



Serenity House CRT

Crisis Residential Treatment (CRT)

At Serenity House Crisis Residential Treatment (CRT), we are here to help you find relief from distress and assist you in maintaining stability in your life.

We believe that recovery starts from within, and that our job is to do whatever it takes to help you cope with crisis and gain the skills you need to deal with your challenges more effectively. Individuals will be working with providers and a full treatment team. Our voluntary CRT has a multidisciplinary team of clinicians, psychiatric prescribers, nursing staff, and peer recovery specialists who are all here to help you on your path.

Our services emphasize choice-making skills and harm-reduction techniques. We provide a safe, respectful environment where you can receive immediate, individualized assistance and a compassionate presence to stabilize symptoms, avoid the need for higher levels of care, and receive appropriate referrals to community-based resources.

What to Expect

Your recovery plan starts with you. Upon arrival, a diverse clinical team will provide an individualized assessment and work with you every step of the way to resolve your current crisis in ways that support your goals in life.

Our culture is based on recovery. We believe in respect and non-judgment, and we celebrate individual uniqueness. We care about the interpersonal relationships we develop so we can foster a supportive program setting.

Our staff are passionate, resourceful, and motivated. They are your partners in recovery.

Our goal is to be a place that helps you thrive, despite any challenges you might face along the way. We want you to be the leader of your recovery journey, and to create the life you want for yourself.

“The goal of recovery is not to become normal. The goal is to embrace the human vocation of becoming more deeply, more fully human.”

—PATRICIA DEEGAN, PHD, FOUNDER OF COMMONGROUND



CONTACT

3701 Hacienda Street
San Mateo, CA 94403
650-539-0340 Main
650-319-9733 Fax

OFFICE HOURS

Open 24-hours, 7 days per week



Services at Serenity House CRT

Services include, but are not limited to:

- Comprehensive assessments
- Individualized service plan development
- Integrated treatment for co-occurring mental health and substance use issues
- Individual and group therapy
- Planned social rehabilitation and recovery activities
- Peer support and WRAP
- Case management
- Crisis intervention
- Medication support services
- Comprehensive discharge planning

Accessing Services

Prior to arriving at the program, all referrals should call 650-539-0340 to access services. Referrals may be generated through self-referral, local law enforcement, emergency responders, or being diverted from psychiatric emergency.

Admission Criteria

- Residents of San Mateo County.
- Adults aged 18 and older diagnosed with a mental illness; including those with co-occurring substance use disorders.
- Individuals returning to the community from a county correctional facility, residential treatment, or being diverted from psychiatric emergency.
- Length of stay is up to 10 days.

“Deliver excellent and effective behavioral health services that engage people with complex needs in recovering their health, hopes, and dreams.”

—Telecare Corporation Mission Statement

Our Story

Telecare’s crisis services are strengths-based, empowering, person-centered, and wellness and recovery-oriented. Serenity House CRT offers a calm and welcoming homelike environment where referred individuals will receive immediate assistance to stabilize acute symptoms and prepare for a successful transition to treatment at a lower level of care.



SAN MATEO COUNTY HEALTH
SAN MATEO
MEDICAL CENTER

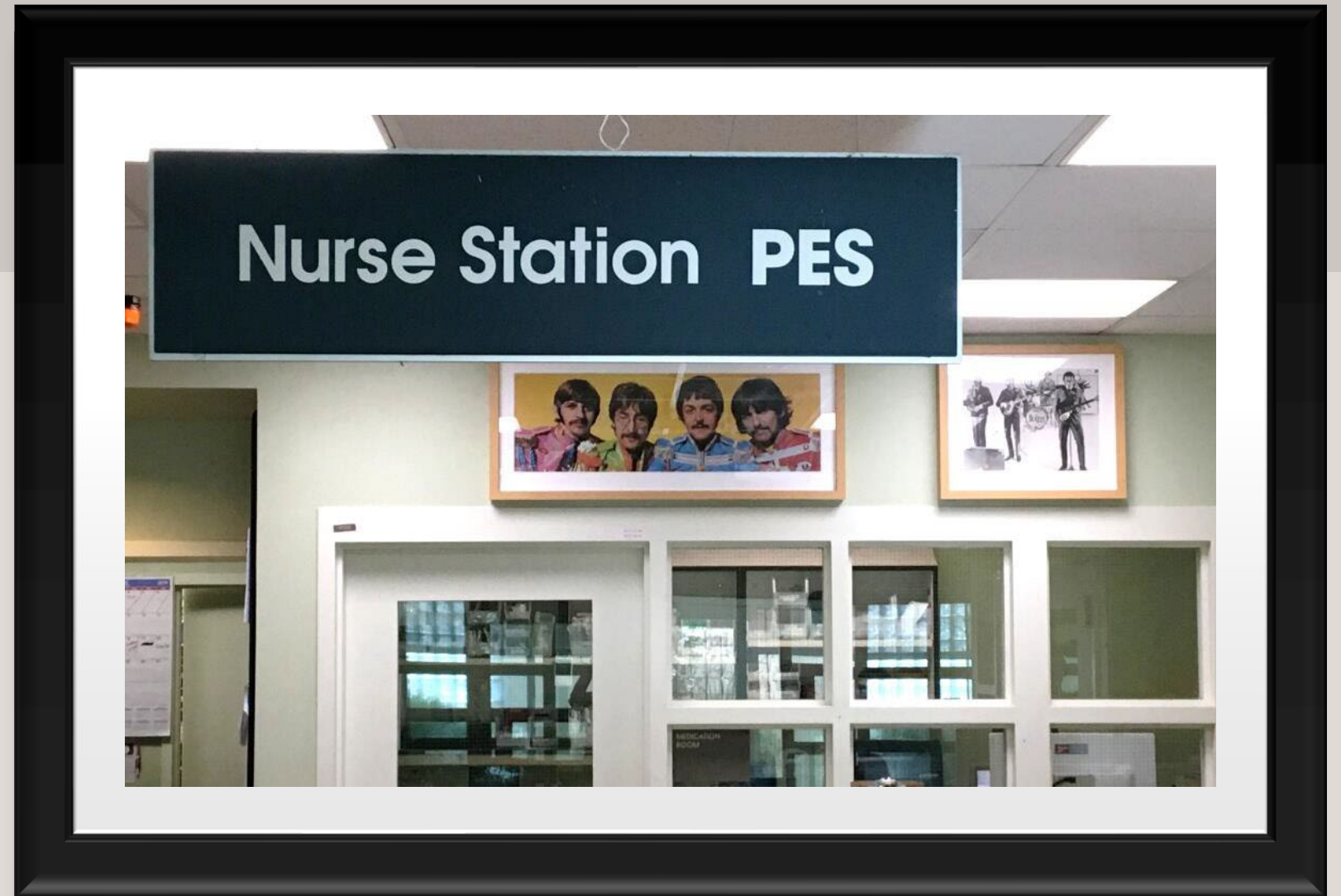
**PSYCHIATRIC EMERGENCY
SERVICES (PES)**

