



# Mobile Crisis Services

BEHAVIORAL HEALTH BUREAU

MONTEREY COUNTY HEALTH DEPARTMENT



# Agenda

Mobile Crisis Program Overview

Seneca Children & Youth Mobile Response

Data Review

Best Practice Standards

Challenges & Strategies

# Mobile Crisis Operational Period



**Staffing:** 3.0 FTE PSW licensed / licensed eligible staff and 1.0 Sr. PSW (3 of 4 positions filled)

**Location:** Based out of Peninsula Region (Monterey PD), Salinas Region (BH outpatient clinic on Natividad campus), South County Region (Greenfield PD)

**Hours of operation:** Wednesday – Saturday 12:30 – 10:00pm and alternating Tuesdays

# Mobile Crisis Program Goals

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## Provide

crisis intervention services and support to individuals and families in psychiatric distress throughout Monterey County.

## Provide

LE partners and treatment providers with specialized assistance to respond safely and effectively to those in crisis.

## Collaborate

with first responder partners and treatment providers to recognize the signs of psychiatric distress and safely de-escalate a mental health crisis.

## Increase

timely access to available resources and link people to appropriate treatment and community supports as clinically indicated.

# Types of Services Provided

Assess for need for hospitalization (WIC 5150)

Liaison with first responders & hospital for continuity of care

Brief crisis intervention & de-escalation

Referrals & linkage to community resources

Stabilization in community & diversion from emergency resources

Non-urgent outreach & follow-up in community

Consultation & liaison support for LE, BH and community providers



# MCBH & Natividad Hospital Crisis Team Changes - Effective April 1, 2022

## BEHAVIORAL HEALTH

- Community facing and responsive BH Crisis Team separate from the hospital & integrated with Mobile Crisis
- Public can reach the BH Crisis Team by calling our 24/7 Access number at **888-258-6029**, selecting the prompt for the Crisis Team
- Hospital Providers can call **888-258-6029** and select prompt 6 for BH support with discharge planning for new clients, Short Doyle authorizations for inpatient care, and collateral.
- There is also an Internal BH and LE only number

## NATIVIDAD HOSPITAL

- For individuals who are in Natividad Hospital Emergency Department (ED) or Mental Health Unit (MHU)
- To reach the Natividad Crisis Team or Inpatient MHU, the public and other providers will need to call the hospital operator at **831-755-4111**
- Request to be connected to the hospital's Crisis Team for patients in the ED *or* transferred to the MHU for patients in the inpatient unit.

# Mobile Response Team (MRT)

- Program went Live July 13, 2020
- English & Spanish Services provided

Services available for:

Children and Youth Ages 0-21 & their  
Families

*Behavioral Health* has contracted with Seneca to provide MRT Services in Monterey County



# SENECA

FAMILY OF AGENCIES | UNCONDITIONAL CARE

# *Service Operations*

- *In-Person* crisis support services:
  - **Monday - Friday** 8am-10pm
  - **Saturday - Sunday** 11am-9pm
  - 24 hour/7 day a week Phone support
  - Currently under development: 24/7 *In-Person* response
- The MRT teams include:
  - 2 **mental health clinicians**
  - 1 **family partner**
  - Families are engaged through a **strength-based & trauma informed approach** to assist in de-escalating and stabilizing the situations







## What does the MRT do?

Provide crisis counseling and attempt to stabilize out-of-control situations

Assess the need for hospitalization

Work with youth and families to develop safety plans to limit current and future crises

Work collaboratively with any existing services team members

Link the youth to further mental health services when appropriate

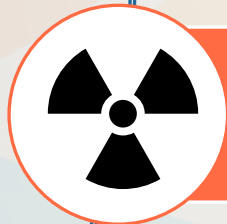
# When do families call MRT?



The youth is throwing objects at people and seems out of control.



The youth is threatening to run away.



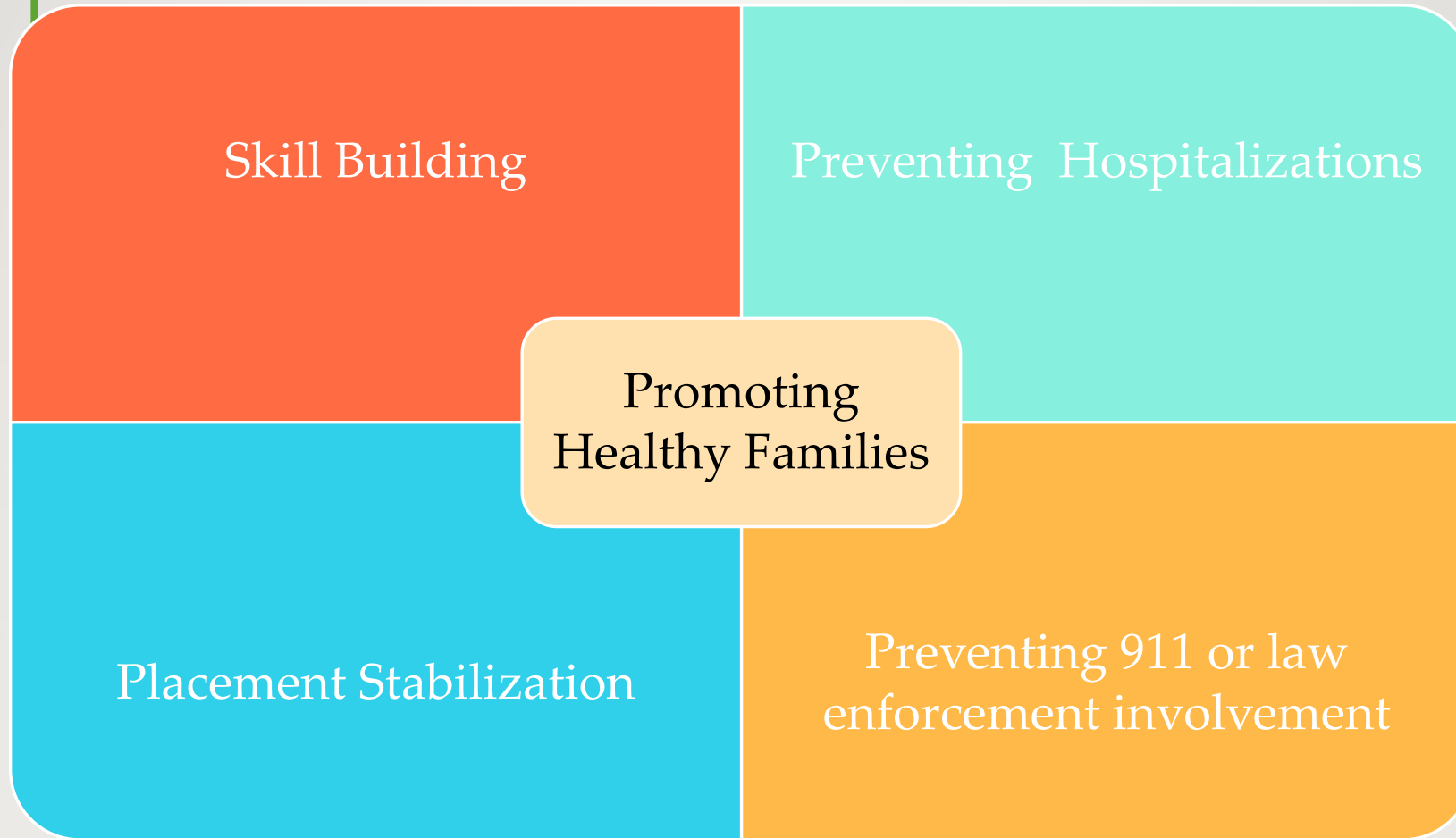
The youth is a danger to themselves or others



The youth is severely depressed and at risk of a psychiatric hold



# Seneca MRT



## Contacting Seneca MRT



- 24-hour support line: 831-687-4379
- Service Providers with Non-Urgent referrals can email [KinshipMRTreferrals@senecacenter.org](mailto:KinshipMRTreferrals@senecacenter.org)
- Tina Lehman (805) 423-3219

