

Marin's Behavioral Health Services: All Calls for Help Need to Be Answered

June 20, 2023

SUMMARY

Behavioral health is receiving heightened community attention, and the need for critical crisis response services is increasing. After three years of living through a pandemic, plus economic concerns, political unrest, a war, unimagined gun violence, and a shortage of behavioral health providers, more individuals are seeking behavioral health services and support.¹ Access to these resources in Marin County needs to keep pace.

This increased demand for behavioral health services led the Grand Jury to investigate how Marin County's Behavioral Health and Recovery Services (BHRS) is addressing the entire community's behavioral health needs. Specifically, the Grand Jury focused on how residents access BHRS services and how crisis mental and behavioral health calls are being answered. What is being done to provide 24-hours-a-day/7-days-a-week (24x7) behavioral health crisis response services to all Marin residents?

As documented in BHRS community feedback sessions and the previous Mental Health Services Act (MHSA) Three-Year Plan, finding and accessing behavioral health services can be confusing for individuals seeking help.² This report highlights these challenges and the need for clear and immediate communication through quickly identified resources. Time is important in crisis situations.

Experts agree that it is highly preferable that all behavioral health request calls be answered "live" by a qualified behavioral health specialist. That specialist can then assist or provide a warm transfer (defined as a live person to another live person) to another resource who can address the specific behavioral health need. The longer that help is delayed, the fewer treatment resolutions are available to the individual, which may negatively impact outcomes. Currently BHRS does not consistently meet the need of answering all behavioral health calls with a live qualified specialist.

The Grand Jury recommends expanding the 988 Lifeline services, consistent with the new nationwide crisis response model described in this report, and as shown in the proposed new workflow diagram (see Figure 1, page 19). Using this model, live, qualified behavioral health navigators can respond to all incoming calls 24x7 and assist callers, whether that is de-escalation and/or referrals to BHRS.

¹ https://www.marinhhs.org/sites/default/files/boards/general/data_notebook_2022.pdf, Accessed on 4/9/23.

² https://www.marinhhs.org/sites/default/files/libraries/2020_10/mhsa_fy2021-2023_three_year_plan_and_annual_update_approved.pdf, Accessed on 4/12/23.

BACKGROUND

Behavioral health is a relatively new term that describes the intersection and integration of mental health and addiction and recovery services. Behavioral health and mental health are two different terms often used to mean the same thing. While we often consider our physical health, there is another side of well-being that is just as important: the way that we think, feel and act. These relate to one's behavioral and mental health. Behavioral health has more to do with the specific actions that people take. Mental health has more to do with thoughts and feelings.³

In some cases, there is a link between mental health and behavioral health. It is common for a patient to have co-occurring disorders, such as a substance use disorder and a mental health disorder. In many situations, individuals end up battling complex conditions because both behavioral and mental health disorders are present. Dual diagnosis involves the presence of a substance addiction and a mental health disorder and affects millions of people.

A groundbreaking 2021 report from the National Academy of Sciences, Engineering, and Medicine concluded that high quality primary care must also account for the mental health of a person, not just their physical needs.⁴ The report found that when mental health care is a routine part of a medical visit, the patient had improved overall quality of care.

Experts see in the future a new approach toward integrating physical and behavioral health - where emotional well-being is considered equally as important to a person's health as their blood pressure.

Even before COVID-19, government and community organizations had been working to reimagine healthcare in California and across the nation, recognizing the inseparability of physical and behavioral health and the need for a strong, combined primary care foundation at the federal, state, and local levels. After the challenges of the last three years, the link between people's mental and physical health could not be more clear.

According to the National Alliance on Mental Illness (NAMI),

- One out of five adults in the United States have experienced a mental illness.⁵
- Among young adults aged 18-25, the rate increases to one out of three.
- Over 4.9 million adults in the country were unable to access the needed care.⁶

³ <https://www.umassglobal.edu/news-and-events/blog/comparing-behavioral-health-vs-mental-health#:~:text=Unsurprisingly,%20behavioral%20health%20has%20more,do%20with%20thoughts%20and%20%20ofeelings>. Accessed on 3/28/23.

⁴ [Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care |The National Academies Press](https://www.nami.org/NAMI/media/NAMI-Media/Infographics/NAMI_2020MH_ByTheNumbers_Adults-r.pdf), Accessed on 4/1/23.

⁵ https://www.nami.org/NAMI/media/NAMI-Media/Infographics/NAMI_2020MH_ByTheNumbers_Adults-r.pdf, Accessed on 4/17/23.

⁶ https://www.nami.org/NAMI/media/NAMI-Media/Infographics/NAMI_2020MH_ByTheNumbers_Adults-r.pdf, Accessed on 4/17/23.

- During the pandemic, four out of ten U.S. adults reported symptoms of anxiety or depression, a four-fold increase from 2019.
- Even greater numbers of women, people of color, youth, and people with poor physical health reported struggling with mental health.⁷

Marin's Behavioral Health Services Needs Are Greater

Marin County residents demonstrate greater need than national and state averages in addressing behavioral issues. This is indicated by rates of suicide, medication for behavioral health issues, and substance use treatment. In Marin County, mental health issues frequently coexist with substance use.

