

## A Mental Health Crisis, Following the Call The First 72 Hours Matter

### SUMMARY

Access to mental health stabilization services for people in a mental health crisis is lacking in Shasta County. The Grand Jury found that there is a significant gap in care during a mental health crisis, particularly when the Shasta County Mental Health Services walk-in clinic is closed during nights and weekends. Mental illness does not discriminate, is not self-induced or self-caused, and can affect children, teens, adults, veterans, and senior citizens. One out of four people in Shasta County suffers from a mental health disorder.

There are various reasons why people suffering with mental health conditions may choose not to seek treatment. Shame and discrimination associated with mental health problems create a stigma which prevents some people from reaching out for the help they need, and may delay treatment.

Public awareness of issues facing the mentally ill in Shasta County is gaining momentum. A proposal has been approved by the Shasta County Board of Supervisors for a Mental Health Resource Center to be located in Redding that could provide after hours and weekend mental health services. This seems to be moving Shasta County in the right direction.

Presentations to the Shasta County community by national mental health advocates have helped improve awareness for the need to rapidly stabilize patients who are experiencing an acute crisis. Prompt intervention helps prevent local emergency room visits and reduces the need for incarceration. A Mobile Crisis Stabilization Team has shown to be one of the most effective approaches, and would provide an immediate on-site response for people in a mental health crisis. Also, additional Crisis Intervention Training (CIT) for law enforcement officers would improve their skills and help them recognize signs of a mental health emergency and respond appropriately.

This report discusses what happens within the first 72 hours after making a 911 call for help when a person is experiencing a mental health crisis in Shasta County.

### BACKGROUND

The Grand Jury conducted an investigation of mental health services in Shasta County, focusing on the first 72 hours of a mental health crisis. The Grand Jury's guiding question was, "What happens if a person calls 911 for help when someone is harming themselves, threatening suicide, has overdosed, or is acting out with threatening or unusual behaviors?" Caring for people experiencing their first-time mental health crisis can be daunting and confusing. Friends or families may not know where to go, who to turn to for help, or what facilities and services are available. When a call is finally made to a mental health help line or doctor's office, and families are told to call 911, what happens?



## **METHODOLOGY**

- Observed operations and interviewed staff of Shasta Area Safety Communications Agency (SHASCOM)
- Attended a National Alliance on Mental Illness (NAMI) sponsored public discussion with the Shasta County Sheriff as speaker
- Toured the Shasta County Jail and interviewed jail staff
- Toured the Tehama County Community Crisis Response Unit and interviewed staff
- Toured the Shasta County Juvenile Rehabilitation Facility
- Toured the Shasta County Mental Health Center and the co-located Residential Center
- Reviewed the National Academies Emergency Dispatch Protocol #25 covering psychiatric, abnormal behavior, and suicide attempts
- Reviewed California Department of Justice Bureau of Firearms website and Informational Bulletin Number 2012-BOF-02, New Mental Health Firearms Prohibition Reporting System
- Reviewed Proposition 63, the California Mental Health Services Act (MHSA)
- Reviewed California Health and Safety Code Sections 1797-1799.207
- Reviewed California Welfare and Institutions Code Sections 5150-5155
- Reviewed California Welfare and Institutions Code Sections 8100-8103
- Reviewed Shasta County Mental Health's Three-Year Program & Expenditure Plan for 2014/15, 2015/16, and 2016/17
- Reviewed Shasta County Mental Health informational websites
- Reviewed the December, 2015 Shasta County Crisis Services Activity Report
- Interviewed staff from the City of Redding Police Department
- Interviewed staff from the Shasta County Sheriff's Office
- Interviewed staff from Shasta Regional Medical Center
- Interviewed staff from Mercy Medical Center
- Interviewed staff from Shasta County Mental Health Services

## **DISCUSSION**

### **Following the Call**

In this investigation, the Grand Jury began with the scenario of a person calling 911 when someone is experiencing a mental health crisis. A mental health crisis occurs when a person is expressing suicidal thoughts, deliberately harming themselves, experiencing a panic attack, or appears acutely psychotic. The Grand Jury wanted to know what happens in Shasta County within the first 72 hours of a mental health crisis. When a citizen calls 911 for mental health help, where does the call go?