MARTIN CORDERO, MSN, RN, PHN

PSYCHIATRIC NURSE EDUCATOR

WHAT IS PES?

A 24-HOUR PSYCHIATRIC
EMERGENCY ROOM FOR
MENTAL HEALTH AND
BEHAVIORAL EMERGENCIES



OUR SERVICES



Emergency psychiatric evaluation



Crisis intervention and stabilization



Referrals to services



Gateway to acute inpatient admissions



Interpreters for all languages are available 24 hours a day



WE PROVIDE CARE IN A WELCOMING AND INCLUSIVE ENVIRONMENT THAT RESPECTS AND VALUES ALL INDIVIDUALS, REGARDLESS OF AGE, GENDER, CULTURE, OR ANY OTHER PERSONAL CHARACTERISTIC. WE ARE COMMITTED TO ENSURING ALL ARE TREATED WITH DIGNITY, RESPECT, AND KINDNESS.

WHAT IS A PSYCHIATRIC EMERGENCY?

- A sudden and/or serious change in a person's mental health that requires immediate medical attention. This may be caused by a variety of factors, such as:
 - Decompensation of a mental health condition such as schizophrenia, bipolar disorder, or depression
 - A substance use disorder
 - A traumatic event, such as a car accident or natural disaster
- A person that is a danger to themselves, a danger to others, or gravely disabled due to a mental disorder

WHO DO WE SERVE?

- Adults, older adults, and youth who voluntarily seek emergency psychiatric assistance during a crisis

- Adults, older adults, and youth who have been detained involuntarily (5150)

San Mateo Medical Center

PES
Consent for Voluntary Treatment

222 WEST 39TH AVENUE • SAN MATEO, CA 94403 • TELEPHONE (650) 573-3760

I, (name) _____, hereby make application to receive care and treatment voluntarily from the San Mateo Medical Center Psychiatric Emergency Services.

APPLICATION FOR ASSESSMENT, EVALUATION, AND CRISIS INTERVENTION OR PLACEMENT FOR EVALUATION AND TREATMENT

Confidential Client/Patient Information
See California W&I Code Section 5328 and HIPAA Privacy Rule 45 C.F.R. § 164.508

Welfare and Institutions Code (W&I Code), Section 5150(f) and (g), require that each person, when first detained for psychiatric evaluation, be given certain specific information orally and a record be kept of the advisement by the evaluating facility.

