



COUNTY OF SAN DIEGO

BOARD OF SUPERVISORS

1600 PACIFIC HIGHWAY, ROOM 335, SAN DIEGO, CALIFORNIA 92101-2470

AGENDA ITEM

DATE: April 6, 2021

TO: Board of Supervisors

SUBJECT

STRENGTHENING MOBILE CRISIS RESPONSE TEAM PROGRAM: ADDITIONAL FUNDING FOR COMMUNITY EDUCATION CAMPAIGN, NORTH COASTAL SERVICE EXPANSION, AND DEVELOPING DATA SHARING AGREEMENTS AND PROTOCOLS WITH LAW ENFORCEMENT AND OTHER ENTITIES, AND ENGAGING INDIVIDUALS WITH LIVED EXPERIENCE THROUGH COUNTY ADVISORY BOARDS (DISTRICTS: ALL)

OVERVIEW

People with untreated mental illness are 16 times more likely to be killed during a police encounter than other civilians approached or stopped by law enforcement.

A law enforcement response is not appropriate for someone experiencing a non-violent mental health or substance use crisis. Due to the very specific skills needed, trained clinical mental and behavioral health professionals are better suited than law enforcement to provide assistance in these crises.

In June 2019, the Board of Supervisors, created an initial framework to move towards Mobile Crisis Response Teams (MCRT) to dispatch trained teams comprised of mental health clinicians and peer support specialists, rather than law enforcement representatives, to respond to non-violent mental health crisis emergency calls. Teams are trained for crisis interventions. They arrive on site, assess a person's condition and spend time with the individual to calm them down, and figure out the best place to refer them to address their situation.

This initial board action authorized the Chief Administrative Officer (CAO) to accelerate operations of a pilot MCRT program in North Coastal, expand the service countywide in addition to implementing a community outreach campaign to educate the public.

Building on lessons learned from the pilot, in February 2021, the County released a Request For Proposal (RFP) to obtain a provider or providers to service five Health and Human Services Agency (HHSA) regions, as authorized by the June 20, 2020 Board Action. The five HHSA designated regions include North Inland, North Central, Central, South, and East and will operate

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24 hours/7 days a week response model, with a goal of integrating with 9-1-1 dispatch and is projected to come on-line late summer.

To help strengthen our local Mobile Crisis Response Teams (MCRT), we are proposing the following set of recommendations: expand MCRT operations designated in North Coastal Region to 24/7, allocate resources to ensure a robust community education campaign, create a process for community and individuals with lived experience to provide input into the new MCRT model, and build internal capacity within Behavioral Health Services to work with law enforcement to develop protocols for referrals and agreements for data sharing to improve client outcomes.

RECOMMENDATION(S)

CHAIR NATHAN FLETCHER AND SUPERVISOR TERRA LAWSON-REMER

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.
2. Refer to budget up to \$600,000 to cover cost of conducting a public awareness campaign educating the community about when and how to call the MCRT and the request to add 1.00 staff years to work with the public safety partners and lead efforts to coordinate points of access and create triage protocols countywide for San Diego County Crisis Line and 9-1-1 dispatch as well as develop roadmap for data sharing agreements between public safety and behavioral health services for mutual clients.
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.
4. Direct the CAO to report back to the Board within 90 days after the adoption of the Fiscal Year 2021-22 budget on the progress in implementing Recommendations 2 and 3 above, and to provide written quarterly reports.

FISCAL IMPACT

There is no fiscal impact to the FY 2020-21 CAO Operational Plan with today's recommendation. Costs associated with the recommendation in this board letter will be determined by the Chief Administrative Officer and referred to the budget.

BUSINESS IMPACT STATEMENT

N/A

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ADVISORY BOARD STATEMENT

N/A

BACKGROUND

People with untreated mental illness are 16 times more likely to be killed during a police encounter than other civilians approached or stopped by law enforcement.

