

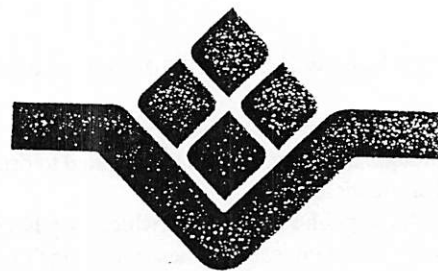
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**SANTA CLARA VALLEY
HEALTH & HOSPITAL SYSTEM**

MENTAL HEALTH MOBILE CRISIS RESPONSE

JAIL DIVERSION PROPOSAL

MAY 1, 1996



**SANTA CLARA
VALLEY**
HEALTH & HOSPITAL SYSTEM

**MENTAL HEALTH
DEPARTMENT**

**Santa Clara Valley Health & Hospital System
Mental Health Mobile Crisis Response
Jail Diversion Proposal**

Goal

To assist local police in evaluation and diversion of mentally ill individuals from incarceration and the Criminal Justice System.

Procedure

Specially trained mental health staff will be able to respond to police requests during hours of operation to assist in evaluation, triage, crisis intervention diversion and referral to appropriate mental health supports and treatments.

Target Population

All individuals police request consultations to, including, but not limited to, seriously mentally ill individuals and citizens in acute distress requiring mental health evaluation, without which the individual would be at risk of incarceration.

Types of Cases:

The Mental Health Mobile Crisis Team workers will be available for the following cases:

- All individuals currently open to the Mental Health system
- Evaluation for 5150 W&I committals that are not primarily related to drug and alcohol abuse
- Domestic disputes traumatized crime victims
- Consultation with Officers or with the public on any case which may have mental health aspects, but where direct contact with the subject is inadvisable. These would include situations where the subject is potentially violent, too intoxicated to carry out an assessment, or known to the Crisis Team as an individual whose problematic behavior is not related to mental health issues.

Operational Procedures

- Officer contacts the Mobile Crisis Team by telephone through the police radio dispatch unit, requesting mobile response or consultation.
 - For safety, clarity of request, and consultation detail, and efficient use of resources direct communication between officers and mental health workers on the Mobile Crisis Team is preferred. This necessitates either that the officers use telephones,

or the mental health workers use a police radio. Without this capability communication must be "third hand" through SJPd communications (dispatch).

- The Mobile Crisis Team evaluates the request and determines the response appropriate to the situation described by the requesting officer.
- Multiple simultaneous requests are triaged and prioritized according to potential for loss of life or other high risk factors.
- For those seriously mentally ill individuals who are currently clients in the Mental Health System, and who are known to the case managers responsible for their ongoing care, the Mobile Crisis team at ACCESS activates response through the client's after-hours case manager and coordinates with the officer in the field.
- For family problems involving children and adolescents, the Mobile Crisis Team at ACCESS activates the Eastfield Ming Quong 24-hour mobile crisis team which provides specialized services to this population, and coordinates with the officer in the field.
- For situations where a emergency mobile response is appropriate, the Mobile Crisis Team responds to the location designated by the officer in an unmarked county vehicle, equipped with mobile phone, and meets the requesting officer.
- The requesting officer accompanies the Mobile Crisis Staff during the intervention and remains standing by until the situation is resolved.
- If a transport is necessary, the requesting officer transports the individual to the location recommended by the Mobile Crisis Team.
- Using the car phone, the Mobile Crisis Staff calls back to the Mobile Crisis Home Base reporting disposition of the client and receives any additional requests for mobile response that have come in since their departure from Central ACCESS.
- The Mobile Crisis Staff logs each call and mobile response including disposition.

Geographic Target Area

Because of limited resources, an analysis of the location of seriously mentally ill individuals shows that the overwhelming majority of at risk individuals live in the City of San Jose (see attached map) in the Downtown, East Valley, and Franklin-McKinley areas and, as a first step, the proposed mobile crisis intervention unit will respond only in this geographical area.