Advisement Complete **Advisement Incomplete**

Good Cause for Incomplete Advisement _____

Advisement Completed By _____	Position _____
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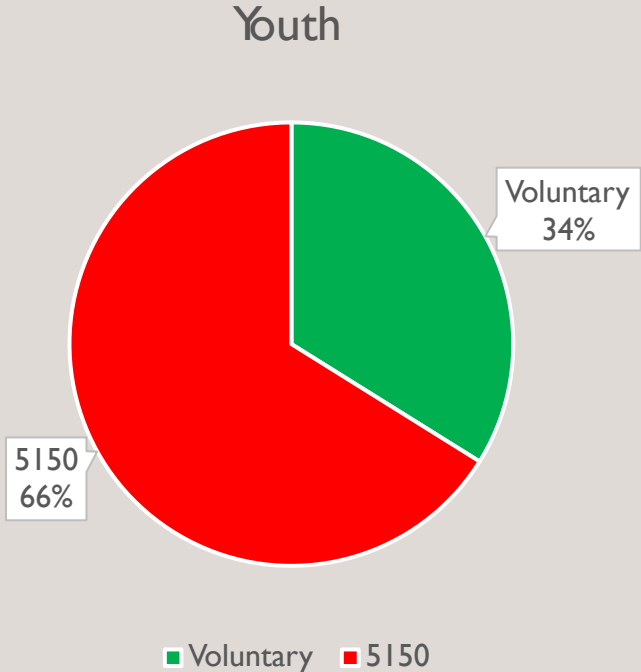
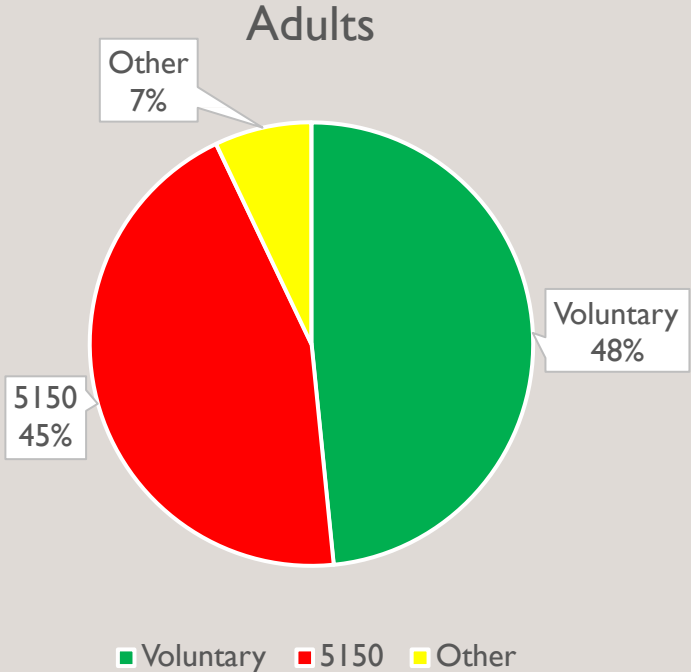
To (name of 5150 designated facility) _____

WHAT TO EXPECT

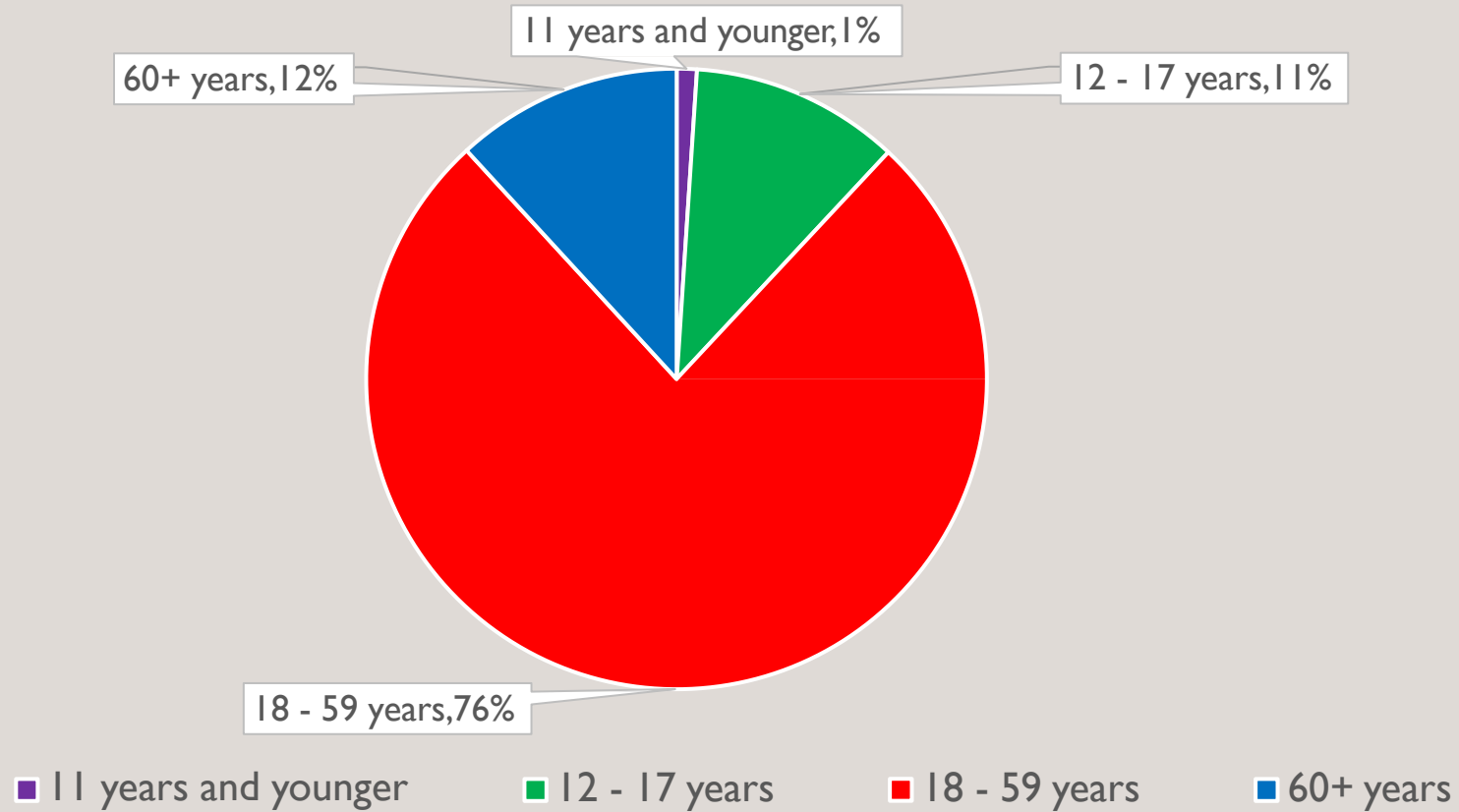
- A multidisciplinary team of mental health professionals work together to provide psychiatric emergency services. Every patient is under the care of a psychiatrist and a psychiatric registered nurse at all times. The psychiatrist will complete an evaluation, make a diagnosis, and determine a plan of care. Plans may include:
 - Psychiatric stabilization with voluntary follow-up services as appropriate for behavioral health or substance abuse treatment
 - Medication and stabilization, including initial treatment if appropriate
 - Medication and subsequent hospitalization for further stabilization if appropriate
- Evaluation and determination of a safe discharge plan from PES will be as prompt as possible, generally within a 24 hour period