- Twenty percent of Marin adults were in need of help with mental, emotional, and substance use challenges with 13.1 percent of adults receiving mental health care in 2020.⁸
- Fifteen percent of Marin County adults take daily medications for behavioral health issues, 36 percent higher than the California rate of 11 percent (see footnote 5).
- Twenty-one percent of Marin adults report excessive drinking, three percent higher than the California average of 18 percent.⁹
- The rate of suicides within the county (14.6 per hundred thousand people) is 39 percent higher than the overall suicide rate in California (10.5 per hundred thousand people).¹⁰

Marin's Behavioral Health Services Are Limited

The behavioral health services for Marin County residents are managed through the County's Health and Human Services Department (HHS). HHS's mission is to promote and protect the health, well-being, self-sufficiency, and safety of all people in Marin. The department responsible for managing behavioral health services for residents is BHRS, which reports directly to the Director of HHS. BHRS's fiscal 2022-23 annual operating budget is approximately \$86 million, which includes 215 full-time staff. BHRS serves approximately 3,500 outpatients and 1,000 incarcerated individuals.

BHRS provides limited services to all residents through its Mobile Response Crisis Team and Crisis Stabilization Unit. The County provides counseling services only for Medi-Cal recipients and low income residents without insurance after an assessment and eligibility screening process performed by the Access Team. Only 20 percent of the County's population is eligible to receive services through BHRS. The remainder of Marin's residents are provided information through the BHRS website. Further, according to the Marin MHSA Draft 2023-2026 Report, people have

⁷ Nirmita Panchal, Heather Saunders, Robin Rudowitz and Cynthia Cox, "The Implications of COVID-19 for Mental Health and Substance Abuse", <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>, Accessed on 3/28/23

⁸ https://www.nami.org/NAMI/media/NAMI-Media/Infographics/NAMI_2020MH_ByTheNumbers_Adults-r.pdf, Accessed on 4/17/23.

⁹ <https://www.mymarinhealth.org/documents/content-assets/about-us/2019-Community-Health-Needs-Assessment.pdf>, Accessed on 3/28/23.

¹⁰ <https://www.cdph.ca.gov/Programs/CCDC/DCDC/DIC/SACB/Pages/Data-on-Suicide-and-Self-Harm.aspx>, Accessed on 4/4/23.

found navigating county behavioral health services to be confusing and difficult.¹¹ When dealing with a behavioral health crisis, information should be clear and easily accessible.

The Grand Jury requested information on how much is being spent on behavioral health services for the needs of the non-MediCal or uninsured population. However, BHRS's budget is not organized in that manner and the figures were not available.

The American behavioral health system is described as broken and bewildering, and experts are discussing needed reforms.¹² These reforms include building more and better quality mental health facilities, requiring expanded insurance reimbursement, and improving youth services, to name a few. Marin could provide its residents with easy access to clear information and someone knowledgeable with whom to speak.

APPROACH

The Grand Jury interviewed members of HHS, including the County's Behavioral Health and Recovery Services (BHRS) management, as well as the leadership and staff of contracted Community Based Organizations (CBOs) involved in, and/or contracted with, the County to provide BHRS programs. The Grand Jury also requested documentation relevant to informing these decision makers or otherwise guiding their actions.

Additionally, the Grand Jury reviewed a broad and diverse range of relevant public information covering the subject of behavioral and mental health services and programs. The Grand Jury reviewed reports, written materials, and resources, including:

- Marin County Mental Health Services Act (MHSA) three-year plan and updates
- U.S. Department of Health & Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) report
- California's Proposition 63 Mental Health Services Act
- National Alliance on Mental Illness (NAMI) reports
- Marin Health and Human Services "Community Resource Guide" and 415-473-INFO
- Reports from the Pew Research Center
- Reports from the Kaiser Family Foundation

Further, the Grand Jury conducted in-person site visits to the County's Access Team, Mobile Crisis Response Team, and Crisis Stabilization Unit located on the Greenbrae campus of MarinHealth Medical Center. The Grand Jury also conducted an in-person site visit to the 988 Lifeline Navigation Call Center located within the Buckelew Program offices.

Finally, the Grand Jury attended a public input session in Marin City for the County's three-year MHSA strategic plan. The findings and recommendations in this report are based on all of this work. This Grand Jury investigation was completed on April 17, 2023.

¹¹ https://www.marinhhs.org/sites/default/files/libraries/2023_04/mhsa_fy23-24_through_fy25-26_three_year_plan_public_comment.pdf, Accessed on 4/12/23.

¹² <https://www.hcinnovationgroup.com/population-health-management/behavioral-health/article/21281990/experts-weigh-in-on-fixing-broken-mental-healthcare-system>, Accessed on 3/28/23.

DISCUSSION

Is BHRS Meeting Community Needs?

Behavioral health is receiving heightened community attention because needs have increased and services and resources in Marin County have not kept pace. The resulting gaps have proven to be concerning.