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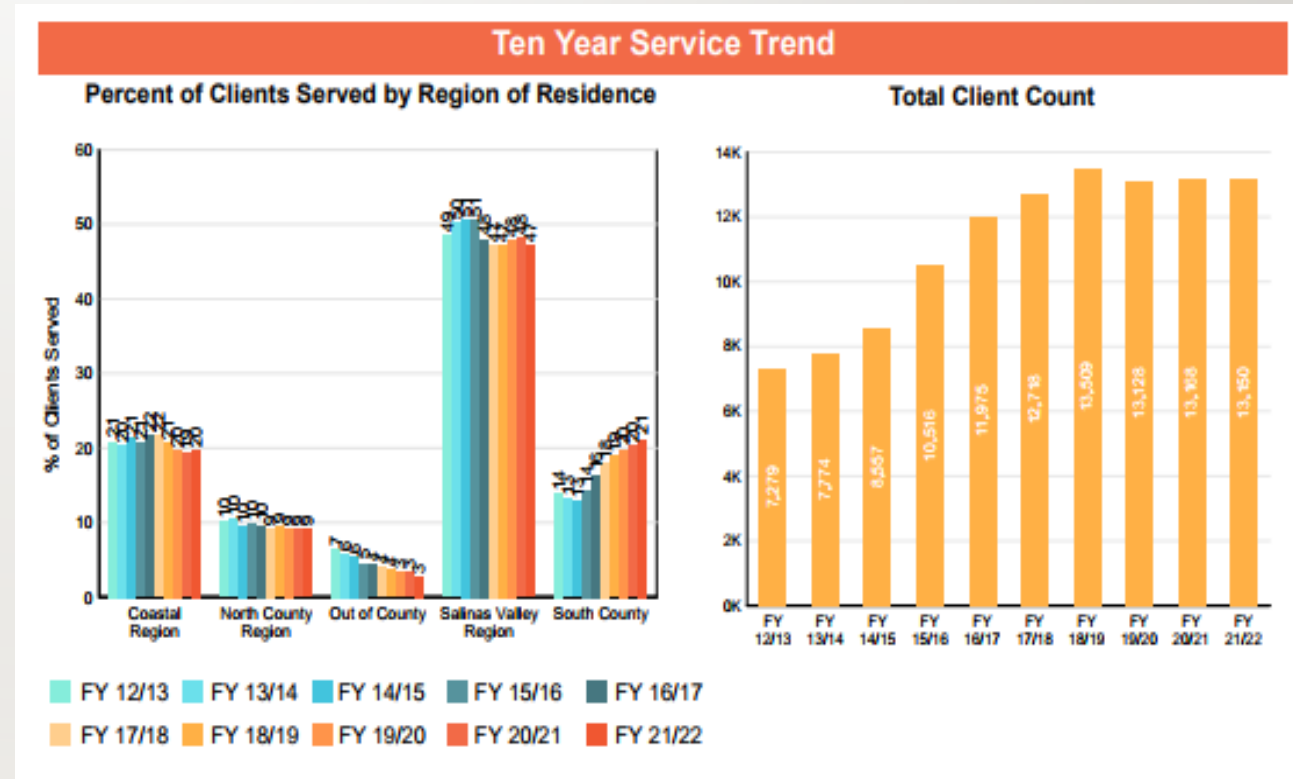
# Data

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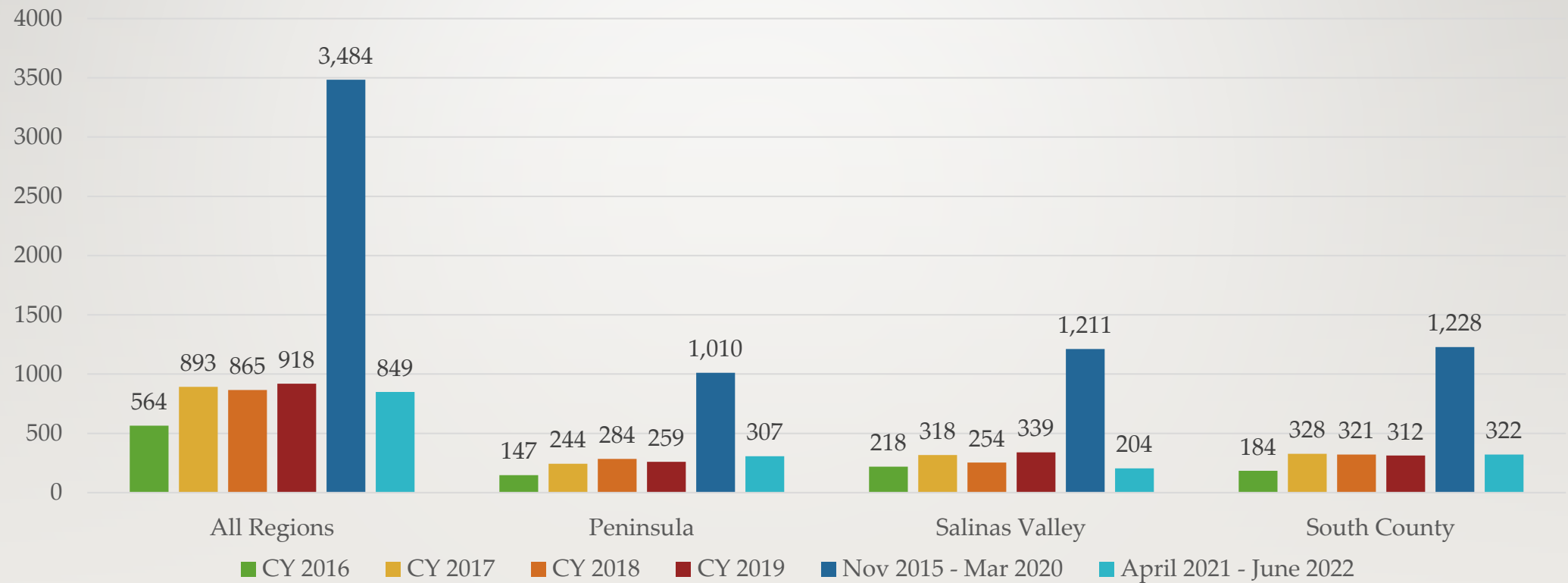
# Overall BH System of Care Ten-year service trend

- In FY 21/22, our system of care served a total of 13,150 clients for a total service value of \$102,851,037.80.
- The average service value per client was \$7,821.37
- The average age was 30 years old.
- There were 4,389 new clients admitted to the system of care and 7,440 discharged



