

3 Types of Mental Health Crises

1. **"5150" Involuntary Admission**

See "5150 Crisis Tips for Families" chart (also available at namisantabarbara.org website; click on "Need Help" then "Resources") Below is explanation of terminology in this chart:

Column 1: Pre-Crisis

FMLA. The federal Family and Medical Leave Act and the California Family Rights Act (CFRA) entitle eligible employees (those who work in companies with 50 or more employees) to unpaid, job protected leave under defined circumstances.

AB 1424. If your family member is having a mental health crisis, or has been hospitalized, or is in jail, you have the legal right to submit to the attending physicians or persons in charge, the historical background of their illness. NAMI California maintains AB-1424 forms by county that can assist you in this process; they also have shorter Family Input Forms.

Grave Disability. Grave disability is a legal status in the state of California defined as when a person's mental disorder prevents him/her from providing for their own basic life-sustaining needs, such as inability to provide for own food, clothing, or shelter. Grave disability can be the basis for civil commitment if there are no existing resources for such provision.

Brief History: Sample Medical Mental Health Information Form (also available at namisantabarbara.org website, click on "Need Help" then "Resources"). This form might be augmented by including personal identification information (Ht, Wt, eye color, race, tatoos, DOB, Dentist) and arrest history.

W.R.A.P.: WELLNESS RECOVERY ACTION PLAN. Is a peer facilitated program to help participants (persons living with mental health conditions) create their own personally customized plan to prevent relapse and foster recovery. Plan can include document stating their preferences for treatment if they become too ill to participate in decisions about their care. See examples on line.

Column 2: Emerging Crisis

Crisis Stabilization Unit (CSU). Patient stays less than 24 hours. South County: Unit temporarily closed for renovation and permitting to be able to accept both voluntary and involuntary patients.

North County: The Behavioral Health Outpatient Unit (BHOU) operated by Marian Regional Medical Center (MRMC) near main hospital - accepts both voluntary and involuntary patients; for short term stabilization; admission via MRMC Emergency Department

Column 3: Crisis Event:

See Attachment: What to say if you call 911

Patients' Rights Advocates are Behavioral Wellness staff members who report directly to the Behavioral Wellness Chief of Compliance. They are available to assist anyone who has a concern about the legal rights of consumers, family members, and members of the community. Patients' Rights Advocates can answer questions, provide advice, and represent consumers in grievances, appeals, and State Fair Hearings.

Crisis Intervention Trained Officers are law enforcement professionals who have received specialized training to deal effectively with individuals experiencing behavioral health crises.

Mobile Crisis Response Team now called Crisis Services:

South County: 315 Camino Del Remedio, Suite B, ACCESS Line at (888) 868-1649)

North County: 500 W. Foster Road, Santa Maria (805) 934-6380

<https://www.countyofsb.org/behavioral-wellness/behavioral-wellness/asset.c/4385>

Crisis Services for adults in Santa Barbara are co-located at 315 Camino Del Remedio, Santa Barbara with the Crisis Stabilization Unit and Psychiatric Health Facility. This co-location provides a central hub for individuals to quickly be assessed at Crisis Services and if necessary, referred to either the Crisis Stabilization Unit for up to 24 hour care or to the Psychiatric Health facility (PHF) for psychiatric hospitalization. The Mobile Crisis Response Team is also tasked with providing field 5150 assessments when requested by law enforcement, Hospital E.R. staff or Jail Mental Health Services. At certain times in certain locations a “Mental Health Co-Response Team” (CIT trained officer and Behavioral Wellness Mobile Crisis Worker working regular shifts together in Sheriff Dept. vehicle) may respond to crisis calls.

Crisis Services for adults in north county consist of the Mobile Crisis Response Team and a Crisis Triage Team to link consumers with links to community services when appropriate (if person is not candidate for hospitalization). Services may include proactive case management, peer support, access to medical staff to address medication issues which, if left unattended may lead to involuntary care, referral to Crisis Residential facility, or referral to Crisis Stabilization Unit (in Santa Barbara).

Crisis Co-Response Teams

In areas of the county covered by Sheriff’s Department, there are 3 teams, two in south county and one in north. In areas served by Santa Barbara Police Dept. (SBPD) and Santa Maria Police Dept.(SMPD) there are two teams (one for each area). Coverage is not 24/7 as each team operates only a single shift daily and team schedules vary. Nonetheless, since superior outcomes have been achieved by Co Response teams vs. response by law enforcement or mobile crisis services alone, it is advised that when calling 911, one should always request response by a Co-Response Team, or if not available, a CIT Trained officer.

SAFTY Mobile Crisis 1-888-334-2777. Safe Alternatives for Treating Youth serves all Santa Barbara County children and youth age 20 and under. Services include specialized crisis intervention, in home support and linkage to county behavioral health or other appropriate services.