BHRS has identified the increased needs in its 2022 Data Notebook Presentation.¹³

Specifically, its top three concerns for youth are:

1. Increased Emergency Department admissions for episodes of self-harm and suicide attempts among youth
2. Increased numbers of youth presenting for services who report thoughts of suicide or other thoughts of self-harm
3. Increased numbers of youth receiving services who reported significant levels of anxiety and/or major depression, with or without severe impairment

BHRS identified its top three concerns for adults as:

1. Increased need for crisis interventions by behavioral health crisis teams (and/or use of psychiatric emergency rooms)
2. Increased numbers of adults presenting for services who report thoughts of suicide or other thoughts of self-harm
3. Increased numbers of adults receiving services who reported significant levels of major depression, with or without severe impairment

Understanding BHRS's organizational structure may help clarify Marin County residents' confusion about who to call about behavioral health needs. Currently, BHRS does not have a one call/one door entry for all county residents who are seeking help with behavioral health needs. The BHRS website directs residents to several different phone and contact information points, most of which are only answered during typical business hours and only if staff is available.

This report distinguishes behavioral health crisis services and behavioral health ongoing/counseling programs in Marin County as the two classifications service different populations and operate differently. Behavioral health crisis services apply to all Marin residents. Behavioral health ongoing counseling programs apply only to qualified residents (Medi-Cal or uninsured).

- Crisis services include the new 988 Lifeline Call Navigation Center (see next section), the Crisis Stabilization Unit (CSU), and the Mobile Crisis Response Team (MCRT). Crisis services are available to all Marin County residents.

¹³ https://www.marinhhs.org/sites/default/files/boards/general/data_notebook_2022.pdf, Accessed on 4/10/23.

- Ongoing service programs start with the BHRS Access Team, which assesses residents' needs and program eligibility. The Access Team provides ongoing behavioral health services limited to residents who either have Medi-Cal or who are uninsured, which is about 20 percent of Marin's population. Those with private insurance are directed to contact their health insurance benefits carrier.

Until July 2022, the only options available to someone in crisis, or to someone helping someone in crisis, were the following:

1. Call 911, which is available 24-hour/7-days-a-week. The County's 911 service is organized to dispatch law enforcement, EMS, and Fire, but not licensed behavioral health professionals who could provide counseling or deescalate the crisis.
2. Attempt to obtain information from the BHRS website: www.marinbhhs.org/crisis-services, which provides an array of phone numbers, only some of which are available 24x7, despite what is stated on the website.
3. Call one's private physician or counselor.
4. Go to the emergency room at the nearest hospital.

Community Feedback

The BHRS staff is required to update the County's Mental Health Services Act (MHSA) plan every three years as a requirement to continue to receive MHSA state funding. The update was accomplished in part by community input sessions. These community input sessions were conducted in various locations starting in the fall of 2022 and continuing through the month of February 2023. In October 2022, the Grand Jury attended an in-person public outreach forum held at the Marin City Community Development Center. The meeting was lightly attended and scheduled in the middle of a weekday, making it difficult for working residents to participate.

Community meeting participants provided the following highlights regarding current BHRS service:

- There is a lack of public awareness for BHRS services. More marketing, including mass communications, outreach, and use of social media is needed.
- Access to therapists is limited due to staffing shortages, especially therapists of color and bilingual therapists.
- Calls for behavioral and mental health services are not consistently answered by a live person. The public voiced numerous complaints about the Access Line not being answered by a live person and calls going into voicemail. This was independently confirmed by the Grand Jury.
- There is a lack of connectivity between BHRS services and the 988 Lifeline Call Navigation Center. There is no ability to do a "warm transfer" (defined as a live person to another live person) between the 988 Lifeline Call Center and BHRS program lines.
- BHRS needs to meet residents where they are located rather than requiring them to go to County locations for outpatient counseling services. Community feedback included a suggestion to develop a mobile BHRS bus or van to meet those in need where they are - homeless population, rural locations, etc.

In focus groups, community members discussed the stigma associated with mental illness, a lack of access to behavioral health providers, and limited treatment options for people who are experiencing homelessness as major concerns.

BHRS Gap Analysis

Private healthcare organizations require outcome justification for continued or new funding, and regularly complete gap analysis studies to determine that they are meeting their intended service objectives. In contrast, BHRS's funding and associated services are based primarily on the prior year's plan and the requirements of the different funding streams such as MHSA. As a result, BHRS resources (staffing, budget, programs and services) may not properly address County behavioral health needs because trend patterns, utilization, and gap analysis are not routinely a component of budget justification.

A gap analysis study in healthcare is intended to identify gaps in services or processes—instances in which what is happening is falling short of what should be happening and identify why these gaps exist. Gap analysis is crucial for improving care delivery and outcomes. The Marin County HHS' mission statement is to promote and protect the health, well-being, self-sufficiency, and safety of all people in Marin. In order for BHRS to meet this mission statement, it must understand the behavioral health needs of all people in Marin and examine existing services and programs to determine if those programs align with the needs of Marin or if additional programs or services need to be developed. Budgeting appropriately would then follow.

BHRS is required to develop a three-year plan that addresses MHSA funding. Specifically, the plan details the proposed use over three years of the MHSA funds. The current MHSA Three-Year Plan expires on June 30, 2023 and represents \$49 million in MHSA funds to BHRS's budget.

The County is currently preparing the MHSA Three-Year Plan for fiscal years 2023-2026. The plan includes a section detailing the community feedback received by BHRS staff as required by the State of California. BHRS has held community feedback sessions to obtain direction from residents, but the County needs more detailed analysis.

