



Behavioral Health Services

Division of Behavioral Health Services Mobile Crisis Support Team

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SB 82 Mental Health Wellness Grant

- The Mobile Crisis Support Team (MCST) is funded through the SB 82 Mental Health Wellness Grant and Mental Health Services Act Prevention and Early Intervention.
- The Program was operationalized in April 2015.

Mission Statement

- The Mobile Crisis Support Team serves individuals of all ages and diversity in the identified grant areas by providing timely crisis assessment and intervention to individuals who are experiencing a mental health crisis.

Who is the Mobile Crisis Support Team?

- The Mobile Crisis Support Team is a collaboration that brings county behavioral health and law enforcement into one team to mitigate mental health crisis in the community via central dispatch.
- The teams are assigned to two specific areas, the Downtown Corridor in partnership with City Police Department and, the Sherriff's Central Division in South Sacramento.

Team Composition

- A Police Officer or Sheriff Deputy who is trained to respond to persons experiencing mental health crisis via Crisis Intervention Training (CIT).
- A licensed Senior Mental Health Counselor from the Department of Health and Human Services, Division of Behavioral Health.
- A Peer Support Specialist, through a contract with Transitional Living Community Services (TLCS), working in partnership with the Senior Mental Health Counselor and Sheriff Dept.

How to access the MCST

- The Mobile Crisis Support Team (MCST) is dispatched through law enforcement to provide an immediate engagement with individuals experiencing a mental health crisis for the purpose of providing care and maintaining community safety.



MCST Objective

- Provide safe, compassionate and effective responses to individuals with a mental illness.
- Increase public safety.
- Decrease unnecessary hospitalizations for community members experiencing a mental health crisis.
- Decrease unnecessary incarcerations for community members experiencing a mental health crisis.
- Increase consumer participation with mental health providers by problem solving barriers and increasing knowledge of local resources.



Role of MCST

- Respond to mental health crisis in partnership with law enforcement to reduce risks and threats to self or others.
- Build upon individual, family and community self-identified strengths and skills to divert individuals from unnecessary incarceration or hospitalization.
- Assist with making connections to and navigating services systems to support access to ongoing mental health support.
- Mobilize authorized mental health providers to support de-escalation, safety planning and ongoing care.
- Educate key individuals, family members or natural supports on how to improve health and wellness.



Mobile Crisis Support Team Data

- The MCST's admitted 194 unduplicated individuals and had a total of 551 encounters from April 15, 2015 to December 31, 2015.
- MCST -Sacramento Police Department served a total of 61 unduplicated individuals.
- MCST Sacramento Sheriff's Department served a total of 137 unduplicated individuals.



MCST Sacramento Police Department (SPD)

- 60 unduplicated individuals for total of 126 encounters.
- Average time in program – 46 days (range, 1-104 days).
- 23.3% of the unduplicated individuals admitted (14 out of 60) were open to outpatient services in the Mental Health Plan (MHP) at the time of first encounter.
- 76.7% of the unduplicated individuals admitted (46 out of 60) were offered or connected to other community services prior to closure of services and supports.

MCST Sacramento Police Department (SPD)

- 23.8% of the encounters (30 out of 126) resulted in a 5150 application.
 - 46.7% (14 out of 30) of the encounters that resulted in a 5150 application were admitted to the Intake Stabilization Unit at the Mental Health Treatment Center (MHTC-ISU).
 - 53.3% (16 out of 30) of the encounters that resulted in a 5150 application required medical clearance and were taken to the Emergency Room (Applied Short Form Medical Clearance screening tool).



MCST Sacramento Sheriff's Department (SSD)

- 134 unduplicated individuals admissions for a total of 425 encounters.
- Average time in program – 32 days (range, 1-119 days).
- 34.3% of the unduplicated individuals admitted (46 out of 134) were open to outpatient services in the MHP.
- 65.7% of the unduplicated individuals admitted (88 out of 134) were offered or connected to other community services prior to closure of services and supports.

MCST Sacramento Sheriff's Department (SSD) Con't

- 6.4% of the encounters (27 out of 425) resulted in a 5150 application.
 - 18.5% (5 out of 27) of the encounters that resulted in a 5150 application were admitted to the MHTC-ISU.
 - 81.5% (22 out of 27) of the encounters that resulted in a 5150 application required medical clearance and were taken to the ER (Applied Short Form Medical Clearance screening tool).