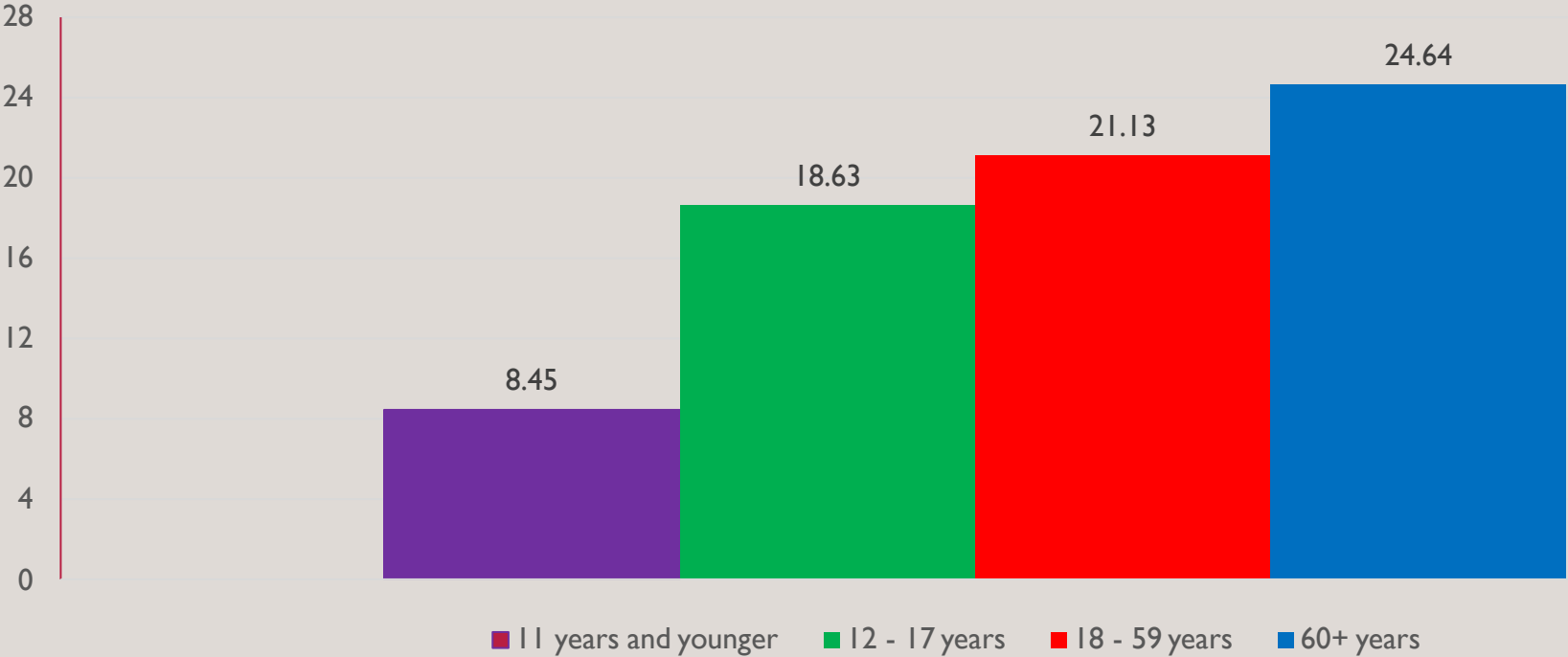
2022 LEGAL STATUS ON ADMISSION TO PES



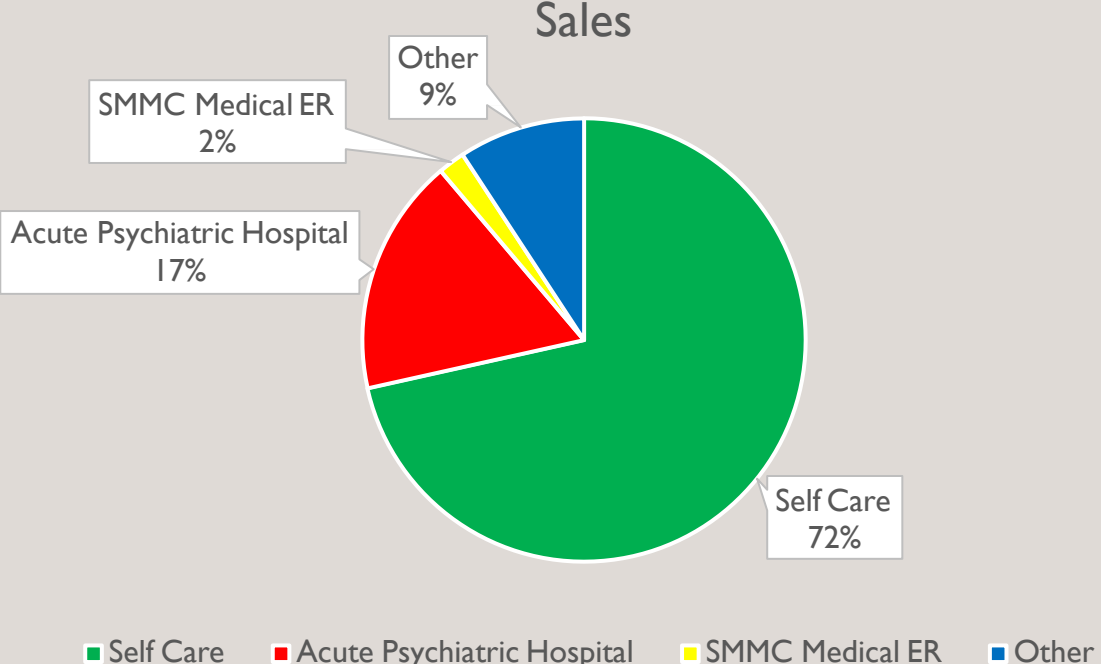
2022 TOTAL PES VISITS BY AGE GROUP



2022 AVERAGE LENGTH OF STAY (HOURS) BY AGE GROUP IN PES



2022 DISCHARGE LOCATION FROM PES




SERVICES **BEST** PERFORMED IN THE COMMUNITY

- Individual, group, or family therapy
- Housing and shelter services
- Medication management
 - Prescribe, adjust, and/or discontinue medications as indicated
 - monitoring relevant laboratory studies and medication effects over time
- Medication refills
- Or other services best provided or coordinated by an established and regularly seen outpatient treatment team

WHAT TO DO IN A CRISIS

- Visit our website or search “San Mateo County Health crisis services” for tips. Have a protocol with your team and practice your response!
- Stay calm and reassure the person in crisis you want to help. Respect their personal space and maintain distance. Do not argue with the person or try to coerce/force them to do anything they do not want to do.
- Call 911 (ask for a Crisis Intervention Trained (CIT) Officer) to seek immediate assistance
- Go to the nearest emergency room. If you can safely get there, go to the nearest psychiatric emergency room in San Mateo County
 - San Mateo Medical Center
222 West 39th Ave, San Mateo, CA 94403
650-573.-2662
 - Mills-Peninsula Medical Center
1501 Trousdale Dr., Burlingame, CA 94010
650-696-5915
- Relay as much information as you can to the officers, medics, and/or the hospital/treatment team receiving the patient (who, what, when, where, why, treatment team contact information)



COUNTY OF SAN MATEO HEALTH SYSTEM
BEHAVIORAL HEALTH & RECOVERY SERVICES

Behavioral Health & Recovery Services
225 W. 37th Avenue
San Mateo, CA 94403
www.smchealth.org/BHRS

Information From Family Member or Other Concerned Party

California Assembly Bill 1424 (2001), now a law, requires all individuals making decisions about involuntary treatment to consider information supplied by family members and other interested parties. Behavioral Health staff will place this form in the consumer/client's mental health chart. Under California and Federal law, consumers have the right to view their charts. The Family Member completing this form has the right to withdraw consent to release information given by them and have the information regarded as confidential (Welfare & Institutions Code 5328(b)). This form was developed jointly by San Mateo County BHRS, NAMI of San Mateo County, behavioral health consumers/clients and health providers in order to provide a means for family members and other interested parties to communicate the client's behavioral health history to hospitals/outpatient staff or 911 responders.

