



**SANTA CLARA COUNTY**  
Behavioral Health Services

**STAKEHOLDER LEADERSHIP COMMITTEE  
COMMUNITY MOBILE RESPONSE  
PROPOSED INNOVATION PROJECT  
OCTOBER 26, 2020**

# AGENDA

## Introduction and Background Information (20 minutes)

Welcome and Introductions	Sherri Terao
Goals of today's SLC meeting	Sherri Terao
Review of similar MHSOAC approved Mobile Response Innovation Projects existing in other counties (San Bernardino, Los Angeles, and San Diego Counties)	April Kihara
Eugene, Oregon's Crisis Assistance Helping Out on the Streets (CAHOOTS) Program	April Kihara
Santa Clara County's current mobile services	April Kihara

## Proposed Community Mobile Response Program (40 minutes)

Open forum for discussion and feedback	Meeting Participants with facilitation by April Kihara
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## SAN BERNARDINO COUNTY'S INNOVATIVE REMOTE ONSITE ASSISTANCE DELIVERY (INNROADS)

- San Bernardino County's InnROADs Project's mission is to address the priority issue of a lack of services sought by homeless individuals.
- InnROADs' focus is to create an intensive, field-based engagement model that supports multidisciplinary/multiagency teams that engage and provide treatment to youth, adults, and families experiencing homelessness in their homeless communities where they live and are comfortable meeting.
- The program also focuses on one of the most important and unique challenges homeless individuals face – reluctance to accept shelter because it may prevent them from living with and caring for their pets.
- Each InnROADs team consists of staff who assist with navigation and creating and increasing treatment readiness, through trust building activities, often resulting in successful placement in permanent supportive housing and the ongoing accessing of services.
- The four InnROADs Mobile Treatment Teams include a mental health nurse, medical assistant and a nurse practitioner, providing Telepsychiatry, Counseling Services, Substance Use Services, and case management.

# LOS ANGELES COUNTY'S THERAPEUTIC TRANSPORT

- Los Angeles County's Therapeutic Transport (TT) Program was designed to completely overhaul the way in which adults placed on 5150 holds in LA County are transported to the hospital.
- Individuals who previously were placed on 5150 holds and transported via ambulance or law enforcement vehicle sometimes reported feelings of dehumanization and traumatic experiences due to being placed in restraints on ambulance gurneys or handcuffed and transported in law enforcement vehicles, which was at times witnessed by family members, neighbors, and/or community members.
- TT provides a private, trauma-informed environment for clients in crisis to be assessed, supported with case management, tele-psychiatry, and transported to the hospital, if needed, without restraints and accompanied by a Peer Support Specialist and the rest of the TT team.
- Each TT team consists of a Mental Health Clinician, Peer Support Specialist, a Psychiatrist available via Tele-psychiatry, and a Registered Nurse.

# SAN DIEGO COUNTY'S ROAMING OUTPATIENT ACCESS MOBILE (ROAM)

- San Diego County's ROAM Program's purpose is to increase access to mental health services to Native American communities in rural areas through the use of mobile mental health clinics, cultural brokers, and inclusion of traditional complimentary Native American healing practices in the treatment plan.
- Two fully mobile mental health clinics cover two designated regions of San Diego – North Inland and East County regions.
- Clinical staff per mobile mental health clinic include a clinician, nurse, dual-certified MD, a cultural broker, a peer support specialist, and a family support specialist.
- Culturally competent services are provided to address barriers in access and utilization to services for the diverse and socio-economically disadvantaged, and underserved Native American population.

# EUGENE, OREGON'S CRISIS ASSISTANCE HELPING OUT ON THE STREETS (CAHOOTS) PROGRAM

- The CAHOOTS's Program's mission is emergency room diversion, jail diversion, and a decrease in law enforcement's need to respond to individuals in mental health crisis that are neither violent nor resisting a mental health assessment or transport to a hospital for further treatment, when placed on a 5150 hold.
- Since 1989, CAHOOTS teams have been the first responders for mental health crises, homelessness, substance abuse, and threats of suicide.
- 911 dispatchers filter calls they receive and if they are determined to be within CAHOOTS' purview, dispatch the CAHOOTS van team comprised of one medic, usually a nurse or EMT, and a crisis responder trained in behavioral health.
- CAHOOTS workers responded to 24,000 calls in 2019, which was approximately 20% of total police dispatches. Approximately 150 of those CAHOOTS in person responses required police backup.
- CAHOOTS reports the program saves the city about \$8.5 million in public safety costs every year, in addition to \$14 million in ambulance trips and ER costs.