Demographics

	MCST – SPD (N=60)		MCST – SSD (N=134)		Total (N=194)	
	N	%	N	%	N	%
Age						
0-15	0	0.0	14	10.4	14	7.2
16-25	12	20.0	27	20.1	39	20.1
26-59	42	70.0	80	59.7	122	62.9
60+	6	10.0	12	9.0	18	9.3
Unknown	0	0	1	0.7	1	0.5
Gender						
Male	39	65.0	63	47.0	102	52.6
Female	21	35.0	71	53.0	92	47.4
Race						
White	31	51.7	33	24.6	64	33.0
Black	16	26.7	40	29.9	56	28.9
Asian/Pacific Islander	0	0.0	13	9.7	13	6.7
Other	7	11.7	21	15.7	28	14.4
Unknown/Not Reported	6	10	27	20.1	33	17.0
Ethnicity						
Hispanic/Latino	8	13.3	20	14.9	28	14.4
Not Hispanic/Latino	48	80.0	84	62.7	132	68.0
Unknown/Not Reported	4	6.7	30	22.4	34	17.5



Success Stories

“An Alternative Approach”

The Mobile Crisis Support Team (SSD) responded to a possible mental health/5150 call from dispatch. The individual's adult sister called 911 reporting that her brother had a gun and threatened suicide and that a possible fight with Deputies might ensue upon dispatch.

The MCST Clinician met deputies at a nearby school and developed a plan for the Clinician to contact the individual via phone to negotiate support to the individual and family (wife and daughter). The Clinician was able to connect with the individual by phone and assessed for suicide ideation and thoughts of harm to others including if the individual had a plan or means for harm. The Clinician was able to obtain agreement from the individual to allow deputies and the Clinician to safely respond to the home for further support. The Clinician supported the individual in making a stabilization plan including releasing weapons to deputies and contacting his psychiatrist for a visit to discuss medications and mental health needs. The Clinician also provided support to family members on the scene to develop safety plans including an alternative place to stay for the evening and resource options for ongoing mental health support for the daughter.

Follow up support was provided to the individual to ensure connection to his psychiatrist and other mental health supports were in place to continue ongoing care.



Success Stories

“The Beloved Family Member”

The Mobile Crisis Support Team (SPD) was dispatched to a welfare check. A concerned family member who resides out of State contacted law enforcement to check on his brother. His brother was not answering his phone for the past week and has a history of suicidal thoughts and alcoholism. MCST responded to the home of the brother and found that he had been drinking, but did not appear to be drunk. He stated that he was very depressed due to a chronic medical condition and recent loss of relationship. He did not meet criteria for a 5150, no thoughts of suicide or plan, and wanted help. The clinician developed a safety plan with the individual, which included calling his brother who is very supportive and calling suicide hotline or 911 if any thoughts of suicide should arise. He agreed to make a list of one action to take each day. He agreed to call his employer and inquire about applying for FMLA and to contact Kaiser in the morning to request substance abuse treatment program.

The mobile team checked in on him the next day, he had followed up with Kaiser and learned about his treatment options. The Clinician met with him the following week, and assisted him with accessing a 30 day alcohol treatment program, which he started 3 days after their visit. He agreed to pursue mental health support once he completed his alcohol treatment program.

His brother flew in to offer support while he participated in treatment.



Success Story

“The Veteran”

Mobile Crisis Support Team was dispatched (SSD) – call referred to a suspicious subject sitting on the side of the road. The MCST met with a man who self-reported that he had been drinking for 61 years. The Clinician completed risk assessment and determined that he did not meet 5150 criteria at that time. The individual reported wanting to participate in an alcohol and drug treatment program. The individual was homeless at the time. The Clinician and the individual developed a plan for him to attend an intake for alcohol and drug treatment. They identified a natural support person that could support attendance.

The Clinician attempted to follow-up the gentleman by driving through the neighborhood multiple times to check if the plan had been completed.

Approximately a week later the Clinician and Peer Support Specialist were driving down the road looking for this individual when they noticed him walking down the middle of the street bleeding. He had been reportedly assaulted earlier that day. The team called for support from the fire department and Sheriff Deputies to report an assault and seek a medical evaluation.

The Clinician was able to assist this gentleman in accessing detox treatment at the VOA Detox Program. The MCST was able to identify this individual as a veteran and connected him with a Sacramento Steps Forward Navigator to assist him in obtaining an ID, veteran services, housing, and disability income while he was receiving treatment at VOA.