# Mobile Crisis Team Program Utilization

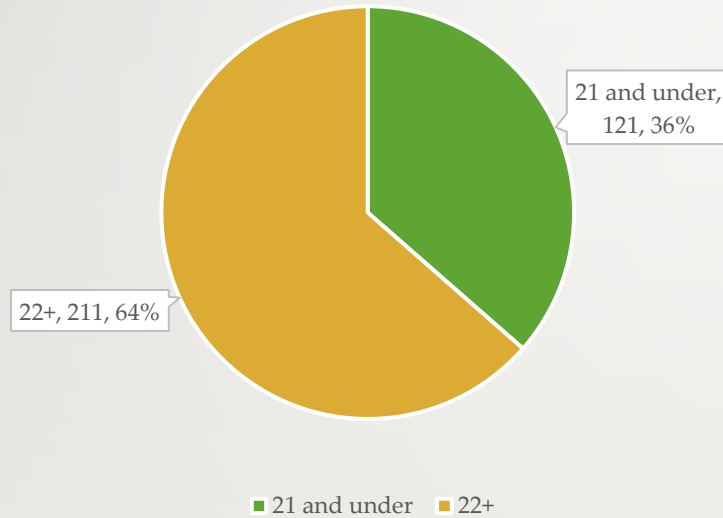
Number of Calls for Service



# Mobile Crisis Calls for Service

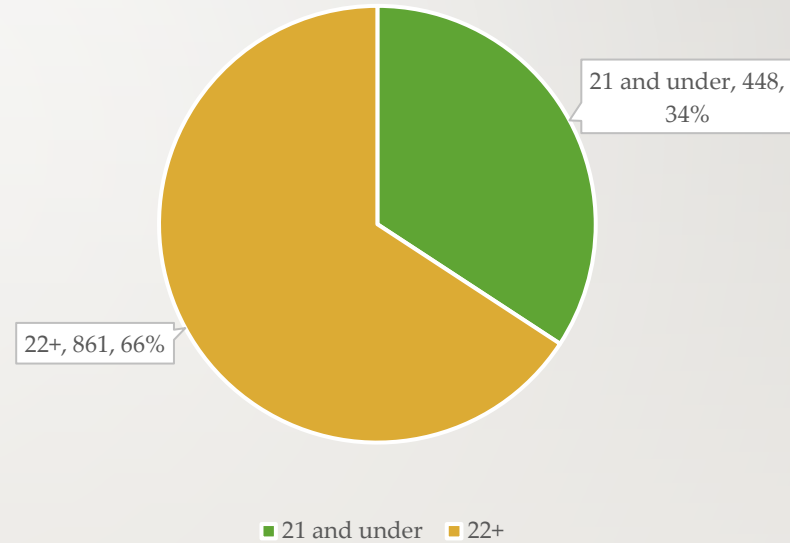
*(Pre-Covid & before Seneca MRT)*

CY 2019 Distinct Client Count



CY 2019 total calls = 918  
Distinct client count = 332

Nov 2015 - March 2020 Distinct Client Count

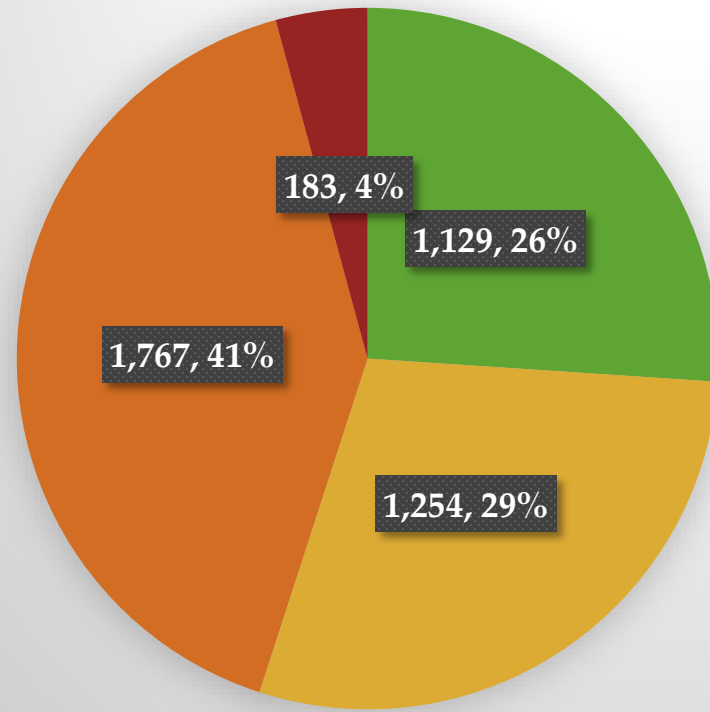


Nov 2015 - March 2020 total calls = 3,484  
Distinct client count = 1,309

# How Calls Are Initiated

## All Regions Nov. 2015 – June 2022 (MCT not operational mid-March to April 2021)

4,333 Total Calls for Service

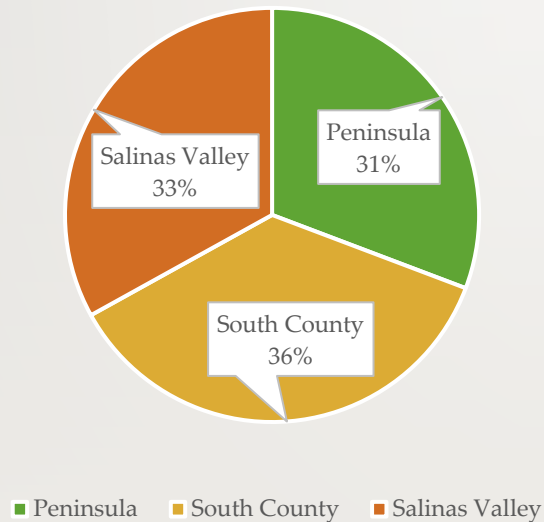


- Consultation from LE
- Consultation from MCBH or Other Agencies
- CAD
- Other

# Mobile Crisis Team

## CALLS FOR SERVICE BY REGION

Nov 2015 – June 2022

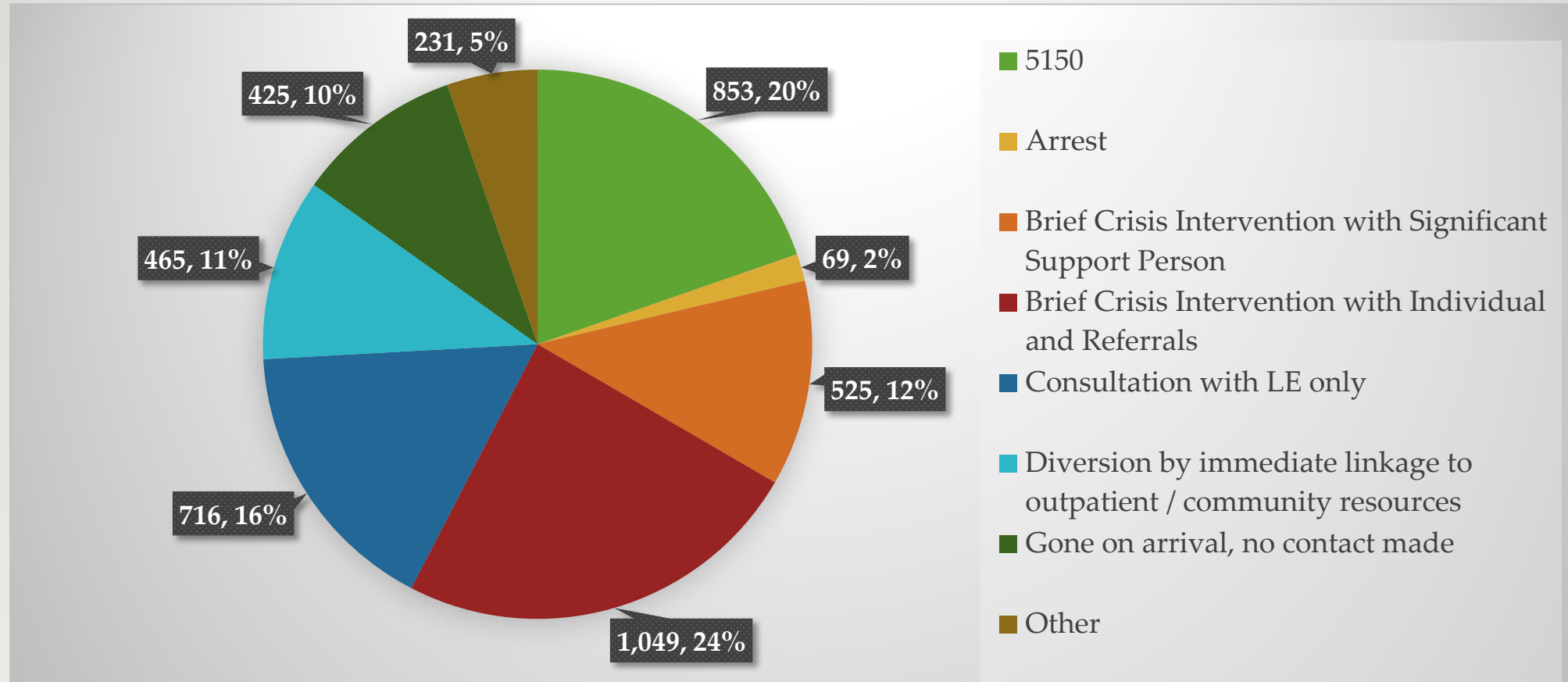


## REFERRALS BY AGENCY

Agency	# Referrals	% Of LE Referrals
Greenfield PD	779	17%
MCSO	624	14%
Salinas PD	486	11%
Monterey PD	357	8%
Marina PD	196	4%
Soledad PD	154	3%
Seaside PD	138	3%
King City PD	95	2%
Pacific Grove PD	82	1%
Gonzales PD	56	1%
Carmel PD	32	<1%
CSUMB PD	10	<1%
Other LE	9	<1%
Sand City PD	8	<1%
Del Rey Oaks PD	2	<1%



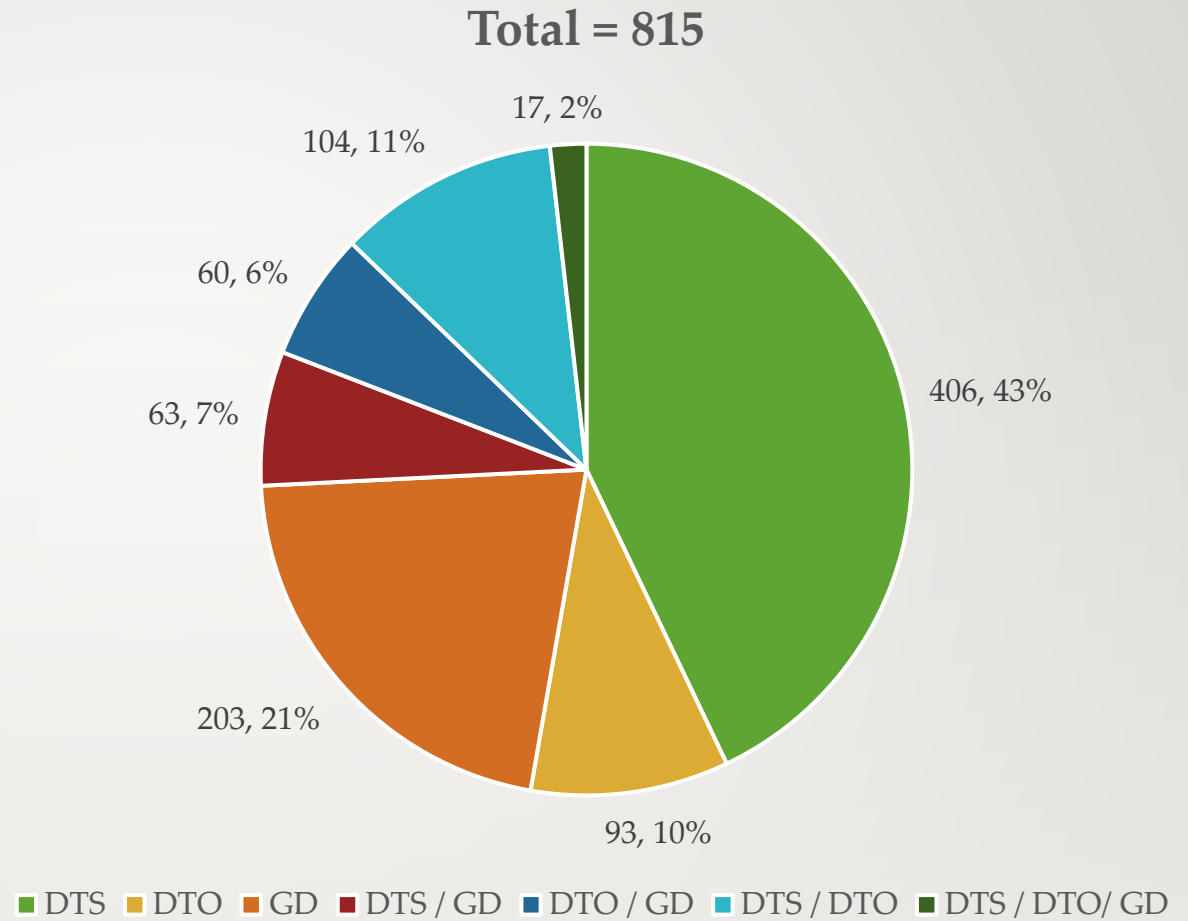
# Mobile Crisis Overall Call Disposition / Outcome All Regions Nov. 2015 – June 2022 (MCT not operational mid-March to April 2021)



