Crisis Care Mobile Units (CCMU) Lessons Learned

Workshop 10 | March 14, 2023

Mobile Crisis Services

DHCS

CRISIS CARE MOBILE UNITS PROGRAM

Welcome and Introductions

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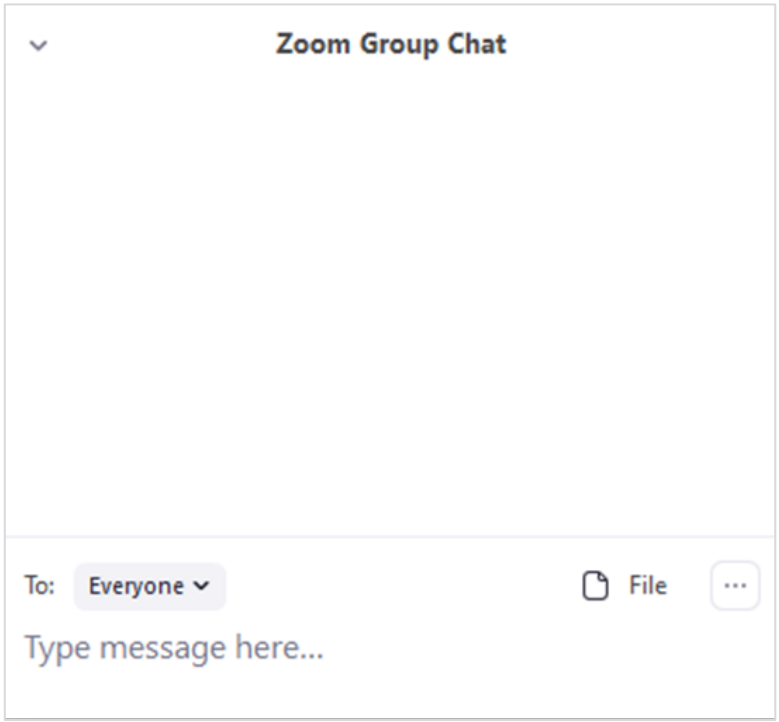
TTA Specialist, Center for Applied Research Solutions (CARS)

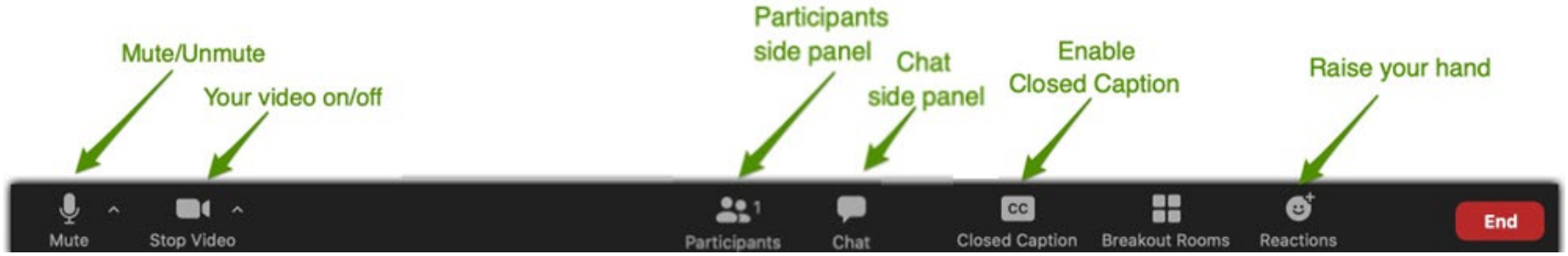
Housekeeping: How to Participate

Live captioning is available today.
Prefer to see your captions in a new browser tab? Click the link in the chat box to access captions during the live event.

Your view: Double-click slides to exit full-screen view or press escape.

Chat: Today's chat is for ALL QUESTIONS and resource sharing. Hear an echo? Have a question for the presenters? Don't see the slides? Let us know in the chat!





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We welcome your participation through the methods outlined in the housekeeping introduction. Please note that disruptive behavior is not aligned with the purpose of this session and will not be tolerated. Any individuals disrupting the meeting may be removed without warning. In the event of a security incident, this session will end immediately and will not resume. If this occurs, a separate email will be sent to all participants with further instructions. By using this chat box, you agree to keep your comments relevant to the topic of today's event. While a variety of diverse perspectives and opinions is welcome, disruptive comments are not aligned with the purpose of this meeting, and users creating disruption may be removed without warning.

