



SUPPORT



TRUST



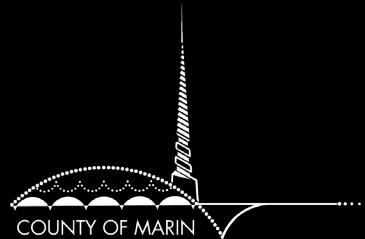
UNITY



EXCELLENCE

# Mobile Crisis Continuum Teams

Todd Paler, Program Manager  
Connor Pearce, Unit Supervisor



# Mobile Crisis Response Team (MCRT)

## Hours:

Monday – Friday: 8am to 9pm

Saturdays 11am-9pm\*

Sunday: Closed

## Where do we work?

Homebase is located at 250 Bon Air Road in Kentfield; however, we are a field-based crisis assessment unit and serve the entire County of Marin.

## Team Members:

All mental health clinicians are licensed or licensed-eligible with advanced degrees. Clinicians respond to calls for service in pairs (as best practice).

## How to contact MCRT?

ANYONE can call MCRT at: (415) 473-6392

Referrals commonly come from: family/friends, LE, CBO's, PCP, Pvt. Providers.

Email MCRT: [MCRTMail@marincounty.org](mailto:MCRTMail@marincounty.org)

*\*Email is great for sending collateral including documents and photos/videos*

# Mobile Crisis Response Team (MCRT)

- **Who we serve:** Anyone currently within Marin County limits who is experiencing a behavioral health crisis (whether they are residents, visitors, or just passing through).
- **Fee:** MCRT is a FREE, payer-source blind service.
- **Objective:** Provides an alternative to law enforcement response for an individual experiencing a behavioral health crisis in the community. MCRT intervenes utilizing a therapeutic approach and can spend additional time in de-escalating the crisis in the least restrictive manner. MCRT has the ability to provide brief follow-up services on an as needed basis.
- **Services Provided:** The goal is to provide least restrictive intervention utilizing risk assessments, conflict resolution, crisis de-escalation, brief counseling/psycho-education, safety planning and community referrals. If indicated, MCRT does have authority to initiate 5150/5585 applications and provide safe transport to a receiving facility.

# Mobile Crisis Response Team

**What we can't do:** No guarantee that we will not request law enforcement assistance if there are reports of a suicide attempt, assault in progress, current destruction of property, threats to harm others, or if there is a history or current reports of violence, aggression, or likelihood to be uncooperative.

**Challenges:** One team of two clinicians in the field to respond county-wide....From Sausalito to West Marin and North East Novato to Tiburon and Fairfax.

- ❖ Calls for service are prioritized based on acuity and risk level not necessarily on when the call was received. Sometimes calls are re-prioritized if needed.
- ❖ We may not get to all calls in the course of a day due to limited staffing.
- ❖ Average time of a field-based call for service is 2 hours
- ❖ We make every effort to answer each call for service; however, when this is not possible, please leave a detailed message and a clinician will respond as soon as they are able.
- ❖ If your call is so urgent that you cannot wait for us to get back to you, please call 911.

# 5150/5585 Breakdown

## A Danger to Self (DTS)

Suicidal Ideation with a (viable) plan, intent and means to end their life

- Self-harm by means of cutting does not, in and of itself, constitute DTS nor meet 5150 criteria
- > ALWAYS ask to see the cuts to determine severity of wounds to determine intervention

## Gravely Disabled (GD)

Two pathways to meeting criteria:

1. Due to a mental health disorder...unable to meet basic needs - clothing, shelter, food and water, sleep, medical attention (psychosis driven)
  - >Unable to access/utilize resources to meet needs

\*\*An adult whose needs are being met by another will likely NOT meet criteria for GD; however, a minor who is cared for by parents, but cannot meet their needs independently MAY meet criteria for GD
2. So floridly psychotic/disoriented that they cannot effectively and coherently participate in assessment

