



Mobile Crisis Support Team

A Co-response Program

Serving individuals of all ages and diversity in Sacramento County by providing an immediate response to emergency calls to provide crisis assessment and intervention to individuals experiencing a mental health crisis.

Funding and Development

- 2014 – Partial CHFFA Grant awarded to support Capital Expenses and the Counselors and Peer Staff. MHSA Steering Committee then provided gap funding per PEI suicide prevention project.
- The Program was operationalized in April 2015 and has had 3 subsequent Board approved expansions to support across Sacramento County.
- As of 2016, the MCST program has been fully funded by the Division of Behavioral Health Services through the voter approved Proposition 63, Mental Health Services Act (MHSA).

Goals & Objectives

Provide

- *Safe, compassionate, and effective responses to individuals with mental illness*
- *Knowledge of, and access to resources including linkage to on-going care*

Increase

- *Public safety*
- Multi-disciplinary consultation and planning for approach to the scene/incident
- CIT skill competencies across region and resource option and access
- Engagement with individuals about their health
- Increase culturally relevant approach to call resolution

Decrease

- Repeat calls for service where other resources might be more beneficial
- Injury for all involved in an incident
- Stigma associated with gaining MH support
- *Unnecessary hospitalization*
- *Unnecessary incarceration*

Who is MCST?

- In partnership with Sacramento County Law Enforcement Agencies, Crisis Intervention Trained (CIT) Police Officer or Sheriff's Deputy trained in CIT
- A Sacramento County Division of Behavioral Health, licensed Senior Mental Health Counselor
- A Sacramento County contracted Peer Specialist – Cal Voices

How Does MCST Work?

Immediate response to calls for service:

- An MCST Counselor and Officer/Deputy partner to provide a first responder, co-response to emergency calls involving a mental health crisis.

Follow up support to individuals coming to the attention of Law Enforcement:

- MCST involves Peer Specialists with lived experience and community resource expertise to provide follow-up engagement and navigation to ongoing mental health services via referral process after the resolution of the call for service. *This team works independent of our law enforcement partners.*

MCST Program



CIT UNIT RESPONSE TO EMERGENCY CALLS FOR SERVICE

Officer/Counselor Team

This program is funded by the Division of Behavioral Health Services through the voter approved Proposition 63, Mental Health Services Act (MHSA)



How are MCST/CIT Units Engaged

- There is no community direct line to initiate a MCST response.
- Calls for service come in via dispatch to patrol.
- Based on dispatch information, the Deputy/Counselor (CIT Units) triage and respond to calls with a mental health component per availability, which may result in:
 1. A MCST Counselor and Officer/Deputy team providing a first responder, co-response to emergency calls involving a mental health crisis; OR
 2. An assist to a Patrol unit at a scene where a mental health component is present

Triaging Calls for Service

CIT Unit (MCST Counselor/Deputy) responds to mental health related crisis calls including but not limited to:

- Welfare checks or Mental Health call for service
- Attempted suicide
- Juvenile disruption or delinquency
- Domestic disturbances, Domestic Violence
- Assault and battery, Sexual assault
- Barricaded subject
- Casualty calls
- Incomplete phone calls, Trespassing, suspicious suspect

Any call that may have a mental health component or likely result in trauma or distress requiring mental health support or resources is a CIT Unit call.

Responding to Call for Service

- Check LE involvement/treatment history
- Create collaborative plan for scene approach
- Apply situational awareness skills
- Manage threats (weapons, environment, individuals)
- De – escalate the immediate situation
- Assessment (Lethality – Wellness Indicators, diagnostics)
- Check linkage to provider and coordinate
- Resolve Call for service