- Attachment A -** Seriously Mentally Ill Patients By Census Tracts. Number of Clients shows the at-risk population predominantly being in census tracts in Downtown; and East San Jose.
- Attachment B -** Seriously Mentally Ill Patients by Census Tract. Percent of population by census tract.
- Attachment C -** A detailed map of the County showing the targeted census tracts.
- Attachment D -** Table showing seriously mentally ill patients by region. This table shows that the East Valley, Franklin McKinley and Downtown San Jose areas account for 48% of the seriously mentally ill population.

Project Volume

Current Use Information

EPS - Emergency Psychiatric Service reports the following:

- A. 10-25 72-hour Hold/24 hours
- B. Average is around 12
- C. 60% of these are evaluated over time (up to 23 hours) and discharged from E.P.S.
- D. 57% of all 72-hour holds brought into E.P.S. occur during the hours of 3:00pm to 2:00am
- E. 40% of all Holds are from Downtown, East Valley area.

San Jose Police Department reports the following:

- A. Average of six (6) 5150 72-hour holds are taken to E.P.S. per 24-hours
- C. They do not have precinct or areas patrolled that correspond with existing census tract data.

Program Location

ACCESS Program, Central Mental Health Center, 2221 Enborg Lane, San Jose. The current 24-hour limited ACCESS staffing could augment the mobile crisis staffing; and would offer the best possibilities for back-up and support. This location cannot function as a secured emergency drop-off point.

Staffing

After careful consideration it is recommended that this unit be staffed by 3 FTE Licensed Psychiatric Social Workers or Licensed Marriage, Family, Child Counselors (PSW/MFCC) across 7 days of operation. The Mobile Crisis Team should also have some Spanish and Vietnamese language capability if the referring officer does not, although it is anticipated that less than 9% of the requests would involve monolingual Spanish speaking individuals, and less than 5% would involve monolingual Vietnamese speaking individuals.

The use of psychiatric residents as part of a psychiatric rotation would not afford adequate program coverage or comply with psychiatric residency requirements. The option of hiring psychiatric residents at the prevailing wage of \$55.00 per hour would not be cost effective. Psychology and social work interns could be used to accompany paid staff to a crisis. Typically, interns are only available from September to June of each year and our current interns receive a \$4,000/yearly stipend. Interns would assist the staff with numerous tasks and, given our current mixture of interns, they would augment the program's bilingual - bicultural capabilities.

Psychiatric/medical backup could be offered by the current E.P.S. psychiatrist, on-call ACCESS Medical Director, or Administrative Psychiatrist backup for the S.C.V.H.H.S. VMC Department of Psychiatry and Mental Health Department. Clerical coverage could be provided within existing ACCESS Program resources.

JAIL DIVERSION MOBILE UNIT BUDGET

OBJECT 1 SEVEN DAYS A WEEK, EVENING COVERAGE ONLY

3 MFCCII (Step 3) 5pm - 1am x 7 days

Adjusted Salary: (\$46,270 x 3 = \$138,810)	
+ Total Benefits (\$17,679 x 3 = \$53,037) = \$191,847	
x 1.5 (7 day coverage)	= \$287,770
+ shift differential	= 14,040
+ post coverage	= 31,233
TOTAL OBJECT 1	= \$333,043

OBJECT 2

Supplies	= \$16,652
1 Vehicle	= 8,000
3 car phones + monthly expenses	= 3,600
TOTAL OBJECT 2	= \$42,252

GRAND TOTAL	= \$375,568
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Other Issues

A Mobile Crisis Intervention Unit will be able to assist the police at the time of a critical incident; however, most of the Mental Health Department treatment and housing diversion alternatives are at or above capacity. The Mobile Crisis Team will need to have an increase in capacity for the following:

A. Housing - i.e.

Respite housing alternative with capacity to house demented Older Adults
Increase capacity at Jacobs Center, Gouveia

B. Emergency Assessment Center - Sobering Station

A secure 23-hour evaluation unit for detox of both drug and substance abuse

C. Safety - Protection

To provide protection for and assure safety to the mental health team who will be responding at night to unfamiliar locations, the requesting officer will need to stand by until the situation is resolved.

D. Transport

Transport of the individual to a location other than jail will need to be provided by a resource other than the Mobile Crisis Team, if the requesting officer does not provide this service.