### **Dialing 911 – Shasta Area Safety Communications (SHASCOM)**

The 911 call starts at the Shasta Area Safety Communications (SHASCOM) dispatch center. Dispatchers talk to the caller and assess the situation based on the information provided. SHASCOM then hands off the call to the appropriate law enforcement agency, either the Shasta County Sheriff's Department or a city police department. Law enforcement is dispatched and

emergency resources are sent if medical aid is indicated. Medical personnel when responding, wait at a safe location nearby until law enforcement has secured the scene.

In 2015, SHASCOM dispatchers handled 442,308 emergency and non-emergency calls resulting in 196,968 incidents that required the dispatch of law enforcement, fire, or other emergency personnel. According to SHASCOM administration officials, the current computer-aided dispatch system is unable to track the actual number of mental health emergency calls.

### **Law Enforcement Responds to Call Dispatched by SHASCOM**

All calls made to 911 for mental health emergencies are dispatched to a law enforcement officer who is provided with the initial information and the calling party's phone number. The assigned officer(s) assess the nature of the mental health crisis, secure the scene, and allow any necessary emergency medical personnel to then approach. A person in crisis can agree to voluntarily receive treatment and be transported by ambulance (if dispatched) or by law enforcement to a hospital or the Shasta County Mental Health Clinic (during business hours). If the law enforcement officer determines that the person in crisis is a danger to themselves or others, or is gravely disabled, then California Welfare and Institution Code 5150 applies.

California Welfare and Institution Code Section 5150 (a) provides: *“When a person, as a result of a mental health disorder, is a danger to others, or to himself or herself, or gravely disabled, a peace officer, professional person in charge of a facility designated by the county for evaluation and treatment, member of the attending staff, as defined by regulation, of a facility designated by the county for evaluation and treatment, designated members of a mobile crisis team, or professional person designated by the county may, upon probable cause, take, or cause to be taken, the person into custody for a period of up to 72 hours for assessment, evaluation and crisis intervention, or placement for evaluation and treatment in a facility designated by the county for evaluation and treatment and approved by the State Department of Health Care Services.”*

California Welfare and Institution Code Section “5150” allows law enforcement to place a person under a 72 hour **involuntary** hold if they meet the definition of a danger to self or others, or are gravely disabled. These individuals will be transported to one of the local hospital emergency rooms by law enforcement officers for evaluation and treatment, as needed.

Crisis Intervention Training (CIT) for law enforcement officers provides for improved officer safety, improved recognition of a wide variety of mental health disabilities and disorders, and teaches de-escalation techniques. This training empowers law enforcement officers so they can help stabilize a person in crisis, often preventing the need for emergency room visits and reducing the amount of time a mental health call diverts law enforcement officers from being available to respond to other emergency calls for service. The benefits of CIT in many situations are that an officer or emergency personnel can de-escalate the situation and refer the person to mental health services for follow-up. Law enforcement officers receive CIT during their initial academy training. Between 50% and 60% of the Sheriff's Office and the Redding Police Department officers have received additional CIT. The representatives from two law enforcement agencies the Grand Jury interviewed stated that additional CIT would be beneficial to all officers.

### **In the Hospital Emergency Room**

When mental health patients arrive at one of the three local hospitals, Mayers Memorial Hospital in Fall River Mills, or either Shasta Regional Medical Center or Mercy Medical Center in Redding, they are initially assessed, treated and medically stabilized in the emergency room. Mental health patients with more serious medical needs will be transferred out of the emergency

room to an acute care room in the hospital. Mental health patients who have committed a crime will first be medically cleared by emergency room staff and then transported by law enforcement to the Shasta County Jail where they are held and treated. Mental health patients who are voluntarily transported to the hospital can be released by medical personnel after an evaluation is completed by an emergency room physician and medically cleared.

Emergency room physicians may consult with an out-of- county contract psychiatrist, via an internet-based video conference referred to as “Tele-Psychiatrist.” Through consultation with the treating physician, the psychiatrist determines if there is a need for psychiatric medications as part of the emergency room treatment. Tele-psychiatrists are utilized because there are few local psychiatrists in Shasta County. This alternative offers local emergency room patients with psychiatric stabilization until a mental health evaluation is completed.

