



County of San Diego

Update on Mobile Crisis Response Team Services

DRAFT

BACKGROUND

In Fiscal Year (FY) 2019-20, law enforcement received more than 54,000 calls involving a psychiatric crisis. While all calls required a timely response, many did not necessitate law enforcement intervention. In many instances, deployment of behavioral health professionals would have been a more effective solution in addressing non-violent behavioral health situations.

The San Diego County Board of Supervisors (Board) has taken several critical actions to enhance crisis response efforts, as follows:

- On June 25, 2019 (01), the Board approved a recommendation to enhance the crisis intervention options available to the community by establishing a non-law enforcement Mobile Crisis Response Teams (MCRT) pilot program, in coordination with Behavioral Health Services, the Sheriff, and the San Diego County District Attorney, with initial efforts focused in the North Coastal Region.
- On June 23, 2020 (26), the Board further expanded MCRT services at the request of Supervisor Nathan Fletcher, by approving a recommendation to expedite the rollout of MCRTs countywide.

In January 2021, the County of San Diego (County) Behavioral Health Services (BHS) department launched a Mobile Crisis Response Team (MCRT) pilot program in the North Coastal Region designed to help people who are experiencing a mental health or substance use crisis by dispatching behavioral health experts to emergency calls instead of law enforcement, when appropriate. Planning to expand MCRTs countywide is underway in partnership with various law enforcement entities.

Evolution of Behavioral Health Crisis Response

As Chair Fletcher noted in the 2021 State of the County address, delivering the “right service, to the right person, at the right time” is a priority in the evolution of behavioral health care. Innovative community-based interventions are critical to meeting people where they are and providing the appropriate response. Over the last 25 years, the County has sought to improve crisis interventions in the field by providing specialized training to response teams equipped to handle complex and evolving situations.

In 1995, the Psychiatric Emergency Response Team, also known as PERT, began as one team and has grown to 72 teams today. The PERT program pairs law enforcement with a clinician to respond when behavioral health emergency calls are placed to 911.

In FY 2019-20, PERT provided over 12,000 crisis contacts, approximately a third of which were with repeat individuals. Through the history of this program, we have learned that many situations do not present threats of violence and therefore do not always require the presence of law enforcement. These situations would be more effectively addressed, and with less likely risk of trauma to service recipients, by trained clinicians. The recent launch of the new Mobile Crisis Response Teams pilot program now offers this as an alternative option to a law enforcement response.

MCRT Overview and Service Model

MCRTs are comprised of licensed mental health clinicians, case managers, and peer support specialists who can respond to behavioral health crisis calls that do not involve known threats of violence or medical emergencies. These clinical teams provide assessments, de-escalation, and connect the individual to appropriate services. Transportation to local services is also available, if needed.

By nature, crisis interventions in the field have a certain amount of unpredictability. The best outcome for all involved is for the crisis to be addressed without unintentional escalation, while providing dignified crisis and emergency services that are responsive and supportive of a person’s cultural, gender, and racial

considerations. The MCRT model places a high priority on hiring ethnically and linguistically diverse staff that are representative of the community they serve. Ongoing trainings are inclusive of, but not limited to, cultural competency, trauma-informed practices, and verbal de-escalation methods which are integrated into service delivery.

To minimize stigma associated with behavioral health conditions, teams include peer support specialists who utilize their lived experience to engage with people in crisis and help them feel more comfortable. Services provide a non-law enforcement response in a manner that is responsive to and respectful of community and individual needs. If a situation evolves and requires the presence of law enforcement, team members can call for assistance and PERT (a clinician/law enforcement team), or other uniformed personnel, will be dispatched.

The North Coastal pilot program responds to calls in the communities of Del Mar, Carlsbad, Vista, Encinitas, Solana Beach, Oceanside, and Camp Pendleton. Additional teams will be ramping up throughout the County over the next few months and are deployed through calls made to the County's Access and Crisis Line (888-724-7240).

