

# Community Crisis Assistance Team (CCAT)

## Pilot Program Overview

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# Agenda

- Background
- CCAT pilot program development
- Program overview

# Background

**The number of individuals experiencing mental & behavioral health crises has risen dramatically**



**OVER  
6,249  
CALLS**

Related to **only** suicide and mental/emotional calls were responded to by BPD officers between 2015-2020



**56%  
INCREASE**

These calls have **increased** since 2016



**2  
HOURS**

**Average** time a patrol officer spends on a mental health call

**Community Expectations - Safety Considerations - Partnerships**



**CCAT**  
COMMUNITY CRISIS  
ASSISTANCE TEAM



**BELLEVUE  
FIRE  
CARES**



- CCAT provides a coordinated community response to assist individuals in crisis.
- CCAT combines law enforcement with local social services, medical organizations, and the mental health system to offer individuals a higher level of service.

**Make Interactions as Safe as Possible**

# CCAT PILOT OVERVIEW



## CCAT Models Evaluated:

- 1 BPD Officer & 1 CARES MHP
- 2 BPD Officers
- 2 CARES MHPs (CARES 101)

“When CCAT staff bring a patient in [to the emergency department] they are calmer, less anxious. This allows us to get to work on assessing the patient sooner... CCAT is an important partner. They are out there seeing people in need. So, when patients get out, they [CCAT units] keep up with them... CCAT is filling a gap in the behavioral health system.”

**Medical Stakeholder**



## GOALS

- Improve community & police response to mental illness by diverting individuals from the Criminal Justice System
- Address underlying issues to improve the quality of life for others and reduce recidivism

## DESIRED OUTCOMES

- Best serve the person in need
- Provide not just immediate care while the person is in crisis but continue providing resources and follow up
- Redirect patrol time to focus on crime
- Reduce use of force incidents, arrests, and jail bookings
- Further community collaboration