# Mobile Crisis WIC 5150 Reason Nov. 2015 – June 2022 (MCT not operational mid-March to April 2021)

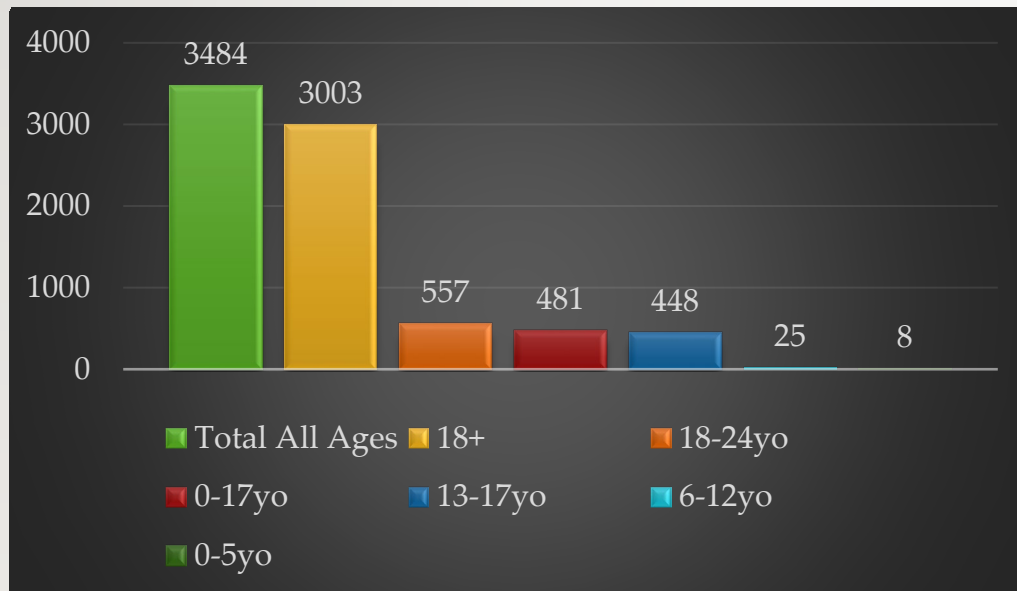
## Criteria by frequency:

1. Danger to Self
2. Grave Disability
3. Danger to Self & Others
4. Danger to Others

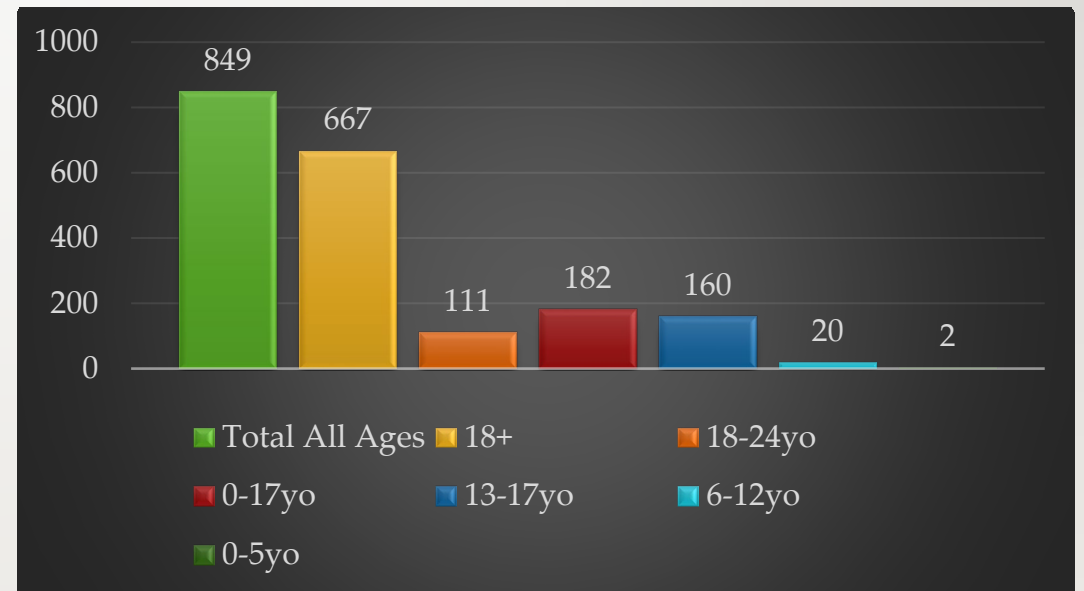


# Calls for Service by Age

NOV. 2015 – MAR. 2020



APRIL 2021 – JUNE 2022



Time Frame	Total Calls	# of Crisis Calls	*Situation Stabilized	Team Dispatched	5585/admitted to Hospital	5150/admitted to Hospital
July 2020 – June 2021	1,502	153	85	12	11	1
July 2021	142	23	15	6	0	0
August 2021	266	97	70	4	0	2
September 2021	257	53	27	3	5	1
October 2021	274	31	12	7	6	0
November 2021	327	65	33	17	4	0
December 2021	308	40	9	12	5	0
January 2022	218	41	8	14	8	0
February 2022	287	40	19	12	4	0
March 2022	421	48	17	14	4	0
April 2022	323	57	16	18	2	0
May 2022	301	52	14	17	3	1
June 2022	159	24	14	9	1	0
<b>Grand Total</b>	<b>4,785</b>	<b>724</b>	<b>339</b>	<b>145</b>	<b>53</b>	<b>9</b>

\* Situation Stabilized - The category title varied overtime. Amount is the sum in-person and crisis phone support provided and situation stabilization.

# Seneca MRT

## July 2020 – June 2022

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# Best Practice Standards

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SAMHSA NATIONAL GUIDELINES FOR BH CRISIS CARE



# Best Practices: SAMHSA National Guidelines for BH Crisis Care

- Crisis services are for **anyone, anywhere and any time**
- Services Include:
  - Crisis lines accepting all calls and dispatching support based on the assessed need of the caller
  - Mobile crisis teams dispatched to wherever the need is in the community (*not hospital emergency departments*)
  - Crisis receiving and stabilization facilities that serve everyone that comes through their doors from all referral sources

<https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf>

<https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>

# Core Services and Best Practices: SAMHSA National Guidelines for BH Crisis Care

Essential Elements within a **no-wrong-door** integrated crisis system:

1. Regional Crisis Call Center – 24/7 clinically staffed hub/crisis call center that provided crisis intervention (phone, text, chat) and quality coordination of crisis care in real-time;
2. Crisis Mobile Team Response – Mobile crisis teams available to reach any person at their home, workplace or any other **community-based** location in a timely manner;
3. Crisis Receiving and Stabilization Facilities – short term (under 24 hours) observation and stabilization services in a home-like, non-hospital environment

