health, **how knowledgeable are you** about your department's procedures and policies: (Respondents selecting "Very Knowledgeable")

**PROCEDURES**

**100% | 100%**

**POLICIES**

**100% | 80%**



With regards to responding to calls related to mental/behavioral health, **how knowledgeable do you think the rest of your department is** about your department's procedures and policies: (Respondents selecting "Very Knowledgeable")

**PROCEDURES**

**100% | 60%**

**POLICIES**

**80% | 20%**

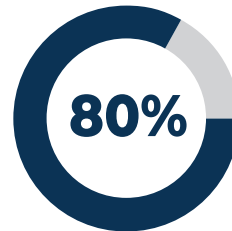
Source: 2022 Survey of Law Enforcement Executive Staff & Survey of Mental Health Liaisons  
Law enforcement N=5, MH Liaisons N=5 (representing 3 jurisdictions)

## CALL CENTER PROCESS FOR MENTAL HEALTH CALLS

Law Enforcement survey respondents were asked to describe the process for how calls were determined to be related to mental health. In the majority of jurisdictions, respondents reported that the dispatcher makes the determination, with confirmation from the responding officer. Similarly, in four out of five jurisdictions, respondents reported that both the dispatcher and the responding officer have the authority to dispatch a Mental Health Liaison.



**Who decides if/when Mental Health Liaisons should be dispatched to a call?** (Law Enforcement Respondents only)



**Dispatcher and Officer**



**Sworn Officer Only**

Source: 2022 Survey of Law Enforcement Executive Staff  
N=5



What are the **factors that determine that a call is a mental/behavioral health call?** (Law Enforcement Respondents only)

➔ **Information from reporting party given to dispatch (statements/observations)**

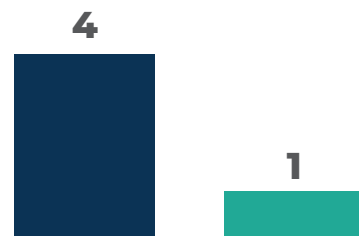
➔ **Behavior on scene with officer(s) – signs of being under the influence, mental health crisis**

➔ **If the person is known by officers to have diagnosed mental health issues**

Source: 2022 Survey of Law Enforcement Executive Staff  
N=5. Responses coded and themed.



Who determines that a call is a **mental/behavioral health call** (e.g., dispatcher, officers on scene)? (Law Enforcement Respondents only)



■ DISPATCHER INDICATES “EDP”, WITH FURTHER EVALUATION AND CONFIRMATION FROM RESPONDING OFFICER(S)

■ DISPATCHER CODES “WELFARE CHECK” WITH SPECIAL SUBCATEGORY OF “EDP”, RESPONDING OFFICER(S) CODES AS “EDP” IF A MENTAL/BEHAVIORAL HEALTH CALL

Source: 2022 Survey of Law Enforcement Executive Staff  
N=5.  
Note: EDP refers to an Emotionally Distressed Person





Are **mental/behavioral health calls involving youth** (under 18) handled differently?



**Law Enforcement**



**Mental Health Liaisons**

Source: 2022 Survey of Law Enforcement Executive Staff & Survey of Mental Health Liaisons  
Law Enforcement N=5, MH Liaisons N=5

**LAW ENFORCEMENT**

*“We do parental notifications for youth, but they are taken to the same facility (Telecare) and the assessments are the same.”*

*“The procedures are the same but there is a level of compassion and empathy that I usually see with younger clients.”*

*“Juveniles require medical clearance”*

**MENTAL HEALTH LIAISON**

*“The primary difference is that parents are usually involved in the call and able to provide information regarding the crisis, and the code is different for children, 5585 instead of 5150.”*

**REFERRALS AND FOLLOW-UP AFTER MENTAL HEALTH CALLS**

Law Enforcement Officers and Mental Health Liaisons were asked to describe the process, if any, of referrals and follow-up during and after a mental health call. All respondents reported that referrals to outside support agencies were provided while on a mental health call, and all Mental Health Liaisons reported that additional follow-up is provided by their department after a mental health call.

