Mobile Response and Stabilization
Community Meeting Notes
Location: Saratoga Library
September 3, 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 community in Saratoga. 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

- For triaging purposes providers should be included in the development of the screening tool. Work to develop a level system, that way all on same page about the continuum. Include law enforcement in the development of the tool as well. Level system and common language should be used, and we should all be aware of it.
- Has there been thought about EBPs and their effectiveness when screening a crisis? Let's work on interventions based on EBPs.
- Law Enforcement Liaison (LEL): we do our best work and best outcomes when we communicate. LEL is the conduit between Law Enforcement agencies and BH. Provide timely information to provider. There can be a huge gap where officer is providing the information on a hold vs what officer put in the report. We are beginning to bridge that information gap. Officers need a central phone number with a more standard protocol—that makes it easier with officers.
- Officers feel terrible taking youth to EPS if providers are at capacity somewhere else.
- Having geographic teams to be in touch with the community and increase response times. That response time is critical→teamwork. Officers want to catch it early and manage it. Let's not wait to spiral out of control. Officers are trained to respond and provide safety net.

- Really important to know if youth is open to services in the system and provider needs to get that information. Ideally if agency had a standard email to provide information i.e. this is an Uplift services child
- Instead of having 4 different numbers, we will have 1 phone number. Consider apps like a website. Text based safety line.
- Per BWC, 58% of calls were behavioral in nature last year. How to address the BH concerns and linkage.
- Incredibly complex and it will be tricky.
- Should the county be the holder of the centralized number?
- People may fear to call the government agency. Will need public education and reassurance. With some immigrant populations we can only educate as much as we can.
- Community Based Organizations can get together and create a telephone system. It is difficult though.

Increase Capacity for Mobile Response and Stabilization

- Are you working with other agencies in order to increase the capacity? The problem seen is that we don't know each other's services and there is limited capacity. As nonprofit, we are on top and also at the bottom. How are we maintaining communication among the CBOs/agencies?
- How are SOS beds being considered for this RFP? BWC is only one in county program to have the beds.
- BWC initial mobile response in late 70s was a diversion model. Five agencies were involved back then, and it did tie in to the BWC beds. The services were around truancy, substance use, parents who needed a break and not so much MH related. What happens to Status Offender Services?
- Census at JH was presented earlier today at JJC. The population at Ranch has increased. I wonder how this program will address police referrals. How will 601 and 602 get connected?
- Do we know the level of service and the demand? A: yes, we look at utilization data.
- What's the anticipated capacity. A: we will do projected trending and analysis.
- We know what we are serving now (SOS), and there are holes, like in North County. I am sure there are schools that are not aware of the SOS services. But schools that are aware call us regularly. Build awareness in the schools and assess the capacity. Look at what schools we don't have referrals from.
- 8 hours of "post" crisis work. currently we provide 3 crisis responses. Some don't consent even though they might need it. The concern is we will provide 8 hours but what happens after? The beauty of the 3 crisis sessions is it allows to process the crisis itself or the hospitalization.
- During the school year there is an influx of crisis. What is the plan of utilization in the summer? What is the plan for summer or during the downtime? How do you manage staff during that time?
- Increased capacity - need to train staff because we need to train to the various types of crisis encountered from behavioral to suicidal/life threating.

- Consistent training. Intervene consistently across the CBO continuum. Have families walk away with skills.
- Safety planning: recommend a collaborative safety plan developed among providers. Speaking same language for de-escalation.
- All revenue is earned by the minute currently. If we are going to be available for clients, then what to do with staff during the down times. This needs to be accounted for.
- SOS agencies have worked together for 4 years. Contracts got morphed and now SOS is doing 5150. Uplift is charged with high-level.
- Look at medical billing -Some won't meet medical necessity. How will that work? What's the intention to use peer support workers? What's the support for Peer support workers?
- We are valuing peer support and therapists and what about other paraprofessionals? We need paraprofessionals. There should be a balance.
- If we are sending paraprofessional, then how to manage it with medical billing?
- Mobile crisis for Uplift is supposed to be focused on 5150 level. Uplift gets 3500 calls a year but a certain portion can't go out b/c team is so small. 11 FTEs total covering 24/7 per day – very busy… Right now it works well b/c of the other crisis numbers available like wraparound rapid response or SOS.
- New design has to have paraprofessional, Family Specialists, clinicians, someone skilled to do engagement/the families
- After the crisis, there is need for aftercare services.
- Many times, school admin staff are anxious and they don't know how to handle situations. The school may not have a protocol or a way to handle it. For example, looking at a particular staff and school that calls a lot. Look at how we can train the staff at school. Look at preventive work at school.
- Look at how to bill for preventative work i.e.-training the school and meeting with the school staff.
- SOS history: Recommendation from BWC is to have SOS be separate from mobile crisis. SOS satisfies a different need. Could be doing preventative work. SOS is a different population and it should be treated as such.
- During downtime, there must be a diverse medium with outreachi.e.-application, text/chat method.

Geographic teams

- Cannot have hard and fast geographical rules. It must be flexible.
- In the report to Board of Supervisors there was mention of a north County team to be established. Want to know what the thinking of why that is.? CBOs do well with community work. Concern about county doing it because it is difficult to get county staff on late afternoon/evenings. The flexibility is not there. It's also more expensive to run a county team. The services are very costly.

Other Comments and Questions

- When officers are trying to stabilize a crisis, the level of response from CBOs does not always match up. Communication, understanding the limits and objections on scene and having level of response to level of urgency is very important. Sometimes there is a big gap. First recommendation is customer service. Error on the side of going, call back the caller, build relationships. Got to be there, there must be level of urgency. Concern: swing too far to responding.
- LEL tries not to point fingers or make a formal complaint but he has escalated concerns. Communicate gaps and misunderstandings...
- LEL and CBOs should be part of the development of the new model. The meetings for development should be continuous.
- SOS goes to briefings w/the police. ARCC no longer goes. BWC does go.
- Mindful of weaving in the response for the staff. Critical incident stress management, trauma informed, staffing/supervision. How to keep the staff? Sustain the program.
- Think outside the box. Who do want to bring on board? Increase capacity and impact the community. Outreach to entire community and volunteers can help.
- Bring the 4 providers and test them for a year. Hold off a formal RFP. This is a massive change. It's a big system change. First rendition is never the last.
- What's the process before the code of silence begins w/the RFP? A: we are putting information public on website. It is taking information back and look at common themes across meetings. Incorporate with programmatic design.
- Is there going to be a summary of the finding? A: we can summarize and we are posting the meeting notes on our website, being transparent. We can examine the common themes.