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# Challenges & Strategies

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# Challenges



WORKFORCE SHORTAGE



FUNDING

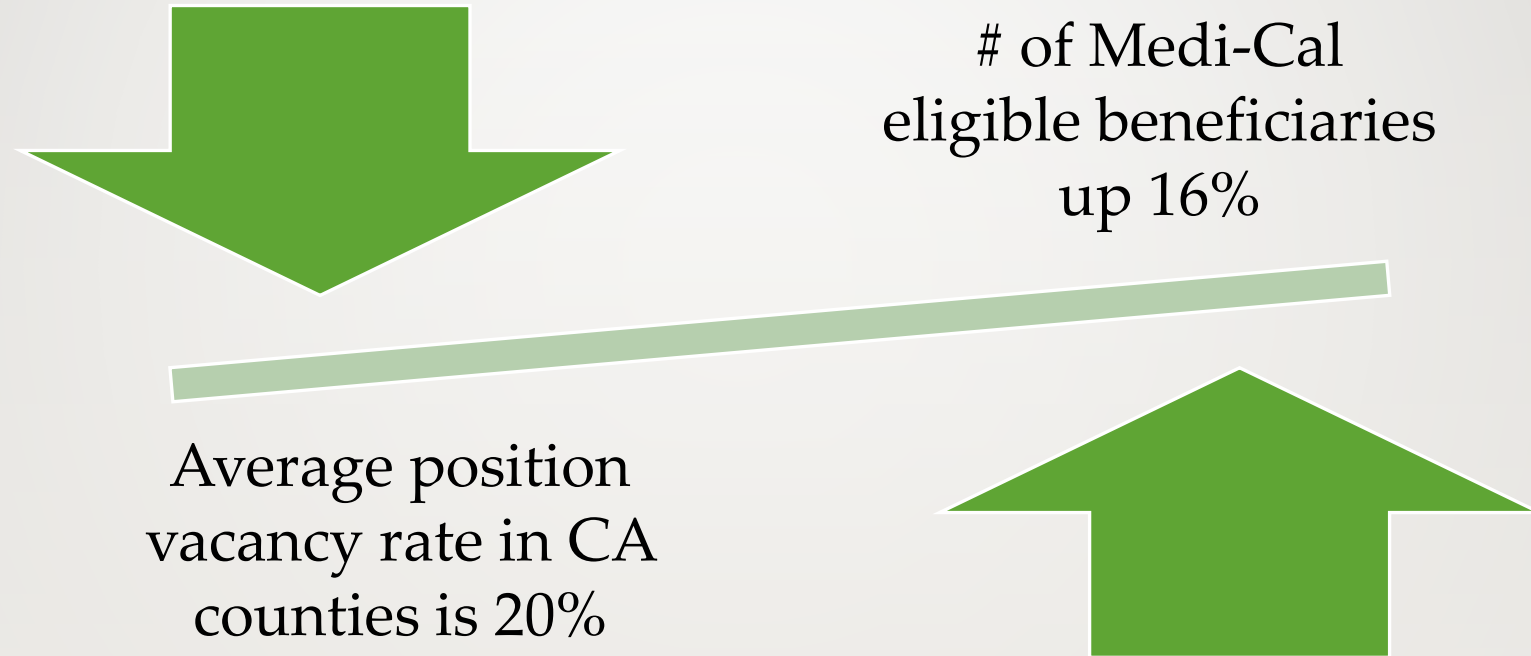


988 IMPLEMENTATION &  
COORDINATION



LACK OF ALTERNATIVE  
PLACEMENTS, GAPS IN  
CRISIS CONTINUUM

# Behavioral Health Workforce Shortage



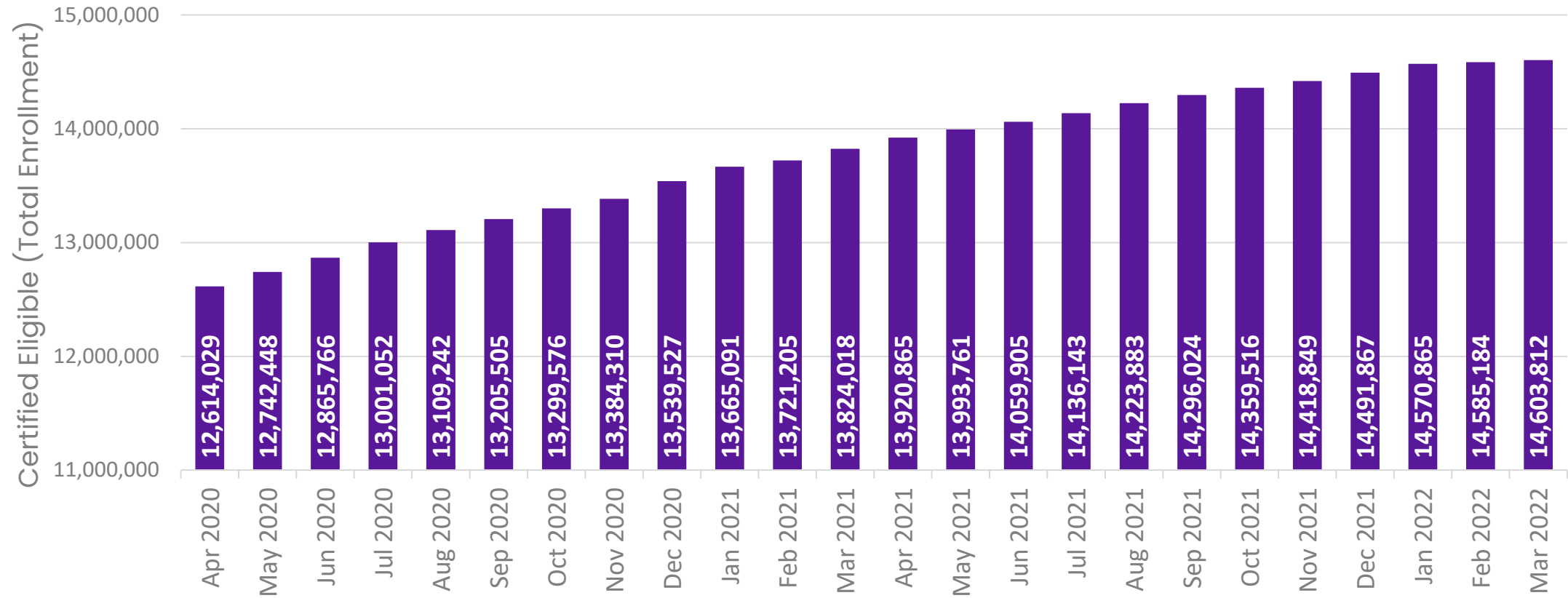
Source: CalMHSA



# BIG PICTURE

## Medi-Cal Enrollment Up

Total Medi-Cal Certified Eligible – April 2020 through March 2022



Data Source: DHCS Extracted from MS/DSS 11 Apr2022

# STAFFING – DOWN

## Cost-Survey Analysis: LPHA Vacancies

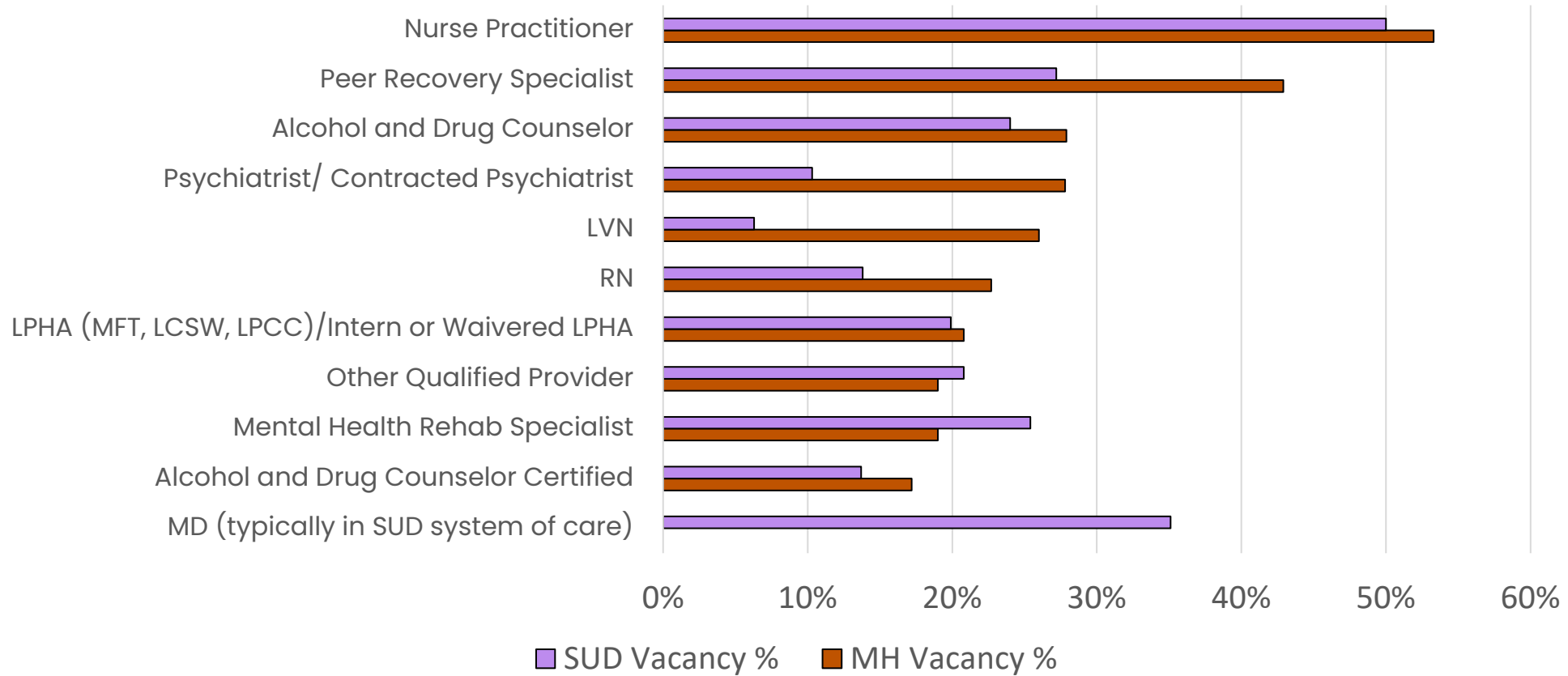
- Mental Health
  - 21% of budgeted LPHA positions vacant (957 vacant positions)
  - 23% of counties have MH vacancies over 30% (up to 52%)
- SUD
  - 20% of budgeted SUD positions vacant (38 vacant positions)
  - 9% of counties have SUD vacancies over 30% (up to 100%)

**WHEN WE LOOK AT THE  
WORKFORCE SHORTAGE  
NUMBERS, THIS MEANS;  
**1** OUT OF EVERY **5**  
MASTER'S LEVEL STAFFING  
POSITIONS IS VACANT.**

# STAFFING – DOWN (CONTINUED)

## Cost-Survey Analysis: % Vacancy by Staff Type

Percent Vacancy by Staff Type



Data Source: CalMHSA Cost Survey 2021



# Understanding the different training & expertise of BH clinicians

	Outpatient Services	Crisis Team	Mobile Crisis	HNT
<b>Licensed or Licensed Eligible Staff</b>	X	X	X	Licensed staff only
<b>Oriented to entire BH System of Care &amp; referral processes to providers</b>		X	X	X
<b>Oriented primarily to assigned program only within Access, ASOC, CSOC</b>	X			
<b>WIC 5150 / 5585 training and certification</b>	X	X	X	X
<b>Only work with open BH clients</b>	X			
<b>Respond to BH clients &amp; non-clients</b>		X (office based)	X	X
<b>On-Call 24/7 for callout when any of the 3 HNT teams are activated (MCSO, SPD, SRU)</b>				X
<b>Trained in Natividad ED Crisis Team responsibilities and partnerships*</b>		X	X	X
<b>Trained in crisis response in the community in depth</b>			X	X
<b>Receive specific training and guidance on collaborating with LE partners</b>			X	X
<b>Function as BH liaisons with LE partners</b>			X	X
<b>Receive specialized training in Hostage / Crisis Negotiations (Basic, Advanced and Domestic Violence courses)</b>				X
<b>Train regularly with LE partners (<i>pre-covid</i>)</b>				X

