



COUNTY OF SAN MATEO
Inter-Departmental Correspondence
County Manager's Office



Date: August 4, 2016
Board Meeting Date: September 6, 2016
Special Notice / Hearing: None
Vote Required: Majority

To: Honorable Board of Supervisors

From: John L. Maltbie, County Manager

Subject: Board of Supervisors' Response to the 2015-2016 Civil Grand Jury Report,
"Teens in Mental Health Crisis: From 911 to the Emergency Room Door"

RECOMMENDATION:

Approve the Board of Supervisors' response to the 2015-2016 Grand Jury Report,
"Teens in Mental Health Crisis: From 911 to the Emergency Room Door."

BACKGROUND:

On June 7, 2016, the 2015-2016 San Mateo County Civil Grand Jury issued a report titled "Teens in Mental Health Crisis: From 911 to the Emergency Room Door." The Board of Supervisors is required to submit comments on the findings and recommendations pertaining to the matters over which it has some decision making authority within 90 days. The Board's response to the report is due to the Honorable Joseph C. Scott no later than September 6, 2016.

DISCUSSION:

The Grand Jury made eight findings and six recommendations in its report. The Board responses follow each finding and the five recommendations that the Grand Jury requested that the Board respond to within 90 days.

FINDINGS

Finding 1:

Only about 20% of all law enforcement officers in San Mateo County are CIT-trained. There are significant barriers to enrolling officers.

Response:

Wholly disagree. All San Mateo County law enforcement officers are provided with eight hours of Crisis Intervention Team (CIT) training in the basic police academy.

Finding 2:

Beyond the training itself, CIT is an important forum where all who deal with children in crisis—EMTs, SMART staff, schools, police—can learn from each other.

Response:

Agree.

Finding 3:

The SMART car program is unique and highly effective at managing mental health emergencies in a sensitive manner, keeping adults and adolescents out of emergency rooms whenever possible.

Response:

Agree.

Finding 4:

SMART can provide temporary post-crisis services, sometimes including in-person follow-up. BHRS provides on-going case-management services only to children who qualify for Medi-Cal.

Response:

Partially disagree. Although the San Mateo County Mental Health Assessment and Referral Team (SMART) has on occasion provided post-crisis services, it is not a primary function of the team. In addition to providing on-going case management to children, Behavioral Health and Recovery Services (BHRS) does provide services to uninsured/indigent children and youth.

Finding 5:

Behavioral Health and Recovery Services provides adult residents with crisis-stabilization services, in-home follow-up, and a specialized mental health respite center as an alternative to Psychiatric Emergency Services hospitalization. No such programs exist for teens, even though 90% are discharged from the hospital within 24 hours.

Response:

Partially disagree. Transitional youth aged 17 and older are eligible for all of the services listed in the above finding. BHRS has a youth case management team that makes contact with youth in Psychiatric Emergency Services (PES) and helps to coordinate post discharge services. Full Service Partnerships are field-based and can provide in-home support services.

Star Vista operates Your House South which provides a "time-out" for youth and their family, and an opportunity to work on the family's situation in a safe and supportive environment.

Finding 6:

Data collection by the County on SMART program response rates and PES adolescent admissions at Mills-Peninsula Medical Center is not comprehensive or consistent.

Response:

Wholly disagree. SMART captures response call data, which includes the percentage of time, the date and time of day that SMART responds to a call initiated by a law enforcement officer for assistance. That data is available and reviewed on a regular basis. PES encounters at Mills-Peninsula is also available. For 2015, there were 503 PES admissions of which 201 were during the school day.

Finding 7:

Schools and other public agencies are often reluctant to use the 911-dispatch system because of the detrimental effects on adolescents when first responders arrive on the scene with lights and sirens activated.

Response:

Partially disagree. While the reports may identify anecdotal evidence in support of the finding, it cannot be validated whether, in general, school officials are reluctant to use 911 for the reasons cited in the report. In contrast, BHRS' data indicates for calendar year 2015, there were 952 PES admissions to SMMC and Mills-Peninsula Medical Center. Of the total PES admissions, 475 occurred during school days.

SMART/Advanced Life Support (ALS) responded to 46% of the school day calls for assistance. Additionally, in the Fall of this year, BHRS in partnership with the County Office of Education will be making available to all schools a standardized suicide prevention protocol. Included will be information to help school official's access emergency response services that minimize the impact on the student in crisis and the school environment including materials from the existing BHRS "Guidelines for Calling 911" that prepares the caller for communicating to dispatch during a mental health emergency. In addition, unless there is a potential for violence or violent intruder(s), law enforcement officers usually do NOT respond with lights and sirens activated. Further pre-emergency protocols can be negotiated and agreed to as part of a school's "Big 5" Emergency Plan. For more information on the Big 5, please visit: <http://www.smcoe.org/learning-and-leadership/safe-and-supportive-schools/the-big-five.html>.

Finding 8:

The County's Office of Public Safety Communications does not have a systematic outreach program to the public and to County entities that deal with adolescents on the best way to call 911 when a no-lights no-sirens response is appropriate.

Response:

Wholly disagree. Public Safety Communications (PSC) works with each of its customer agencies and participates in public outreach campaigns. Furthermore, PSC participates in the County's Civics 101 Academy. PSC develops common ways to contact emergency services that cover a broad range of categories. Singling out individual methods for reporting emergencies would undermine PSC's ability to provide such services to all persons that are in need of emergency or other assistance.

This does not mean, however, that PSC does not have a detailed response plan when such an emergency is brought to a dispatcher's attention. Lastly, the method of response by PSC customers (e.g., Law, Fire/EMS) is policy driven and is not based solely on the recommendation of the dispatcher.

