# PUBLIC SAFETY FOR MENTAL HEALTH 2021

### A FIRST RESPONDER APPROACH TO A NONVIOLENT MENTAL HEALTH EMERGENCY

A PILOT PROJECT PRESENTED BY:

SAN RAMON VALLEY FIRE PROTECTION DISTRICT











## **PILOT PROJECT GOALS**

- ► A Fire/Emergency Medical Services first approach, while Law Enforcement stages.
- ► Partnership between Fire/Emergency Medical Services and Law Enforcement through the implementation of a specialized mental health and tactical training education plan.
- Implement early assessment and/or de-escalation techniques through the identification of low-risk, nonviolent responses.
- ▶ Reduce avoidable law enforcement engagement, while *serving as a complimentary support system to County Mental Health Services*.
- Support public service by improving care and advocacy for community members suffering from a mental health crisis.



# The Challenges:

- Law Enforcement (LE), Emergency Medical Dispatch (EMD) and Fire/Emergency Medical Service (EMS) are the first to respond to a mental health crisis, with minimal training.
- ➤ Over the past decade behavioral health emergencies have risen at an alarming rate, with a noted 20% annual increase in behavioral/mental health calls in the City of San Ramon over the past several years.
- ▶ Behavioral/mental health response calls tend to result in less resources and extended ambulance wait times upon hospital arrival.
- One designated acute care facility for mental health 72-hour hold (5150) that does not always meet the needs of our citizens experiencing a mental health emergency.



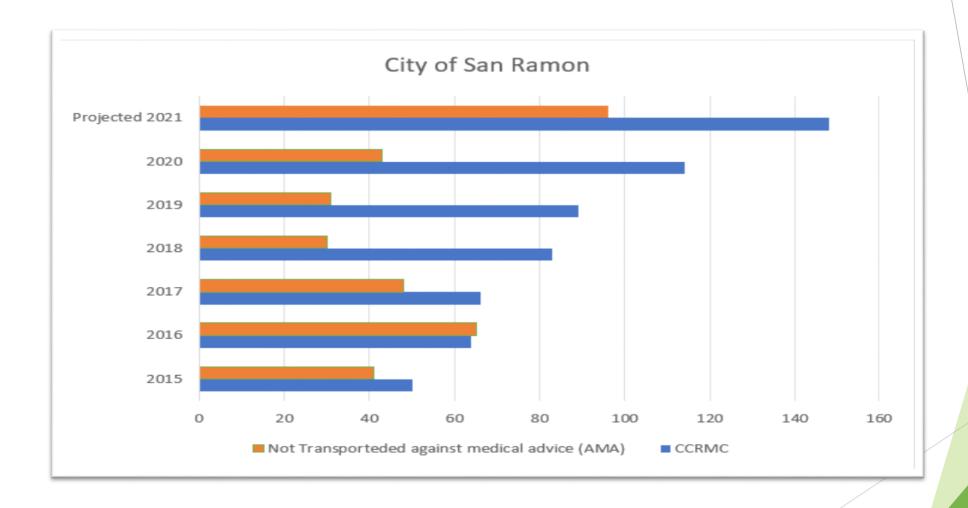
# Breaking Down the Numbers:

- Every 21 hours SRVFPD responds to a mental health/behavioral call
- ▶ 2015 to Present= 2295 District Wide EMS/Fire Mental Health Related calls
- ► City of San Ramon accounts for 50% of all District Behavioral/Mental Health calls
- Nearly 60% of *all* District Mental Health calls are transported to CCRMC, with majority of remaining calls not transported
- Ensure individuals who are not transported receive resources for Mental Health follow-up



# The Numbers:

## 2015 to Projected End of 2021





- 1. An immediate response by highly trained EMS and Fire personnel
- 2. Integrated Specialized Mental Health Education for EMS/Fire and Law Enforcement on an initial and ongoing basis
- 3. Integrated Specialized Crisis Management & De-escalation Training for EMS/Fire and Law Enforcement on an initial and ongoing basis
- 4. Increase Community Outreach Activities
- 5. Continuous Quality Improvement (CQI) Program