**LAW ENFORCEMENT**

*“If not transported for a hold, we provide written information with contact info. In most cases, we offer to make the call with the client to ensure it happens and stand by to make sure they have the conversation and don’t end it abruptly and walk away. We also give courtesy transports to services if able.”*



Do you **provide referrals to any outside agencies while on mental/behavioral health calls?** If yes, please describe how referrals are handled.

**100%**

**All Law Enforcement and Mental Health Liaisons responded that they provide referrals to outside agencies.**

Source: 2022 Survey of Law Enforcement Executive Staff & Survey of Mental Health Liaisons  
Law enforcement N=5, MH Liaison N=5 (representing 3 jurisdictions)

**MENTAL HEALTH LIAISONS**

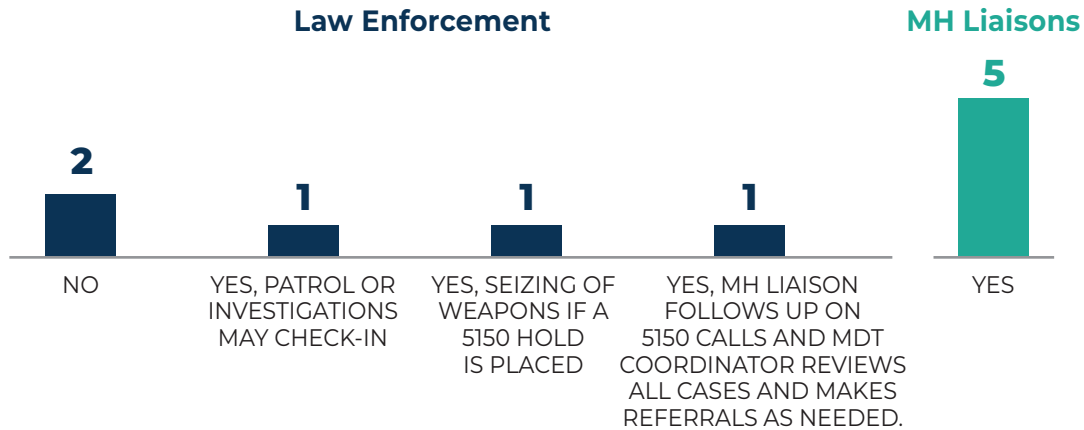
*“Community resources are provided if the individual being contacted is open and receptive to the information offered.”*

*“Provide suicide hotline cards, take to County Behavioral Health to obtain services, if already have services, call case manager to update on current presentation.”*





Is there any additional **follow up by your department after mental/behavioral health calls?** If yes, who is responsible for the follow up?



Source: 2022 Survey of Law Enforcement Executive Staff & Survey of Mental Health Liaisons  
 Law enforcement N=5, MH Liaisons N=5 (representing 3 jurisdictions)  
 Note: MDT refers to the Multi-Disciplinary Team run by Watsonville PD in collaboration with local service providers.

**MENTAL HEALTH LIAISONS**

***“When responding to a suicide, I provide the family with resource information for them to access support. I follow up within 2 to 5 days with a phone call to ask if they need any assistance with following up with resources, or if they need additional resources.”***

***“Follow up provided to individuals if concerns remain after contact made, or if relatives have further questions/concerns. Also, if individual is not linked to community services.”***

***“Follow up is normal procedure but difficult with certain populations due to homelessness and not having a working phone.”***

**MENTAL HEALTH LIAISONS**

***“If it is a juvenile, we collaborate with parents to give resources and information about next steps for care. Provide follow-up support calls after crisis to help individual or family connect with resources (insurance, NAMI, Hospice, SUD care, therapy, Primary Care, and other support systems).”***

***“Not often, but will sometimes call to check in on them, will email case workers about their clients.”***

## PARTNERSHIP BETWEEN MENTAL HEALTH LIAISONS AND LAW ENFORCEMENT

Law Enforcement Officers and Mental Health Liaisons were asked to describe their partnership, including the availability of Mental Health Liaisons, what is working well and where there have been challenges. While all three jurisdictions working with Mental Health Liaisons reported that additional hours would support their work, call center data indicates that Mental Health Liaisons are scheduled during the time when most mental health calls occur. Seventy-three percent (73%) of mental health codes were recorded during the 7:00am – 7:59pm timeframe, the same general timeframe where Mental Health Liaisons are scheduled. All five Mental Health Liaisons reported that they prefer to respond to a call with a Law Enforcement Officer present.