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County of Placer®

Mobile Crisis Services

All Teams

What is Mobile Crisis?

We started out in 2014 with two clinicians and three peer advocates, responding only to calls for consumers 16 and older, and from Placer County Sheriff and Roseville Police department.

Our team now has about 12 clinicians and counselors, 2 psychiatric RN's, and 4 peer, family, and/or youth advocates. We now respond to calls from all Placer County law enforcement agencies, community partners, schools, local businesses, and family/friends of our clients.

Placer County Adult Crisis Response and Children's Crisis Response have now merged to expand our Mobile Crisis response to the community. This includes the expansion of more Mobile Crisis Teams, responding to more areas in South and Mid Placer, and responding to community members of all ages, regardless of insurance status.

We provide crisis intervention and assessment, nursing triage, brief family therapy, referrals to community resources, linkage to ongoing mental health services, and follow up services to clients and their families.

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To Request MCT Regardless of Age or Location Call Placer County Adult Intake (916) 787-8860

Monday – Friday	**Saturday**
8:00 a.m. – 10:00 p.m.	10:00 a.m. – 7:00 p.m.

- **One-stop shop phone number (As opposed to calling two different access lines for children versus adults)**
- **Referring party and case will be triaged to the appropriate crisis service and team.**
- **Easy access for all community members and LEA and others to call one number to access support/MCT.**

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MCT Goals

- **Increase access to mental health crisis services outside of the emergency department**
- **Reduce number of involuntary psychiatric hospitalizations**
- **Reduce mental health crisis related contact with law enforcement**
- **Improve outcomes for clients receiving mental health services**

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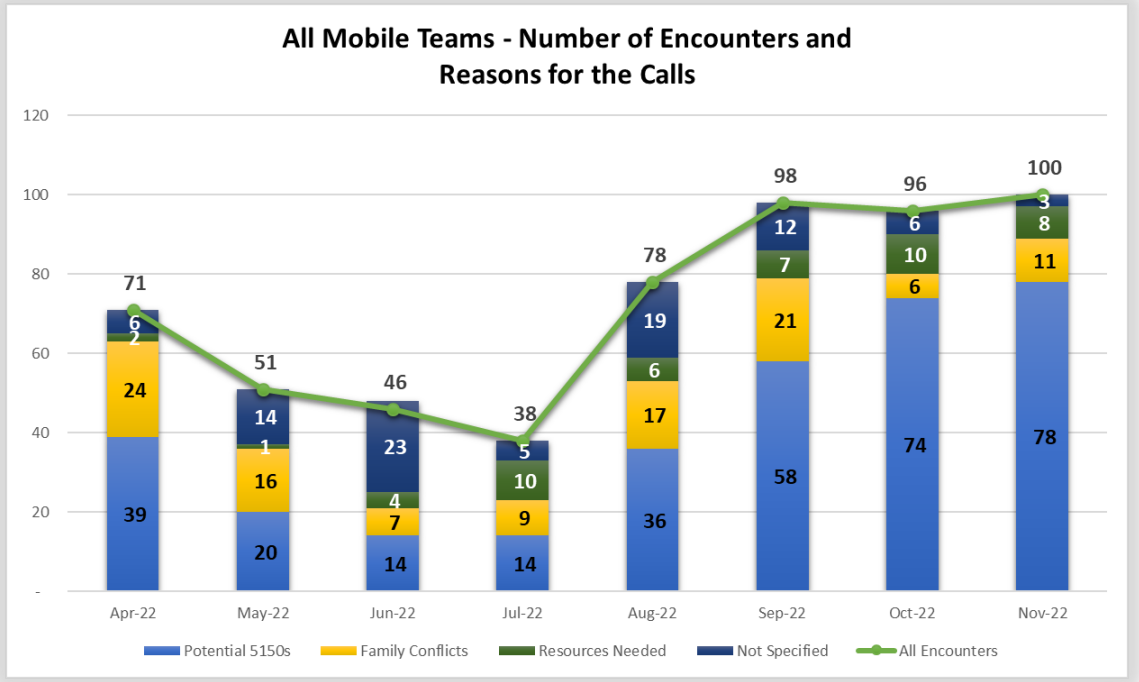
Outcome Goal	Measure	Apr-Jun 2022	Jul-Sep 2022	Oct-Dec 2022	Jan 2023
For All Mobile Crisis Encounters	**Total Encounters**	**168**	**214**	**278**	**98**
- Expand Services to Mid County	- % out of 12 Zip Codes	58%	42%	75%	33%
- Keep Response Times to <30 Minutes	- Average Number of Minutes from Referral Call to Team Arrival	30.8	28.3	26.5	26.7
- Decrease the Rate of 5150 Holds (Emergency Dept Visits)	- % of Encounters with the Disposition of 5150 Hold for DTS/DTO or GD	23%	18%	24%	31%