# Objectives



#### **STEP ONE:**

#### AN IMMEDIATE RESPONSE BY HIGHLY TRAINED EMERGENCY MEDICAL SERVICES AND FIRE PERSONNEL:

- 1. 911 Call-Taking Triage (EMD), EMS/Fire, Law Enforcement & CCHS Mental Health Professional
  - Oversight by SRVFPD Medical Director, EMS RN, Communications Director & Law Enforcement Liaison

- 2. This team will evaluate scene safety, patient condition and destination determination
  - Implement Model of Care

- 3. Video conference capability for real-time triage, assessment, and de-escalation
  - Ambulances equipped with video conferencing technology
  - Capacity to interface with MCRT



# 911 Call-Taking Triage:

# Emergency Medical Dispatch (EMD)

Triage Non-Violent vs. Violent EMD Card 25

ALL EMD CARD 25 QUESTIONS 1-4 EQUAL NO

ANY EMD CARD 25 QUESTION 1-4 EQUAL YES

# NON-VIOLENT EMS/FIRE APPROACH

NON-SUICIDAL AND ALERT SUICIDAL (NOT THREATENING) AND ALERT

\*REQUEST LAW ENFORCEMENT TO SCENE FOR ANY DEVIATION OF BELOW\*

#### VIOLENT LAW ENFORCEMENT APPROACH

DANGER TO SELF
DANGER TO OTHERS
CHEMICAL DANGER
COMBATIVE- SELF REPORTING
COMBATIVE- OTHER PERSON REPORTING
DANGER UNCERTAIN



#### NON-VIOLENT

- 1. MEDICAL RESPONSE FIRST APPROACH
- 2. LAW ENFORCEMENT STAGING



DON APPROPRIATE PPE/COLOR CODED VEST

7

SCENE SAFETY AWARENESS

PATIENT ASSESSMENT/RULE OUT MEDICAL NEED

a. EVALUATE FOR DRUG AND ALCOHOL USE

TREAT IMMEDIATE OR LIFE-THREATENING MEDICAL

BEHAVIORAL ILLNESS IDENTIFIED

- a. Brief Dispatch/Staged Law Enforcement
- b. Initiate Behavioral Response/De-Escalation
- c. Engage County MCRT If Needed
- d. Designated Emergency Code If Patient Escalates

DETERMINE APPROPRIATE DESTINATION

- DEFER ALL AMA TO BASE HOSPITAL / MCRT
- REQUEST PD ESCORT WHEN NECESSARY

RELEASE LAW ENFORCEMENT FROM SCENE

**ENSURE THOROUGH PATIENT CARE REPORT** 

- a. NOTIFY RECEIVING HOSPITAL
- b. PROVIDE 5-MINUTE OUT UPDATE

COMPLETE INDIVIDUAL INCIDENT EVALUATION

a. SUBMIT TO EMS DIVISION FOR CQI REVIEW

VIOLENT

- 1. LAW ENFORCEMENT FIRST APPROACH
- 2. MEDICAL RESPONSE STAGING

DON APPROPRIATE PPE/COLOR CODED VEST

CONFIRM PATIENT SEARCHED BY LAW ENFORCEMENT

a. WITNESSED BY EMS/FIRE

LAW ENFORCEMENT DECLARED SCENE SAFE

SCENE SAFETY AWARENESS

PATIENT ASSESSMENT/RULE OUT MEDICAL NEED

a. EVALUATE FOR DRUG AND ALCOHOL USE

TREAT IMMEDIATE OR LIFE-THREATENING MEDICAL

BEHAVIORAL ILLNESS IDENTIFIED

- LAW ENFORCEMENT PRESENT
- INITIATE BEHAVIORAL RESPONSE/DE-ESCALATION
- ENGAGE COUNTY MCRT IF NEEDED

DETERMINE APPROPRIATE DESTINATION

a. DEFER ALL AMA TO BASE HOSPITAL / MCRT

REQUEST PD ESCORT OR RIDE ALONG

**ENSURE THOROUGH PATIENT CARE REPORT** 

- a. NOTIFY RECEIVING HOSPITAL
- b. PROVIDE 5-MINUTE OUT UPDATE

COMPLETE INDIVIDUAL INCIDENT EVALUATION

a. SUBMIT TO EMS DIVISION FOR CQI REVIEW

Proposed

Model

of

Care



#### **STEP TWO:**

MENTAL HEALTH FRONTLINE INTEGRATED RESPONSE SAFETY TRAINING (MENTAL HEALTH- F.I.R.S.T.)

