CITY OF LONG BEACH

KRISTINA DISTRICT 3 DUGGAN
LONG BEACH | COUNCILMEMBER

CINDY ALLEN
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Date: March 24, 2026

To: Honorable Mayor and City Council

From: Councilmember Kristina Duggan
Councilmember Cindy Allen
Councilmember Daryl Supernaw

Subject: CORE Strategy (Compassionate Outreach, Response, and Enforcement)

RECOMMENDATION

Request the City Manager, in coordination with the City Attorney, City Prosecutor, Police Department, Fire Department, Health Department, and Emergency Communications, to draft and return to the City Council within 90 days with the CORE Strategy (Compassionate Outreach, Response, and Enforcement).

The CORE Strategy should serve as a severity-based decision-making framework to address threatening and unsafe behavior, untreated mental illness, severe substance use disorder, and grave medical deterioration in public spaces. The strategy should operationalize all available tools, including:

1. Deploying all voluntary engagement options provided in the December 23, 2025 memo titled *Response Strategy for Individuals Displaying Unsafe or Non-Criminal Threatening Behavior*.
2. Filing petitions for eligible individuals to the Community Assistance, Recovery, and Empowerment (CARE) Court.
3. Utilizing applications and referrals under the expanded definition of “gravely disabled” pursuant to Senate Bill 43, including coordination with designated County LPS-authorized clinicians and receiving hospitals, and establishing protocols, training standards, and documentation practices for outreach staff and officers.
4. Enforcing existing laws, such as public intoxication, drug possession, disorderly conduct, camping in public, trespassing, indecent exposure, and other applicable codes, to address safety concerns and support appropriate intervention when violations occur.
5. Utilizing recent changes made to State law to address repeated theft and drug possession and to create leverage for court-ordered treatment for eligible repeat offenders.
6. Integrating any additional local, county, or state intervention tools and diversion programs identified by City staff as effective in achieving stabilization and preserving public safety.

Request the City Manager return to the City Council with a public reporting strategy for treatment placements, SB 43-related applications submitted, CARE Court data as available, diversion placements, and felony drug possession arrests. This report must document systemic barriers to treatment and disaggregate outreach data to differentiate between the acceptance of basic survival supplies and the refusal of other services, treatment, and housing. The report should utilize the past year's data as a baseline.

Request the City Manager to include in the 90-day return any necessary City Council actions recommended to fully implement the CORE Strategy.

DISCUSSION

Over the past several years, the State of California has allocated over $10 billion to address the mental health and behavioral health crises playing out in our communities[1] [2] [3]. Locally, Long Beach has invested heavily in expanding outreach and services, building housing, and expanding non-law enforcement crisis response models. Community Crisis Response (CCR) teams, REACH teams, outreach workers, Park Ambassadors, and other specialized units now respond to many situations that historically would have required a police response. We also supported and had multiple applications within Long Beach for Proposition 1 funding to expand behavioral health infrastructure. These investments reflect a clear and intentional commitment to treating mental and behavioral health challenges as health issues first, not simply criminal issues.

The December 23, 2025 memorandum[4] detailed this approach by clarifying dispatch protocols and defining response roles across departments for individuals displaying unsafe and noncriminal threatening behavior. It affirmed that much of the City's service model is built around voluntary engagement. When individuals decline services and do not present an immediate danger, teams disengage.

This approach works for many situations and voluntary engagement should remain our foundation, but we need to use all available tools to assist in the most severe cases. We see individuals wandering into traffic due to untreated psychosis, or individuals so consumed by severe addiction that they refuse shelter, decline medical care, and deteriorate physically in plain view. In these circumstances, voluntary outreach alone has not produced stabilization.

Repeated engagements followed by repeated emergency calls create a cycle without improvement. Police, fire, and crisis teams may respond to the same individuals multiple times, while the underlying mental and behavioral health condition remains untreated. This not only exhausts our first responders and strains public safety resources, but it also leaves individuals

[1] CA moves fast to spend billions in mental health housing bond - CalMatters
[2] https://www.lao.ca.gov/handouts/Health/2025/Proposition-1-Overview-040725.pdf
[3] https://calmatters.org/health/2022/03/california-children-mental-health-crisis/
[4] https://www.longbeach.gov/globalassets/city-manager/media-library/documents/memos-to-the-mayor-tabbed-file-list-folders/2025/december-23--2025---response-strategy-for-individuals-displaying-unsafe-or-non-criminal-threatening-behavior

in continued decline while other members of the community are left dealing with the consequences.

This proposed framework is built upon the December 23 memo. It preserves voluntary engagement while establishing a strategy for when safety concerns warrant intervention beyond outreach.

Compassion requires recognizing when someone is no longer able to keep themselves safe. When an individual cannot provide for their own personal safety or necessary medical care, inaction is not neutrality, it is abandonment. In those circumstances, structured intervention is a protective response aimed at preserving life and restoring stability.

One new pathway available is filing a petition with CARE Court when eligibility criteria are met. CARE Court applies to individuals with schizophrenia spectrum disorders, bipolar I disorder with psychotic features, and other psychotic disorders[9]. That narrow scope is intentional but limiting. Many individuals visibly spiraling due to severe substance use disorder do not qualify and determining eligibility in the field can be difficult.

Early data reflect this limitation. In Los Angeles County from December 2023 through June 2025, there have been 511 petitions filed, 270 petitions dismissed, 106 CARE agreements, 6 CARE plans, and zero graduations[10]. While CARE Court is not currently operating at the scale necessary to address the broader health crisis visible in public space, it is important for the City to maximize its benefits as this program improves and expands.