MCST Assigned Officer Role and Scope

- Prioritize MH Calls with MCST Counselor
- Apply CIT and tactical training at the scene
- Collaborate with other first responders
- Clear the scene/manage safety
- De-escalate in collaboration with Counselor
- Investigate criminal activity
- Collaborate with Counselor regarding legal and clinical needs
- Suggest/Provide legal strategy options
 - weapon safety, restraining orders, civil or criminal matters
- Coordinate with law enforcement partners: Probation, Custody or District Attorney's
- Provide safe transportation to resources

MCST Counselor Role and Scope

- Apply training and experience as Licensed Professional
- Provide Crisis Intervention and De-escalation
- Conduct Clinical, Risk and lethality assessment
- Develop safety plans to mitigate risk
 - ✓ Mobilize providers and/or natural supports
 - ✓ Identify strengths, resiliencies and coping strategies
 - ✓ Offer support, education & resources to natural supports
 - ✓ Complete 5150 application
- Support navigation and access to community resources
- Coordinate link to Mental Health or Alcohol and Drug treatment providers (SUPT or Private Providers)

Resolution of Call for Service

Safety Planning:

- Review and Engage coping strategies
- Leverage natural supports
- Mobilize providers

Link to stabilization resource:

- Mental Health or Substance Use Respite
- Mental Health Urgent Care Clinic
- Leveraging health supports

Access to Emergency Care:

- Mental Health Treatment Center
- Local hospital Emergency Departments

Jail:

- Link to Correctional Health
- Notify and coordinate with providers
- Provide education to natural supports or loved ones

Engaging the Follow Up Team



**COMMUNITY
SUPPORT TEAM**

MCST Team Follow-Up

Follow up team responds to referrals submitted by MCST or patrol on behalf of any individual they have contacted that would benefit from linkage to Mental Health/AOD services and/or community resources.

Examples include;

- Repeat callers or those that have had multiple service responses
- Individuals experiencing distress that request resources associated with behavioral health services or treatment
- Individuals that did not meet criteria for 5150 application but may benefit from engagement and support navigating resources
- Family members or loved ones that might benefit from safety planning, psycho education and/or resources

Follow up team focus of service

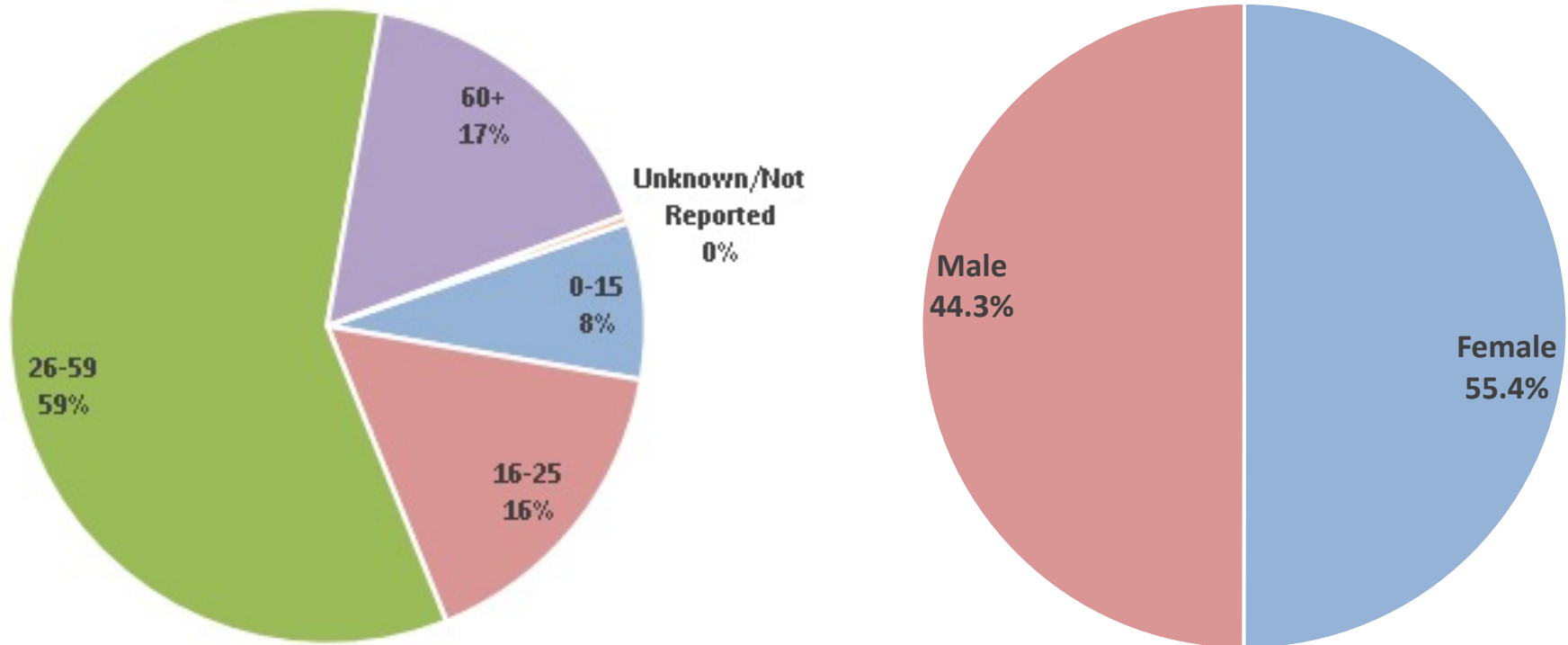
- Explore narrative and experience
- Support individuals to identify specific needs or barriers to wellness
- Offer information regarding potential strategies and resources
- Support individuals in developing a plan of support and link to resources
- Provide support to first appointments or orientation to programs
- Coordinate with MCST team where necessary to identify risk and manage safe contact with individuals in crisis