Today's date _____ Name of person completing form _____
Relationship to consumer/client _____

Consumer/Client Information

Name _____ Date of Birth _____
Phone _____ Address _____
Primary Language _____ Religion _____
Medi-Cal: Yes No Medicare: Yes No
Name of Private Medical Insurer _____

Yes No Please ask the consumer/client to sign an authorization permitting San Mateo County Behavioral Health & Recovery Services providers to communicate with me about his/her care.
 Yes No I wish to be contacted as soon as possible in case of emergency, transfer and discharge.
 Yes No Consumer/Client has a Wellness Recovery Action Plan (WRAP) or Advance Directive. (If yes, and a copy is available please attach a copy to this form.)

Brief history of mental illness (age of onset, prior 5150's, prior hospitalizations, history of unstable living situations, if applicable) (Attach additional pages if necessary.)
Age symptoms or illness began _____
Prior 5150's? Yes No
If yes, when/where? _____
Prior hospitalizations? Yes No
If yes, when/where? _____
Does client have a conservator? Yes No Don't know
If yes, name _____ Phone _____

Name of Consumer/Client _____ Information completed by _____

Do you know the client's diagnosis? Yes No Don't know
Please explain. _____

Do you know of any substance abuse problem? Yes No Don't know
Please explain. _____

Are there any family traditions, spiritual beliefs, or cultural concerns that are important to know about?

Is there anything about your loved one's sexual orientation/gender identity to be aware of?

Please describe any triggers (events or persons) that can precipitate a crisis.

Current Medications (Psychiatric and Medical)
Name(s) _____
Treatments that have helped _____
Treatments that did not help _____

Treating Psychiatrist and Case Manager/Therapist
Psychiatrist _____ Phone _____
Case Manager/Therapist _____ Phone _____

Medical Information
Significant Medical Conditions _____
Allergies to Medications, Food, Chemicals, Other _____
Primary Care Physician _____ Phone _____

Current Living Situation
 Family Independent Homeless Transitional Board & Care Supported Housing
Is this a stable situation for consumer? _____

Name of Consumer/Client _____

Please check symptoms or behaviors that consumer/client has had in past when decompensating (becoming unstable) and indicate which ones you are observing now.