A “5150 hold” authorized by a peace officer places the mental health patient on a 72 hour involuntary mental health observation hold. In Shasta County, this can only be cleared by licensed staff of Shasta County Mental Health. Mental health patients brought to the emergency room at the direction of law enforcement, but who are not treated or released, or not subjected to a “5150 hold”, are placed under a different type of hold, called a “1799 hold”. This is a 24 hour hold issued by an emergency room physician as authorized by the provisions of Health and Safety Code Section 1799. The hold remains in place until a County Mental Health evaluator arrives and determines if the patient meets “5150” criteria or can be released. If the patient meets the “5150” definition, the 24 hour hold is changed to a 72 hour hold.

### **Hospitals Consult with Shasta County Mental Health Services**

The procedures for a mental health patient’s medical clearance are identical for both children and adults. This includes the following general protocol: physical assessment, laboratory tests, and completion of the medical record for the patient’s hospital visit. The medical clearance must be completed prior to a Shasta County Adult Mental Health evaluation. In addition, there is a Children’s Mental Health branch that evaluates patients under the age of 18.

Once the medical clearance is completed, the hospital will fax a request for evaluation to Shasta County Mental Health Services. When an evaluator is available, they will travel to the emergency room. Licensed mental health staff will complete a patient “face to face” assessment and determine what level of care is needed. Patients under an involuntary “1799” or a “5150” hold will be evaluated and the hold will either be confirmed for additional treatment in a psychiatric hospital, or the patient will be released.

After hours and on weekends, the hospital still sends the fax to the Shasta County Mental Health Service office where staff addresses the request the following morning. This can result in long waits for patients in the emergency room. The average response from a 911 call to completion of the patient evaluation by mental health staff is six to eight hours, but is longer for patients admitted on nights and weekends. When the Grand Jury toured the Shasta County Mental Health Services office, there were nine active cases on the status board awaiting evaluation. During interviews with Shasta Regional Medical Center and Mercy Medical Center staff, the Grand Jury learned that hospital emergency rooms are often crowded with mental health patients, causing long waits for all emergency room patients. Representatives from both hospitals expressed frustration with the current system.

Shasta County Mental Health Services conducts between 120 to 160 in-hospital evaluations per month. Of these evaluations, 10 to 20 are for patients under the age of 18. After initial evaluation by a mental health evaluator, 60% to 65% of the patients are discharged and provided a follow-up plan for local treatment, if necessary.

Patients who are released may be provided with follow-up treatment by Shasta County Mental Health Services, which includes providing the patients a list of locally available resources. These patients often have appointments scheduled for them by county staff or they are given referrals to other service providers. Patients can also schedule their own appointment with the Shasta County Mental Health Clinic at 2650 Breslauer Way in Redding.

A pilot program recently introduced by Shasta County Mental Health Services co-locates mental health evaluators in two of the three hospital emergency rooms Monday through Friday, 8:00 a.m. to 5:00 p.m., potentially resulting in shorter patient wait times during those hours. However, this program has not improved wait times for nights and weekends. Expanding this program could expedite the patient assessment process necessary for either releasing a patient under a psychiatric hold, or in obtaining placement in a psychiatric hospital.

Shasta County's three acute hospitals, Mayers Memorial Hospital, Shasta Regional Medical Center and Mercy Medical Center do not have licensed psychiatric beds. All mental health patients who do not require hospitalization for medical issues, but require additional treatment in a psychiatric hospital, are held in the emergency room until transported to a psychiatric facility. Administrative staff from both local hospitals indicated and Shasta County Mental Health Services confirmed that during this extended stay, no actual counseling or mental health services are provided to patients.

### **County Mental Health Services Arranges Psychiatric Hospitalization**

Treatment and placement in a psychiatric hospital, if deemed necessary, may be delayed until a patient's information packet containing laboratory reports, patient history, and determination of insurance is completed. In addition, long delays result from the lack of available licensed psychiatric beds for patients who need continued inpatient mental health treatment.