All Mobile Crisis Teams Counts and Reasons for the Calls	Apr 2022		May 2022		Jun 2022		Jul 2022		Aug 2022		Sep 2022		Oct 2022		Nov 2022	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Unique Number of Children/Youth Served*	**66**		**50**		**41**		**36**		**68**		**86**		**78**		**89**	
All Encounters	**71**		**51**		**46**		**38**		**78**		**98**		**96**		**100**	
Potential 5150s	39	55%	20	39%	14	30%	14	37%	36	46%	58	59%	74	77%	78	78%
Family Conflicts	24	34%	16	31%	7	15%	9	24%	17	22%	21	21%	6	6%	11	11%
Resources Needed	2	3%	1	2%	4	9%	10	26%	6	8%	7	17%	10	10%	8	8%
Not Specified	6	8%	14	27%	23	50%	5	13%	19	24%	12	12%	6	6%	3	3%

*Unique counts within the specified timeframes. An individual could be counted in a subsequent reporting timeframe if they have experienced multiple encounters over time.

Current Focus on Improvement and Expansions

- **Want to focus on both Mental Health and Substance Use: A *Behavioral Health* focus instead of separating the two.**

- **Would like to decrease instance of just "referring out" for screenings to services. Increasing training for both mental health screenings and substance use screenings, like ASAM, in order to remove that initial step and potential barrier. Then clients can get quicker access and linkage to immediate and on-going care.**

- **With a nurse on one of the teams we can also medically assess any immediate symptoms or concerns stemming from SUD use, intoxication, or withdrawal concerns.**

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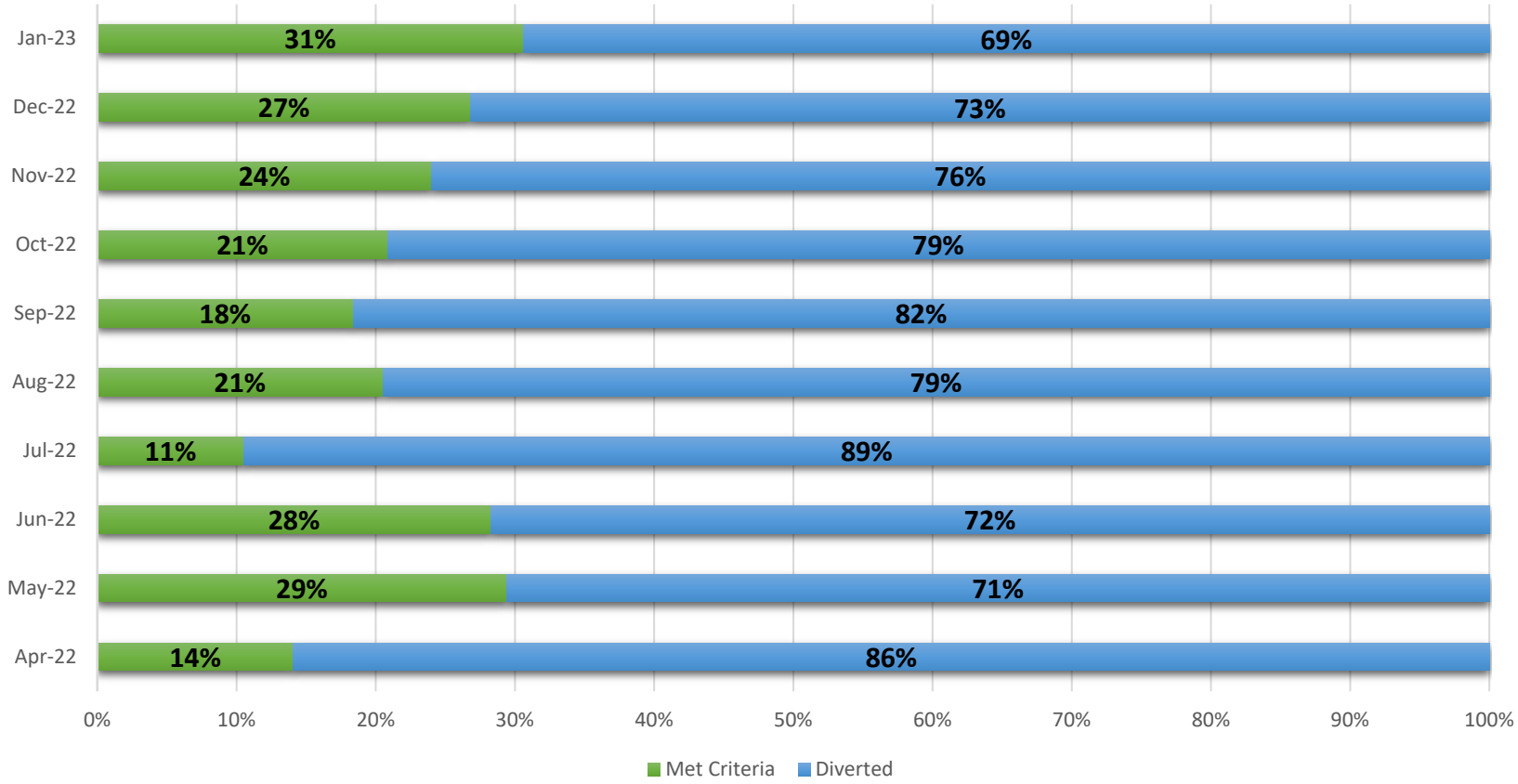
Encounters Diverted from the Emergency Department
Jan-23 n=98 Encounters: 30 (31%) Met and 68 (69%) Diverted