*\*Starting 4/1/2022, MCBH is no longer providers of services in Natividad Hospital*

# Behavioral Health Mobile Crisis Team Program Funding Sources

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CHAFFA FUNDS (START UP EQUIPMENT ONLY)

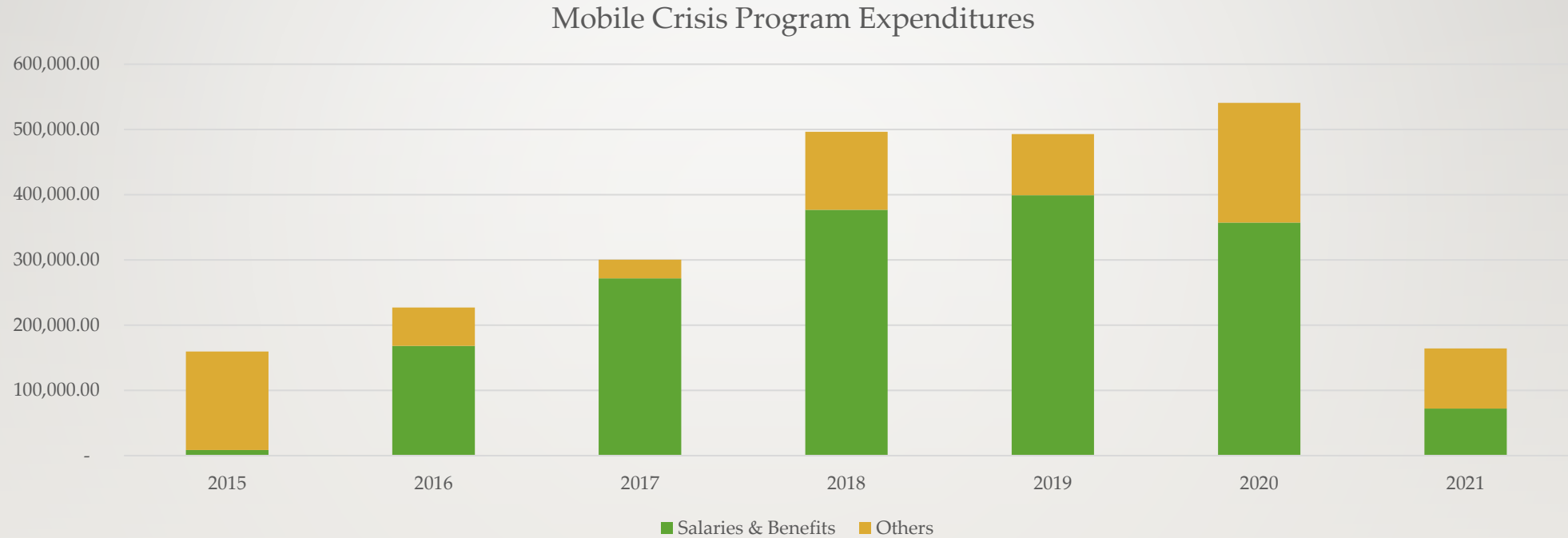
MHSA FUNDS

MEDI-CAL REIMBURSEMENT

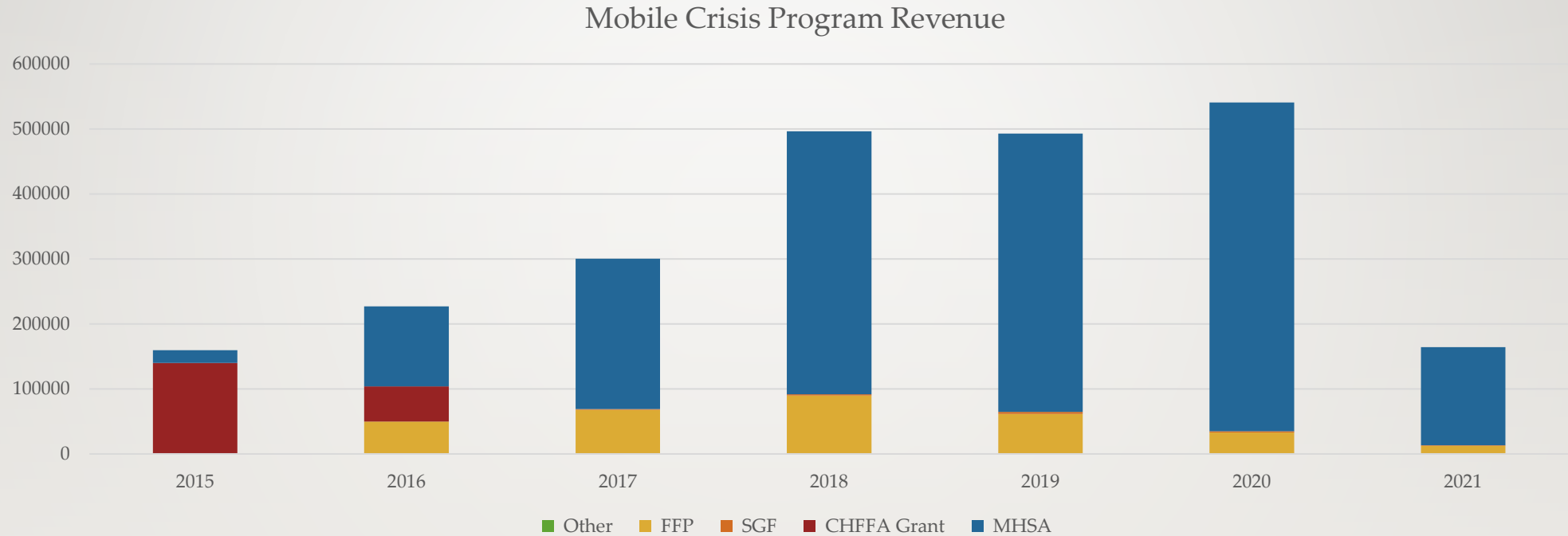
CRISIS CARE MOBILE UNITS GRANT (INFRASTRUCTURE)



# MCBH Mobile Crisis Team Program Actual Expenditures

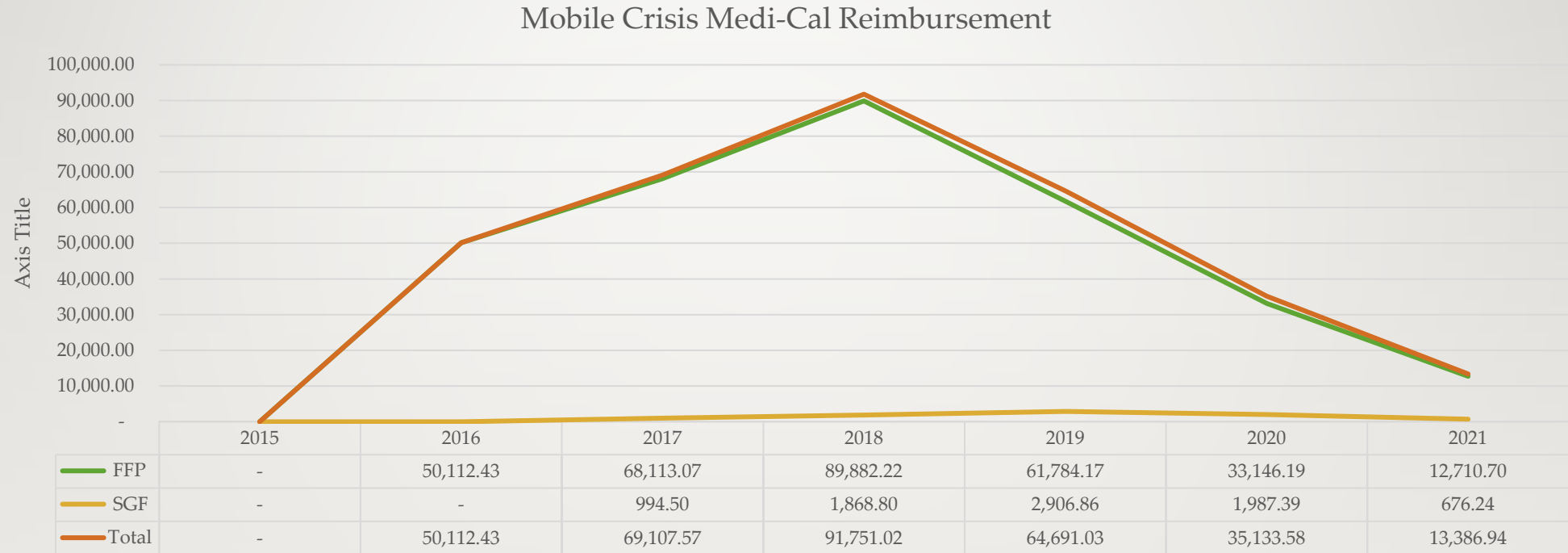


# MCBH Mobile Crisis Team Program Actual Revenues



FFP = Federal Financial Participation (Medi-Cal); SGF = State General Fund; CHFFA = California Health Facilities Finance Authority; MHSA = Mental Health Services Act