Mental Health evaluators seeking placement for Shasta County patients who require treatment in an in-patient psychiatric facility face serious challenges. California's licensed psychiatric hospitals with available beds are in short supply. Also, they will accept or refuse patients depending on: the level of care needed, the patient's history, availability of medical insurance, and even a patient's size and weight. There are 16 licensed adult psychiatric beds available in Shasta County, located at Restpadd on Eureka Way. Restpadd does not have psychiatric beds for children. The closest inpatient hospital for children and adolescents is in Sacramento, which results in additional hardship and trauma for the patient.

The lack of readily available placement options means that a patient could actually stay in the local emergency room for weeks while waiting for a bed to become available at a psychiatric hospital. According to local hospital representatives, a Shasta County patient was recently boarded in the emergency room for 45 days awaiting an appropriate psychiatric inpatient bed. An available bed was eventually found and the patient was transported to San Diego. This long wait without proper psychiatric care is detrimental to the patient's recovery.

### **Alternate Solutions**

During this investigation, the Grand Jury found that some counties utilize a Mobile Crisis Stabilization Team. There are successful models Shasta County could use to develop a local team. An effective model might be composed of a law enforcement officer paired with a mental health staff member who can jointly respond to calls in the community. Trained staff could conduct an immediate mental health assessment and provide crisis resolution, family education, and other relevant information or mental health service referrals. The ability to provide and recommend services to patients where they live or in the field could reduce time spent by law enforcement in transferring patients to hospitals. This could also reduce inpatient psychiatric

hospitalization and provide better outcomes in the least restrictive manner for individuals with mental health conditions. Additionally, it would reduce associated trauma to family and caregivers.

On January 1, 2005, Proposition 63, also known as the Mental Health Services Act (MHSA), which proposed a 1% tax on adjusted annual income over one million dollars became law. This stream of funding is dedicated to transforming the public mental health system and seeks to reduce the long-term negative impact from untreated serious mental illness. Shasta County receives additional annual funding as a result of the MHSA.

Innovation is a project component under MHSA. Innovation projects must be novel, creative, and/or ingenious mental health practices or approaches and may be used for increasing the quality of services including better outcomes, promoting inter-agency collaboration and increasing access to services. This funding was created for the purpose of developing new mental health practices, testing and evaluating the model, and sharing the results with the statewide mental health system. This funding cannot be used for inpatient beds. However, creating a Mobile Crisis Intervention Team in Shasta County may qualify as an innovation project, as defined in the MHSA. Furthermore, creating a mobile crisis unit would not require a new building and new funds could be available through MHSA.

Currently, Shasta County offers mental health services at the Mental Health Walk-In Clinic at 2650 Breslauer Way, Monday through Friday, 8:00 a.m. through 5:00 p.m. Outpatient services for children and adults include counseling assessment, case management, medication, urgent care, and crisis services. Referrals to a psychiatrist can be made for privately insured patients; however, because of the lack of psychiatrists, new patients typically wait up to 90 days for an appointment. Preventative care, education about the early signs of mental illness, and intervention are keys to successful treatment. Interviews with mental health professionals by the Grand Jury indicate that the stigma attached to mental illness may cause many emergency room visits to be by patients who are seeking mental health services, preferring to use the emergency room rather than the walk-in Mental Health Clinic. Eliminating the stigma surrounding mental illness, which may result in delayed care, is critical for Shasta County to be successful in the treatment of the mentally ill.

Shasta County citizens concerned about losing their right to own a firearm by seeking treatment for mental health issues should understand that preventative treatment does not trigger notification to the Department of Justice. According to Welfare and Institutions Code Sections 8100-8103, it is only at the point when a person is determined to be a danger to themselves or others, or gravely disabled, or admitted to a facility for inpatient psychiatric treatment that notification must be provided to the Department of Justice.