Symptom or Behavior	Past	Now
Homelessness or running away	<input type="checkbox"/>	<input type="checkbox"/>
Avoiding others or isolating	<input type="checkbox"/>	<input type="checkbox"/>
Not answering phone/turning off phone machine	<input type="checkbox"/>	<input type="checkbox"/>
Afraid to leave home	<input type="checkbox"/>	<input type="checkbox"/>
Being too quiet	<input type="checkbox"/>	<input type="checkbox"/>
Crying/Weepiness	<input type="checkbox"/>	<input type="checkbox"/>
Lack of motivation	<input type="checkbox"/>	<input type="checkbox"/>
Expressing feelings of worthlessness	<input type="checkbox"/>	<input type="checkbox"/>
Anxious and fearful	<input type="checkbox"/>	<input type="checkbox"/>
Talking too much, too fast, too loud	<input type="checkbox"/>	<input type="checkbox"/>
Spending too much money	<input type="checkbox"/>	<input type="checkbox"/>
Impulsive behavior	<input type="checkbox"/>	<input type="checkbox"/>
Laughing inappropriately	<input type="checkbox"/>	<input type="checkbox"/>
Argumentative	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>
Not sleeping	<input type="checkbox"/>	<input type="checkbox"/>
Not eating	<input type="checkbox"/>	<input type="checkbox"/>
Overeating	<input type="checkbox"/>	<input type="checkbox"/>
Repetitive behaviors	<input type="checkbox"/>	<input type="checkbox"/>
Forgetfulness	<input type="checkbox"/>	<input type="checkbox"/>
Not paying bills	<input type="checkbox"/>	<input type="checkbox"/>

Symptom or Behavior	Past	Now
Suicidal gesture/ attempts	<input type="checkbox"/>	<input type="checkbox"/>
Suicide statements	<input type="checkbox"/>	<input type="checkbox"/>
Thinking about suicide	<input type="checkbox"/>	<input type="checkbox"/>
Giving away belongings	<input type="checkbox"/>	<input type="checkbox"/>
Stopping medication	<input type="checkbox"/>	<input type="checkbox"/>
Substance use/abuse	<input type="checkbox"/>	<input type="checkbox"/>
Taking more medication than prescribed	<input type="checkbox"/>	<input type="checkbox"/>
Irrational thought patterns (not making sense)	<input type="checkbox"/>	<input type="checkbox"/>
Hearing voices	<input type="checkbox"/>	<input type="checkbox"/>
Poor hygiene	<input type="checkbox"/>	<input type="checkbox"/>
Cutting self	<input type="checkbox"/>	<input type="checkbox"/>
Harming self	<input type="checkbox"/>	<input type="checkbox"/>
Falling to go to doctor's appointments	<input type="checkbox"/>	<input type="checkbox"/>
Sexual harassing/ preoccupation	<input type="checkbox"/>	<input type="checkbox"/>
Fire setting	<input type="checkbox"/>	<input type="checkbox"/>
Aggressive behavior (fighting)	<input type="checkbox"/>	<input type="checkbox"/>
Destruction of property	<input type="checkbox"/>	<input type="checkbox"/>
Increased irritability and/ or negativity	<input type="checkbox"/>	<input type="checkbox"/>
Making threats of violence	<input type="checkbox"/>	<input type="checkbox"/>

Please describe recent history and behaviors that indicate dangerousness to self, dangerousness to others and/or make the consumer unable to care for him/her self.

Information Submitted By
Name (print) _____ Phone _____
Address _____ City/State/Zip _____

Signature _____ **Date** _____
A person "shall be liable in a civil action for intentionally giving any statement that he or she knows to be false" (Welfare & Institutions Code, Section 515.06(a))

INFORMATION FROM FAMILY MEMBER OR OTHER CONCERNED PARTY FORM (AB 1424)

QUESTIONS?

San Mateo Medical Center

Psychiatric Emergency Services (PES)

