

MEMORANDUM OF UNDERSTANDING NO. _____

**BETWEEN
MERCED COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES
AND
MERCED COUNTY SHERIFF
CITY OF MERCED COUNTY POLICE DEPARTMENT
for
MOBILE CRISIS RESPONSE TEAM**

SECTION 1

1.1 PARTIES TO AGREEMENT

1.1.1 Merced County Sheriff

1.1.2 Merced County Behavioral Health and Recovery Services (BHRS)

1.1.3 Merced Police Department

SECTION 2

2.1 INTRODUCTION AND HISTORY

2.1.1 In December 2014, the Mental Health Services Act Ongoing Planning Council and Merced County Board of Supervisors approved the proposed project request for expanding crisis support services of Merced County. The desire of Behavioral Health and Recovery Services was to expand crisis support services to the community by adding a Mobile Crisis Response Team, staffed by Mental Health Clinicians, as an adjunct to the Crisis Stabilization Unit and the Triage Program. The development of a Mobile Crisis Response Team (MCRT) was designed to evaluate community members needs early and determine the least restrictive environment safe enough to place or refer one to when struggling with a crisis situation.

Over the years, the needs of the community have shifted as a result of an increase in homelessness throughout all of California. Additionally, the demand for Mental Health Clinicians throughout the state has created vacancies throughout counties, resulting in re-examining the way behavioral health services are provided. Regulations no longer mandate the need for Master's level Clinicians to provide triage, screening, and evaluation services to people who may be experiencing a behavioral health emergency, and therefore BHRS has included the Bachelor's level Mental Health Worker (or years of experience) to the BHRS MCRT. The team will continue to aid and assist our community partners to focus on what they do best and not be constrained with issues of support beyond their scope or necessity. Law enforcement will be able to request support from the MCRT team, as available, to respond in the community for behavioral health situations. Prioritization will be considered based on imminent danger and crisis need. The MCRT will focus on triage and evaluation to determine the need for a higher level of care, or other appropriate services or referrals throughout the community.

SECTION 3

3.1 PURPOSE OF THE AGREEMENT

3.1.1 The purpose of this MOU is to establish a working relationship among the parties and to document the responsibilities of each party relative to the provision of the MCRT services in Merced County. MCRT is designed to improve collaboration between BHRS and law enforcement systems, with the goal of more effective handling of incidents involving law enforcement officers and persons in need of immediate behavioral health crisis and/or interventions. Parties of this understanding agree to work together in the most efficient and professional manner in order to best serve residents of Merced County.

3.1.2 The term of this agreement is ongoing, with the effective commencement date being July 01, 2020. This MOU may be amended only in writing with signed approval of all parties to this MOU. A representative of any participating agency can request a review of the MOU at any time if deemed necessary for operational effectiveness. Participating agencies may elect to terminate their participation in this MOU by providing written notification to the MCRT MOU participants. Termination will take effect not less than thirty (30) days after receipt of written notification or upon a date established by mutual agreement.

3.1.3 Overview of Mobile Crisis Triage Model

BHRS will employ either: a 2 (two) person team when available and appropriate to respond to children and adults in Merced County who are experiencing a behavioral crisis; or one Mental Health Worker to respond in conjunction with the team. Schedule of operation are Monday through Saturday between the hours of 7 a.m.-7 p.m. for the MCRT 2 (two) person team, and the Mental Health Worker responding with the MCRT Team, between the hours of 7 a.m.- 7 p.m., Monday through Friday, not to exceed a 40-hour work week. The MCRT teams will be available to respond to various locations within Merced County communities (i.e., residences, streets, shelters, clinics, hospitals and schools), where an evaluation has not already been completed by another member of BHRS. MCRT will be stationed in the City of Merced and will be provided with a caged County marked vehicle. The MCRT will respond to areas within Merced County.

MCRT teams will be deployed to offer mental health assistance; triage, screening and crisis intervention. The MCRT team will focus on meeting program goals and outcomes, partnering efficiently and effectively with Law Enforcement Agencies (LEA), and doing what is in the best interest of each individual served. This may involve spending additional time with the individual to de-escalate anxiety or a sense of hopelessness, while providing support, referrals and linkage to additional services in an effort to reduce the need for unnecessary psychiatric hospitalization.