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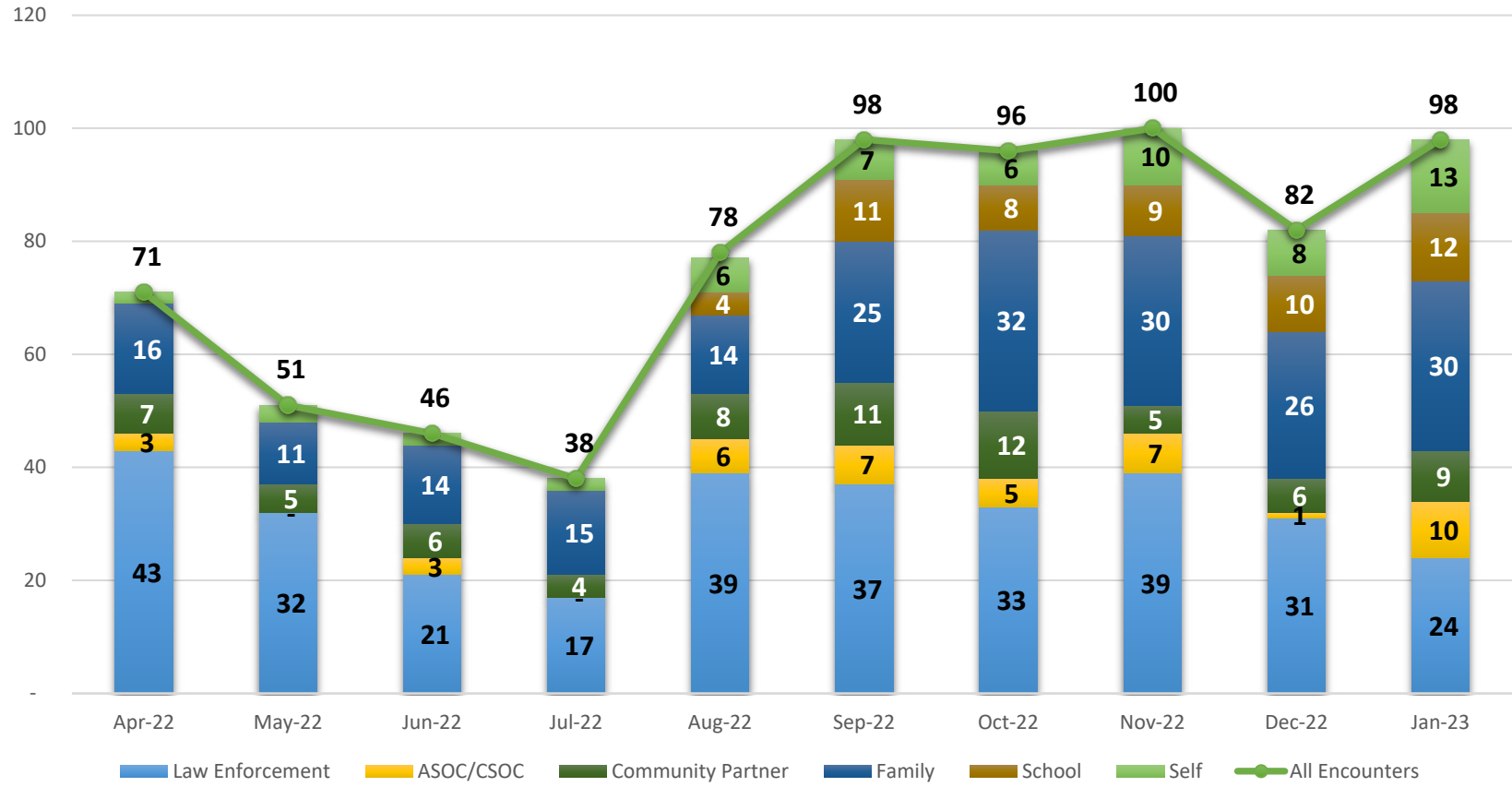
All Mobile Teams - Number of Encounters and Requesting Parties