T:650-573-2662

F:650-573-2489

smchealth.org



Community Wellness and Crisis Response Team Pilot Program

Mental Health Association of San Mateo County
Conference Presentation



STAR VISTA

5-11-23





A Collaborative Partnership



john w. gardner
center for youth and their communities

COUNTY OF SAN MATEO

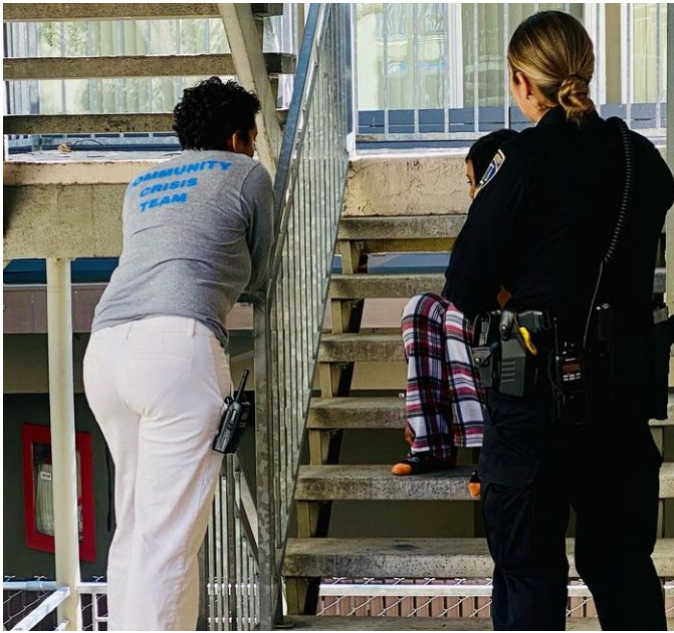


SAN MATEO COUNTY HEALTH
**BEHAVIORAL HEALTH
& RECOVERY SERVICES**

Presentation Outline

1. Program Design
2. Operations – Police Officers and Clinicians
3. On-going Assessment
4. Research themes and takeaways
5. Moving Forward
6. Questions and Feedback

Program Design



- A mental-health clinician embedded in each of the four-city law-enforcement agencies
- Police officers and the clinician respond at the same time and work together on presently occurring incidents
- Combine expertise and resources of both disciplines
- The importance of communication, coordination, and strong networks
- On-going assessment by the John W. Gardner Center of Stanford University
- Sharing information about the program
 - [Community Wellness and Crisis Response Team | County of San Mateo, CA \(smcgov.org\)](https://www.smcgov.org/Community-Wellness-and-Crisis-Response-Team)



What can we help you find? [Search Icon]

County Executive's Office

County Executive's Office

Community Wellness and Crisis Response Team

The Community Wellness and Crisis Response Team (CWCRT) is a pilot program that resulted from collaboration between the County of San Mateo, the cities of Daly City, Redwood City, San Mateo, and South San Francisco, the non-profit organization Star Vista, and the research organization the John W. Gardner Center of Stanford University. The program assigns a mental health clinician to each participating city's police department. The CWCRT program is based on a co-response model for calls for service involving behavioral health crises, in which police officers and the clinician respond at the same time – but separately – to the call. The officers ensure that safety is maintained, while the clinician works to assess, provide, and connect the subject in crisis with optimal services. This pilot program will last for at least 2 years, and researchers with John W. Gardner Center are studying the program's impact and outcomes.

The below-listed data is reported by each clinician and reflects their duties and efforts.



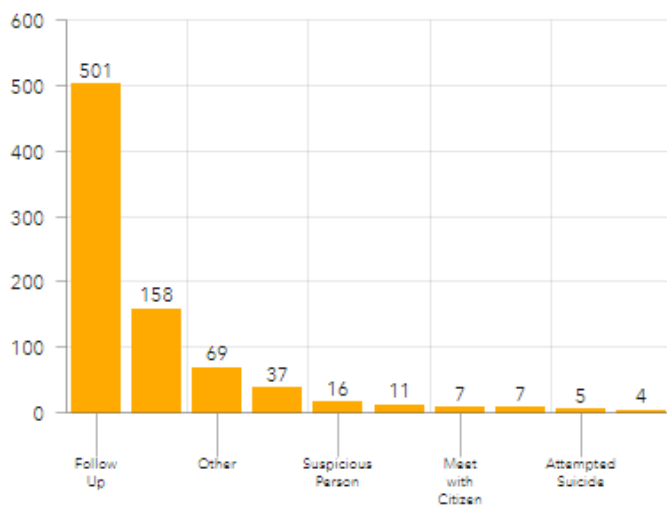
County Executive's Office

City of San Mateo Community Wellness and Crisis Response Team Dashboard

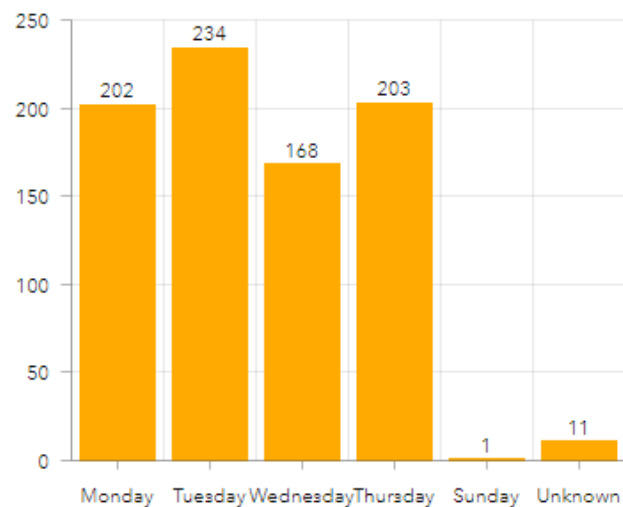
Mental Health

Select a year

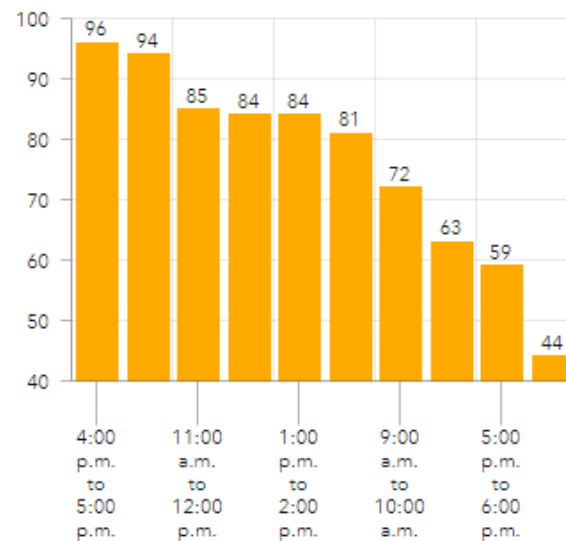
Top 10 Call Types
Mental Health Clinician Call Types