SECTION 4

4.1 GOALS OF MCRT

4.1.1 BHRS makes the assumption that by spending the extra time in providing clinical interventions to assist individuals through their crisis, the following goals will be accomplished:

Immediate Goals:

- 1) Improve client experience in accessing mental health services,
- 2) Reduce the rate of psychiatric hospitalization for those who are evaluated in crisis,
- 3) Provide appropriate linkage and referrals throughout the community to reduce time spent on crisis calls by the dispatched LEA

Future Goals: to demonstrate the effectiveness of this program. Work with community partners to develop outcome measures for the goals specified below:

- 1) Reduce the impact of overcrowded emergency departments due to mental health crisis
- 2) Effective handling of incidents involving law enforcement officers and persons in need of immediate mental health crisis intervention

4.1.2 Alternative to hospitalization (i.e., return or remain home or other safe environment with linkage to services and utilization of natural supports) will be explored and utilized when possible by the MCRT

SECTION 5

RESPONSIBILITIES OF PARTIES

5.1 Responsibilities of Merced County Behavioral Health and Recovery Services

5.1.1 Provide, operate, and maintain MCRT consisting of Welfare & Institution Code (W&I Code), 5150 /5585 certified license or license eligible master degree level mental health clinician (LCSW, LMFT, Registered or Waivered Mental Health Clinician, etc.). **BHRS will provide a minimum of one (1) FTE Mental Health Worker** trained in triage, evaluation, crisis intervention, and targeted case management services to respond with the MCRT team

5.1.2 Provide the necessary interventions for each appropriate referral received, including, but not limited to, crisis evaluation, W&I Code 5150 / 5585, consultation, case management or linkage and referrals

5.1.3 Provide clinical and administrative training and oversight for MCRT

5.1.4 Ensure confidentiality within State and Federal guidelines

5.1.5 Share outcome data as appropriate with MCRT partners for continued quality improvement

5.1.6 Provide leadership representation at quarterly MOU meetings

5.1.7 Within agreed upon MCRT schedules provide timely response, as available, at requested locations within Merced County

5.1.8 Provide or arrange for transportation as necessary for persons receiving a crisis evaluation, to designated facility for continued psychiatric stabilization. This may include transportation by the MCRT, law enforcement, or ambulance

5.1.9 BHRS will continue to provide telephone crisis and triage services for persons seeking assistance with behavioral health services as established at the Crisis Stabilization Unit

5.1.10 Mental Health Worker shall not respond to a request for dispatch independent of the MCRT team

5.2.1 Responsibility of Law Enforcement Agencies (LEA)

5.2.2 Make appropriate referrals to BHRS MCRT, as detailed in Section 6 of this agreement. Referrals shall be made as soon as is practically possible

5.2.3 Responds to calls for Welfare Checks, whenever requests are made by BHRS, as a result of knowledge that a person is determined to be in imminent danger as a result of a mental health crisis

5.2.4 Follow normal LEA procedures of initiating an application per W&I Code 5150 / 5585, when it is determined that a MCRT will be unable to respond to a Law Enforcement Agencies request for assistance

5.2.5 Work closely with the MCRT once they have arrived on scene to ensure appropriate communication, exchange of information related to LEAs involvement and disposition prior to leaving the scene

5.2.6 Return to scene of MCRT intervention, if needed and requested after having left the scene, for purposes of assisting with local transportation or safety. Should transportation

assistance be needed outside of the LEA's jurisdiction, a request will be made to the commanding officer for approval.

- 5.2.7** Provide representation from each LEA to provide representation at the quarterly MOU meetings.
- 5.2.8** Provide the necessary oversight and training of all LEA personnel to be familiar with MCRT program, protocol and LEA responsibilities as they partner within this program.
- 5.2.9** Provide for the necessary opportunity, when appropriate, for the MCRT team to work in tandem with the Mental Health Workers
- 5.2.10** Ensure confidentiality within legal guidelines for individuals receiving assistance from MCRT

SECTION 6

6.1 INCLUSION AND EXCLUSION GUIDELINES FOR APPROPRIATE REFERRALS TO MCRT

- 6.1.1** While it is difficult to establish exact criteria for appropriate requests for MCRT, the following serve as a guideline to be used when LEA initiate contact with MCRT

6.1.2 EXAMPLE OF APPROPRIATE CALLS TO INITIATE MCRT:

- 6.1.3** Any situation which involves a person experiencing a crisis (exhibiting a clear danger to oneself, others, or grave disability due to a mental illness) where it is determined likely that the person would require psychiatric hospitalization (W&I 5150) at that time or 1-2 days after, if left unattended or untreated

- 6.1.3.1** Suicidal thoughts (person does not necessarily need to verbalize a plan or means)

- 6.1.3.2** Bizarre or psychotic behaviors affecting an individual's ability to care for their basic need and likely requiring a W&I Code 5150 / 5585 for Grave Disability. When unclear if behavior is mental health related, LEA shall make a MCRT referral, and LEA should call a Mental Health Worker