# MCBH Mobile Crisis Team Medi-Cal Reimbursement



FFP = Federal Financial Participation (Medi-Cal); SGF = State General Fund

# Seneca Mobile Response Team (MRT) Program Funding Sources

CHFFA GRANT FUNDS

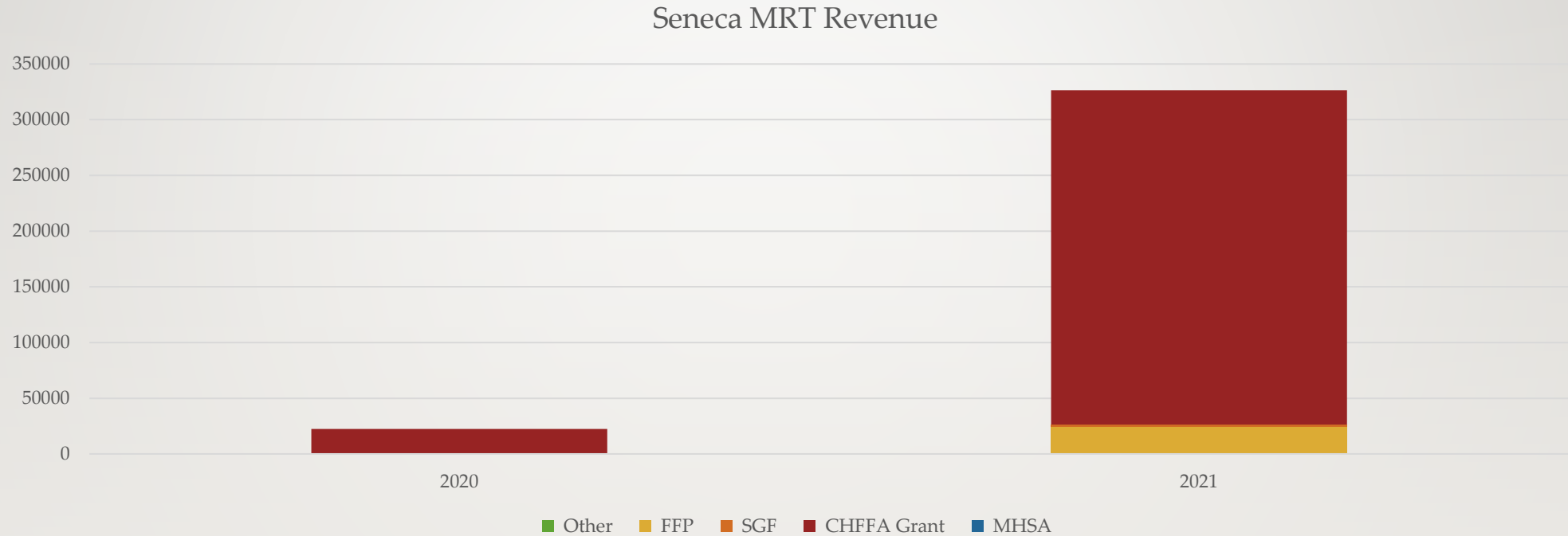
MEDI-CAL REIMBURSEMENT

# Seneca Mobile Response Team Program Actual Expenditures



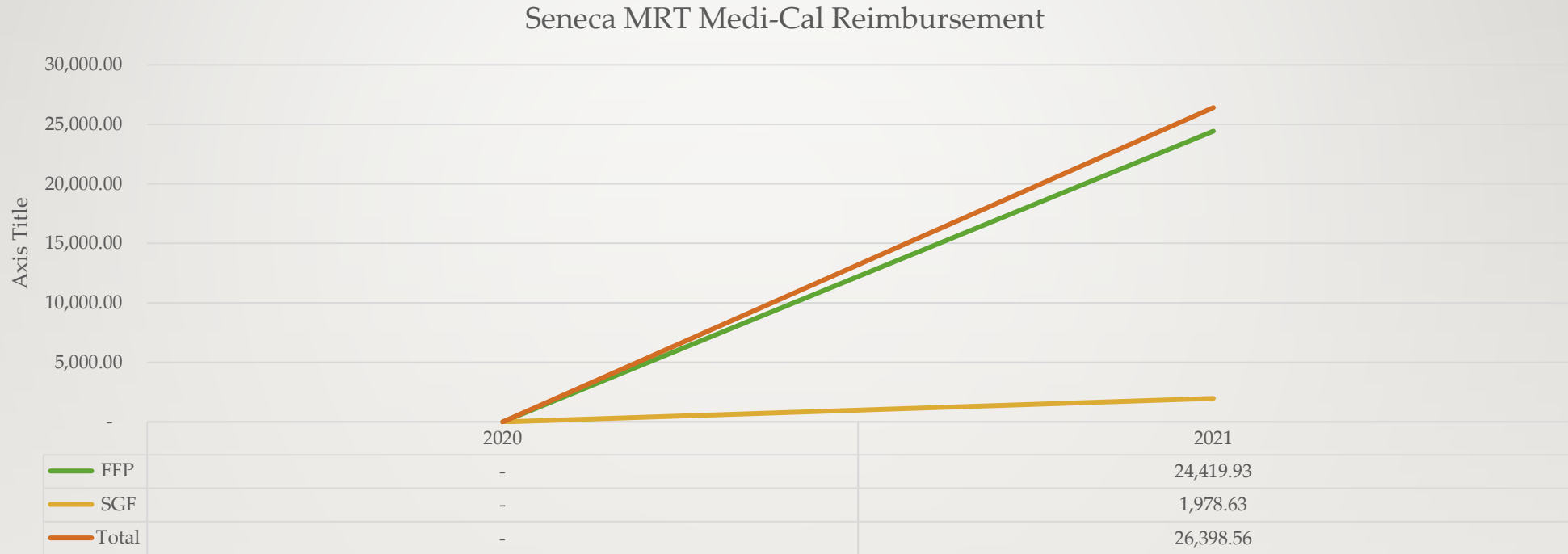


# Seneca Mobile Response Team Program Actual Revenues



FFP = Federal Financial Participation (Medi-Cal); SGF = State General Fund; CHFFA = California Health Facilities Finance Authority; MHSA = Mental Health Services Act

# Seneca Mobile Response Team Program Medi-Cal Reimbursement



FFP = Federal Financial Participation (Medi-Cal); SGF = State General Fund

## What is 988?

- America's first 3-digit number dedicated to suicide prevention and crisis support. It is a national portal for connecting to local service
- Beginning July 16, 2022, people can access the Lifeline via 988 or by 1-800-273-TALK
- When people call the local line or Lifeline (988), they are connected to trained counselors that are part of the existing National Suicide Prevention Lifeline network. These trained counselors listen, understand how their problems are affecting them, provide support, and connect them to resources.

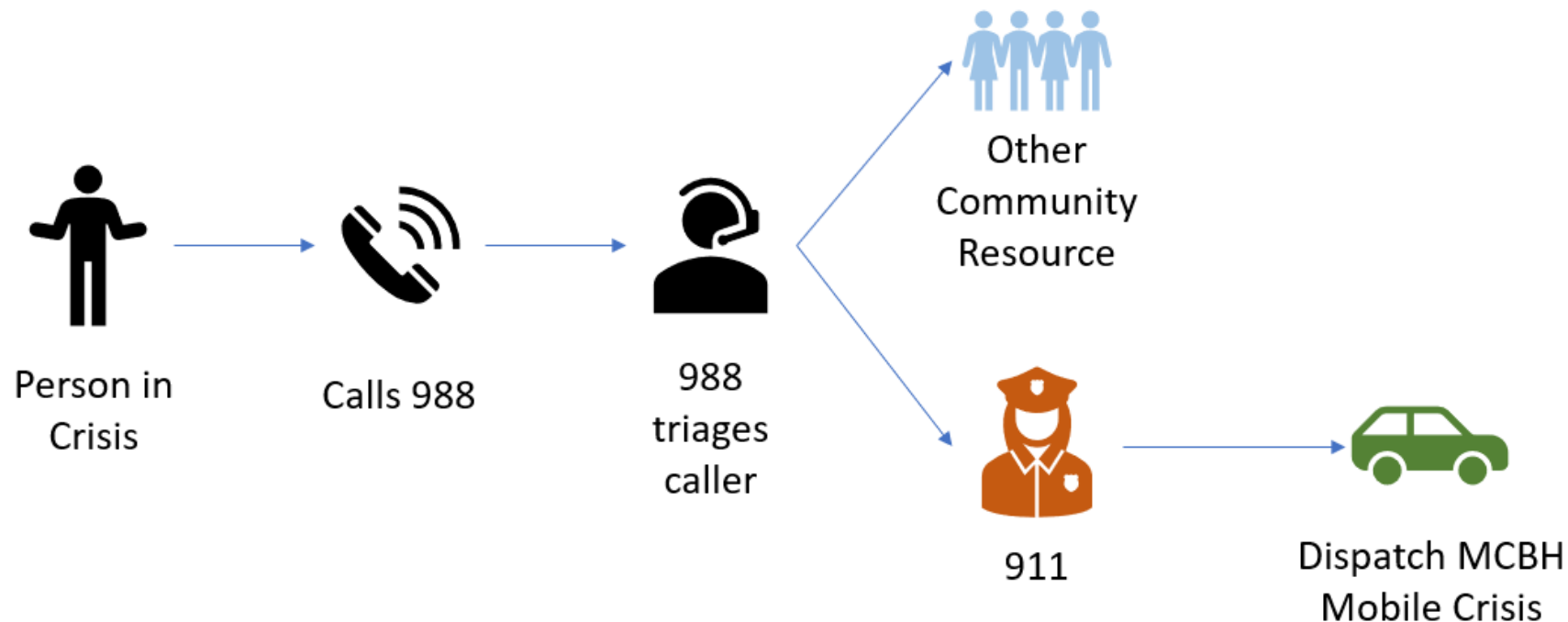
# 988 Vision for Behavioral Health Crisis Care

