

# Adult Crisis Services

**Adult Crisis Response  
(ACR)**

**Follow up Services  
(FUS),**

**Mobile Crisis Triage  
(MCT)**

# Adult Crisis Response (ACR)

- ❖ Providing Crisis Interventions and Assessments to Adults in Placer County Sutter hospitals to determine appropriate level of immediate service need
- ❖ Linkage to inpatient psychiatric hospitalization if meet threshold for 5150 involuntary hospitalization.
- ❖ If does not meet criteria, services include: Brief therapy, Psycho-education, Safety planning, Linkage to community resources (crisis residential, intensive outpatient, psychiatric services, substance use services, medical providers, outpatient services)

## Total Evaluations Completed

**FY 2020-21:**

**3477**

**FY 2019-2020:**

**3318**

**FY 2021-2022:**

**2336**

# Hospitalization Rates

## FY 2020-21

Met Criteria for 5150	Percent of evals (%)
NO (Safety Planned)	49.27 %
YES (Hospitalized)	50.73%

## FY 2019-20

Met Criteria for 5150	Percent of evals (%)
NO (Safety Planned)	45.09 %
YES (Hospitalized)	54.91 %

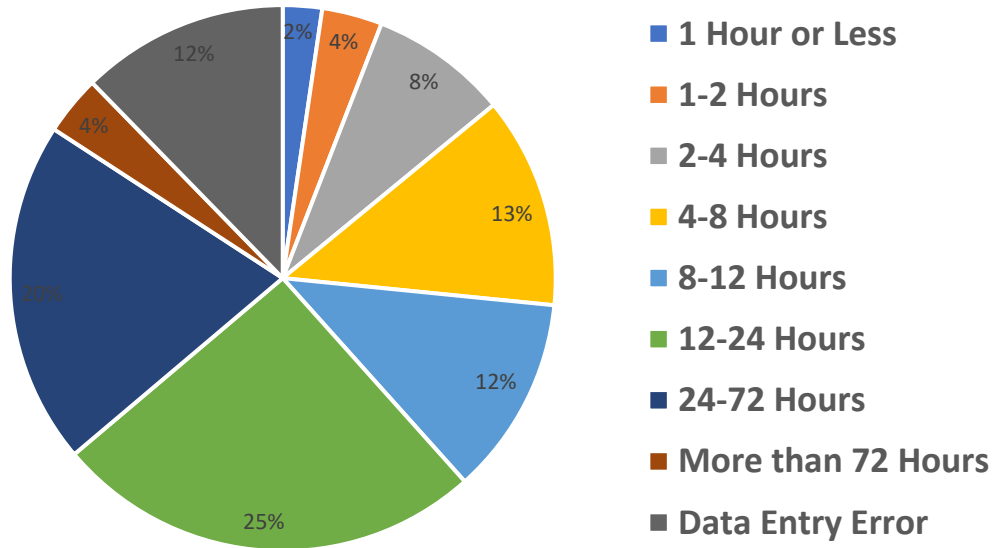
## FY 2021-2022

Met Criteria for 5150	Percent of evals (%)
NO (Safety Planned)	52.23 %
Yes (Hospitalized)	47.77 %

