



# CCAT–Community Crisis Assistance Team

## Executive Summary

In May of 2021 the Bellevue Police (BPD) and Fire Departments (BFD), launched a four-month pilot program called the Community Crisis Assistance Team (CCAT). The program's purpose was to identify new and effective ways of responding to individuals with behavioral health and other non-criminal issues. Previously, patrol officers' options were limited to transporting individuals to jail or to the emergency room. The pilot's goal was to determine whether an alternate response would improve outcomes for individuals by connecting them to existing community services, and if enhanced police/community member interactions would result in a reduction in use of force by the police officers.

Bellevue has a response unit (CARES101) through Bellevue Fire CARES. CARES is a Mobile Integrated Health program staffed by mental health professionals (MHPs) and advocates. CARES101 MHPs are dispatched to the scene of a 911 call at the request of BPD or BFD. Following the CARES101 unit's response, CARES advocates provide ongoing support to individuals who agree to case management. While Bellevue has this existing response model, CCAT was designed to provide an even more immediate, sustainable, coordinated community response approach for those in the community experiencing behavioral crisis.

Planning efforts began in fall of 2020. Bellevue Staff identified and studied several national Co-Responder models and (while the Bellevue Fire CARES101 response model remained in place) elected to field test two models, both of which included specialized patrol officer training and

the engagement of MHPs. The first test model was the teaming of two BPD patrol officers with access to MHP support, provided through BFD's CARES program, on an as needed basis. The second Co-Response model was the teaming of a patrol officer and MHP from the CARES101 unit. Following engagement with CCAT, CARES advocates provided case management services to individuals who voluntarily participated.

Patrol officers in both models received specialized training. They responded in plain clothes and unmarked vehicles. Teams operated between 8 a.m.-6 p.m., Monday through Friday. CCAT units were dispatched to 911 calls where behavioral health, homelessness or other social issues were identified by the caller as contributing to the matter for which the call was made (e.g., trespassing, shoplifting). CCAT units could also directly engage with individuals they observed who appeared to be in need, as a preventative response.

The CCAT team's goals were to identify alternatives to jail or the hospital, if appropriate, and access resources that might address the root cause of the situation. CCAT units were afforded the advantage of taking as much time as needed with each individual. Unlike other patrol officers, they were not expected to respond to what often becomes a growing list of non-emergent, but important calls awaiting a police response. CCAT team members had the necessary time to build rapport, problem solve and to initiate a plan with individuals and relatives. Individuals contacted by the CCAT team were also offered ongoing case management by the BFD CARES team.

## Output & Outcome Findings

During the four-month pilot the CCAT team made **1785 contacts** with or on-behalf of the **239 clients** they engaged; resulting in 7.5 interactions on average for each client to develop a plan of support or a plan to access services/supports. This count does not include activities during the initial 911 call or prevention outreach. It is important to note, the majority of these individuals presented with serious co-occurring issues. The top three issues identified among clients were mental/behavioral health (68%), homelessness (44%) and substance use (26%). In fact, 65% of CCAT clients presented with at least two or more of these issues, while some presented with additional issues as well. The graphic to the right highlights a few additional outputs and outcomes.

There were numerous positive outputs and outcomes. For example, a sample of clients and family members were surveyed and interviewed at the end of the pilot. Their program ratings were all “strongly agree” or “agree”. Survey and interview responses revealed that all participants felt their interactions with CCAT units were extremely positive. All participants were not only very satisfied with their CCAT experience, but reported their lives were better now because of their CCAT engagement. Sixteen community-based stakeholders were also surveyed and interviewed as well as CCAT

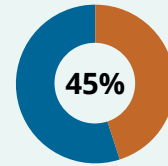
staff and several BPD personnel from various positions in the department. The most common response to survey questions was “strongly agree”. In fact, all 16 professional stakeholders attached to community organizations reported that CCAT filled a service gap in the community. They reported that the teaming of specially trained law enforcement officers with MHPs provided an outreach effort that others, including themselves could not match.

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*“It’s different when the police stop by once a day, or every couple days, they just say ‘How are you?’ I’m no longer afraid of interactions with the police. I no longer dread ‘em. Now when I see a police officer, I don’t get anxious and antsy.” – An Unhoused Client*

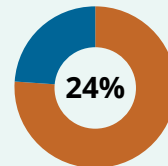
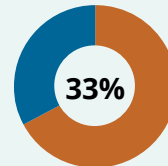
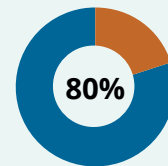
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The insights shared from clients, stakeholders, CCAT staff, and BPD personnel were very supportive for program continuation. At the end of each interview, interviewees were asked what program elements they hoped CCAT would maintain, recommendations for program adjustments, and what, if any, were the program benefits for individuals served, agencies, BPD, and the community. At a minimum, stakeholders and BPD personnel would like for CCAT’s hours of operations to be expanded (e.g., 7 a.m.-10 p.m.) as well as expand operation to seven days a week.



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Average referrals (3) per client to existing community services or supports



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