# SANTA CLARA COUNTY'S EXISTING COMMUNITY MOBILE SERVICES

- The Adult and Older Adult Division's Mobile and Crisis Continuum of Care includes the Mobile Crisis Response Team (MCRT) and the Psychiatric Emergency Response Team (PERT). The Mobile Crisis Program provides phone crisis services, and when needed for in person response, co-responds with law enforcement. PERT provides peer support linkage services post-crisis, with each team including one law enforcement officer and a behavioral health clinician.
- Valley Medical Center's Valley Healthcare Homeless Program's mobile medical teams provide comprehensive medical services onsite in homeless communities, when needed 5150 assessments and facilitation of transportation to hospitals/EPs, and social workers who provide mental health services.
- The Permanent Supportive Housing's LCSW/LMFTs are able to provide mental health services in person within homeless communities and in the clinic.
- The Children, Youth and Family System's Mobile Response and Stabilization Services (MRSS) provides comprehensive crisis phone and mobile response services, deploying two mental health clinicians for in person 5150 assessment when needed, and utilizing ambulances to transport youth to the Crisis Stabilization Unit (CSU).

## SAN BERNARDINO, LOS ANGELES, AND SAN DIEGO COUNTIES PROGRAM DETAILS

Project Name	SB's InnROADs	LA's TT	SD's ROAM
Year approved by MHSOAC	Approved by MHSOAC in 2019	Approved by MHSOAC in 2018	Approved by MHSOAC in 2017
Project Duration	Duration: July 2019 – June 2024 (5 years)	Duration: January 2019 – December 2022 (3 years)	Duration: January 2018 – June 2022 (4.5 years)
Clients Served Annually (expected)	280 clients annually	11,000 clients annually transported by TT	120 to 140 clients with ongoing services and 600 more assessed
Hours of Operation	Operates daily 10:00am to 8:30pm	Daily 10am-8:30pm 10 hours shifts (Sun-Wed or Wed-Sat)	Mon-Sat 8:30am-4:30pm
Operated By	County/Multi-Agency: BH, PH, DAAS, Sheriff's	County	Contractor CBO

# SAN BERNARDINO, LOS ANGELES, AND SAN DIEGO COUNTIES PROGRAMS’ FUNDING INFORMATION

Project Name	SB’s InnROADs	LA’s TT	SD’s ROAM
Budget	<ul style="list-style-type: none"> <li>-Total annual budget: \$2,528,253 (Year 1), \$2,449,957 (Year 2), \$3,982,848 (Year 3), \$3,981,632 (Year 4), \$4,091,619 (Year 5)</li> <li>-Budget for the lifetime of the project: \$17,024,309</li> <li>-Cost per client: Not listed</li> </ul>	<ul style="list-style-type: none"> <li>-Budget total MHSA only funding for the lifetime of the project: \$18,342,400</li> <li>-Revenue from Medi-Cal: \$10,625,156</li> <li>-Cost per client: Not listed</li> </ul>	<ul style="list-style-type: none"> <li>-Total annual budget: \$1,846,408</li> <li>-Budget for the lifetime of the project: \$8,788,836</li> <li>-Cost per client: Not listed</li> </ul>
Personnel Costs with Benefits	<ul style="list-style-type: none"> <li>-Total for all personnel: \$13,343,389</li> <li>-Behavioral Health Personnel: \$6,695,196</li> <li>-Public Health Personnel: \$1,399,683</li> <li>-Department of Aging and Adult Services Personnel: \$1,454,641</li> <li>-Sheriff’s Personnel: \$3,793,869.</li> </ul>	\$24,402,787	\$1,331,200
Evaluation annual costs	Not listed	\$171,285 Salary and benefits for a County employed 1FTE Evaluator (Clinical Psychologist)	5% of total budget at \$43,962
Other costs	<ul style="list-style-type: none"> <li>Non-recurring cost: Mobile Vehicles \$243,000</li> <li>-Consultant costs for LEAP model.</li> <li>-Pet care services (pet sitting and pet care needs for homeless individuals with pets)</li> </ul>	<ul style="list-style-type: none"> <li>-Training Annually \$50,000</li> <li>Non-recurring costs:</li> <li>-10 Fully equipped vans for a total one-time cost of \$1,500,000</li> <li>-Tele-psychiatry 10 equipment sets for a total of \$100,000</li> </ul>	Non-recurring cost for 2 mobile vehicles \$240,000