- 6.1.3.3** Presentation of manic symptoms and behaviors, such as: talking faster than normal, displaying excessive energy, evidence or report of recent impulsive or dangerous behavior (i.e., running in and out of traffic, inappropriate anger or irritation toward random

passers-by, hyper-sexuality or promiscuous behavior), extreme lack of sleep, grandiose presentation. Presentation of manic symptoms is not due to illicit substance use

6.1.3.4 Extreme anxiety to the point that a person feels they might require going to the emergency room due to “panic-like” behaviors (i.e., feeling tightening or pounding of chest, shortness of breath, trembling, shaking, sweating, fear of death). For situation where it is difficult to determine the level of anxiety, it may be appropriate to initiate a MCRT referral

6.1.3.5 An individual who makes a statement indicating severe depression and complete hopelessness (i.e., “There is no point in going on” or “I feel like going to sleep and never waking up.”) These persons are at risk of suicide even though they may not be verbalizing active suicidal thoughts. For situation where it is difficult to determine the level of depression, it may be appropriate to initiate a MCRT referral

6.2.1 EXAMPLES OF INAPPROPRIATE CALLS TO INITIATE MCRT:

6.2.1.1 Primary concern is Dementia related (typically an individual advanced in age suffering from symptoms and behaviors such as short-term memory loss, difficulty performing normal tasks, disorientation, misplacing things, changes in mood and personality, with no known history of mental health diagnosis or treatment)

6.2.1.2 Primary concern is related to Adult Protective Services (abuse or neglect)

6.2.1.3 Person stating he/she is anxious or depressed without any mention of extreme severity. Referral could be made through ACCESS for an intake appointment with Community Access to Recovery Service- Central Intake Unit

6.2.1.4 Relationship problems. Referral could be made through ACCESS for intake screening

6.2.1.5 A youth, 16 or 17 years old, who is fighting with his/her parent, and no other evidence of a mental health crisis

6.2.1.6 Imminent medical emergency

6.2.1.7 Clear evidence of drug or alcohol intoxication warranting medical treatment or clearance. Depending on level of drug or alcohol intoxication, the MCRT team intervention could be appropriate; if the individual in crisis is intoxicated but able to participate in an interview, an MCRT referral could be initiated

6.2.1.8 The individual(s) has been recently evaluated for 5150/5585 hold at a public/private agency or organization (i.e. mental health clinic, school, private psychotherapist office)

6.2.1.9 The individual is homeless, but presents with the ability to find food, shelter, and clothing

SECTION 7

TRAINING AND LICENSING CERTIFICATION

The signatories to this MOU will ensure that all agency personnel involved in carrying out the agreed upon protocol will be properly trained and appropriately certified to perform the duties detailed herein.

SECTION 8

Merced County shall host a meeting for the parties of this agreement, twice yearly, or more frequently as needed to discuss the following issues timeliness and utilization data, quality improvement activities, conduct case review of difficult cases, and/or review adherence to practices as described in this MOU. Any agency may identify a case or situation to review and add to the agenda prior to the meeting. All agencies will come prepared to discuss the detail of the case. Any agency may request a special meeting as necessary.

SECTION 9

9.1 TERMS OF AGREEMENT

9.1.1 All signatory agencies shall use best efforts to move forward in accordance with the guidelines set forth in this agreement. This MOU is not intended to create any legally binding obligations or causes of action for or against any party. This MOU is made for the benefit of the parties, and is not intended to benefit any third party or be enforceable by any third party

9.1.2 The City of Merced has authorized the execution of this MOU by its City Council on September 21, 2020, by majority vote.

IN WITNESS WHEREOF, the parties hereto have caused their duly authorized representatives to execute this Agreement as of the day first above stated:

Genevieve G. Valentine, LMFT
Director, Merced County Behavioral Health and Recovery Services

Thomas Cavallero, Interim Police Chief
Merced Police Department

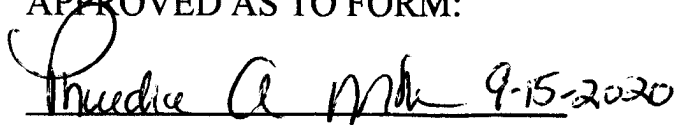
Vernon H. Warnke
Merced County Sheriff

Rodrigo Espinoza
Chairman, Board of Supervisors

Stephanie R. Dietz
Merced Interim City Manager,

MOU Between Agencies and Organizations
Merced County Mobile Crisis Response Team

APPROVED AS TO FORM:


PHAEDRA A. NORTON **Date**
City Attorney