BHRS is not completing any gap analysis or strategic plan outside of the required MHSA funding requirements to ensure its services are meeting the County needs.¹⁴ The Grand Jury also found that BHRS does not routinely use current utilization data and data tracking to guide departmental decisions such as program development and budgeting priorities. For example, utilization reports from the 988 Lifeline Call Navigation Center, Access Line, Crisis Stabilization Unit, and Mobile Crisis Response Team provide utilization data including reasons for calls, time of calls, source of calls, and resolution rates. However, that data has not been mined to determine trends in terms of what type of issues are generating calls for services and then further analyzed to determine if additional programs need to be developed or revised to meet the trend data.

¹⁴ BHRS Interview, March 2023.

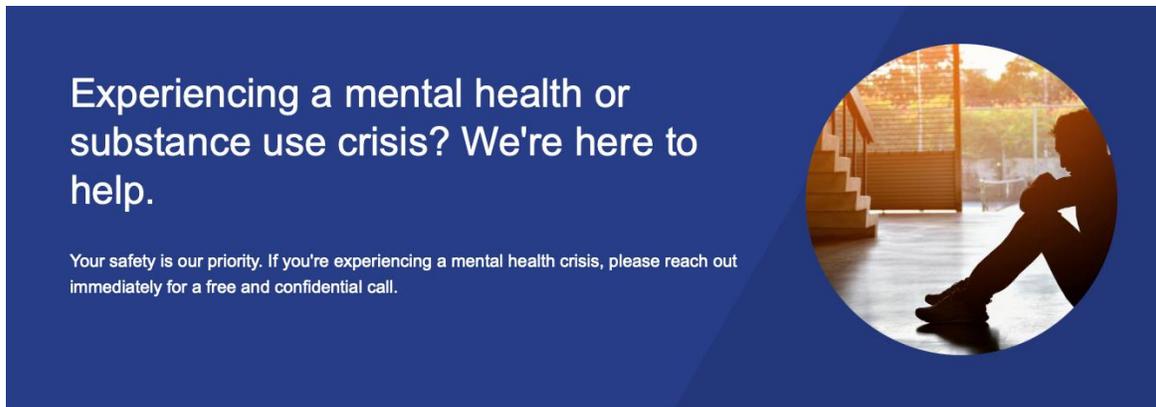
The Grand Jury obtained utilization data from the Crisis Stabilization Unit, the Access Team, and the Mobile Response Team. In most cases, the data was not routinely generated, reviewed, or utilized by BHRS management. Further, in some cases, the data was not easily available. This data should be incorporated in making informed decisions regarding program development, funding, and improved outcomes. In addition, because these three BHRS units report to two different department heads, utilization data is not shared between the three operating units or examined in its entirety. The Access Team reports to Quality Management whereas the Crisis Stabilization Unit and the Mobile Crisis Response Team report to Adult/Older Adult Services.

BHRS Access

The BHRS Access Team provides initial information for Medi-Cal eligible recipients or the uninsured needing help. It is open and available to be answered by a live, qualified individual from 8:30am - 4:00pm, Monday through Friday; during all other days and hours the phone line is directed to an answering service. The majority of calls go unanswered, and the staff spends considerable time responding to voice messages and returning calls. Mental or behavioral crisis calls need to be answered live by a qualified individual 24x7.

Individuals and their families who are eligible for BHRS services find it challenging to understand and navigate the website, as evidenced by the confusion as to where to start on the website (see below). The Grand Jury could not find a comprehensive, single source of information and referral for individuals or their family members who are experiencing a behavioral health crisis.

Picture 1: BHRS Website



Access Line (888) 818-1115 24 hours 7 days a week	Crisis Stabilization Unit (415) 473-6666 24 hours 7 days a week	Crisis Text Line Text MARIN to 741741	Mobile Crisis Response Team (415) 473-6392 8AM-9PM Monday - Friday 1PM-9PM Saturdays
California Peer Warmline (855) 845-7415 24 hours 7 days a week	Suicide & Crisis Lifeline 988 24 hours 7 days a week	Linea de Prevención del Suicidio (888) 628-9454 24 hours 7 days a week	

Source: <https://www.marinhhrs.org/crisis-services>

The Access Team is currently located on the campus of MarinHealth in Greenbrae. During a site visit in December 2022, the Grand Jury observed that the Access Team facility design is impacted by building structural limitations, is poorly designed, and lacks the proper equipment, furniture, fixtures, and safety elements to allow for safe and secure in-person intake and assessments to be conducted. Specifically, the office spaces are small and restrictive. Furniture is limited to a desk and office chairs, which is different from the typical clinical office set up. Conference rooms provide more space, but they are shared spaces requiring reservations and introducing confidentiality risks. The Grand Jury learned during its site visit that staff safety has been an issue. For example, available panic buttons were found to be inoperative. The Access Team facilities should be a significant component of a full gap analysis study.

The entrance to Access Team facilities is locked and emphasizes the restrictive access (appointments and staff only), as shown in the photographs below.

Picture 2: Access Team Location on MarinHealth Center Campus



Photos by the Grand Jury

The Grand Jury focused its investigative efforts on evaluating how Marin County is handling mental and behavioral health crisis response in comparison to the new, nationwide model. BHRS has assembled some components of crisis intervention services for all Marin residents, such as a field-based Mobile Crisis Response Team when available and a 24x7 Crisis Stabilization unit on the Greenbrae campus of MarinHealth Medical Center. BHRS contracts with a local CBO to operate the 988 Lifeline Call Navigation Center.