Success in Other Counties

To ensure evidence-based program design, Behavioral Health Services looked to the Substance Abuse and Mental Health Services Administration (SAMSHA) and other models nationally to determine the components that would best address needs within the County of San Diego. Models considered included the CAHOOTS program in Eugene, Oregon; the Community Crisis Response Team (CCRT) High Desert in San Bernardino, California; Mobile Crisis Outreach Team in Travis County, Texas; and others. Research indicated that mobile crisis response teams increased the likelihood of linkage to ongoing behavioral health services, led to reductions in higher acuity care and utilization of more costly services, overall better client care, and meaningful outcomes.

County of San Diego Commitment

In an action brought forward by Chair Fletcher and Supervisor Lawson-Remer on April 6, 2021 (09), the Board further affirmed their commitment to strengthen local MCRT services by approving a recommendation directing the Chief Administrative Officer to:

- Expand the North Coastal MCRT to operate 24/7, seven days a week;
- Allocate resources to ensure a robust community outreach and education campaign;
- Create a process for the community and individuals with lived experience to provide input; and
- Build internal capacity within BHS to partner with law enforcement in developing protocols for referrals and data sharing agreements.

Today's report provides an update on this direction.

TODAY'S UPDATES

The updates presented below are in alignment with the Recommendations presented in the [April 6, 2021 \(09\) Minute Order](#).

1. *Refer to budget the expansion of the North Coastal Mobile Crisis Response Team (MCRT) to provide twenty-four-hour and seven-days-per-week services.*

On July 22, 2021, the North Coastal Mobile Crisis Response Team pilot program contract with Exodus Recovery, Inc. (Exodus), was amended to include 24/7 response and services to people under the age of 18. Exodus is working to hire additional staff with experience working with children, youth, and families

to ensure appropriate response for this population. The implementation of these additional services is expected to roll-out in a phased approach and is anticipated to be fully operational by December 31, 2021.

2. Refer to budget up to \$600,000 to cover cost of conducting (a) a public awareness campaign educating the community about when and how to call the MCRT and (b) the request to add 1.00 staff years to work with the public safety partners and lead efforts to coordinate points of access and (c) create triage protocols countywide for San Diego County Crisis Line and 9-1-1 dispatch as well as (d) develop roadmap for data sharing agreements between public safety and behavioral health services for mutual clients.

- a. *A public awareness campaign educating the community about when and how to call the MCRT.*
 - An amendment in the amount of \$600,000 to the Countywide Stigma Reduction and Suicide Prevention Media Campaign contract with Rescue Agency has been completed. Rescue Agency has developed a community awareness campaign which will utilize various media platforms including digital and social media. On July 20, Rescue Agency met with BHS staff and leadership to finalize outstanding programmatic pieces to inform the campaign package. Campaign implementation is in anticipated late summer/early fall 2021 in alignment with phased program implementation.
- b. *The request to add 1.00 staff years to work with the public safety partners and lead efforts to coordinate points of access*
 - On June 29, 2021 (07), the Board approved the addition of 1.0 FTE staff years for the purpose described above.
- c. *Create triage protocols countywide for San Diego County Crisis Line and 9-1-1 dispatch*
 - Behavioral Health Services has worked closely with law enforcement partners to develop referral criteria to be used by 911 dispatchers in the future to ensure safety and determine when a referral to the MCRT is appropriate.
- d. *Develop roadmap for data sharing agreements between public safety and behavioral health services for mutual clients*
 - As of August 2, 2021, HHSA and law enforcement are close to finalizing a Memorandum of Agreement (MOA) with the cities of Chula Vista and National City to delineate the roles and responsibilities of each party, as well as a multi-jurisdiction MOA between the County and law enforcement jurisdictions. Per the agreements, law enforcement will “provide HHSA with requested de-identified data for reports related to MCRT and Behavioral Health calls and referrals”. Currently BHS is working directly with the Sheriff’s Department to share these data to inform ongoing MCRT program planning.

3. Direct the CAO to work with the chairs of the Behavioral Health Advisory Board and the Human Relations Commission to allow County staff to provide both entities with quarterly written updates about the MCRT services and to be present as requested at the meetings to answer questions and receive feedback.