## ► All-inclusive and integrated education plan for:

- Emergency Medical Dispatch
- EMS/Fire
- Law Enforcement

#### Mental Health Education

Mental Health education to include awareness and identification of common mental disorders, focusing on nonviolent specialized patient approach.

- EMS Academy
- Potential for Psychiatric Emergency Services (PES) Internship
- Integrated LE, EMD, Fire/EMS Program
- Single Role Paramedic specialized training



#### **STEP THREE:**

MENTAL HEALTH FRONTLINE INTEGRATED RESPONSE SAFETY TRAINING (MENTAL HEALTH- F.I.R.S.T.)

INTEGRATED SPECIALIZED CRISIS MANAGEMENT & DE-ESCALATION TRAINING FOR EMS/FIRE AND LAW ENFORCEMENT ON AN INITIAL AND ONGOING BASIS

Training will include the following additional skill set (but not limited to):

- ► Call to 911: Triage of Nonviolent vs. Violent
- Scene Approach: Safety and Awareness
- Patient Evaluation: Advanced Training for Fire/Paramedic
- Crisis Management
- Tactical De-escalation Training
- Implementation of the Public Safety for Mental Health 2021 Model of Care
- Patient Advocacy and Community Engagement
- Provider Wellness



#### **STEP FOUR:**

#### **INCREASE COMMUNITY OUTREACH ACTIVITIES**

- ▶Inaugural kickoff meeting for Board Members, Town & City Councils, and all Community Stakeholders
- ▶ Identify need for specialized individual mental health care plans
- ▶ Public safety video to promote Mental Health F.I.R.S.T. awareness
- ► Mental Health F.I.R.S.T. awareness flyer to District residents
- ► SRVFPD & SRPD outreach:
  - Community events
  - Schools



#### **STEP FIVE:**

#### **CONTINUOUS QUALITY IMPROVEMENT (CQI) PROGRAM**

#### **Ensure a platform for continued review and feedback**

- Communications Director oversight for EMD operations and data review
- SRVFPD Medical Director and EMS RN oversight for operations and clinical management and data review
- Identify frequent calls and evaluate for individual plan of care potential
- Peer support and feedback
- EMS Liaison primary field oversight
- Individual Incident evaluations
- Ensure maximum adherence to project training and procedures
- Independent third-party quality assurance



#### The WHY:

- √ 7-10-minute response by EMS/Fire and Law Enforcement (7-min Engine, 10-min Ambulance)
- ✓ Serve as a complimentary response to County Mental Health Plan
- ✓ Reduce Avoidable Law Enforcement Response To Nonviolent Mental Health Complaints
- ✓ An Innovative EMS/Fire Response To Non-violent vs. Violent Calls
- ✓ Clear Destination Transport Decisions or Referrals
- ✓ Mental Health F.I.R.S.T. Awareness & Patient Advocacy
- ✓ Provides Evidence-based Practice For Continuous Quality Improvement
- ✓ Decrease Impact on EMS/Fire, Law Enforcement & County Mental Health Facilities
- ✓ Influence On Local, State and National Policy



# Conclusion:

San Ramon Valley Fire Protection District is proud of the service and level of care we provide our community and feel that we play an integral role in the health care system as patient advocates.

As communities across the nation adapt to the increase in demand for better mental health care, the clear message is the need for change. *Partnering with the San Ramon Police Department, we are excited to be innovative leaders in the creation of an efficient and effective solution.* 