# CCAT PILOT RESULTS

Academic Program Evaluation - Carol Harper, MPA

**Pilot Duration: May 1<sup>st</sup> - August 31, 2021**



Total client contacts



Average # of interactions with/or on behalf of a client



Clients engaged by CCAT



Clients chose to engage in case management



# CCAT Clients

## Clients Issues & Demographics

Mental/Behavioral Health  **68%**

Unhoused  **44%**

Substance Use  **26%**

 **65%** of clients had co-occurring issues

**42** Average age of clients

Female

**42%**

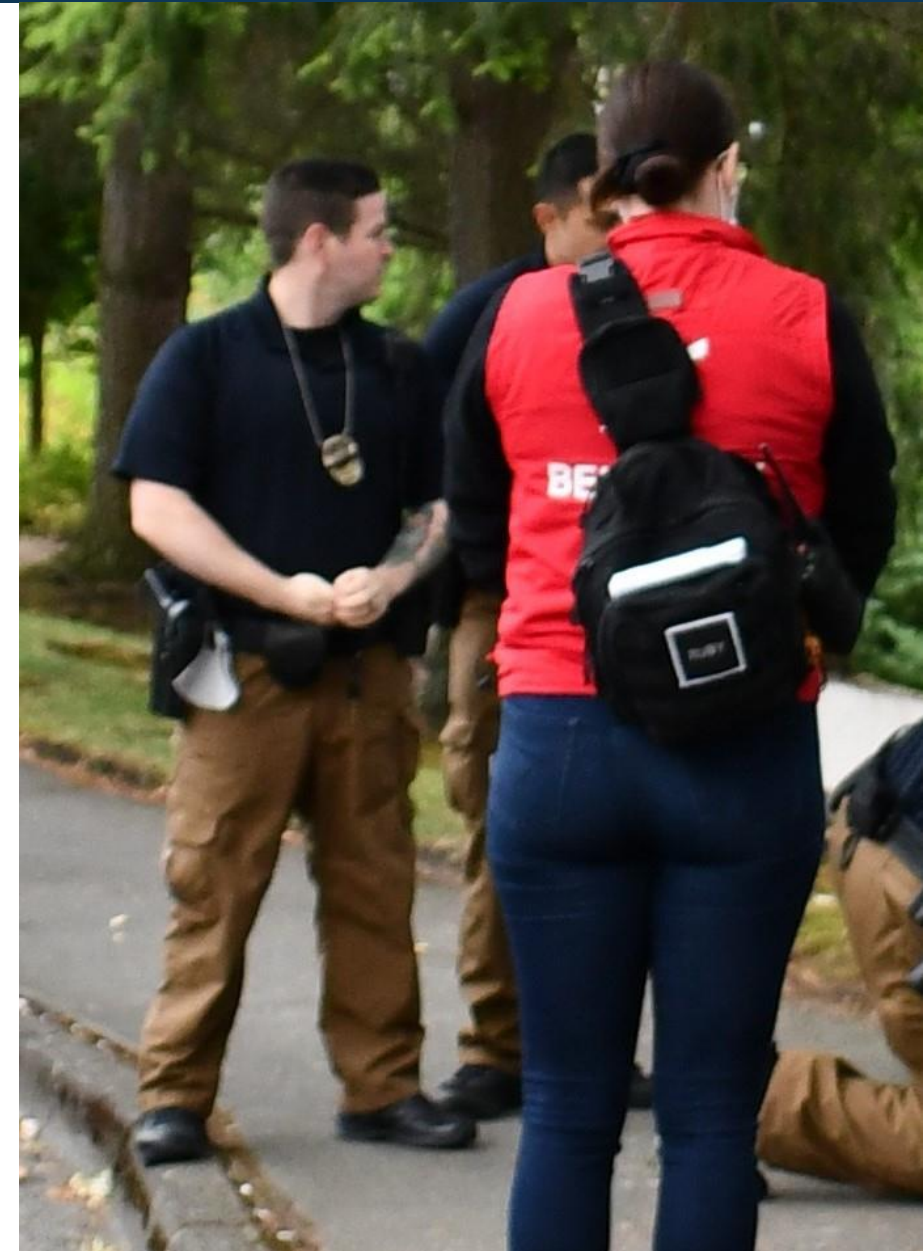
Male

**54%**

**4%** Not identified

"Thank you to CCAT and CARES for helping me get sober, I was recently granted access by the court to have visitation with my kids."

**CCAT Client**





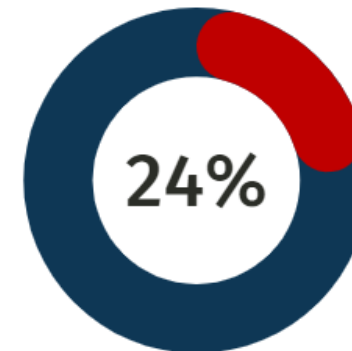
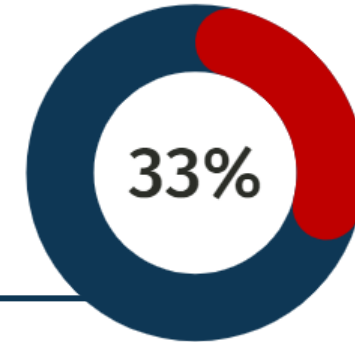
# CCAT Pilot Results

The majority of contacts were  
in response to 911 Calls



Increased officer time spent  
on CCAT calls

Diversion rate  
from hospital or jail



Decrease in  
use of force

"You helped me calm down a lot and put me in the right headspace to work with you. You were the right person at the right time, and I am grateful. I want to help people like you do. I want to be part of something bigger than myself."

**CCAT Client**

# CCAT Impact

- Responded to **community need**
- Built stronger community **partnerships**
  - Congregations for the Homeless, NAMI, Sophia's Way and Overlake Hospital
- **Supported individuals & families** experiencing behavioral health issues
- Provided resources & **solutions**
- **Comprehensive approach** by Fire & Police
- Enhanced **quality** of life

# Questions?



“The CCAT Officer is my friend, like family. He really cares about us [unhoused persons]. He gives us water, food, and checks on us. I would never think of stealing from businesses here or even throw trash on the ground. Because this is his area. Why would I do that to someone who is like family?”

**An Unhoused CCAT Client**