The Behavioral Health Advisory Board (BHAB) was provided with an overview of the MCRT program at their meeting on August 5, 2021, with discussion, questions, and a call to action from the BHAB Chair to further discuss at the BHAB Workgroup meetings throughout the month of August.

Each BHAB Workgroup consists of BHAB members, community stakeholders, members of the public who are family members of individuals with behavioral health conditions, and those with lived experience. The following discussion questions were included in the BHAB Stakeholder Engagement Workgroup meeting held on August 10, 2021:

- 1) As key stakeholders in your respective communities, how would you recommend building awareness and educating the larger community about this new service?
- 2) What current networks and/or community groups exist that you could engage to disseminate information in your communities?

A summary of their discussion and input from the August 10 Stakeholder Engagement Workgroup is provided below, which was also presented for approval at the September 2, 2021, BHAB general meeting:

Stakeholder Engagement Workgroup members are supportive of disseminating information on MCRT in the community by reaching out to existing networks and community groups, however, this community engagement effort would entail both short- and long-term goals.

Short-Term

- Immediate action by members includes outreach to North County NAMI Family Support Group, Chambers of Commerce to reach businesses in areas with a high density of homeless individuals, and community centers.
- Need for communication materials that they can disseminated via email, as handouts, or posted at community centers, being mindful of the need for tailored communications to reach diverse populations within the community. More advance communication tool, such as a QR code, would aide in quick and easy dissemination of information to peers and others.

Long-Term

- Group to incorporate MCRT outreach and similar efforts as a facet of continuous and sustainable engagement in the community through a re-envisioning of the Community Planning Process (CPP), which is a key priority of this workgroup. As part of the CPP, members would explore funding options to aide outreach efforts.

The BHAB Alcohol and Other Drugs (AOD) Workgroup also considered the aforementioned MCRT discussion questions at their August 24, 2021, meeting and concluded that in support of MCRT efforts they will remain actively engaged in the obtaining updates on the regional rollout to ensure that key stakeholders are provided timely information on MCRT.

Additionally, Dr. Piedad Garcia (BHS Deputy Director) and Dr. Luke Bergmann (BHS Director) presented MCRT to the Human Relations Commission (HRC) on May 28 and August 2, 2021, respectively, with opportunities for questions and discussion.

ADDITIONAL UPDATES IN THIS REPORTING PERIOD

Client Outcomes and Performance Measures

As of August 1, 2021, the MCRT North Coastal program has responded to 76 referrals screened through the Access and Crisis Line. Of those 76 referrals, approximately:

- 45% were provided services in the community and were able to stay in the community,
- 18% were transported to the crisis stabilization unit,
- 25% refused services but when the individual or their family was receptive, MCRT provided resources,
- 9% could not be located.

Of the 76 individuals who were referred, 59 were either connected or reconnected to behavioral health services by the MCRT.

Countywide MCRT Rollout

In an action brought forward by Chair Fletcher on June 23, 2020 (26), the Board approved a recommendation to fully fund an expedited rollout of MCRTs countywide. As a result of this direction, the Countywide MCRT contract was executed June 1, 2021, to Telecare Corporation to serve the following HHS Regions: North Inland, South, East and Central/North Central. Services will be rolled-out in a staggered approach. The South Region soft launch occurred on August 18, 2021, and the first call was received on August 22, 2021.

CONTACT INFO

For questions on this report please contact Dr. Piedad Garcia by phone (858-514-3191) or email (Piedad.Garcia@sdcountry.ca.gov). Additionally, the [MCRT webpage](#) is a helpful resource for general info and frequently asked questions. Community members are encouraged to email questions and feedback to MCRT@sdcountry.ca.gov; this box is monitored regularly and responses to questions are posted to the [FAQ page](#) on a regular basis.

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Complete URLs referenced within this document:

- MCRT webpage: www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/BHS_MCRT.html
- MCRT FAQs: www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/BHS_MCRT/BHS_MCRT_FAQs.html