RECOMMENDATIONS

Recommendation 2:

Planners for CIT training—the Sheriff's Office and Behavioral Health and Recovery Services—should amend the curriculum to include techniques for dealing with situations unique to schools and other public agencies working in the area of youth mental health.

Response:

The recommendation has been implemented. The most recent training session was held in early August 2016. The CIT course originally had a ninety-minute block of instruction titled, "Youth Resources," where County mental health professionals provided information regarding not only the resources available to youth with mental illness, but also techniques in effectively interacting with youth who have mental illness. BHRS expanded this block to include specific therapists and school officials that have established relationships to improve school-based responses to crisis situations, providing instruction to the students about what to expect when responding to an on-campus situation, and what interventions can be employed for the circumstance most likely occurring. Officials involved with ongoing planning and training of the "Big 5" Program also participated to share the existing agreed to protocols for response to the top five crisis scenarios.

The Sheriff's Office expanded the current CIT curriculum to include an experienced CIT trained, School Resource Officer (SRO) who provided a block of instruction specific to dealing with school-age youth who have mental illness. The SRO instructed the students on the best practices in interacting with school officials and parents, and the mitigation of potentially volatile situations specific to youth. The SRO also highlighted more youth resources and the laws that relate to juveniles.

BHRS currently provides Youth Mental Health First Aid training to schools and other public agencies. This training increases school personnel and staff's knowledge and awareness in understanding and recognizing emotional and mental health stressors in youth and increases their capabilities in effectively intervening when necessary. Over the past two years, more than 1,000 staff in schools and other agencies have received this training.

BHRS, through the Coalition for Safe Schools and Communities, establishes mental health collaboratives with schools and districts to support and plan for their specific mental health needs. To date, 42% of the County's school districts are actively engaged in a collaborative representing 44% of all schools in the County.

The Sheriff's Office will also extend invitations for upcoming trainings to school officials and other personnel from public agencies that deal with children in crisis to attend the "Youth Resources" block of instruction and the "School Resources Officer" portion of instruction. The CIT course can accommodate between 10-15 additional students for those blocks of instruction.

Recommendation 3:

Behavioral Health and Recovery Services should extend as soon as possible the two-car SMART program by at least one hour so that the high-volume time between 3:00 p.m. and 8:00 p.m. is fully staffed by both SMART cars.

Response:

The recommendation has been implemented. SMART and BHRS staff periodically review data to ascertain if there are changes to the peak times for services and therefore a change to the operating hours. The data to support moving the hours of operation as identified in this recommendation are related to trends occurring in 2012 and 2013. Based on the most current data, however, SMART is now being deployed from 8 a.m. to 10 p.m.

Recommendation 4:

The Board of Supervisors should direct the County's Health System to institute an improved system of data collection and analysis regarding SMART response rates and adolescent PES admissions at Mills-Peninsula Medical Center, with such collection to start no later than October 1, 2016.

Response:

The recommendation requires further analysis. The current system to collect SMART response data provides sufficient information to determine the effectiveness of SMART, patterns of demand, geographic breakdown of where calls are generated from, and demographic data. There is a need to improve data collection related to calls for assistance that emanate from school campuses.

BHRS will work with the County Office of Education and Emergency Medical Services to evaluate ways data can be collected. This evaluation will be completed by January 31, 2017.

Recommendation 5:

The Board of Supervisors and Behavioral Health and Recovery Services should use the data obtained as a result of R4 to determine by the beginning of the 2017-2018 school year whether to expand the non-emergency aspects of the SMART program significantly and/or augment it with other services such as a respite center and in-home services regardless of insurance status.

Response:

The recommendation will not be implemented because it is not warranted. SMART does not provide non-emergency services. All requests for SMART are initiated by a law enforcement officer requesting assistance with a situation that may, but not always, result in transporting an individual to psychiatric emergency services. BHRS provides services to children who have Medi-Cal coverage and those who are indigent and not yet covered.

As provided in the Federal Mental Health Parity and Addiction Equity Act of 2008, health insurance plans are required to treat mental health and substance use disorder benefits on equal footing as medical and surgical benefits. Therefore, residential services and in-home services to the privately insured should be provided by their insurer.

Recommendation 6:

The Board of Supervisors should direct the County's Office of Public Safety Communications to devise a comprehensive plan to educate and collaborate with County entities and the public on the best way to call for help in a psychiatric emergency. The plan should be completed by year-end 2016.

Response:

The recommendation will not be implemented because it is not reasonable. As previously stated, PSC staff cannot develop individual approaches to specified emergency calls for assistance. The variety of calls are so vast that each call must be triaged in a very similar manner so that all calls can be dispatched in a timely manner. Creating such a response would overwhelm the dispatch center and slow the process to an untenable rate of response. It should be noted, however, that when such calls are triaged through the emergency medical dispatch program, there are specific instructions for ensuring that the response is accurate and timely, and that appropriate resources are allotted. BHRS has developed a comprehensive marketing program for County residents on how to plan and prepare for making a 911 call for a mental health emergency.

An overview of the program with downloadable brochures and wallet cards can be found on the Health System web site at www.smchealth.org/mh911.

Acceptance of the report contributes to the Shared Vision 2025 outcome of a Collaborative Community by ensuring that all Grand Jury findings and recommendations are thoroughly reviewed by the appropriate County departments and that, when appropriate, process improvements are made to improve the quality and efficiency of services provided to the public and other agencies.

FISCAL IMPACT:

There is no Net County Cost associated with accepting this report.