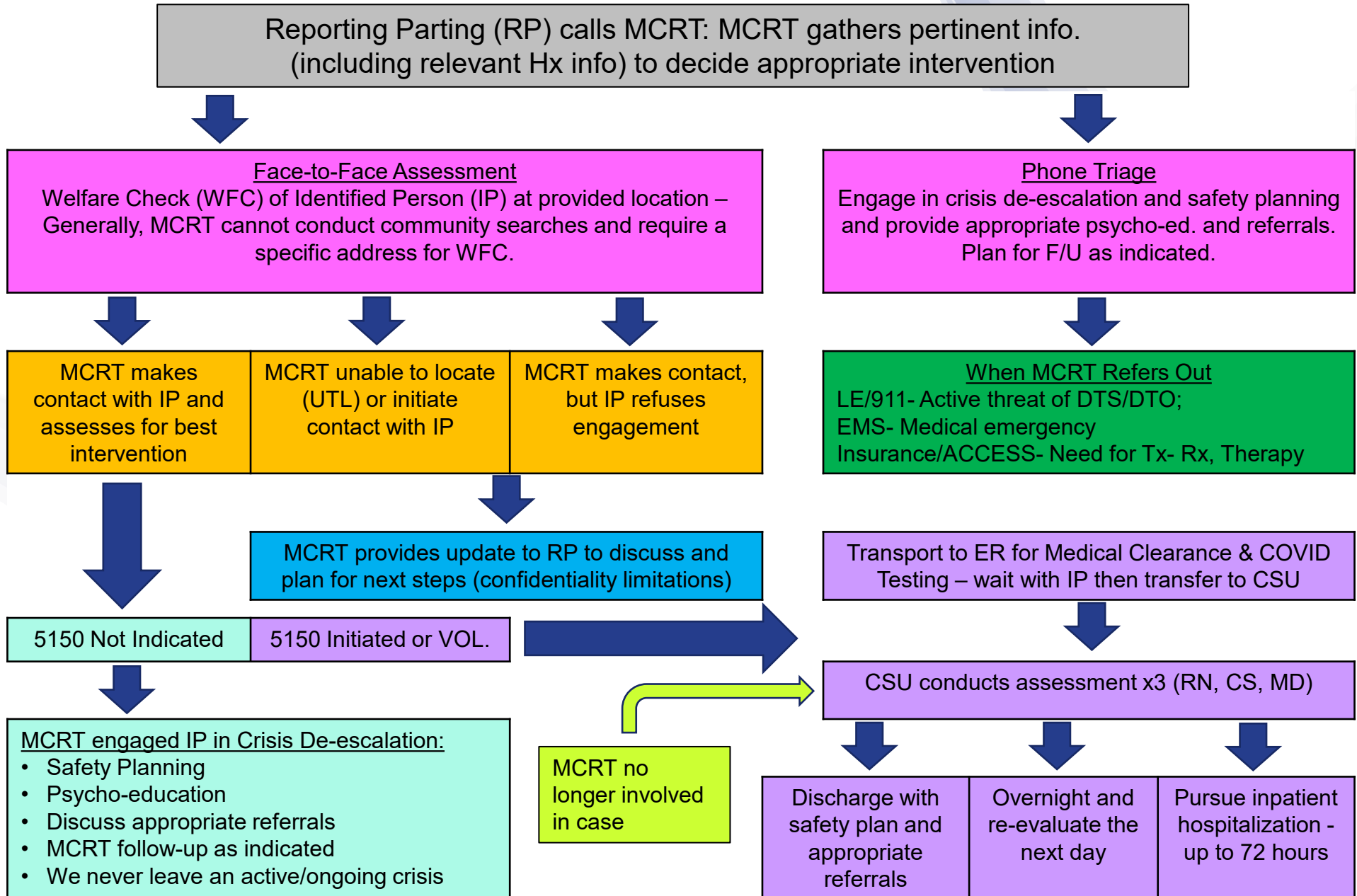
## A Danger to Others (DTO)

- Actual violence towards others
  - Viable threats towards others
  - Destruction of property creating an unsafe environment
  - Tarasoff: Duty to Warn – Individual makes viable threat to IMMEDIATELY inflict bodily injury to an identifiable person(s)
- > 5150 DTO likely indicated if Tarasoff initiated

## What if 5150/5585 is not indicated?

- Continue efforts to establish rapport
- Safety planning as indicated
- Linkage to appropriate treatment providers
  - > SUD Tx, Therapy, Psychiatry, etc.
- Contact MCRT to consult about case updates/changes and maintain communication
- Refer to Transition and Outreach Team for short-term, intensive case management services

# MCRT Service Call Flow



# Transition and outreach Team

- **Hours:** Monday through Friday: 10:00am to 6:00pm.
- **Where do we work:** Homebase is located at 250 Bon Air Road in Kentfield; however, we are largely field-based as to best meet the needs of the consumers we serve.
- **Team Members:** All mental health clinicians are licensed or license-eligible with advanced degrees. Clinicians partner with MHASF Peer Providers (all individuals with lived experience).
- **Referrals from:** community-based organizations, medical and psychiatric providers, the Family Group, and law enforcement.
  - Fax: (415) 473-6033



# Transition and outreach Team

- **Who we serve:** Adults, children, and youth in Behavioral health crisis that puts them at risk of loss of housing, loss of employment, decline in school performance, risk of out of home placement, risk of 5150 or inpatient hospitalization, discharging from CSU, inpatient unit, or at Casa Rene.
- **Objective:** Mitigate the crisis and work to help stabilize so that the individual can return to a more functional baseline. TOT also assists with linkage to long-term behavioral health/SUD Tx based on insurance.





# Transition and outreach Team

- **Services provided:** Conducts behavioral health and SUD needs assessment as framework for developing a supportive service plan which includes intensive, short-term case management, psychoeducation, brief therapeutic interventions, Crisis De-escalation, linkage to relevant community resources and other services (Medi-Cal, GR, Cal Works, support groups, beacon services, SUD programs), authorized to initiate 5150 holds, extra help coverage on MCRT shifts.
- **Average case load sizes:** This varies between 15 and 25 clients per clinician depending on the acuity and complexity of each client's case.
- **What we can't do:** provide housing or link to housing services through traditional routes within county BHRS services.
  - TOT can now refer to Mill St. Shelter



# Transition and Outreach Team

## VOLUNTARY AMENABILITY VS OUTREACH AND ENGAGEMENT:

- Individuals must want our services and engage voluntarily.
- For those individuals who are less than enthusiastic about working with us, we spend considerable time attempting to outreach and engage with the individual to build rapport and trust with the hope they will eventually engage in our services in a more robust manner.
- We conduct numerous phone contacts, unannounced “knock and talks” if we are unable to reach by phone, and community searches for those who are currently unhoused.
- TOT serves all individuals in Marin County **regardless of age or ability to pay and our services are free.**





# QUESTIONS?