How many Mental Health Liaisons/Clinicians do you have or work with? (Law Enforcement Respondents only)

4

SHERIFF'S DEPARTMENT

2

SANTA CRUZ POLICE DEPARTMENT

1

WATSONVILLE POLICE DEPARTMENT

0

CAPITOLA POLICE DEPARTMENT

0

SCOTTS VALLEY POLICE DEPARTMENT

The two jurisdictions not currently working with Mental Health Liaisons, Capitola and Scotts Valley Police Departments, both indicated that they thought their department would benefit from the program. They mentioned budget restrictions and minimal calls for service as constraints. Both also indicated that they would be interested in exploring sharing a Mental Health Liaison with another jurisdiction.

Source: 2022 Survey of Law Enforcement Executive Staff

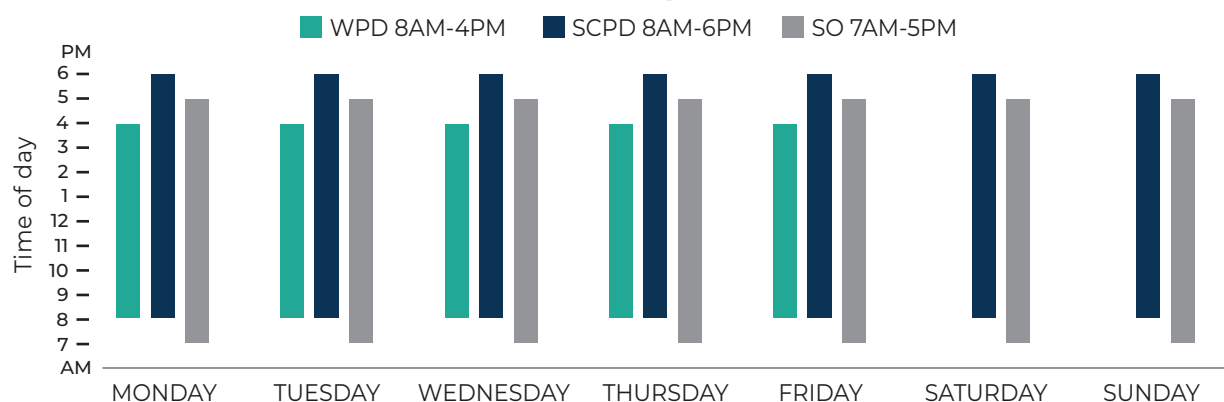
N=5

Note: Sheriff's Department has two Mental Health Liaisons on patrol and two assigned to the Focused Intervention Team (FIT).



Which days of the week do you have a Mental Health Liaison/Clinician available. How many hours per day is one available? How many Mental Health Liaisons/Clinicians are typically in the field at any given time? (Law Enforcement Respondents only)

### MH Liaison Coverage\* Per Week

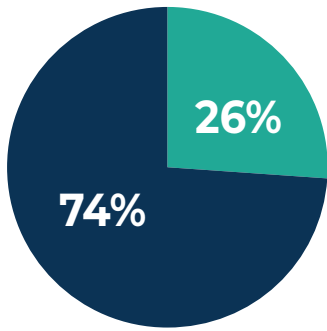


Source: 2022 Survey of Law Enforcement Executive Staff  
Sheriff's Department, Santa Cruz PD and Watsonville PD responding

\*For all three jurisdictions, there is one Mental Health Liaison in the field during each scheduled shift.