## Continuum – Short Term Vision

# 988

**988 will strengthen and expanded access to a network of crisis call centers for Monterey County residents to gain access to community resources.**

**In Monterey County, currently available mobile crisis response and supports will remain the same with a vision to create a more comprehensive system in the next 3-5 years.**

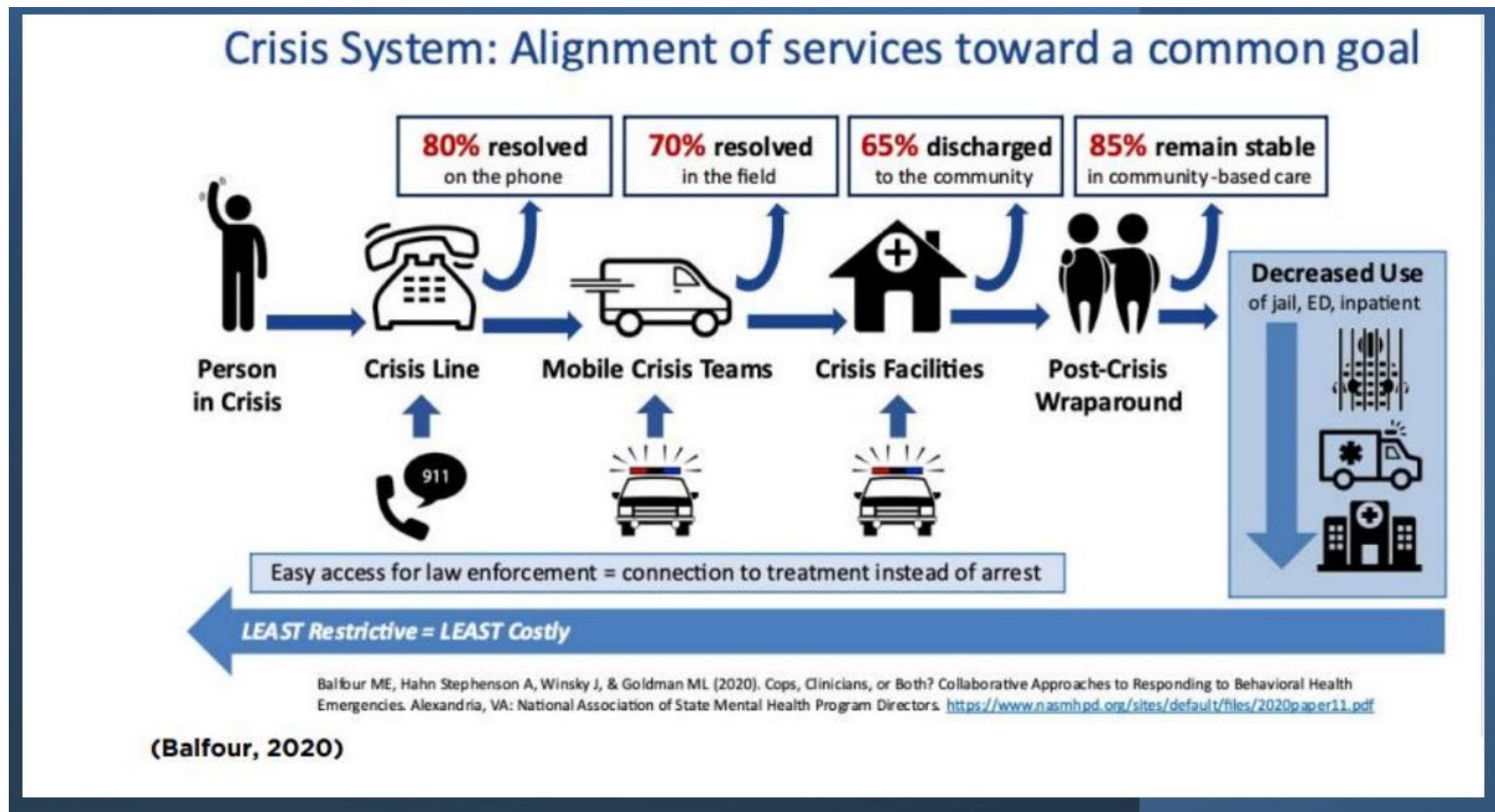
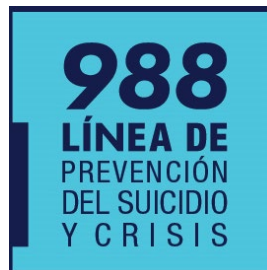
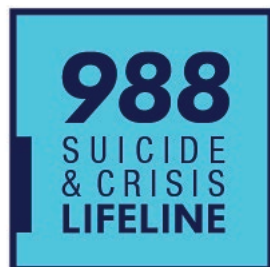


# 988 Vision for Behavioral Health Crisis Care 988

## Continuum – Long Term Goal (3-5 years)

The full vision of a transformed crisis care system with 988 at its core will not be built overnight.

Transformation of this scale will take time, and we are all working together to make it happen.





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# Strategies

Grant funding opportunities

BH Crisis Team separate from the hospital & community focused

Internal Restructuring to integrate BH Crisis and Mobile Crisis Teams

Ongoing Relationship Building & Collaboration

Workforce: Growing Our Own

Stepping Up Initiative

# Current Service Gaps

- Mobile Crisis hours are not 24/7/365
- Sobering Center hours are not 24/7/365
- Lack of Crisis Receiving & Stabilization Units
- More alternatives to jail and hospitals are needed



<https://crisisnow.com/>

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Projects under development to enhance the crisis continuum of care for specific populations

Child / Adolescent Crisis Stabilization Unit & Crisis Residential Services Facility  
(Seneca)

Crisis Stabilization Unit  
(CHOMP)

# Possible Next Steps



Training for First Responders



Explore City / County collaborations



Consider viability of adding Co-Responder Units (LE, FIRE, AMR)



Consider embedding crisis trained staff at County Comm.



Advocate for increased capacity in MSW programs (i.e., CSUMB)

# Training for First Responders

## Mental Health First Aid (8-hour course)

- **Advocate to add this foundational training to all basic police and fire academies**
- Specialized MHFA modules for Public Safety; Fire and EMS are available
  - <https://www.mentalhealthfirstaid.org/population-focused-modules/public-safety/>
  - <https://www.mentalhealthfirstaid.org/population-focused-modules/fire-and-ems/>
- Long Beach Fire implemented this in 2018
  - <https://www.longbeach.gov/fire/press-releases/mental-health-first-aid/>

## Crisis Intervention Team (CIT) Training

- Currently available for law enforcement/dispatchers (40-hour/one week course)
  - Pre-covid offering 3 academies per year with max 35 participants per academy
- Develop CIT for Fire / EMS (24-hour course)?
- CIT now available for 911 dispatchers through CIT International (8-hour online course) in high demand
  - <https://www.citinternational.org/CITST911>

# Ongoing Collaborative Efforts

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Crisis Intervention Team (CIT) Training for LE

Hostage / Crisis Negotiation Team (HNT)

Critical Incident Stress Management (CISM)

BH Mobile Crisis Team Response



# Co-Responder Models



- “At its core, the co-responder framework typically features a specially trained team that includes at least one law enforcement officer and one mental health or substance abuse professional responding jointly to situations in which a behavioral health crisis is likely to be involved, often in the same vehicle, or arriving on scene at generally the same time.”

# Co-Responder Model Variations

- Law Enforcement Calls for After-Event Support
- Law Enforcement Obtains Clinical Support Virtually
- Fire Department and/or Emergency Medical Services Join Law Enforcement and Clinicians
- Multi-Professional Teams, Especially for Substance Abuse Intervention
- Law Enforcement Calls for Non-Clinical Support
- Peer Support Workers Join Law Enforcement
- Clinical Staff Advise from Dispatch Centers
- Behavioral Health Navigators Join Law Enforcement at Point of Reentry

# Additional Resources & Supporting Information

- <https://bja.ojp.gov/program/pmhc>
- <https://www.theiacp.org/sites/default/files/SJCResponding%20to%20Individuals.pdf>
- <https://whitebirdclinic.org/cahoots/>
- <https://www.denvergov.org/Government/Agencies-Departments-Offices/Agencies-Departments-Offices-Directory/Public-Health-Environment/Community-Behavioral-Health/Behavioral-Health-Strategies/Support-Team-Assisted-Response-STAR-Program>
- <https://www.memphistn.gov/news/alliance-healthcare-services-earns-innovation-award-for-care-team-model/>