A law enforcement response is not appropriate for someone experiencing a non-violent mental health or substance use crisis. Due to the very specific skills needed, trained clinical mental and behavioral health professionals are better suited than law enforcement to provide assistance in these crises.

To help strengthen our local Mobile Crisis Response Teams (MCRT), we are proposing the following set of recommendations: expand MCRT operations designated in North Coastal Region to 24/7, allocate resources to ensure a robust community education campaign, create a process for community and individuals with lived experience to provide input into the new MCRT model, and build internal capacity within Behavioral Health Services to work with law enforcement to develop protocols for referrals and agreements for data sharing to improve client outcomes.

As noted in *Crisis Now Transforming Services is Within Our Reach* published by the National Action Alliance for Suicide Prevention, “Mobile crisis interventions provide individuals with less restrictive care in a more comfortable environment that is likely to produce more effective results than hospitalization or Emergency Department utilization. When collaboration exists with hospitals, medical and behavioral health providers, law enforcement, and other social services, community-based mobile crisis is an effective and efficient way of resolving mental health crisis and preventing future crisis situations.”

In June 2019, the Board of Supervisors, created an initial framework to move towards Mobile Crisis Response Teams (MCRT) to dispatch trained teams comprised of mental health clinicians and peer support specialists, rather than law enforcement representatives, to respond to non-violent mental health crisis emergency calls. Teams are trained for crisis interventions. They arrive on site, assess a person’s condition and spend time with the individual to calm them down, and figure out the best place to refer them to address their needs. The initial MCRT June 2019 pilot program, called “The North Coastal Mobile Crisis Response Team” covers only the North Coastal region, and offers services from 8am to 6:30pm seven days a week but is not currently integrated with 9-1-1.

In June 2020, the Office of Chair Nathan Fletcher initiated a proposal seeking to accelerate and scale-up that initial pilot in North Coastal by expanding the service countywide and allocating \$10 million to create regional coverage for Mobile Crisis Response Teams (MCRT). The proposal

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also instructed the CAO to work with law enforcement agencies to integrate the MCRT program with 9-1-1 dispatch and developing a community outreach campaign to educate the public.

Building on lessons learned from the pilot, in February 2021, the County released a Request For Proposal (RFP) to obtain a provider or providers to service five Health and Human Services Agency (HHSA) regions, as authorized by the June 20, 2020 Board Action. The five HHSA designated regions include North Inland, North Central, Central, South, and East and will operate a 24 hours/7 days a week response model, with a goal of integrating with 9-1-1 dispatch and is projected to come on-line late summer.

The above referenced MCRT RFP does not include the North Coastal pilot region, the service providers for this area was determined by a separate procurement. Today, we are requesting that this particular service area be expanded to 24 hours/7 days a week resulting in full day coverage across the entire county by next Fall when the current procurement is complete.

Community outreach, education, and public awareness are essential to increase access and use of this essential service. As the MCRT program transitions to a 24/7 model and is integrated with the 9-1-1 system, a multi-prong campaign is needed to increase the usage of a non-law enforcement response as appropriate situations arise anywhere in the County, no matter when they occur. As such, we are proposing to allocate dedicated resources for the development of a marketing campaign to ensure that the public knows when and how to request this service.

San Diego County has ten law enforcement agencies operating in our region that will need to be consulted in order to coordinate and arrive at agreed upon protocols to triage appropriate 9-1-1 dispatch calls that are non-violent to MCRT. Additionally, other points of access will need to be established with entities such as the San Diego County Crisis Line and the public. Although this is a best practice across the state and nation, it is new for San Diego stakeholders that are conditioned to calling 9-1-1 for help with responding to mental health crisis. It will take a concerted effort to change this norm.

As our county seeks to move away from a law enforcement response to a behavioral health crisis response, the integration of data from public safety, and health sectors will be essential to inform the program's development and track outcomes of clients. If the intervention is successful, we expect to see a reduction in hospitalizations and entry to jail for individuals that are touched by the MCRT. If we are able to create agreements in order to share data about common clients in real time we can better track and manage outcomes at the intersection of public safety and healthcare.

