

2019 CSAS CHALLENGE AWARDS CALL FOR ENTRIES

EXECUTIVE SUMMARY

BEHAVIORAL HEALTH-MOBILE CRISIS TEAMS

Overview Mobile Crisis Teams that respond to Law Enforcement, Emergency Departments, Schools, Group Homes, and other locations were an individual is experiencing a mental health crisis.

Challenge Riverside County was experiencing a high volume of calls to law enforcement agencies for consumers experiencing mental health crisis. The law enforcement agencies were spending a great deal of time and valuable police resources serving the mentally ill and writing 5150 holds. There was community concern about how the Police and Sheriffs were treating the mentally ill. A lack of psychiatric beds led to children, youth, and adults boarding in hospitalized emergency departments for hours to days. Through a stakeholder process with consumer and family focus groups and collaborative meetings with law enforcement agencies and hospitals, the idea of behavioral health mobile crisis teams evolved. The initial goal was to reduce 5150 involuntary holds written by law enforcement, reduce psychiatric boarding in emergency departments, reduce psychiatric hospitalizations, and provide the right service, in the right place, at the right time.

Solution Riverside County (Riverside University Health System- Behavioral Health) applied for SB-82 grant money from the Mental Health Oversight and Accountability Commission (MHSOAC) and the California Health Facilities Financing Authority (CHFFA). Through these grants, we initially formed two types of mobile crisis teams. CREST to serve Law Enforcement and REACH to serve Emergency Departments. This year we received a second round awarded from the MHSOAC. We formed a third team called ROCKY to serve children, adolescents, and youth up to age 21 in a variety of locations. Locations include schools, group homes, foster homes, hospital ED's, and law enforcement agencies. We have mobile teams seven days a week. Hours of operation: Monday-Friday 9:00am to 10:00 pm, Saturday, and Sunday 12:00 noon to 8:00pm. Calls come into our 800 number Crisis Call Center for dispatch. Crisis Teams station around the County so they can respond within 30 minutes to law enforcement and within 45 minutes to ED's. A Mobile Crisis Team is comprised of two individuals, a master level Clinical Therapist and a Peer with lived experience. We also have a few teams that include a bachelor level Behavioral Health Specialist and a Peer with lived experience.

Innovation The Mobile Crisis Teams are innovative in approach and structure. The goal of the teams is to focus on providing the right service, in the right place, at the right time. In the case of the Mobile Crisis Teams, that means services right now. We provide Mobile Crisis Team intervention and we schedule same day and next day appointments for the consumer. Consumers receive 60 days of follow-up post crisis to ensure they are connected services. We meet the need of the community by successfully diverting consumers in crisis away from emergency departments, law enforcement, incarceration, and psychiatric hospitalization. The structure of the Mobile Teams is vital to the success of our program. Fifty percent of our staff are Peer staff. Peer staff have lived mental health experience and they bring that experience to the consumer and family in crisis. By relating to the consumer in crisis and by sharing their own story, they navigate the consumer and family through the crisis evaluation process and normalize the experience. This leads to excellent outcomes.

Results When the CREST team encounters a consumer in the community at the request of a law enforcement officer, we are able to divert 74 % of the consumers away from a 5150 hold, psychiatric hospitalization, emergency department stay, or incarceration. When the REACH team encounters a consumer in a hospital emergency department, we are able to divert 42% percent of the consumers away from the hospital ED, a 5150 hold, psychiatric hospitalization, or incarceration. The ROCKY team diversion rates are 69%. Estimated annual saving 20-40 million.

Replicability The Mobile Crisis Team model is replicable. Some Counties throughout the State have Crisis Teams however; those Counties operate and staffs their teams differently. Many Counties are not 50% Peer staffed. We believe that 50% Peer staffing is the key to improved diversion rates and higher consumer engagement. We know this because the consumers and families we serve have told us that the Peer staff made the biggest difference in the resolution of the crisis and further engagement in treatment. Peer staffing reduces the overall cost of staffing. In Riverside County, our Clinicians and Behavioral Health Specialist release consumers from a 5150 holds when clinically indicated. Many other Counties do not allow this. Our diversion rates are higher than some Counties, because we can release a hold in the field and assist the consumer in getting into the right service, at the right place, at the right time.

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