### Overall Frequency of **Mental Health Codes by Time of the Day**



■ 7:00 AM - 7:59 PM  
■ 8:00 PM - 6:59 AM

Source: Santa Cruz Regional 9-1-1 Call Center and Scotts Valley Police Department 9-1-1 Call Center  
N=665 mental health codes recorded on 631 calls



With regards to mental/behavioral health calls, which of the following **would support your department's response** (Law Enforcement Respondents only):

**All three jurisdictions** utilizing Mental Health Liaisons indicated their department's response would be supported by:



**More Mental Health Liaisons**



**More hours per day with Mental Health Liaisons in the field**

**Watsonville Police Department**

indicated that their department's response would be supported by:

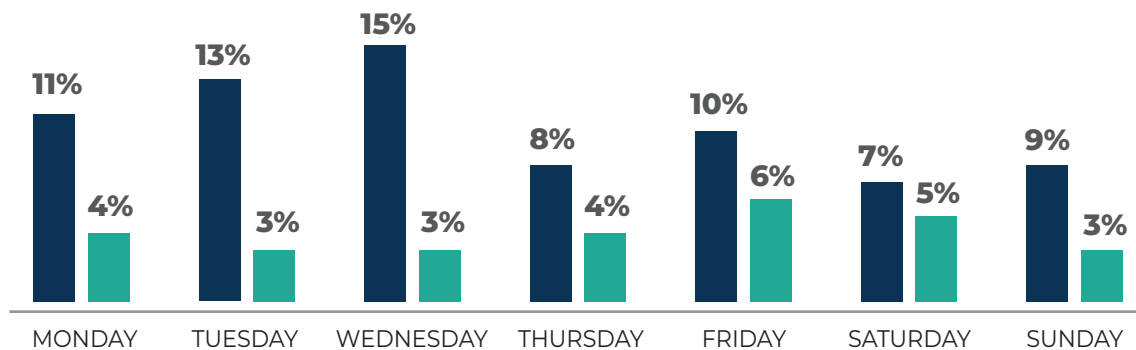


**Having Mental Health Liaisons in the field more days per week**



### Frequency of Mental Health Codes by **Time of Day** and **Day of the Week**

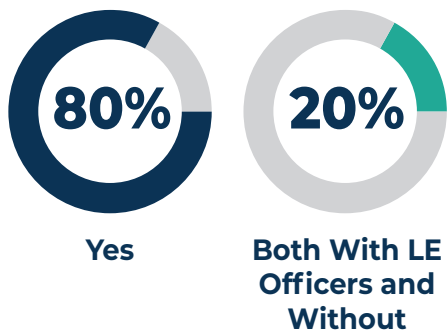
■ 7:00 AM - 7:59 PM   ■ 8:00 PM - 6:59 AM



Source: Santa Cruz Regional 9-1-1 Call Center and Scotts Valley Police Department 9-1-1 Call Center  
N=665 mental health codes recorded on 631 calls  
Percentages may not add up to 100% due to rounding.



As a Mental/Behavioral Health Liaison or Clinician responding to calls related to mental/behavioral health, **do you respond to calls with law enforcement officers?** (Mental Health Liaison Respondents only):



Source: 2022 Survey of Mental Health Liaisons  
N=5 (representing 3 jurisdictions)



If you answered “yes” or “both”, how does the **presence of a law enforcement officer make you feel?** (Mental Health Liaison Respondents only):



Source: 2022 Survey of Mental Health Liaisons  
N=6 (representing 3 jurisdictions)  
Note: One respondent chose two responses



Which is your **preference when responding to mental/behavioral health calls?** (Mental Health Liaison Respondents only):

**100%**

of Mental Health Liaisons reported they preferred to, **“Respond to Mental/Behavioral Health Calls with an Officer”**

**MENTAL HEALTH LIAISONS**

*“I prefer to respond with officers. The officers/deputies that we work with are very respectful of our interactions with individuals in crisis, and will step back if requested, and the situation is safe (ie, the individual does not have any weapons and is not acting out in an aggressive or threatening manner). We are dispatched to calls after someone calls 9-1-1, so there is typically an emergent matter, which requires the response of law enforcement.”*

*“Yes, due to instability/unpredictability of crisis calls. When someone is in crisis, we need a team approach to manage the situation for safety for us and PD, Fire, AMR, hospital.”*

*“It provides a better sense of safety and comfort having an Officer present to the Clinician.”*

*“The scene is safer when officers are present. They are trained and give me my space to assess the situation. It also allows for better client care as we can transport immediately. The officers/deputies I work with are empathic and patient with the clients.”*

