

County of Santa Clara
Santa Clara Valley Health & Hospital System
Mental Health Services



112357

DATE: September 8, 2022
TO: Public Safety and Justice Committee
FROM: Sherri Terao, Director, Behavioral Health Services
SUBJECT: Mental Health Crisis Response Teams and Treatment Resources

RECOMMENDED ACTION

Receive report from Behavioral Health Services Department relating to mental health crisis response teams and treatment resources.

FISCAL IMPLICATIONS

There is no fiscal impact in receiving this informational report.

REASONS FOR RECOMMENDATION

This report provides information on the coordination between San Jose Police Department (SJPD) and Behavioral Health Services Department (BHSD) on emergency response teams and activation.

The recommended action supports the County of Santa Clara Health System's Strategic Road Map goals by delivering personalized care and increasing access to improve health outcomes through the various behavioral health mobile crisis response teams.

CHILD IMPACT

The recommended action will have no/neutral impact on children and youth.

SENIOR IMPACT

The recommended action will have no/neutral impact on seniors.

SUSTAINABILITY IMPLICATIONS

The recommended action will have no/neutral sustainability implications.

BACKGROUND

Overview of 9-8-8 and 9-1-1

The 9-8-8 Suicide & Crisis Lifeline is a national network of over 200 local crisis centers providing local resources with innovative best practices and quality care across the United

States. Effective July 16, 2022, any caller who dials 9-8-8 with Santa Clara County area codes: 408, 669, or 650 will be connected to BHSD Crisis and Suicide Prevention Lifeline (CSPL), previously known as the County's Suicide and Crisis Services (SACS), which is one of 13, 9-8-8 Suicide & Crisis Lifeline centers in California. Santa Clara County callers with area codes outside the local area codes can reach Santa Clara County's CSPL team by calling 1-800-704-0900 and selecting option one.

9-8-8 calls are answered by CSPL-trained counselors, providing compassionate phone support using their expertise to de-escalate, offer stabilization, and other appropriate resources. If the counselors determine a call requires in-person support, they will conduct a warm-handoff to one of the community mobile response teams. The collaboration between counselors and community mobile response teams provides callers assurance that they will receive the support they need. The CSPL team is currently comprised of 75 volunteers, five full-time crisis counselors, eight part-time extra-help crisis counselors, two clinicians, and one program manager.

The 9-1-1 number is the universal emergency line for all telephone services in the United States and Canada. Dialing 9-1-1 quickly connects a caller to a nearby public safety answering point dispatcher trained to route calls to local emergency medical, fire, and law enforcement agencies. A Power Point presentation will be provided by the San Jose Police Department SJPd, which will include an overview of 9-1-1.

Options for Field Response

BHSD Mobile Crisis Response Programs

The various BHSD mobile crisis response programs have the capability to serve all the different levels of crisis, including the highest levels of need. Upon implementation, Trusted Response Urgent Support Team (TRUST) will respond to behavioral health-related situations where an individual needs assistance resolving conflicts or stressful situations without law enforcement involvement. Mobile Response and Stabilization Services (MRSS) provides stabilization and support services for children, youth, and young adults (less than 21 years of age) experiencing a mental health crisis. MCRT provides support and services when an individual is experiencing a mental health crisis or when someone may be suicidal and require a psychiatric evaluation for treatment purposes. Lastly, Psychiatric Emergency Response Team (PERT) provides services through collaborative teams of behavioral health specialists and law enforcement agents to provide the highest level of crisis intervention for individuals who are threatening self-harm, threatening harm to others, or experiencing grave disabilities that may warrant an involuntary hold.

Coordination with SJPd

MCRT and SJPd Mobile Crisis Assessment Team (MCAT) work collaboratively to provide crisis interventions and links to behavioral health resources to support the community. MCAT is comprised of two teams of Sergeants and three officers who have received extensive crisis and de-escalation trainings in addition to Crisis Intervention Training (CIT). MCAT operates seven days a week, from 10:30am – 8:00pm.

MCRT and MCAT will request each other's support for calls involving people in crisis where scene safety and security are needed. During a field visit, two MCRT clinicians will conduct a behavioral health evaluation to determine the most appropriate disposition.