Response - Day of Week for Mental Health Evaluation

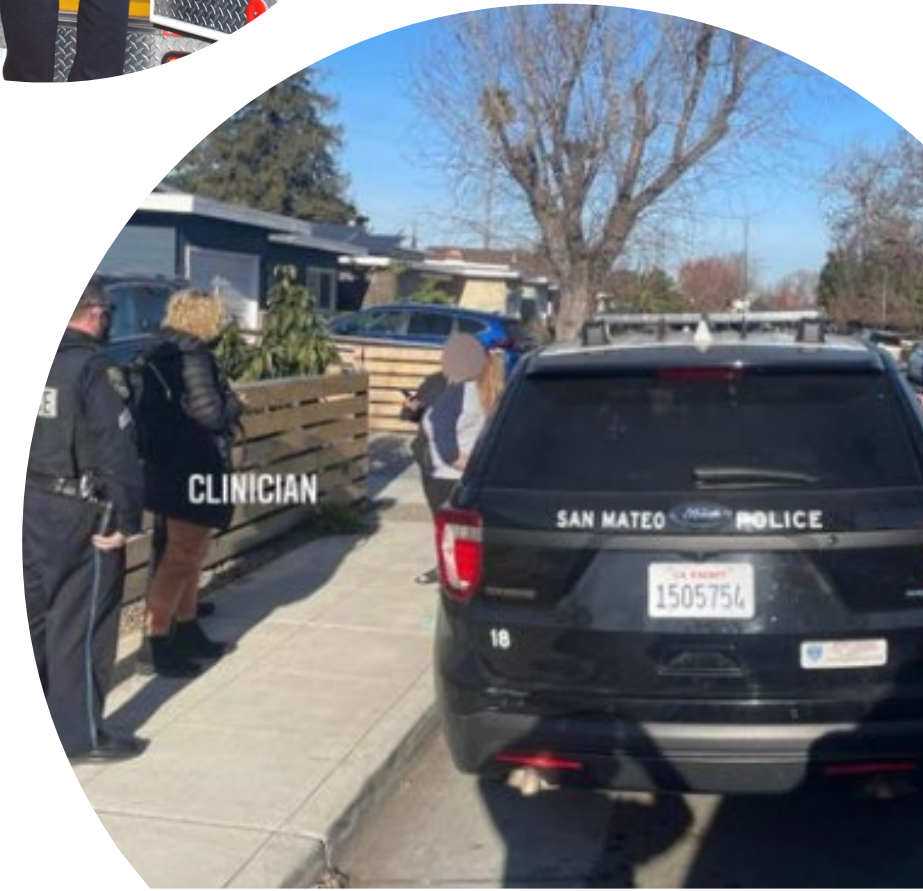


Response - Time of Day for Mental Health Evaluation



Operations - Police Officers

- Prioritize the safety of all community members when responding to incidents involving an individual experiencing a behavioral health
 1. Officers arrive first
 2. Ensure scene is safe for the clinician
 3. Radio to clinician to come to the scene
- Officer and clinician collaborate on interventions, options and resources
 - **Disagreements?**
- Depending on the specific incident, officers may stay on scene to assist or may leave scene once they have confirmed safety for all involved



Operations - Clinicians

- Employee of StarVista
- Embedded at each respective police department
- Workspace located at each department but this program is designed to have clinicians *“in the field able to respond”*
 - Does not carry a traditional caseload
- 40 hours per week, and the schedule is based on our specific needs as a City.
 - Currently working Mon-Thurs, either 7AM-5 PM or 9AM-7PM



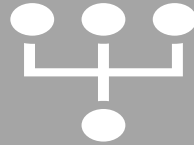
On-going Assessment



Results shared with
the community

john w. gardner
center for youth and their communities

Partnership with the John W. Gardner
Center for Youth and their communities at
Stanford University



Support planning efforts among the four
cities, BHRS, StarVista, and the County
Manager's Office to develop the pilot
program



Conduct quantitative analysis and study of
outcomes to determine efficacy, lessons
learned, and potential areas for
improvement.

Research to Date

Themes and Takeaways

- Over halfway through the 2 year pilot project, key themes are emerging:
- **Dispatch**
 - In first 7 months, 1,600 calls for service across 4 agencies
 - For SMPD, our clinician responds to an average of 25-30 dispatched CFS
 - Clinicians connecting with community directly (not only through Dispatch)
- **Mental Health Crisis Detentions**
 - Initial data is showing that these have declined since start of the program
- **Continuum of Care**
 - Clinicians **consistently following-up** with served individuals (often multiple times)
- **Professional Development and Capacity Building**
 - Cross-sector collaboration
 - Clinicians changing cops and vice versa
 - Holistic, wraparound approach to issue resolution
 - Reduced strain on public safety
 - Preliminary signs that number of repeat mental-health crisis related calls being handled by police is decreasing

Moving Forward

CWCRT Program continues

- Until July, 2024 – program re-evaluated for the future

Expansion

- Bringing on additional clinicians for more cities

Potential for program evolution

- How can the program improve to optimally serve our community?

Feedback and Questions