*“I will only respond to calls with an officer. The calls we are dispatched to are not safe to respond without LE support. There are other teams in the county which will respond to calls in which LE is not needed. Liaisons are used when both LE and mental health are needed.”*

Source: 2022 Survey of Mental Health Liaisons  
N=5 (representing 3 jurisdictions)



In terms of Law Enforcement and Mental Health Liaisons responding to mental/behavioral health calls, **what has been working well?**

**LAW ENFORCEMENT**

***“We love the program with the Mental Health Liaisons and wish we had more.”***

***“Partnership with an assigned officer with the clinician instead of a different officer rotating.”***

**MENTAL HEALTH LIAISONS**

***“We have an excellent partnership with our law enforcement partners, the officers as well as command staff are very approachable in responding to questions or concerns.”***

***I feel the whole program is working well. We have developed a great working relationship with our teams. Attending tactical trainings with the department to learn their different ways of handling calls, learning scene safety procedures. The department has done a good job of really integrating the liaisons into the teams.”***

***“Teamwork, collaboration, effective communication, and effective leadership.”***

***“It provides a level of safety for all individuals present in call. It delivers the opportunity to address any safety/risk concerns. It provides the opportunity to enforce a criminal intervention or mental health service, depending on the need/problem.”***

Source: 2022 Survey of Law Enforcement Executive Staff & Survey of Mental Health Liaisons



In terms of Law Enforcement and Mental Health Liaisons responding to mental/behavioral health calls, **what has been challenging?**

**LAW ENFORCEMENT**

***“The need for MHL's to work swing/night shift”***

***“We do not have a clinician on 7 days a week.”***

**MENTAL HEALTH LIAISONS**

***“Personal safety when encountering calls involving a weapon. Personal increase of secondary trauma due firsthand traumatic calls. When individuals decline services and help being offered.”***

***“As a whole, the population we are working with is always a challenge, but I believe we have done our best to do what we can to help. In the department, some challenges have been obtaining equipment needed to do our jobs safely.”***

***System break-down due to inadequate ability to access care at our Psychiatric Care Receiving Location (not enough beds which causes over-flow to our ER). We also must take individuals to ER for medical clearance (fit criteria model) and it can take hours for clearance. Officers tied up at ERs to stay with individuals until released ...”***

Source: 2022 Survey of Law Enforcement Executive Staff & Survey of Mental Health Liaisons



Aside from County Mental Health, **who else are you partnering with** to do this work?

### LAW ENFORCEMENT

- Wellpath (jail) mental health workers
- Pajaro Valley Unified School District clinicians working with School Resource Officers

### MENTAL HEALTH LIAISONS

- County Behavioral Health
- Mobile Emergency Response Team
- Encompass
- County, City and Community Agencies
- Hospitals
- American Medical Response (emergency medical transport)
- Fire Departments
- Downtown Outreach workers
- Probation Department
- Homeless Resource Project team
- Other Law Enforcement agencies
- Adult Protective Services/Child Protective Services

Source: 2022 Survey of Law Enforcement Executive Staff & Survey of Mental Health Liaisons



What **concerns, if any, do you have about working with Mental Health Liaisons** or other non-law enforcement mental health response teams (if you are working with them already or if you are not)?

#### LAW ENFORCEMENT

***“Our biggest concern is keeping them safe. They are a huge benefit.”***

***“No concerns, our program is working very well and we have a great level of communication.”***

***“It would concern me if they were responding to EDPs without LE presence.”***

***“In our city it is advantageous to be bi-lingual and understand the culture. They should know what the role of law enforcement is when dealing with mental or behaviorally health patients.”***