When necessary MCRT clinicians may place individuals on an involuntary mental health hold when certain criteria are met. A Welfare & Institutions Code (WIC) § 5150 hold may be necessary for the evaluation and treatment of an individual for up to 72 hours when it is determined that they are gravely disabled or a danger to themselves or others due to a mental disorder. In some instances, within the County a Lanterman-Petris-Short (LPS) facility may place an individual on a WIC § 5250 hold, which would allow an additional 14-day involuntary hold for individuals previously on a WIC § 5150 hold.

From January 2022 through July 2022 a total of 227 referrals were made to the MCAT and MCRT teams. Out of the 227 referrals a total of 33 individuals were placed on a WIC § 5150 hold and 194 individuals received diversion and additional behavioral health resources. The final disposition of the 227 referrals resulted in less than 10 individuals being arrested. The mutual goal for MCAT and MCRT is to de-escalate and divert individuals from a higher level of care using available resources.

Attachment 1-MH Crisis Response and Treatment Resources includes an overview of the differences between standard and MCAT calls.

Services and Destination Points

PERT

Teams include clinicians trained to work with law enforcement using a joint response model of care, conduct mental health evaluations and assessments, and assist in determining the appropriate disposition supporting individuals' needs and safety. PERT units have received CIT and Hostage/Crisis Negotiation training. Responding officers and staff use an unmarked vehicle and are dressed down to present with a less stigmatizing and more welcoming approach. PERT services were officially launched with the County Sheriffs Department in March 2021, Palo Alto Police Department in November 2021, Morgan Hill Police Department in March 2022, and SJPd in July 2022.

PERT services and destination points include:

- Real-time crisis response and intervention
- Threat mitigation, de-escalation
- Connect or refer people to community resources
- Referral to Peer Linkage follow-up support to reduce future encounters with law enforcement
- Diversion from EPS and Jail whenever possible

MCRT

Teams of clinicians respond to individuals (ages 18 and older) in crisis that exhibit mental health symptoms, may be suicidal or at-risk, and need an evaluation for psychiatric hospitalization. Teams utilize a co-response model to work closely with law enforcement, crisis hotlines, the community, and family members. MCRT services were officially launched with SJPd in January 2018.

MCRT services and destination points include:

- Crisis screening
- Intervention
- De-escalation services, and
- Connect or refer people to community resources using a co-response model

MRSS

Teams consult, assess for safety, and intervene through crisis counseling with the goal of community stabilization. Post Crisis Stabilization services will be provided to ensure linkage, referral, and care coordination to existing providers and/or refer for ongoing services.

24-hour in-person intervention or phone support is offered to children, youth and young adults (less than 21 years of age) in Santa Clara County who are in acute psychological/emotional crisis. MRSS services were officially launched with Pacific Clinics formerly known as Uplift Family Services in January 2021.

MRSS services and destination points include:

- Countywide 24/7 mobile crisis response
- 5150 risk assessment
- Safety planning
- Referrals to mental health services
- Diversion from hospitalization when possible
- De-escalation and behavioral support
- Post Crisis Stabilization Services (Medi-Cal beneficiaries only)

TRUST

The TRUST program is designed to reduce the need for calls to law enforcement, allowing behavioral health incidents and needs to be effectively and quickly addressed in the community before they escalate. The TRUST program will utilize a community-based approach as an alternative to law enforcement response to behavioral health crisis calls.

- Utilizes a community-based approach
- Pilot program estimated start: Fall 2022

Recommendations for Improvement

Ongoing collaboration with law enforcement agencies such as SJPd are important to deliver vital services to the community. Coordination of services will allow agencies to better assist

individuals who may be experiencing a mental health crisis or require more supportive services before approaching a crisis.

CONSEQUENCES OF NEGATIVE ACTION

The PSJC would not receive the requested information in this report.

LINKS:

- Linked To: 111838 : 111838
- Linked To: 110668 : 110668

ATTACHMENTS:

- Attachment 1-MH Crisis Response and Treatment Resources (PDF)