- **Have long-established relationships with LE and local hospitals, Previously developed MOUs and regularly quarterly meetings to discuss success stories and problem solve barriers.**

- **This worked well in the past, and realize the need to revisit that practice now that our two symptoms (Children's Services and Adults Services) have been integrated**

- **A lot of work but it's worth it . At beginning 9 years ago it took a lot of work but regular communication, meetings, sharing successes with each other, knowing each others cell phone numbers of leadership and real time communication. Family mobile embedded helped. PERSISTENCE and low response time helps!**

- **Concept and comfort level with the idea that LE doesn't always have to be onsite—can go and screen and assess situation and decide if necessary . We consulted with Crisis Now Academy for a year and learned about SAMHSA best practice guidelines such as "anybody anytime anywhere," and that some data suggests that only 5% of MH crisis calls require LEA. Our own data reflect that more calls are coming from community and less from LEA. We will be in the process of developing more robust assessment tools that will help decide whether LEA is present on scene.**

- **Strong data that communicates effectiveness of program to various stakeholders, being able to show it in their jurisdiction**

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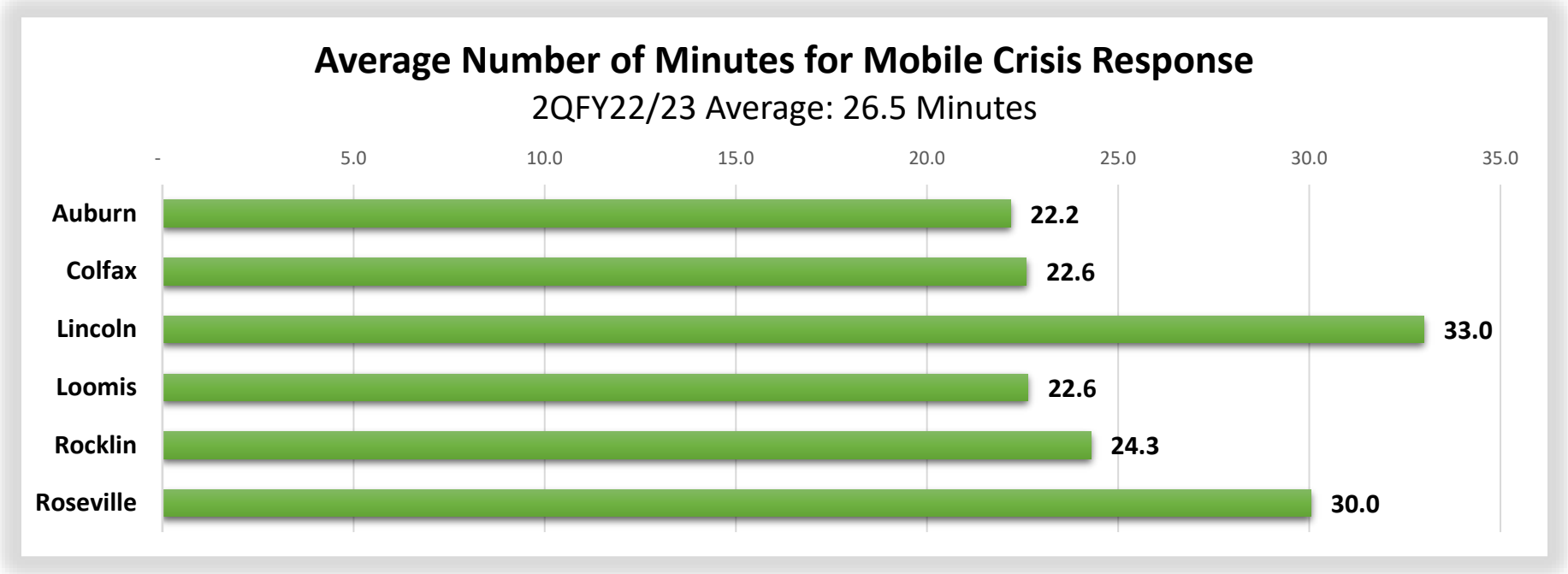