## **FINDINGS**

- F1. There is a need for a Mobile Crisis Stabilization Team to reduce the strain on law enforcement and hospital emergency rooms, while providing vital care, support, and referrals to individuals and families experiencing a mental health crisis.
- F2. The stigma of mental illness contributes to the use of hospital emergency rooms to access mental health services, resulting in crowded emergency rooms, delayed treatment, and long waits for all patients seeking medical or mental health care.
- F3. The public, in particular families who are experiencing a first-time mental health crisis, is often not aware of available services at the Shasta County Mental Health walk-in clinic, resulting in lack of early intervention and treatment.

- F4. The Shasta County Mental Health walk-in clinic is not available 24 hours a day, 7 days a week, resulting in the need to access care through hospital emergency rooms.
- F5. Law enforcement officers may or may not have received Crisis Intervention Training (CIT) beyond that received during their academy training. Continuing updated CIT education in the recognition of mental illness and de-escalation techniques could help prevent transporting patients to hospital emergency rooms or county jail.
- F6. There are only 16 adult psychiatric beds in Shasta County and none available for children. This results in delayed treatment, long waits in the emergency rooms, and separating patients from their support system. With the limited number of beds for adults and none for children, treatment time increases because of the time necessary for transporting patients outside Shasta County.

## **COMMENDATIONS**

The Grand Jury commends Shasta County Mental Health Services for initiating its recent pilot program to co-locate county mental health evaluators in the two Redding hospital emergency departments. This program is intended to expedite the process of completing the mental health assessments and locating licensed psychiatric beds.

## **RECOMMENDATIONS**

- R1. The Grand Jury recommends that by December 31, 2016, the Board of Supervisors direct Shasta County Mental Health Services to develop a plan that provides a permanent Mobile Crisis Stabilization Team in partnership with law enforcement to address crisis situations in the field, utilizing new Mental Health Services Act (MHSA) funding.
- R2. The Grand Jury recommends that by December 31, 2016, the Board of Supervisors adopts a plan with Shasta County Mental Health Services to establish a Mental Health Resource Center with expanded hours to provide support and counseling services.
- R3. The Grand Jury recommends that by December 31, 2016, the Board of Supervisors directs Shasta County Mental Health Services to expand the hours of the Mental Health walk-in clinic, to include nights and weekends, until the proposed Mental Health Resource Center is open to the public.
- R4. The Grand Jury recommends that by December 31, 2016, the Board of Supervisors directs Shasta County Mental Health Services to initiate an ongoing campaign to promote public awareness of current mental health services available to children and adults in Shasta County.
- R5. The Grand Jury recommends that by December 31, 2016, the City of Redding City Council, City of Anderson City Council, and the Shasta County Sheriff's Office each adopt a departmental policy that requires Crisis Intervention Training, at a minimum of every two years, for all law enforcement officers, beginning.
- R6. The Grand Jury recommends that by December 31, 2016, the Board of Supervisors adopts a plan with Shasta County Mental Health Services to work with Restpadd and other interested providers to locate additional facilities in Shasta County that will increase the number of inpatient psychiatric beds for adults.

R7. The Grand Jury recommends that by December 31, 2016, the Board of Supervisors adopts a plan with Shasta County Mental Health Services with detailed action and implementation timelines to establish a facility in Shasta County providing inpatient psychiatric beds for children.

## **REQUEST FOR RESPONSES**

Pursuant to Penal Code Section 933.05, the following responses are required:

From the following governing bodies (within 90 days):

- Shasta County Board of Supervisors: **F1, F2, F3, F4, F6 and R1, R2, R3, R4, R6, R7**
- City of Redding City Council: **F5 and R5**
- City of Anderson City Council: **F5 and R5**

From the following elected county officer (within 90 days):

Shasta County Sheriff-Coroner: **F5 and R5**

**The Grand Jury recommends that all governing bodies place their responses to all Grand Jury Reports on their Regular Calendars for public discussion, not on their Consent Calendars.**

## **INVITED RESPONSES**

The Grand Jury invites the following responses:

From the following individuals (within 60 days):

- Chief of Police, City of Redding: **F5 and R5**
- Chief of Police, City of Anderson: **F5 and R5**

When there is a perception of a conflict of interest involving a member of the Grand Jury, that member has been required to recuse from any aspect of the investigation involving such a conflict and from voting on the acceptance or rejection of that report. One member of the Grand Jury recused from this report.