



TO: Mayor and City Council
FROM: Elizabeth Pauli, City Manager; Melanie Harding, Assistant to the City Manager; Ben Thurgood, Continuous Improvement; Matt Janzow, Continuous Improvement
SUBJECT: Mental Health Crisis Response Team RFI
DATE: June 21, 2022

SUMMARY:

On May 4, 2022, the City continued to build on the Alternative Response recommendations issued by 21st Century Policing Solutions (21CP), Matrix Consulting, and 21CP consultant Brian Maxey by publishing a Request for Information (RFI) for a Mental and Behavioral Health Crisis Response Team (MBHCRT). As outlined in past communications and Transformation Updates, this RFI was intended to help the City research options for developing a Mental and Behavioral Health Crisis Response Team as an alternative to police as primary responders while helping us identify providers that may be able to meet the intent of the study recommendations. It was announced via multiple channels, including the City’s solicitation webpage, Washington state’s WEBS platform, the Pierce County Crisis Collaborative, and through direct communication with several local and regional providers.

The submittal window closed May 31st with a single respondent; MedTrust, located in San Antonio, TX. Staff are reviewing the RFI response, including its alignment with the 21CP and Matrix Alternative Response Study recommendations and with existing programs that serve individuals experiencing mental or behavioral health crises. As we review this response, the City continues to coordinate with the Pierce County Crisis Collaborative and our union partners to define and develop an appropriate Alternative Response model for the City of Tacoma.

BACKGROUND:

In March of 2021, 21CP issued 64 specific recommendations that the Tacoma Police Department (TPD) and the City of Tacoma could implement to strengthen the TPD’s relationship with Tacoma’s community; ensure that TPD’s activities and operations are safe, just, effective, lawful, and consistent with national, best, emerging, and transformational practices. Recommendation 35 specifically, called on City of Tacoma to explore, with community stakeholders and members, the best, formalized mechanisms for the City to respond to individuals experiencing behavioral health crisis, including mental health, addiction conditions, and other behavioral health challenges. The report specifically called out examples of community response (such as the CAHOOTS model used in Eugene, OR) and/or community co-response (as found in programs launched in Colorado and Dallas).

Building on this, Matrix Consulting was commissioned in May 2021 to provide analysis and recommendations on the feasibility of alternative response to mental health crisis, homelessness-related issues, and certain types of calls for service traditionally handled by police officers that could be handled by civilian responders. Their recommendations included City implementation of a MBHCRT as an alternative to police response for persons experiencing mental and behavioral health crisis.

In a consulting role, Brian Maxey of 21CP was asked to implement the MBHCRT recommendation in late 2021 and identified a roadblock in resource availability. Specifically, in a memo presented to the Community Vitality and Safety committee and later circulated to the full Council on March 9, 2022, he was “unable to identify the availability of any resources to fulfill the role of civilian mental health



response.” He further advised conducting a Request for Proposals (RFP) for “providers that can supply resources for mental health response.” Conducting an RFI was identified as an appropriate interim step towards a formal RFP.

The RFI was drafted with input from internal subject matter experts and included feedback from external partners MultiCare Behavioral Health and the Pierce County Crisis Collaborative.

ISSUE:

The City has committed to implementing the recommendations of the Matrix Alternative Response study to the extent they are feasible, and subject to collective bargaining.

Mental and behavioral healthcare providers and related personnel are in high demand nationwide, both in clinical environments, as well as in field settings. Providers are able to select opportunities that offer the greatest personal benefits, and that may offer fewer demands or lower risk. The limited response to the RFI and feedback from current providers on recruitment and hiring difficulties in this area underscore this challenge.

NEXT STEPS:

In addition to review of the submitted RFI, staff will be following up with the responder to seek clarity on their model and how they might address any implementation issues, including resource shortages.

At the same time, staff from the City’s Fire, Police, and Neighborhood and Community Services Departments are evaluating existing programs and resources that could contribute to a mental and behavioral health crisis response model.

We have identified a valuable partnership with the regional Pierce County Crisis Collaborative and have assigned a City Manager’s Office representative to attend that monthly forum to build relationships, align strategies, and share information and resources across jurisdictions.

In addition to the steps outlined above, a research team is evaluating similar local models alongside the RFI. Ultimately, this work will inform the development of budget proposals to support phased-implementation or enhanced use of co-responder models as interim solutions. These proposals will be included in the biennial budget for the Council’s consideration this fall.

Currently, \$400,000 in ARPA dollars are available to begin implementation after reaching a policy direction in partnership with impacted bargaining units, completing research on available response models, and identifying providers and/or other personnel capacity to launch the chosen model.

Updates will be provided to the Mayor and Council as we learn more.