All Mobile Crisis Teams Cities and Response Times	2QFY22/23 October – December		January 2023	
	#	Avg Min	#	Avg Min
Mean Response Times in Minutes from Request to Team Arrival	**223**	**26.5**	**85**	**26.7**
Auburn	50	22.2	12	34.2
Colfax	5	22.6	-	-
Lincoln	12	33.0	5	10.0
Loomis	14	22.6	5	17.2
Rocklin	21	24.3	9	34.8
Roseville	108	30.0	44	27.5

- **Response time—less than 30 minutes from when LE initially calls intake line Get in the car and go. Discuss strategy, obtain Hx, etc in car. Commitment and culture to not keep LEA waiting has paid dividends.**
  - **Philosophy and culture prioritizes this—need to get crisis workers out immediately, this is important for LE to buy into—research on situation can be done back at hub by administrators, crisis workers priority is to get moving**
  - **Not just arriving—responding in some way over the phone as crisis team is en route, taking stock of situation before arrival to enable LE to leave faster**

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Questions
Comments
Discussion

Presenter Information

Kristen Love-Clark

County of Placer

Specialized
Assistance
For
Everyone

Lessons Learned

PETALUMA PEOPLE SERVICES CENTER

Relationship Building

- Police
- Fire
  - Dispatch
- Hospitals
- CSU
- Schools
- Elected Officials
- Community
- Business

Telling the Story

- Training
- Evidence Informed
- Press
- Strategic communication
- Data
- Community Engagement

Services & Savings

De-escalation of a behavioral health issues:

- Saves thousands on unnecessary 5150's
- Reduces health care costs
- Police Department response times improve due to reduced call burden
- When not responding to 911 calls, connecting to our community building a stronger network of services
- Can provide first aid and medical checks for those in our community who can not access medical services
- Connection to PPSC programs, costing our whole community less with upstream prevention programs
- Able to directly refer into existing programs

Be flexible

- Find out what other programs are doing
- Share your lessons learned
- Vehicles always need repaired

Petaluma People Services Center

elece@petalumapeople.org

Presenter Information

Elece Hempel

County of Sonoma

VENTURA COUNTY
BEHAVIORAL HEALTH
A Department of Ventura County Healthcare Agency

VENTURA COUNTY BEHAVIORAL HEALTH

MOBILE CRISIS OUTREACH FOR TAY (MCOT)

CRISIS RESPONSE FOR TRANSITIONAL AGED YOUTH 16-25 YEARS OLD

Lessons Learned

- Learning how to navigate explaining to the community the difference between this new specialized crisis team and the long-standing, existing 24/7 Crisis Team
  - Learning how to introduced ourselves with our team name, but also less is more on the description

- Unable to make purchases for vans
  - County-wide fleet services shortage

- Implementing Texting Software
  - Learned that we have some work to do on creating agency policies around texting communication first

Lessons Learned

- Having an odd number of staff
  - Realized since launching that this takes some additional coordination to figure out what combination of staff to send on crisis calls

Time needed to train a new team
  - Helping them understand how our system works/communicates

Being in limbo with existing medical record
  - Training team on utilizing current EHR, but knowing we are transitioning in 3 months to a new EHR

Presenter Information

Wendi Amezquita & Nancy Springer

Ventura County

Group Discussion and Closing

- Open Discussion amongst Grantees
- Q&A

Appreciation!

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