***“None. From my experience, they are amazing.”***

#### MENTAL HEALTH LIAISONS

***“Personal safety due to the level of risk involved in the type of calls we respond to.”***

***“I don’t have any concerns.”***

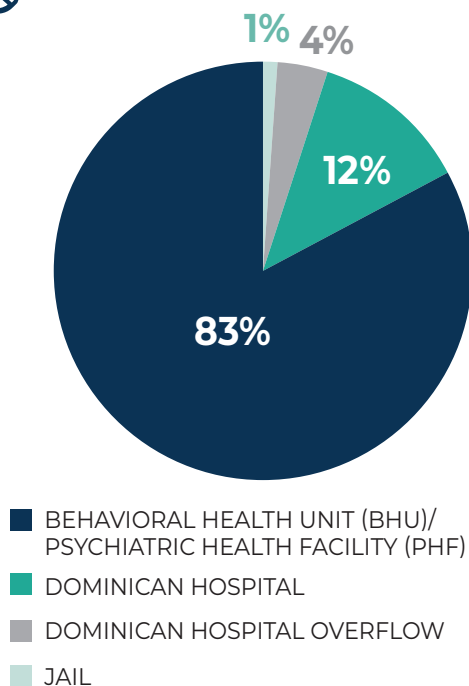
Source: 2022 Survey of Law Enforcement Executive Staff & Survey of Mental Health Liaisons  
Note: EDP refers to an Emotionally Distressed Person

## SNAPSHOT OF DISPOSITION CODE DATA FROM CALL CENTERS

ASR analyzed call center data collected between June 1 and August 15, 2022. Five hundred and seventy-seven (577) mental health related 9-1-1 calls were coded by dispatchers and officers with 611 newly aligned mental health related codes (some calls received multiple disposition codes).



### Frequency of Transportation Destination



Source: Santa Cruz Regional 9-1-1 Call Center and Scotts Valley Police Department 9-1-1 Call Center  
N=102 transport codes recorded for 100 calls from June 1 to August 15, 2022.

Between June 1 and August 15, 2022, law enforcement recorded 102 transports as a result of 100 mental health calls. The majority, 84 or 83%, were brought to the BHU/PHF/Telecare, regardless of jurisdiction of the call. Four of the 16 transports to Dominican Hospital went to “Overflow”. The most frequently used transport code was for “report no arrest, 5150 placement (R26P/R27P)” (60%).



### Number of Times Mental Health Disposition Codes Used, by Code

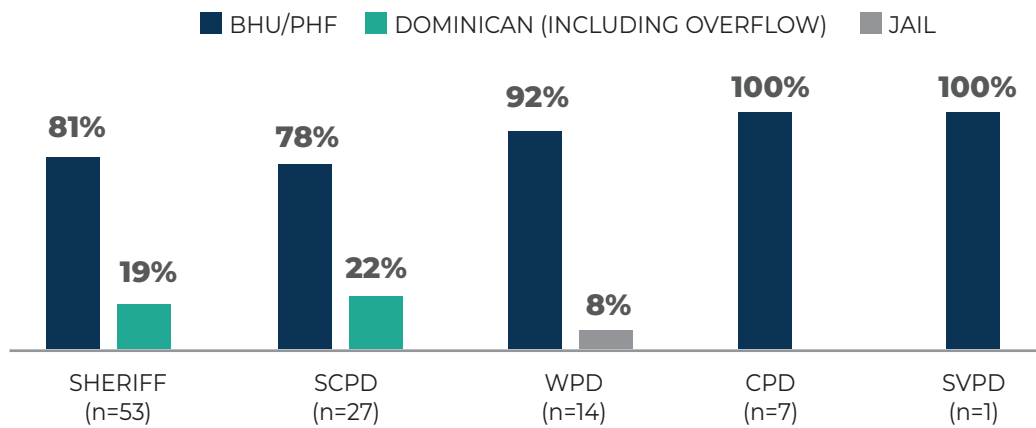
- 216** HANDLED AT THE SCENE, MENTAL HEALTH (H25/H26)
- 158** SUBJECT CONTACT, MENTAL HEALTH (S26)
- 56** GONE ON ARRIVAL/UNABLE TO LOCATE, MENTAL HEALTH (G25/G26)
- 44** REPORT/NO ARREST, 5150 PLACEMENT (R26/R27)
- 18** REPORT/NO ARREST, MENTAL HEALTH (R25/R26)
- 16** HANDLED AT THE SCENE, 5150 (H26/H27)
- 13** SUBJECT CONTACT, 5150 PLACEMENT (S27)
- 11** CANCELLED CALL (BY ANY SOURCE)
- 11** FOLLOW UP/SUPPLEMENTAL REPORT, 5150 PLACEMENT (F26/F27)
- 9** FOLLOW UP/SUPPLEMENTAL REPORT, MENTAL HEALTH (F25/F26)
- 11** OTHER