To enable the expeditious roll out of all aspects of MCRT and integration with law enforcement, we must have a dedicated staff person that can assist Behavioral Health Services to build partnerships with public safety, develop protocols with the ten law enforcement agencies and

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other partners to coordinate dispatch of non-violent behavioral health related calls and develop agreements to share data across healthcare and public safety institutions. This position will be instrumental to help lead future strategies to divert individuals with untreated behavioral health disorders out of the justice system, and into proper care to improve outcomes, including Care Coordination and Jail Health reforms. We are proposing the creation of a position that can lead this work.

According to the Substance Abuse and Mental Health Service Administration (SAMHSA), a mobile crisis team care is one of three essential elements of a well-integrated crisis system of care. In its *National Guidelines for Behavioral Health Crisis Care*, SAMSHA notes that “To maximize effectiveness, the availability of mobile crisis services should match needs in the area/region they serve on a 24/7/365 basis and should be deployed and monitored by an air traffic control (ATC)-capable regional call center.”

MCRT programs not only provide better outcomes but also reduces costs to healthcare and government. As published in the journal *Psychiatric Services* (2000), RL Scott notes the cost effectiveness of MCRT intervention, “The average cost per case was \$1,520 for mobile crisis program services, which included \$455 for program costs and \$1,065 for psychiatric hospitalization. For regular police intervention, the average cost per case was \$1,963, which consisted of \$73 for police services and \$1,890 for psychiatric hospitalization. In this study, mobile crisis services resulted in a 23 percent lower average cost per case.”

In its 2009 report, SAMSHA notes the mental health crisis services “should afford opportunities for contact with others whose personal experiences with mental illness and past mental health crises allow them to convey a sense of hopefulness first-hand.”

As such, we are recommending that the Behavioral Health Advisory Board and the Human Relations Commission, who advise our Board and made up of individuals with lived experience, receive regular updates on progress with the rollout as well as statistics on client outcomes and other performance measures to ensure community input and that the voice of individuals with lived experience help inform the program as it is initiated countywide and matures.

With the support of this Board fully investing in MCRT as an integral part of our continuum of behavioral health system, we will create a paradigm shift, providing those with immediate behavior health needs the opportunity to receive critically needed services as they cry out for help.

We urge your support for the recommendations in this proposal.

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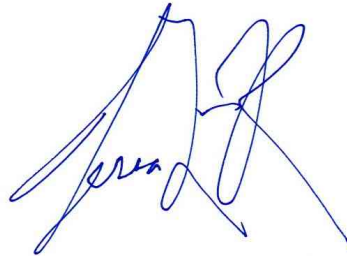
LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed request supports the Live Well San Diego Initiative in the County's 2021-2026 Strategic Plan, and its vision for a San Diego that is Building Better Health, Living Safely and Thriving by creating a better service delivery system to serve individuals in behavioral health crisis.

Respectfully submitted,



NATHAN FLETCHER
Chair, Board of Supervisors
District 4



TERRA LAWSON-REMER
Supervisor, District 3

ATTACHMENT(S)

N/A

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AGENDA ITEM INFORMATION SHEET

REQUIRES FOUR VOTES: Yes No

WRITTEN DISCLOSURE PER COUNTY CHARTER SECTION 1000.1 REQUIRED

 Yes No

PREVIOUS RELEVANT BOARD ACTIONS:

N/A

BOARD POLICIES APPLICABLE:

N/A

BOARD POLICY STATEMENTS:

N/A

MANDATORY COMPLIANCE:

N/A

**ORACLE AWARD NUMBER(S) AND CONTRACT AND/OR REQUISITION
NUMBER(S):**

N/A

ORIGINATING DEPARTMENT: Board of Supervisors, Office of the Chair and District 3

OTHER CONCURRENCE(S): N/A

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