# Emergency Room Length of Stay for Patients requiring involuntary hospitalization

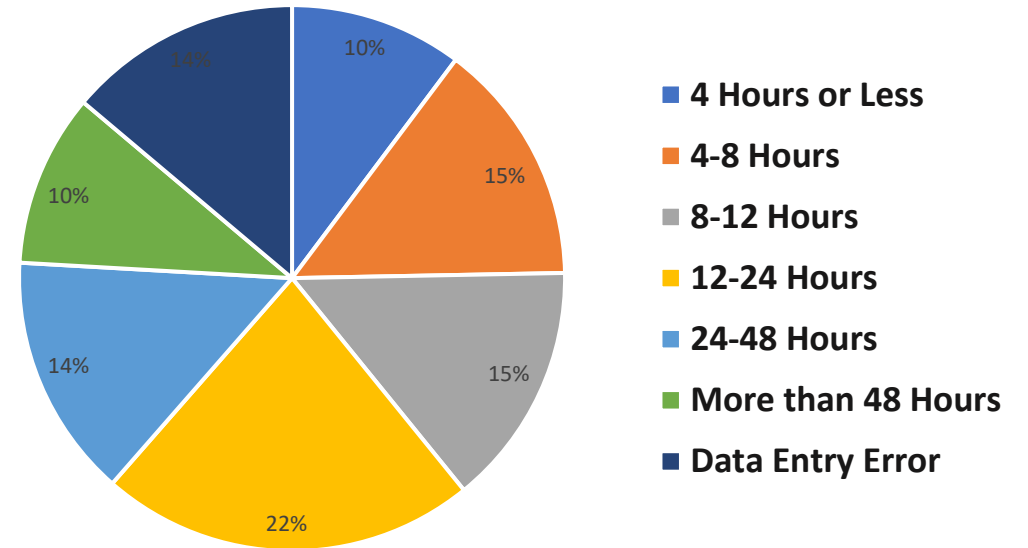
## FY 2020-21

All - Eval Req to Placement



## FY 2019-20

ACR - Eval Req to Placement



# Key Components and Changes

## Affects of COVID on Crisis Response

- Increase in mental health symptoms, suicide rates, and crisis episodes for people with long standing mental health history and recent onset of mental health concerns
- Increase in complex client needs that include mental health, substance use, and medical concerns
- Decrease in bed availability of psychiatric facilities due to temporary closures, longer patient stays on the units, and staffing concerns

## Solutions and Improvements

- Increase in communication and collaboration with various community partners (law enforcement, medical hospitals, psychiatric facilities) to address barriers and delays in treatment
- Introduction of psychiatric treatment and medication management in the ER for assistance with stabilization
- Development of COVID patient rooms and units in psychiatric hospitals

# Follow Up Services (FUS)

- ❖ Providing follow up contact and “check ins” to clients who received crisis assessment and interventions but who did not require involuntary hospitalization (Did not meet criteria)
- ❖ Contact and support provided by clinicians, peer advocates, and psychiatric RN
- ❖ Services and interventions include peer support, psycho-education, coping skills “coaching”, linkage to placerville county services, and linkage to community resources

## FY 2020-21

**Successful Contacts (provided at least 1 intervention) :**

**282 cases (47.2 %)**

## FY 2019-20

**Successful Contacts (provided at least 1 intervention)**

**262 (35%)**

# Key Components and Changes

## Previous Challenges to FUS

- Lack of response or return calls from clients when messages left
- Frequent issues with lack of appropriate or correct contact information for clients
- Limited interventions being offered or provided as part of follow up support

## Solutions and Improvements

- Increase in communication and description to clients during discharge planning about follow up services
- Improvement in ensuring accurate and current contact information when offering follow up services
- Increase in offering variety of supportive interventions as well as avenues to provide this support (phone, face to face, emails, mail)

# Mobile Crisis Triage (MCT)

- Provides community-based mental health crisis services;
- Is available to all Placer County residents aged 16 and older, regardless of insurance status
- Consists of a mental health clinician, a psychiatric nurse, and/or a peer advocate
- Provides crisis intervention and assessment
- (If RN is present), provides nursing triage
- Provides referrals to community resources and linkage to ongoing mental health services
- Increase access to mental health crisis services outside of the emergency department
- Reduce number of involuntary psychiatric hospitalizations
- Reduce mental health crisis related contact with law enforcement
- Improve outcomes for clients receiving mental health services



# Mobile Crisis Data

## FY 2020-21

Total # Clients Served: 504

Psychiatric Hospitalization Rate: 42%

Request to MCT Arrival Time:

16mins

Request to LE leave scene:

59min

## FY 2019-20

Total # of clients served: 343

Psychiatric Hospitalization Rate: 46%

## FY 2021-22 (July-Dec)

Total # of clients served: 280

Psychiatric Hospitalization Rate: 33%

# Key Components and Changes

## Affects of COVID on MCT

- Client anxiety about leaving the house
- Social isolation and covid precautions and procedures
- Increase in client calls but decrease in staffing availability
- Increase in acuity and severity of mental health symptoms

## Successes and Improvements

- Increase in MCT calls to allow ability to provide the support without impacting emergency rooms and first responders
- Creative contacts and interventions to provide immediate support (telephone, telehealth, outdoor interventions)
- Continued to provide in person support during times of closures
- Increased reputation of quick and reliable response