Mobile Response and Stabilization
Community Meeting Notes
Location: Gilroy Library
August 21, 2019

As part of a series of community convenings throughout the County of Santa Clara regarding proposed services for the Children and Youth Mobile Response and Stabilization Services, Behavioral Health Services Department staff shared a Power Point presentation with the Gilroy community. The proposed services for Mobile Response and Stabilization included three main areas:

1. Centralize into one 24/7 access phone number for all Child and Youth mobile response - Coordinated seamless entry for youth mobile response services. Currently, there are 4 providers and 4 phone numbers.

2. Increase overall capacity and staff for mobile response and post mobile response services.

3. Create teams located in key geographic locations in the County. South and North County based teams will be embedded in those communities and able to respond quickly

Below are ideas, comments, questions and concerns from the community participants for each of the three proposed areas:

Centralized 24/7 access phone line

- Why is the County going to a centralized phone number? Why is it happening?
- Concern that family will be telling story over and over again.
- What would the process look like if calling from the school? Currently, call the local agency so calling a centralized number would be an added step.
- Concern that there is an additional step and more time to get someone on site at the crisis. There is already an existing relationship with local area and school district. We are adding a layer that doesn't know us (the school).
- Is there any consideration of engagement as services are set up now? There is some connection, engagement and intervention over the phone right now. Is the plan for call center to do crisis de-escalation over the phone or just a dispatch? What would the suggestion be?
- Research has shown that initial call of intervention/the first touch is crucial.
- Would the call center staff be taking away from providing direct care or are they part of the number of staff that we are increasing?

- Concern regarding hiring people who answer the phone. Suggestion would be to hire people to help rather than answering the phone. Not like an air traffic controller answering calls - People who answer the phone should be Clinicians who specializes in crisis
- Why not create technology to link to existing 4 providers?
- Concern about building distrust with immigrant community. There is no trust in calling a government phone number. There may be more trust in calling a community-based phone number. If people had a bad experience in the past and need help, it will be difficult for them to trust if they are in a crisis to call this phone number as quickly for a response. The distrust is significant, and people will not call.
- On the other hand, having a phone number staffed with folks who know which team has immediate availability for response is helpful.
- Families have experienced wait times when mobile teams are busy with another family.
- An idea would be to have the calls triaged by geographic location of family
- There is concern about the person fielding the call--how do we know that it is a crisis? We get families saying they are in a crisis, but currently the screener knows what they need. What type of training will staff have? Will there be level of screening and consideration of the responders' safety, for example, it is important to know if there weapons in the home, dogs, pets, etc.
- What is the role of the dispatcher/screener? Are they contacting law enforcement/is it being coordinated?
- How much involvement in creating the screening tools would providers have? Providers currently have tools.
- There has been an uptick in calls with children with disabilities. Is SARC going to be a part of the process? Will there be systems in place? What will be new expectations as providers in responding with youth who have developmental? We are not hospitalizing youth who have developmental disorders like ASD.
- What is shared risk with County and Provider?
- What is the screening process going to look like?
- Will need promoting the number with School in-service/SD, PD, local crisis line
- FSP and Wrap around teams do much of their own crisis response. Example: for outpatient, they can call the crisis team.
- Aren't outpatient providers supposed to provide the crisis response?
- Will dispatcher have access to Unicare and will it be communicated to responding team? If child is not open to services, will the call center process a referral at that point rather than having the provider doing the referral?

Increase Capacity for Mobile Response and Stabilization

- Build upon current capacity in programs
- How to share best practices with each other for families that are cycling. Cross collaborating.
- How similar is the child mobile crisis to the adult mobile crisis?

- Are we going to have one number of creating a new team or joining the team now in place? Will it be county and CBOs working together?
- RFP may mean new providers
- How is capacity reported? On the shift basis?
- Is this cost reimbursement? How is staffing for 24/7 going to be configured?
- What mechanism will be in place to prevent someone who calls a lot? How do we know call is legit? I.e. family has called 6x/month. What are we doing with capacity of the CTS and aftercare teams? How do you mobilize additional staffing for more long term services?
- Is language going to be considered for the calls being routed? Language line is not best practice.
- Do we train paraprofessionals to come in and provide crisis response?
- A lot of the issues are behavioral, and paraprofessionals can respond to that.
- Are paraprofessionals going to be able to write 5150 holds if needed?
- Idea: Look at school sites and help them develop their own crisis team.
- Look at early intervention training to be in the front of the crisis and train school staff.
- Q/Concern: West med wait time. Transportation for 5150 (they don't have to be transported by ambulance). if we are serving more people in time of crisis, and with west med issue, how do we get training on transporting you?

Geographic teams

- Is there going to be cross regional referrals?
- Technology to track teams? Thru an app? Crisis response mobile app
- What is the wait time? Like mental health uber. If it's imminent, who can get there the fastest.
- Consider staffing and one team during non-peak hours/overnights for regional model. North County, Central County and South County
- Look at data equal and equitable. ie-10 people at each region but may not be equitable based on data/need. Do we need more capacity in one region vs another region? Look at trends. As a group, where are calls calling from?
- Are we basing the distribution based on number of residents/population or by call data?
- Q: Why the gaps of services in North and South County?

Other Comments and Questions

- Is there a message to the community of 'it's okay to ask for help' there is still a lot of stigma associated with mental health issues and asking for help.
- How do you prevent crisis from happening by providing info to the community?
- Is child welfare going to be a part and be at the table? I.e.-placement issues and child welfare response. Will there be Social Worker to come out or an officer of the day?

Social Worker is not always available to come out or respond when they are the legal guardian.

- What is role of ambulances? Example - of having multiple hour wait. Parents/family/school waiting for ambulance. Please e-mail Margaret Ledesma with concerns about WestMed.
- Is this program specifically for 5150 or also behavioral response?
- Will the staffing be all paraprofessionals?
- There is difficulty with hiring clinicians.
- Are kids with medical and private insurance going to be treated differently?
- What about aftercare? What is going to happen with this?