Column 4: Response by Police/Ambulance

Arrest. See #3 below

Column 6: Arrival at ER

Assessment/Evaluation – If your adult loved one is taken to Santa Barbara Cottage Hospital E.R. a medical clearance screening is completed and 5150 assessment may be done by the county Mobile Crisis Response Team or by a hospital staff physician. If outcome is a 5150 hold, and no bed is immediately available, he/she may be transferred to the Emergency Department Holding Unit (EDHU) where treatment may be initiated while awaiting transport to county Psychiatric Health Facility (PHF)

or an out of county psychiatric hospital. If your loved one is taken to Marian Regional Medical Center E.R. the same process of medical clearance and 5150 assessment by Mobile Crisis Response Team or hospital staff physician may be done. If the outcome is a 5150 hold, and no inpatient bed is available at a 5150 qualified inpatient facility, he/she will be held in the BHOU or, if bed not available there, a private room within the Emergency Department until a placement is found and transportation arranged.

Discharge If outcome of assessment is that person doesn't qualify to be held under a 5150, he/she will likely be discharged either to home or to another facility such as one for rehabilitation or nursing, or a voluntary residential recovery facility (also known as Crisis Residential – See “Voluntary Residential Recovery Programs” below). Discharge involves the medical instructions that the patient will need to fully recover.

Discharge Plan: Medicare states that discharge planning is “a process used to decide what a patient needs for a smooth move from one level of care to another.” Only a doctor can authorize a patient's release from the hospital, but the actual process of discharge planning can be completed by a social worker, nurse, case manager, or other person. Ideally, and especially for the most complicated medical conditions, discharge planning is done with a team which usually includes a **case manager**.

Conditions for discharge home. The key thing here is for families to make a list of conditions which the person must meet to be able return to their home. It must be short, easily understandable, achievable, and objective (easily measurable). These types of conditions work best if the whole family agrees to enforce them. This process involves very personal decisions that many families may choose not to make.

ROA Form. Release of Authorization form; this is a consent for release of patient information or records. Sample forms are available at <https://www.countyofsb.org/behavioral-wellness/formsforstaff-providers.sbc>

Column 7: Admitted as Inpatient

Psychiatric Health Facility (PHF) is a SB County 24/7 inpatient locked unit located at 315 Camino del Remedio. Adult admissions are by referral by Crisis Services or 911 responder.

Other Psychiatric Hospitals Since PHF is only 5150 qualified locked unit psychiatric hospital in Santa Barbara Co, when no beds are available there, adult patients being subject to a 5150 hold may be sent to a 5150 qualified hospital (locked unit) out of county, often Vista Del Mar Hospital in Ventura, or Las Encinas Hospital in Pasadena.

Minors: There are no hospitals in Santa Barbara that will admit a person under the age of 18; underage patients will be referred to Ventura, LA, Kern or other county.

Patients' Rights Handbook. Download from https://www.dhcs.ca.gov/services/Documents/Handbook_English.pdf

2. Voluntary Admission

Santa Barbara Cottage Hospital Inpatient Psychiatric Services:

Acute Voluntary Psychiatric and Chemical Dependency Inpatient Unit-5 Bath: 20 beds (alcohol & drug detoxification/and acute psychiatric stabilization). If the Psychiatric ward (5 Bath) is full, the person may be referred to another facility.

Emergency Room (ER) Walk-ins: Person will be screened by **Emergency Psychiatric Services (EPS)** within Cottage Hospital ER.

Phone Inquiries: (805) 569-8339. EPS will screen the person by phone and in case of an acute emergency, will direct the person to come to the emergency department immediately.

Upon arrival to the ER, the person will be directed to EPS for assessment for acute hospitalization. EPS will determine insurance eligibility and benefits (private or government). EPS will contact private insurance for authorization to admit because the insurance company determines if the patient meets medical necessity criteria for an inpatient admission.

SBCH does not have a contract to serve MediCal covered persons.

If the person has no inpatient benefit for acute psychiatric/acute detoxification, private pay arrangement can be made, which may require a deposit.

Voluntary Residential Recovery Programs (Crisis Residential):

The Department of Behavioral Wellness offers 3 voluntary residential recovery programs to clients in crisis. Locations include two in Santa Maria operated by Telecare Corp., one on Carmen Lane (12 beds) and on Agnes Ave (10 beds). A Santa Barbara location, operated by Crestwood Behavioral Health (10 beds) is on South San Antonio Road. The programs allow clients in crisis, who have a serious mental illness, to receive treatment from Mental Health Practitioners, Caseworkers, Peer Recovery Assistants, and Psychiatrists, while participating in various recovery programs. Clients can stay at either facility for up to 30 days at a time and have designated visitation hours.

Crisis Services Hub:

Located at 315 Camino Del Remedio, Santa Barbara, provides adult assessment of urgent mental-health needs during business hours. Adults can be assessed at Crisis Services and if needed referred to the voluntary Crisis Stabilization Unit for up to 23 hours of care, (to the Psychiatric Health facility (PHF) for psychiatric hospitalization, or to the nearby Sobering Center.

3. Arrest

Sadly, at times a person in mental health crisis, may be taken to the county jail rather than to the ER, the PHF or other inpatient facility.

See Attachments: "What to Do If Your Loved One Is Arrested"

List available at www.namisantabarbara.org. Click on "Need Help," then "Resources".