A New National Model for Crisis Response

The 988 Lifeline Call Center

Effective July 16, 2022, a person can call the 988 Lifeline anywhere in the United States to reach a trained crisis counselor who can help with mental health, substance use, or suicide crisis issues. The Federal Government designed the 988 Lifeline to replace and expand the National Suicide Prevention Line. This lifeline is available 24x7 via local call centers that answer 988 calls,

determines if crisis intervention is needed, and promptly engages the caller to resolve the issue. If needed, 988 staff will navigate the caller to local behavioral health specialists, mobile crisis response teams, or crisis stabilization units. Marin's 988 Lifeline Navigation Call Center, operated by Buckelew Programs, is answered 24x7 by trained behavioral health navigators who can assist the caller.

The Grand Jury found that the 988 Lifeline, while fairly new and showing great promise, is not widely known. Substantially increasing promotion and outreach by the County to schools, community organizations, professional organizations, and individual residents could be instrumental in increasing its use. For example, deadlines were missed in ensuring that the new 988 Lifeline information was included in the printing on students' ID cards. According to the Kaiser Family Foundation, most adults (56 percent) say they have heard "nothing at all" about the new 988 number, with an additional one in five (20 percent) saying they have heard "a little." Only about one in four adults say they have heard either "a lot" (7 percent) or "some" (16 percent) about the new 988 mental health hotline that will connect people with mental health services. Despite the low levels of awareness, when informed about the new hotline, 85 percent say that they would be at least "somewhat" likely to call the number if they or a loved one were experiencing a mental health crisis. This includes large majorities of Black, White, and Hispanic adults.¹⁵

Behavioral health needs are increasing in Marin and inbound calls require consistent, available, live, 24x7, trained behavioral health navigators. They can assist by de-escalating the current crisis, referring the caller to ongoing programs and services, and coordinating any necessary "warm" handoffs to other Marin County agencies and services. Together, BHRS and the 988 Lifeline can meet these needs. However, this will require organizational change and increased and/or re-allocated funding with widespread and continuing promotion of the 988 Lifeline.

Importance of Speaking to an Individual

In an essay appearing in the *New York Times* on February 12, 2023, entitled "I Answer the Phone at a Mental Health Hotline. Here's What I Learned," its author, Benedict Carey, described how he joined a new nonprofit serving North Carolina, the Mental Health GPS, which provides what it calls navigation services.¹⁶ The author had spent 20 years as a reporter writing about mental health for the *New York Times* and the *Los Angeles Times*. During that time, he handled hundreds of queries from readers asking for guidance, advice, referrals, or just five minutes to talk about a mental health or substance use crisis. According to the essay, hundreds of thousands of families go through this every year, without someone to talk to.

¹⁵ <https://www.kff.org/other/press-release/new-kff-cnn-survey-on-mental-health-finds-young-adults-in-crisis-more-than-a-third-say-their-mental-health-keeps-them-from-doing-normal-activities/>, Accessed on 4/13/23.

¹⁶ https://www.nytimes.com/2023/02/12/opinion/health/mental-health-outreach.html?unlocked_article_code=MEkLxFikhGub46_ixHjvWB-xHkFNe2jfYH-FXDKz-vkodl8hg329cS7kBrS3TIYJ6NFPJWpw3tydwe6l7aMY9Rbr_t8zf2c0csZkVxJsHgHgSMPUSR0EFoL_MmhWQ-6g2Q1Vu47Tg44z4g-sSrCYFr5znDnFVpKg_FZmAi5vp1UtzDUSxjm6GhktKJS_vInqYQNmTyX6lgUZBxchkvrXJU5Fjiuf3qgzaYyJlgA3WfeFJqKaaprZeD3ZHEGGIkUjMb6r031ahWZkiJbCW6rrviEOsND7tGweXrpRs-QIb3H9ToSq9gYA0RYUU-IA-ldwxR8huxGw-4-KImFFk11OlokBd-Jz&smid=url-share, Accessed on 3/28/23.

Mr. Carey reports that an estimated 10-15 percent of people calm down after a 20-minute conversation, knowing that they can call back and that they can now find help quickly. This data is supported by information received by the Grand Jury regarding the Marin County 988 Lifeline Call Navigation Center, which states that 75 percent of their behavioral health calls are resolved without any further action required.

As discussed in the *New York Times* article above, the role of a behavioral health navigator who provides humane, knowledgeable and effective guidance, has been around for decades. That role has been filled in a variety of ways with County services, private insurance programs, independent navigation advisors, and employer paid programs. Experience has made clear that any successful navigation service must have three critical components:

- Sophisticated technology and a data driven back-end with search engine optimization
- Databases that cover the full range of services and support
- Focus on immediately talking to people at a critical moment, when they have summoned the courage to ask for help

BHRS currently tasks its Access Team with the behavioral health navigation function for Marin residents. Marin residents are directed to call the Access Line for behavioral health needs. Access Team members assess the caller, identify the needs, determine if the caller is eligible for county services, and if applicable, refer the caller to appropriate resources. However, as indicated by the community input sessions and the call statistics provided to the Grand Jury by BHRS, the Access Team is not consistently answering incoming calls with a qualified, live person and a substantial number of calls (62 percent) go to voicemail, as shown in Table 1 below. In addition, the Access Line is staffed Monday through Friday during normal business hours.