There have also been recent changes to the Lanterman-Petris-Short (LPS) Act, the California law governing involuntary detention, treatment, and conservatorship of people with behavioral health conditions. Signed into law in 2023, Senate Bill 43[11] expanded the definition of gravely disabled, with these changes taking effect in Los Angeles County on January 1, 2026.

For more than five decades, “gravely disabled” was defined as:

“A condition in which a person, as a result of a mental health disorder or chronic alcoholism (rather than a chosen lifestyle or lack of funds), is unable to provide for his or her basic needs for food, clothing or shelter.”[12]

Senate Bill 43 expanded that definition. The revised definition now reads:

“A condition in which a person, as a result of a mental health disorder, a severe substance use disorder, or a co-occurring mental health disorder and a severe substance use disorder, is unable to provide for their basic personal needs for food, clothing, shelter, personal safety, or necessary medical care.”

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[9] https://dmh.lacounty.gov/court-programs/care-court/
[10] https://calmatters.org/health/mental-health/2025/09/care-court-2025-data/
[11] LPS Act & SB 43 - Department of Mental Health
[12] https://namiglac.org/wp-content/uploads/sites/381/2025/11/California-Senate-Bill-43-An-Expansion-Of-Grave-Disability-Presentation.pdf

This change reflects a broader understanding of incapacity in public space. Designated LPS-authorized clinicians and police officers are authorized to submit applications for involuntary holds under the Lanterman-Petris-Short Act based on observable behavior in the field. The receiving hospital also conducts an assessment to determine whether criteria for a hold are met or whether the individual should be released.

The City does not operate these medical facilities or determine the length of the hold. The City's responsibility is to document observable behaviors, safety risks, and functional impairment with sufficient clarity to inform further clinical review.

The quality of field documentation materially affects hospital decision-making. In practice, applications supported by detailed behavioral observations are more likely to result in sustained holds. LBPD has trained officers on this change, including issuing in-service training guidance[17] and instructional materials[18] to officers. Further strengthening training and standardizing documentation practices will improve consistency and can reduce avoidable releases due to insufficient information.

This strategy is not intended to overwhelm emergency departments. Civil intervention should remain targeted and severity based. However, when observable behavior demonstrates an inability to maintain safety or secure necessary medical care, the City must be prepared to use this tool effectively.

When thresholds for civil intervention are not met and criminal or code violations occur, there are diversion pathways that provide another opportunity to connect individuals to services. Our City Prosecutor's Office is recognized for its leadership in diversion programs, which include the Priority Access Diversion (PAD)[19], Promising Adults, Tomorrow's Hope (PATH)[20], and Homeless Court[21]. Further, Senate Bill 27[22], which took effect January 1, 2026, makes it easier for criminal courts to refer eligible defendants into the CARE process, reinforcing that court involvement can serve as a pathway to treatment and stabilization rather than incarceration.

While not commonly known, in Los Angeles County, misdemeanor citations rarely result in jail. According to the Custody Division Population Quarterly Report July – September 2025, 6% (780) of the jail population is held on misdemeanor charges, and 1.89% (251) of individuals countywide are incarcerated for misdemeanors that are not classified as crimes against persons[23]. Used responsibly, misdemeanor enforcement rarely results in jail and can serve as a pathway to treatment.

Finally, recent changes in State law reflect a clear voter mandate to address repeat theft and drug possession offenses by strengthening penalties and creating a treatment-mandated

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[17] In-Service Training 2025 - 9 - SB 43 Gravely Disabled
[18] https://youtu.be/bjUX9WPdpJY?si=Arn1OEe7K9bu-_7a
[19] Priority Access Diversion Program – Long Beach City Prosecutor Doug Haubert
[20] The PATH Program – Long Beach City Prosecutor Doug Haubert
[21] Homeless Court – Long Beach City Prosecutor Doug Haubert
[22] Governor Gavin Newsom signs SB 27, strengthening California's CARE Act and expanding access to behavioral health services | Governor of California
[23] https://lasd.org/wp-content/uploads/2025/12/Transparency_Custody_Division_Population_2025_Q3_Report.pdf

felony option. While behavioral health challenges should fundamentally be treated as health issues, the possession of dangerous drugs like fentanyl is a criminal offense and a possible felony.

When dangerous drugs are present, responders should utilize available enforcement authority when appropriate, to create leverage for court ordered treatment for eligible repeat offenders. These recent changes in State law provide a necessary tool when an individual is not medically incapacitated but is actively breaking the law by possessing dangerous drugs. The City of Long Beach should not treat open drug use in shared public spaces as inevitable or acceptable under the guise of behavioral health tolerance.

The CORE Strategy builds on the foundation established in the December 23 memo by aligning existing intervention tools, many of which have been created or expanded in recent years, within a defined severity-driven decision-making framework. These tools are already available and in operation, and this framework should establish guidance for their consistent application. By applying them deliberately and effectively, the City can break the cycle of repeated crisis calls, protect life, restore dignity, and maintain safe public spaces.

FISCAL IMPACT

Pending financial review. This section will be updated prior to the March 24 City Council meeting.

SUGGESTED ACTION

Approve recommendation.

Respectfully submitted,

Kristina Duggan, Councilmember, Third District

Cindy Allen, Councilmember, Second District

Daryl Supernaw, Councilmember, Fourth District