MCST Support to Patrol

- Provide consultation and resources to support staging
- Support de-escalation and resolution of call for service
- Work in partnership with officers responding to chronic callers to create plan for support/resources/services
- Coordinate and provide support to individuals who are experiencing mental health symptoms and stressors who would benefit from resources
- Provide information regarding service and treatment resources to callers or individuals at the scene
- Contribute to training experiences by offering Mental Health expertise and perspective
- Respond to requests for follow up upon referral

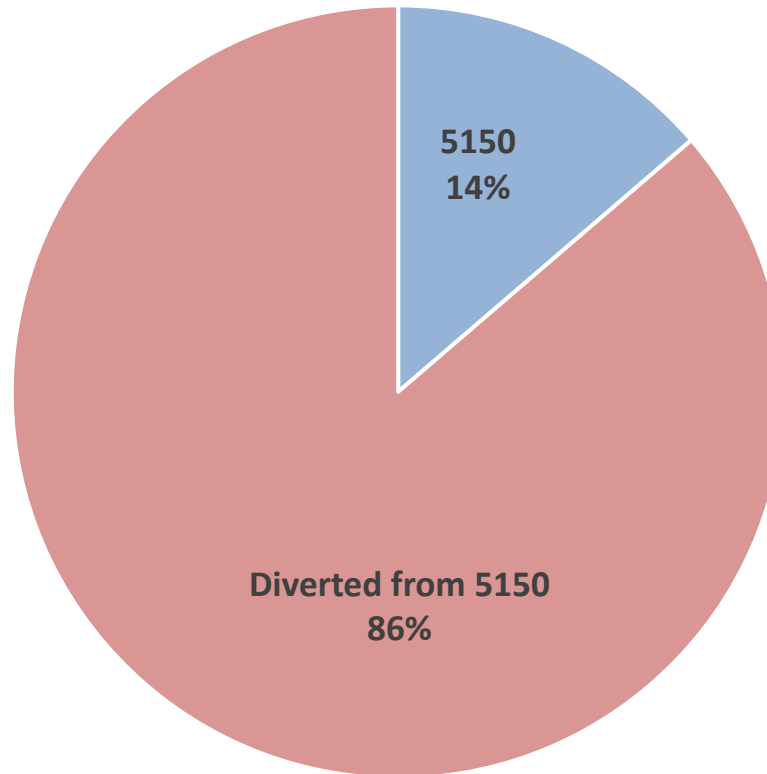
DEMOGRAPHICS

AGE & GENDER (N=1,745)



*Based on the number of unduplicated number of clients screened in FY 20/21.