Table 1: Access Line Dashboard Report 2022

	2022 Calendar Year
Incoming Calls Answered	817
Voicemail Calls	1,342
Total Incoming Calls	2,159
Percentage Answered by Live Staff	37.8 percent
Average Number of Calls Per Day (Incoming and Voicemail)	8.7 Calls

Source: Access Line Monthly Dashboard Reports

Calls answered by voicemail represent unmet behavioral health requests and calls for immediate help, especially in a time of crisis. Substance Abuse and Mental Health Service Administration (SAMHSA), a division within the US Department of Health and Human Services, lays out 12 principles for behavioral health crisis intervention. The first principle identifies the need for live phone coverage 24x7:

“Access to supports and services is timely. Ready access to assistance is important not only because it holds the promise of reducing the intensity and duration of the individual’s distress, but also because as a crisis escalates, options for interventions may narrow. Timely access

presupposes 24x7 availability and a capacity for outreach when an individual is unable or unwilling to come to a traditional service site.”¹⁷ Calls that are not immediately answered result in delaying de-escalation and increasing distress and potentially reducing the number of treatment options available to the individual.

The National Alliance on Mental Illness' Vision for the Future

The National Alliance on Mental Illness (NAMI) is encouraging a nationwide effort to support the new 988 Lifeline.¹⁸ Too often, individuals and their family members do not receive a “live” human response when experiencing a mental or behavioral health crisis.

The lack of a robust mental and behavioral health crisis system has contributed to the following results nationwide:

- One in four fatal police shootings between 2015 and 2020 involved a person with mental illness.¹⁹
- An estimated 44 percent of people incarcerated in jail and 37 percent of people in prison have a mental or behavioral health condition.²⁰
- People with mental illness are booked into the nation’s jails over 2 million times every year.²¹
- Many people end up in emergency departments that are ill-equipped to diagnose and stabilize a mental health crisis, leaving patients waiting for treatment, taking hours or days to access proper care.²²

NAMI is committed to advancing efforts to reimagine crisis response in our country. It believes that every person in crisis, and their families, should receive a live humane response that treats them with dignity and compassion.

NAMI is calling for a standard of care for crisis in every community that includes 24x7 call centers that answer 988 Lifeline calls locally, mobile crisis teams and crisis stabilization units that can help end the revolving door of emergency room visits, arrests, incarceration, and homelessness.

¹⁷ <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf>, Accessed on 4/10/23.

¹⁸ <https://www.nami.org/Advocacy/Crisis-Intervention/988-Reimagining-Crisis-Response>, Accessed on 3/28/23.

¹⁹ <https://www.nami.org/mhstats>, Accessed on 4/9/23.

²⁰ <https://ibpf.org/how-mental-illness-affects-police-shooting-fatalities>, Accessed on 3/13/23.

²¹ <https://aasm.org/study-finds-that-suicides-are-far-more-likely-to-occur-after-midnight>, Accessed on 3/13/23.

²² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6754202/>, Accessed on 4/9/2023.

The New Crisis Response Model in Marin

988 Lifeline Call Navigation Center

BHRS contracts with Buckelew Programs, a local community based organization, to operate the 988 Lifeline Call Navigation Center to answer all Marin 988 calls. The calls are answered by behavioral health navigators who are specially trained to assist with crisis calls.

Picture 3: 988 Lifeline Call Navigation Center Operated at Buckelew Program Offices



Photos by Grand Jury

The table below shows that call volume for the last four full months of operation is significant. In addition, all calls are answered by a trained navigator who can help. On average, the calls are answered within 18 seconds. Seventy-five percent of the time, 988 Lifeline staff are able to de-escalate the situation without the need to dispatch law enforcement, EMS, or Fire.

Table 2: Marin 988 Lifeline Call Data

	November 2022	December 2022	January 2023	February 2023
# of Answered Calls	165	173	209	151
Average Speed to Answer	18 Seconds	19 Seconds	18 Seconds	17 Seconds
Average Talk Time	10 Minutes, 24 Seconds	10 Minutes, 25 Seconds	11 Minutes, 15 Seconds	9 Minutes, 52 Seconds

Source: Buckelew Programs, 988 Center Metrics Breakdown Report

Table 3: 988 Lifeline Call Statistics Compared with Access Line Call Statistics

	988 Lifeline	Access Line
Percentage of Answered Calls	100 percent	37.8 percent
Percentage of Calls Sent to Voicemail	None	62.2 percent
Result of Calls	75 percent of calls resulted in de-escalation with no further emergency action	12 percent of callers were qualified for County Services in 2022

Source: Buckelew Programs, 988 Center Metrics Breakdown Reports & Access Line Monthly Dashboard Reports