# SAN BERNARDINO, LOS ANGELES, AND SAN DIEGO COUNTIES PROGRAMS' STAFFING DETAILS

Project Name	SB's InnROADs	LA's TT	SD's ROAM
Staff	<p><b>-Behavioral Health Personnel:</b> Contract Clinical Therapist (4FTE), Contract Alcohol and Drug Counselor (4FTE), Peer and Family Advocate (4FTE), Behavioral Registered Nurse (1FTE), Driver (1FTE), Nurse Practitioner (1FTE), Medical Assistant (1FTE), Contract Project Manager (1.0FTE), Contract Office Analyst (1.0FTE), and Staff Analyst (.25FTE).</p> <p><b>-Public Health Personnel:</b> Nurse Supervisor, (.15FTE) Registered Nurse (4.0FTE)</p> <p><b>-Department of Aging and Adults Services Personnel:</b> Social Service Practitioner (2FTE), Social Worker (2FTE)</p> <p><b>-Sheriff's Personnel:</b> Deputy Sheriff (4FTE)</p>	<p>-4 mobile teams per each of the 10 vans, consisting of a Community Worker (who is a certified Peer Specialist), Registered Nurse, and a Mental Health Clinician. -Psychiatrist available via telepsychiatry -12 direct staff per each of the 5 Supervisorial Districts</p> <p><b>Total staff overall</b> -Psychiatric social workers (20FTE), Community Workers (20FTE), Registered Nurse (20FTE), Program Manager (1FTE), Clinical Supervisor (4FTE), Evaluator Clinical Psychologist (1FTE), Typist Clerk (4FTE), Secretaries (1FTE)</p>	<p>Each ROAM team consists of .5FTE MD (dual certified in medical and psychiatric services), .5FTE Registered Nurse, 1 FTE Licensed Mental Health Clinician (dual filled as a Program Manager), 1 FTE Peer Specialist (dual filled as a driver), 1 FTE Cultural Broker , and 1 FTE admin support and medical records documentation specialist.</p>

# SAN BERNARDINO, LOS ANGELES, AND SAN DIEGO COUNTIES' PROGRAMS' INNOVATIVE COMPONENTS

Project Name	SB's InnROADs	LA's TT	SD's ROAM
Innovative components	<ul style="list-style-type: none"> <li>• Multi-Agency approach</li> <li>• Use of the Listen, Empathize, Agree, and Partner (LEAP) training to foster trust building with homeless individuals</li> <li>• Field-based engagement and treatment model that does not require the individual to “go-to” treatment</li> <li>• Focus on caring for pets of homeless individuals when needed</li> </ul>	<ul style="list-style-type: none"> <li>• Utilizes Peer Specialists on every mobile team</li> <li>• Reduces need for high volume of law enforcement and ambulance utilization for response and transportation for individuals in mental health crisis</li> </ul>	<ul style="list-style-type: none"> <li>• Serves Native Americans onsite in their rural communities through traveling ROAM teams</li> <li>• Use of cultural brokers from the local Native American community for mobile outreach and ongoing services</li> </ul>

# SAN BERNARDINO COUNTY'S LEARNING GOALS

Innovative Remote Onsite Assistance Delivery (InnROADs) Learning Goals:

1. Does access to unconditional mobile services lead to increased participation in mental health services?
2. Are service-based incentives effective in quickly building trust within a homeless community, allowing for a quicker transition to the Stabilization Phase of the project for an individual experiencing homelessness?
3. Does having an engagement team with permanent members (vs. a rotating roster) provide the consistency needed to quickly build trust that allows for an individual's quicker transition to the Stabilization Phase of the project
4. From a whole system perspective (all public services offered by county government), what does it take to get a chronically homeless individual into permanent supportive housing?
5. Does providing treatment services in the field reduce the use of other emergency services, such as treatment in the emergency departments?

# LOS ANGELES COUNTY'S LEARNING GOALS

Therapeutic Transportation (TT) Learning Goals:

1. Will PMFT teams be more efficient in responding to a greater number of field calls with implementation of the Therapeutic Transportation (TT) teams?
2. Will there be a decrease in adverse events for clients during the waits for TT transport to hospitals?
3. Will wait times be decreased between the time of the written hold and the arrival of the transportation?
4. Will utilizing Peer Specialists buffer the negative impacts that may be causing trauma to individuals in crisis during the hold and transport processes?
5. Will the length of hospitalization days decrease with the positive effects of therapeutic transportation and the presence of a compassionate team, de-escalation, problem resolution, and referrals and linkages to ongoing outpatient mental health services throughout the process from the TT arrival until the client has completed hospital admission?
6. Will TT recipients obtain more timely and consistent connection to services?

# SAN DIEGO'S COUNTY'S LEARNING GOALS

## Roaming Outpatient Access Mobile (ROAM) Learning Goals:

- Will the use of a focused, dedicated culturally competent mental health mobile clinic improve access to and utilization for Native American communities in rural San Diego?
- Will the integration of the cultural brokers embedded within the program increase access and utilization of services and improve mental health treatment outcomes?
- Will the use of MAT services for co-occurring diagnosed clients concurrently with psychotropic medications increase mental health outcomes among Native American communities in rural San Diego?
- Will the use of tele-mental health sustain engagement in treatment with clients in Native American communities in rural San Diego?

# DISCUSSION AND OPEN FORUM

Key topics for discussion:

1. Ideas for Innovative Component(s), which are required for MHSOAC approval of the proposed Mobile Community Response Program
2. Program Design
3. Geographic Regions
4. Duration of the Project
5. Learning Goals (Required for MHSOAC approval of all proposed Innovation Projects)



## Comments & Questions