5150 Encounters (N= 2,070)



FY21-22

- **Average Calls for Service per Unit: 700**
- **MH related admissions: 1,777**
- **# of resources linked: 3796**
- **# follow up referrals: 920**

Jan – Dec. 2022

- **Number of patrol units freed: 3,184 units**

Positive Client Feedback

- “They were gentle and kind, attentive when daughter spoke. Reassuring her they are a ‘support’ source to get her to care (hospital) ER very grateful for the skillful and gentle way they handled our situation. Thank you for the very careful consideration and approach., Mother and Advocate.”
- “The officer and counselor team were very respectful and tactical in responding to my clinicians’ worry. It was hard having officers and other people in my home but these people were pretty good at listening to me and my parents about how we were doing regarding my mental health.”
- “The team was very knowledgeable and supportive. Payed attention to what I had to say. The team gave me good advice and insight to the problems I was having. They called at a later date to check in with me and my wife. They gave very honest advice and suggestions. Without their encouragement I might not have continued with seeking help.”

Building A Co-response

What we've learned

Building Co-Responder Programs

- **Develop cross system partnerships**
- **Inventory your community's services and needs**
- **Outline the program goals and procedures**
- **Assess outcomes and performance to determine if any changes are needed**

MCST Co-response Program Supports

Consistent and structured collaboration

- Task Force meetings (Quarterly)
 - Leadership discussions associated with data
 - Partner updates regarding agency trends
 - What's working and program improvements
- Regional unit meetings (Quarterly)
 - Provide resource navigation training
 - Open Forum discussions
 - First Responder wellness tips and supports
- Monthly LEA specific meetings (*monthly*)
 - Review trends in specific areas of county
 - Review success and barriers
 - Team need identification and unit practices

Supporting boots on the ground

- Building program/team identity
 - Leveraging MOU and building unit protocols
 - Training/Mentoring - Finding the link in purpose based on role and scope
 - Use of standardized training materials teams use across the region to educate LEA and stakeholders regarding program
- Trust is key
 - Building forums where teams can spend time with one another learning, discussing issues and investigate the grey areas
 - Build structure and support that nurtures safe, open communication

Building trust between LE and MH professionals

- Knowing role and scope
- Acknowledging situational awareness and safety tactic differences - both are valid and helpful
- “Wondering” about policies or practice
- Showing up consistently – owning your space
- Increased communication regarding basic practices
- Developing sense of verbal and non verbal messaging
- Debriefing calls for service – bringing up the miss
- Managing the emotional response to the distance between practices
- Talking about Mental Health as Wellness

Partner diversity and standardization

- Honoring policy and standards of practice
- The courage to be vulnerable and authentic
- Keeping an eye on the community being served, trends, data and roles as advocates
- Honoring personal story and historical narratives regarding mental health systems, policing and community service
- Perspective taking is central to navigating role and scope

HOPES FOR CONTINUING A MULTI DISCIPLINARY APPROACH TO CRISIS RESPONSE

- Continue to build standardized data collection across program areas
- Continue to identify and engage funding to support LEA infrastructure flexibility
- Grow team to support LEA 24/7 response
- Increase structured training with LE to support POST certified training
- Increase focus on first responder wellness
- Increase community awareness regarding our crisis continuum of care and access to relevant resources depending on need

MCST Team Interview And Audience Q&A



**Behavioral Health Services
Website**

For more information regarding the Mobile Crisis Support team or other Behavioral Health Services, please visit our web site via QR Code above.