911 and 988 - Logistics and Cost Implications

When an individual in Marin County is experiencing a medical, mental or behavioral health emergency, often the first inclination is to call 911. This has traditionally been the “go to” resource that is widely known to provide 24x7 rapid response to an emergency. These 911 calls usually result in dispatching resources to the caller’s location which may include law enforcement, EMS, and Fire. Such a response might include three emergency vehicles and up to six or more individuals. Once an assessment is made, a visit to a hospital emergency room may take place. The cost of dispatching these resources and rendering any on-scene and/or follow-up medical care can be significant both for the caller and for taxpayers. According to the American Association of Suicidology, only two percent of 988 Lifeline calls result in emergency dispatch nationally, resulting in a significant cost savings over comparable 911 calls which dispatch full services.²³

In July 2022, the State of California, in conjunction with the Federal Government, created and deployed an alternative call center solution for individuals experiencing a mental or behavioral health emergency. Now known as the 988 Suicide and Crisis Lifeline, these 24x7 call centers provide trained and qualified health navigators to provide immediate crisis intervention and support to anyone in need. Thirteen call centers were originally set up in California. Buckelew Programs was awarded the contract for the Marin, Sonoma, Lake and Mendocino counties by the State of California due to Buckelew’s prior experience in managing the counties’ Suicide Prevention Line and providing prevention counseling, a service that has been funded by BHRS for many years. BHRS provides \$125,000 per year to Buckelew for the administration of the prior Suicide Prevention Line and that funding level carried over to the new 988 Lifeline with no new contract being written outlining the new scope. The \$125,000 annual funding level was not increased for the 988 Lifeline despite the expansion of scope of services. The federal government and the State provided initial capital funds to start the 988 Lifeline program.

Buckelew’s trained behavioral health navigators help the callers in a variety of crisis situations, and no caller is required to disclose any personal information. For more than 75 percent of callers the phone session is sufficient to deal with the crisis.²⁴ While follow-up resources may be recommended during the interaction, no dispatch of additional services is required. For calls requiring further immediate resources, the 988 Lifeline counselors can escalate the call either to 911 or the Mobile Response Crisis Team, although the Mobile Team is not currently available 24x7.

The ability to make trained mental health navigators available 24x7 to individuals experiencing a mental or behavioral health crisis has distinct and significant advantages:

- Expensive 911 emergency resources are reserved for other emergency dispatches.
- The cost of providing successful, immediate, phone-based services is significantly lower than dispatching resources to a caller’s location.
- A significant majority of callers are serviced start-to-finish during a single call.

²³ https://suicidology.org/wp-content/uploads/2020/03/988_final.pdf, Accessed on 4/8/23.

²⁴ Buckelew interviews.

- Calls are answered by a live qualified individual in real time rather than having to leave a message and wait for a call back, which is the current model for most calls directed to the Access Line.

All Calls for Help Need to be Answered

With the volume of behavioral health incidents increasing throughout the country and in Marin County, successful models such as those utilized by Buckelew Programs are essential to Marin to ensure that our residents have someone to talk to, someone to respond, and somewhere to go. Using the NAMI model, trained behavioral health navigators will answer all incoming calls 24x7 and assist callers, whether that is de-escalation and/or referrals to BHRS services such as the Access Team.

The Grand Jury's key findings and recommendations are diagrammed in the following Figure 1 which illustrates a proposed new Behavioral Health Crisis Call Response Flow consistent with the NAMI 988 Lifeline services model.

