

**SANTA CRUZ COUNTY
Behavioral Health Services**

POLICIES AND PROCEDURE MANUAL

**Subject: Mobile Emergency Response Team
(MERT(Y))**

Policy Number: 2206

Date Effective: 2/4/2021

Pages: 3

Replaces: 12/6/2017 & retires 2201 (1/5/2018)

**Responsible for Updating:
Acute and Crisis Services Manager**

Approval: 
Behavioral Health Director

2-4-2021
Date

BACKGROUND:

Santa Cruz County Behavioral Health Services, which comprises the Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) network providers, provides 24-hour crisis intervention services to all residents of Santa Cruz County. MERT(Y) are Mobile Emergency Response Teams that provide payer blind crisis services in the community for individuals of all ages during business hours. To streamline information and procedures, BHS policy and procedure 2201 Mental Health Crisis Services Overview has been incorporated into this policy, as well as policies: 2102 (Access Triage, Screening and Assessment) and 2371 (On-Duty and On-Call for Adult Services). Policy 2201 is now retired.

SCOPE:

Behavioral Health staff on the Access Team and MERT(Y) teams who provide triage, screening and crisis intervention services shall adhere to this policy and ensure best care to individuals in crisis.

PURPOSE:

To ensure that all residents receive appropriate mandated crisis intervention and referral services that meet their treatment needs. In addition is the goal to safely treat individuals in the least restrictive setting.

POLICY:

Santa Cruz County Behavioral Health shall provide 5 day a week, field-based or walk-in crisis intervention services during business hours (Monday through Friday, 8:00am - 5:00pm) for all residents of Santa Cruz County. These services shall be provided in-person by Mobile Emergency Response Team Clinicians after a brief screening by Access Triage worker and/or MERT(Y) clinician.

DEFINITIONS:

1. **Resident:** For the purposes of MERT(Y), a resident is defined as someone who is in Santa Cruz County at the time of the crisis event.
2. **5150 Involuntary 72 Hour Psychiatric Evaluation:** California State Welfare & Institutions Code (WIC) 5150 – statute that places a person on an involuntary hold for psychiatric evaluation. If it is suspected that a person, as a result of a mental disorder, is either gravely disabled, a danger to self, or danger to others, he/she/they may be placed on a “5150 Hold “pending an assessment. This is similar to WIC 5585 for minors. (see #2 below)
3. **MERT:** Mobile Emergency Response Team provides payer blind crisis services in the community.
4. **MERTY:** Mobile Emergency Response Team for Youth is a grant funded program that provides payer blind crisis services in the community for youth who live in the southern neighborhoods (from State Park Dr. south) in Santa Cruz County. BHS aims to seek additional funding to expand services across the county region.

PROCEDURES:

1. Crisis Response

- a. Hours of operation: Add business hours
MERT(Y) provides 5 day a week (Monday – Friday) field-based or walk-in crisis intervention services during business hours (8:00am – 5:00pm) for all residents of Santa Cruz County.
- b. Access:
MERT(Y) staff are notified via the (800) 952-2335 Access Line when there is need for crisis response. MERT(Y) clinicians respond by phone, in person or via Telehealth in a timely manner to determine whether further assessment is needed.
- c. Services: Services include crisis consultation, crisis evaluation/assessment, psychiatric hospital evaluation, provision of treatment information, and referral assistance. MERT(Y) clinicians can also provide short term stabilization and case management services as needed. MERT(Y) clinicians have the authority to write, evaluate, and remove a 5150 hold after an assessment. Field-based services will be vetted for clinical safety of BHS staff.
- d. Consultation: A licensed clinician and/or MD is available to provide clinical support as needed.
- e. Contact with Adjunct Service Providers: MERT(Y) clinicians shall consult and/or include existing adjunct service providers where possible in assessing and treating an individual in crisis.
- f. Rapid Connect: MERT(Y) clinicians provide outreach to individuals who have been recently discharged from crisis stabilization or psychiatric hospitals to ensure they are connected to relevant resources (see Policy and Procedure **2207: Rapid Connect Program**).

2. Criteria for Involuntary Detention & Treatment: In order to meet the statutory requirements for an involuntary detention (WIC 5150 / 5585 for minors), a person must meet one or more of the following criteria as a result of a mental disorder:

- a. Danger to self: Danger to self is expressed by the presence of suicidal thought, statements, and behaviors (suicide attempts or gestures) with plan or intent.
- b. Danger to others: Danger to others is expressed by the presence of words or actions that indicate the person in question either intends to cause imminent harm to a particular individual or intends to engage in dangerous acts with gross disregard for the safety of others.
- c. Gravely disabled: A gravely disabled person is a person who, as a result of a mental disorder, is unable to use the elements of life which are essential to health, safety, and development, including food, clothing, and shelter.
- d. Gravely disabled minor: A gravely disabled minor is a minor who, as a result of a mental disorder, is unable to use the elements of life which are essential to health, safety and development, including food, clothing and shelter, even though provided to the minor by others.

PRIOR VERSIONS: 12/6/2017, 1/12/2009 and retires 2201 and replaces Policies 2451 (3/13/09); 2452 (3/13/09); 2453 (3/13/09); 2454 (3/13/09); 2455 (6/28/04); 2456 (3/13/09)

REFERENCES: WIC 5150, WIC 5585

FORMS/ATTACHMENTS: None