Source: Santa Cruz Regional 9-1-1 Call Center and Scotts Valley Police Department 9-1-1 Call Center  
N=563 mental health related codes (102 transport codes not included) recorded for 631 calls from June 1 to August 15, 2022  
Note: Other includes Unfounded Mental Health (U26), Arrest, 5150 Placement (A26/A27), Arrest, Mental Health (A25/A26), Unfounded 5150 Placement (U27), and Citation, Infraction Mental Health (I25/I26).  
Note: Police Department (PD) and Sheriff's Office (SO) mental health codes are different by one number. For the above definitions, the codes are shown as: (PD CODE/SO CODE). Where there is only one code, it refers to a Police Department code and there is no corresponding Sheriff's Office code.





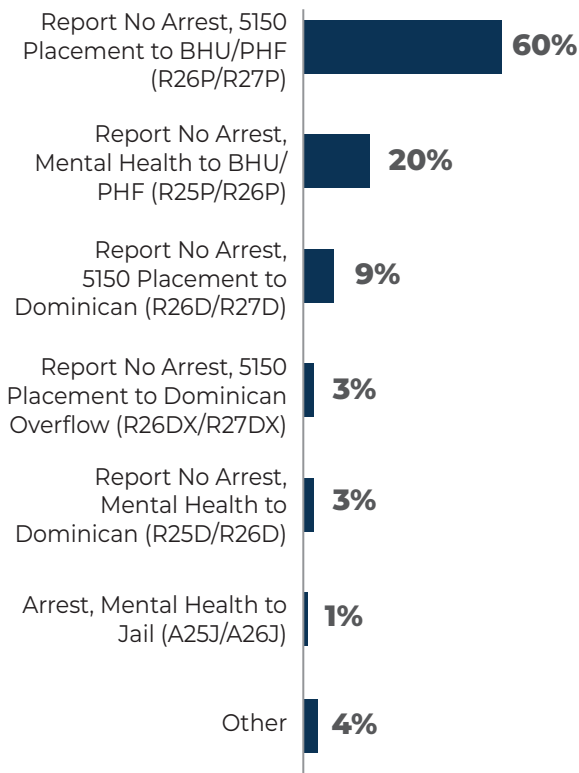
### Frequency of **Transportation Destination**, by Jurisdiction



Source: Santa Cruz Regional 9-1-1 Call Center and Scotts Valley Police Department 9-1-1 Call Center  
N=102 transport codes recorded for 100 calls from June 1 to August 15, 2022



### Frequency of **Transportation Disposition Codes**



Source: Santa Cruz Regional 9-1-1 Call Center and Scotts Valley Police Department 9-1-1 Call Center  
N=102 transport codes recorded for 100 calls from June 1 to August 15, 2022

Note: Other includes Arrest, MH to BHU/PHF (A25P/A26P), Arrest, 5150 Placement to BHU/PHF (A26P/A27P), Cite, Criminal 5150 Placement to BHU/PHF (C26P/C27P), Report No Arrest, and MH to Dominican Overflow (R25DX/R26DX)  
Note: Police Department and Sheriff's Office mental health codes are different by one number. For the above: PD CODE/SO CODE.



Additional comments from Law Enforcement Respondents:

#### LAW ENFORCEMENT

***“Our resources are lacking in this county and the various departments do not seem to be able to communicate productively. I have sat on ALL the mental health related committees for several years and been an observer of the disconnect. This disconnect directly impacts law enforcement as the first responders responsible for getting the person in crisis to services.”***

***“We would greatly appreciate a re-evaluation of Dominican Medical Clearance/Transport procedure. From an agency with one, maybe two, officers in service at any time, it is detrimental to our staffing to have the officer stand by with the detainee pending medical clearance. Occasionally, we are refused at BHU due to ambiguous medical parameters based on who is working. We would appreciate more consistency and potentially more training on what will and what will not be accepted at the facility so we do not waste more resources attempting to admit someone who will be denied. Any way to streamline the process would be beneficial for our staffing.”***

## **GLOSSARY OF TERMS**

### **5150/5585**

5150 and 5585 refer to the Welfare and Institutions Codes under California State Law, which allow involuntary detention of an adult (5150) or a minor (5585) who is experiencing a mental health crisis for a 72- hour psychiatric hospitalization when evaluated to be a danger to others, or to himself or herself, or gravely disabled.