Figure 1: Proposed Behavioral Health Crisis Call Response Flow

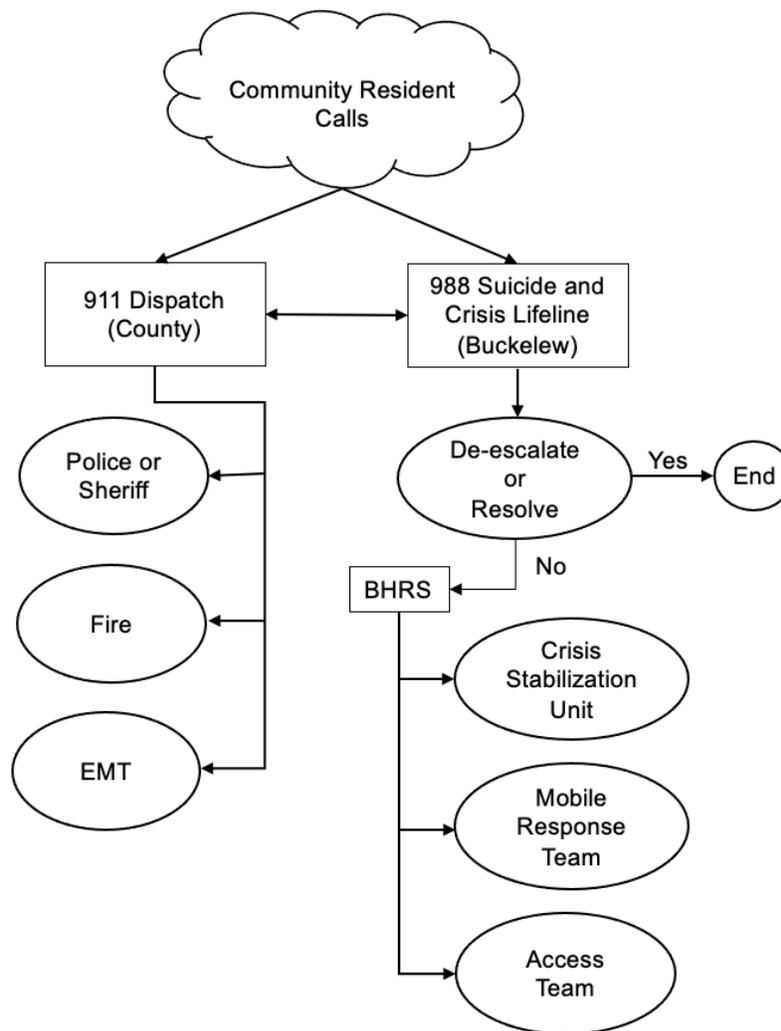


Diagram by the Grand Jury

FINDINGS

- F1. BHRS does not currently have a one call/one door entry for all of residents who are seeking mental or behavioral health services. The website lists several phone numbers and contact points for its services, which is confusing to the public when seeking help.
- F2. Most Marin County residents have limited or no knowledge of where to call, other than 911, for help with a mental or behavioral health crisis, and the 988 Lifeline is not widely known or used.
- F3. Most calls to BHRS are not answered by a live person 24x7.
- F4. The new 988 Lifeline represents a first step toward shifting the primary response to mental and behavioral health emergencies from law enforcement, EMS and Fire to trained behavioral health care navigators, thus reducing the burden on law enforcement, EMS and Fire so they are available for other public safety calls, and at a lower cost to the County.
- F5. BHRS's \$125,000 historic annual funding of the Suicide Prevention Line has not been adjusted to reflect the expanded services provided by the Buckelew-run 988 Lifeline Navigation Call Center.
- F6. A county-wide needs/gaps assessment (broader than what the Mental Health Services Act mandates) has not been completed for several years.
- F7. Despite the HHS's Mission Statement "To promote and protect the health, well-being, self-sufficiency, and safety of all people in Marin," the large majority of the programs and funding are limited to the approximate 20 percent of Marin's population who qualify for Medi-Cal or are uninsured.
- F8. The Mobile Crisis Response Team, Crisis Stabilization Unit, Access Team, and County oversight of the 988 Lifeline Navigation Center do not report to the same department manager; thus complicating the coordination and communication between the four departments.
- F9. The Mobile Crisis Response Team is not currently available 24x7 to respond to an urgent mental or behavioral health crisis.

RECOMMENDATIONS

- R1. By December 31, 2023, the Marin County Board of Supervisors should direct the County's BHRS division to develop and begin to implement a written strategic plan and operating budget detailing the enhancement, expansion, and funding of the 988 Lifeline Call Navigation Center to become the one call/one door entry for county residents who are seeking immediate help with a behavioral health crisis.
- R2. By December 31, 2023, the Marin County Board of Supervisors should direct the County's BHRS division to develop a new public awareness and educational outreach campaign promoting the 988 Lifeline Call Navigation Center.
- R3. By December 31, 2023, the Marin County Board of Supervisors should direct the County's BHRS division to create a new Behavioral Health Crisis Services department reporting directly to the division director. The new department would integrate the Access Team, the Mobile Crisis Response Team, the Crisis Stabilization Unit, and oversight of the 988 Lifeline Call Navigation Center under a single responsible and accountable management structure.
- R4. By December 31, 2023, the Marin County Board of Supervisors should direct the County's BHRS division to create an organizational plan to improve its utilization and outcome reporting across the Mobile Crisis Response Team, the Crisis Stabilization Unit, the Access Team and the 988 Lifeline Navigation Call Center: 1) its sharing of that data across the units within BHRS; 2) its consolidated reporting and conclusions based on that consolidated data; and, 3) its ability to consequently make informed decisions regarding staffing, funding, program development, and new service opportunities to improve behavioral health outcomes.
- R5. By December 31, 2023, the Marin County Board of Supervisors should direct the County's BHRS division to develop a plan and operating budget to transition the Mobile Crisis Response Team to 24x7.

REQUIRED RESPONSES

The following responses are required, pursuant to Penal Code sections 933 and 933.05 from the following governing bodies within 90 days:

- Marin County Board of Supervisors (F1-F9, R1-R5)

INVITED RESPONSES

The following responses are invited, pursuant to Penal Code sections 933 and 933.05 from the following responsible individual bodies within 60 days:

- Marin County Behavioral Health Board
- Marin County Health & Human Services Director
- Marin County Behavioral Health & Recovery Services Director

Note: At the time this report was prepared information was available at the websites listed.

Reports issued by the Civil Grand Jury do not identify individuals interviewed. Penal Code Section 929 requires that reports of the Grand Jury not contain the name of any person or facts leading to the identity of any person who provides information to the Civil Grand Jury. The California State Legislature has stated that it intends the provisions of Penal Code Section 929 prohibiting disclosure of witness identities to encourage full candor in testimony in Grand Jury investigations by protecting the privacy and confidentiality of those who participate in any Civil Grand Jury investigation.

GLOSSARY

BHRS	Marin Behavioral Health Services / Behavioral Health and Recovery Services
CSU	Crisis Stabilization Unit
EMS	Emergency Medical Services
HHS	Health and Human Services
MCRT	Mobile Crisis Response Team
MHSA	Mental Health Services Act
NAMI	National Alliance on Mental Illness
SAMHSA	Substance Abuse and Mental Health Services Administration (a division within U.S. Department of Health & Human Services)
SMI	Serious Mental Illness