### **Behavioral Health Unit (BHU)/Psychiatric Health Facility (PHF)/Telecare**

Telecare's acute program provides a therapeutic inpatient environment for individuals experiencing a mental/behavioral health emergency. Services are provided on a voluntary or involuntary basis.

### **Crisis Intervention Team (CIT) Training**

CIT training provides law enforcement agencies and personnel with knowledge and skills to interface with an individual in crisis. The curriculum includes education on major mental/behavioral health conditions, trauma, suicidality, veteran issues, family and consumer experience, and active de-escalation.

### **Crisis Negotiation Team (CNT) Training**

CNT training includes de-escalation tactics/skills and interventions for crisis negotiations.

### **De-escalation Training**

De-escalation Training refers to the range of verbal and nonverbal skills used to slow down the sequence of events, enhance situational awareness, conduct proper threat assessments, and allow for better decision-making to reduce the likelihood that a situation will escalate into a physical confrontation or injury and to ensure the safest possible outcomes.

### **Dominican Hospital “Overflow”**

Dominican Hospital “Overflow” is a location within Dominican Hospital that is used when the Emergency Department is beyond capacity.

### **Disposition Code**

A disposition code describes the outcome of both emergency and non-emergency calls for service.

### **EDP**

EDP is the abbreviation used by law enforcement to indicate an “emotionally distressed person”.

### **Integrated Communication Assessment & Tactics (ICAT) Training**

ICAT is a training program that provides first responding police officers with the tools, skills, and options they need to successfully and safely defuse a range of critical incidents. ICAT is designed especially for situations involving persons who are unarmed or are armed with weapons other than firearms, and who may be experiencing a mental health or other crisis.

### **LEXIPOL**

Lexipol LLC is a private company that provides policy manuals, training bulletins, and consulting services to law enforcement agencies, fire departments, and other public safety departments.

### **Mental/Behavioral Health**

The terminology for mental health and behavioral health is used differently among stakeholders providing information in this report. “Mental/behavioral health” is used as an umbrella term to include both mental health and behavioral health.

### **Mental Health Liaison (MHL)**

Mental Health Clinicians who are working with some local police jurisdictions to assist on calls where there are mental/behavioral health factors or anyone experiencing crisis.

### **NAMI**

The National Alliance on Mental Illness is a mental health organization dedicated to improving the lives of those affected by mental illness.



**The Criminal Justice Council of Santa Cruz County (CJC) was created over thirty years ago in an effort to provide a more effective criminal justice system for the residents of Santa Cruz County. The all-volunteer membership works to:**

- increase coordination and cooperation between criminal justice partners - government, non-profit, educational and others
- to reduce youth involvement in gangs
- to provide a forum for discussion and development of recommendations for strategies related to solutions to crime and violence locally
- provide long-range planning for the criminal justice system – with a focus on addressing countywide gang prevention and intervention
- provide timeline information on criminal justice matters and act as an advisory body to public entities in Santa Cruz County

---

## **MEMBERSHIP AND PROCEDURES**

The CJC has a diverse membership that includes community leaders and subject matter experts from throughout the county. The membership includes local elected leaders from the Board of Supervisors and local City Councils, all of the Chiefs of Police and the Sheriff, the District Attorney and Chief Probation Officer, the Public Defender, the County Superintendent of Schools, the President of Cabrillo College, the Superior Court, the County Behavioral Health Director and local non-profit leaders. The CJC meets quarterly and these meetings are open to the public. More information about meetings and the CJC can be found on the CJC's website.

**[www.santacruzjc.org](http://www.santacruzjc.org)**