



# **Crisis Care Mobile Units (CCMU) & Behavioral Health Justice Intervention Services (BHJIS)**

**Workshop 5  
Collaborative & Community Partnerships**  
October 11, 2022



CRISIS CARE MOBILE UNITS PROGRAM

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**BEHAVIORAL HEALTH**  
**Justice Intervention Services**

# Welcome and Introductions

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**Danielle Raghieb, LCSW**

TTA Specialist, Center for Applied Research Solutions (CARS)

# Today's Presenters

**David Eric Lopez, MFT**

Program Director, King's View Central Valley Suicide Prevention

&

**Wendy Alt**

Director, Calaveras County Behavioral Health

# Building Sustainable Systems of Care Through Community Partnerships

A decorative graphic consisting of several overlapping, wavy, horizontal bands in various shades of purple, ranging from a deep magenta to a light lavender. The bands flow across the width of the slide, creating a sense of movement and depth.

**David Eric Lopez, MFT**

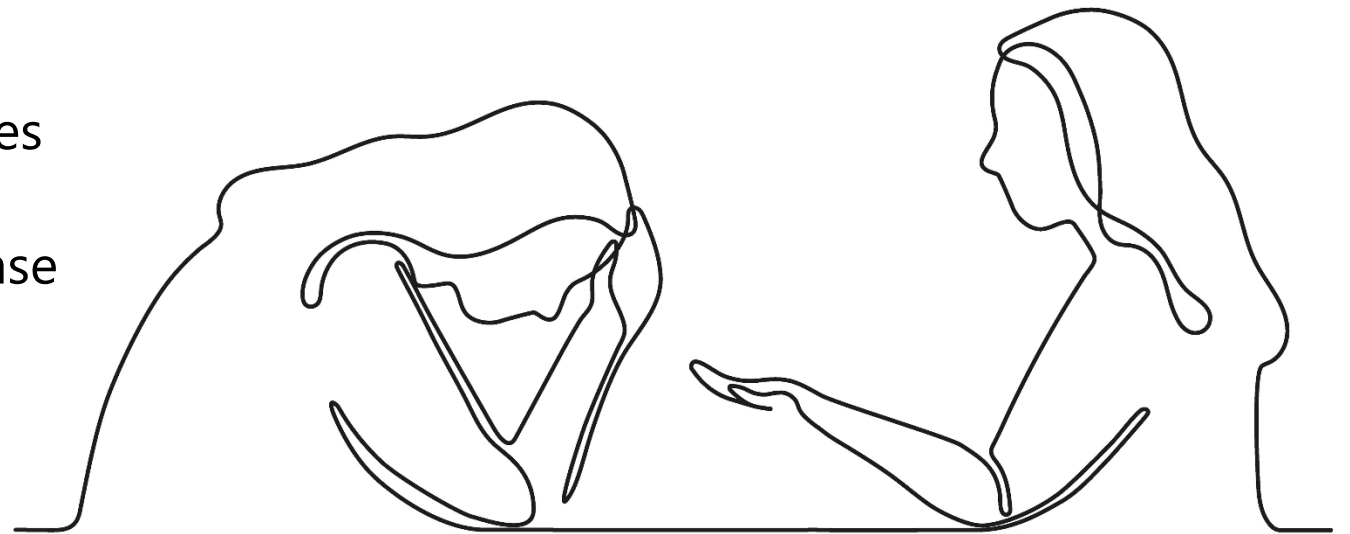
Program Director, King's View Central Valley Suicide Prevention

# Objectives

- » Provide overview of community-based approach for mental health care
- » Hosting a needs assessment in your community
- » Establishing relationships with treatment providers in the community
- » Leveraging community stakeholders for non-traditional support systems
- » Data collection

# Overview of Community-based Approach for Mental Health Care

- » Community trainings and awareness
  - Identification of racial and ethnic health disparities and specific cultural needs
- » Outpatient services
- » Emergency mental health crisis services
- » Intensive home-based services and case management for youth and SMI
- » Respite care



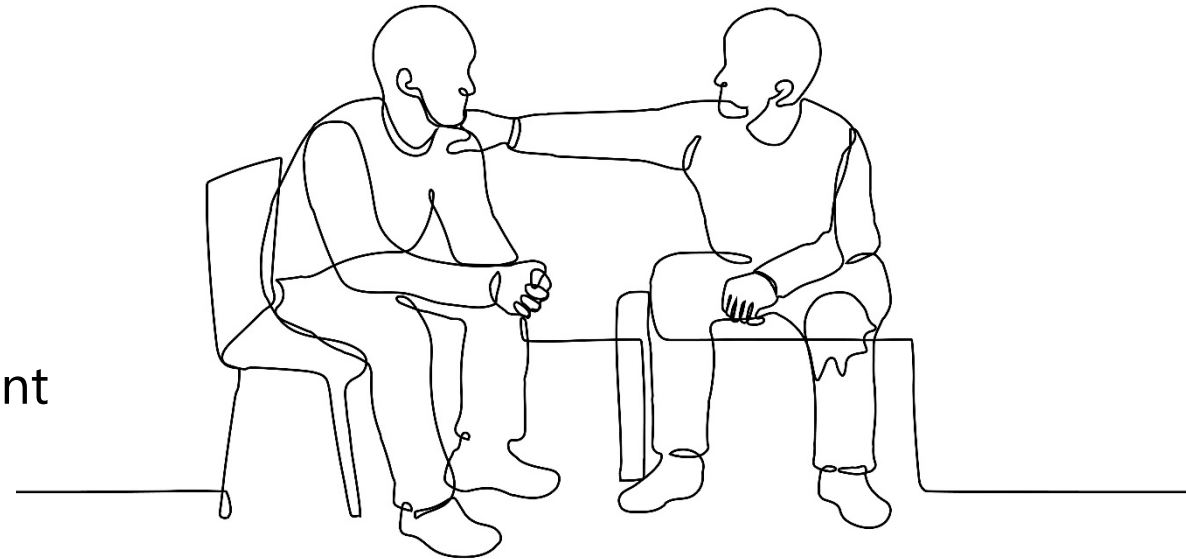


# Needs Assessment

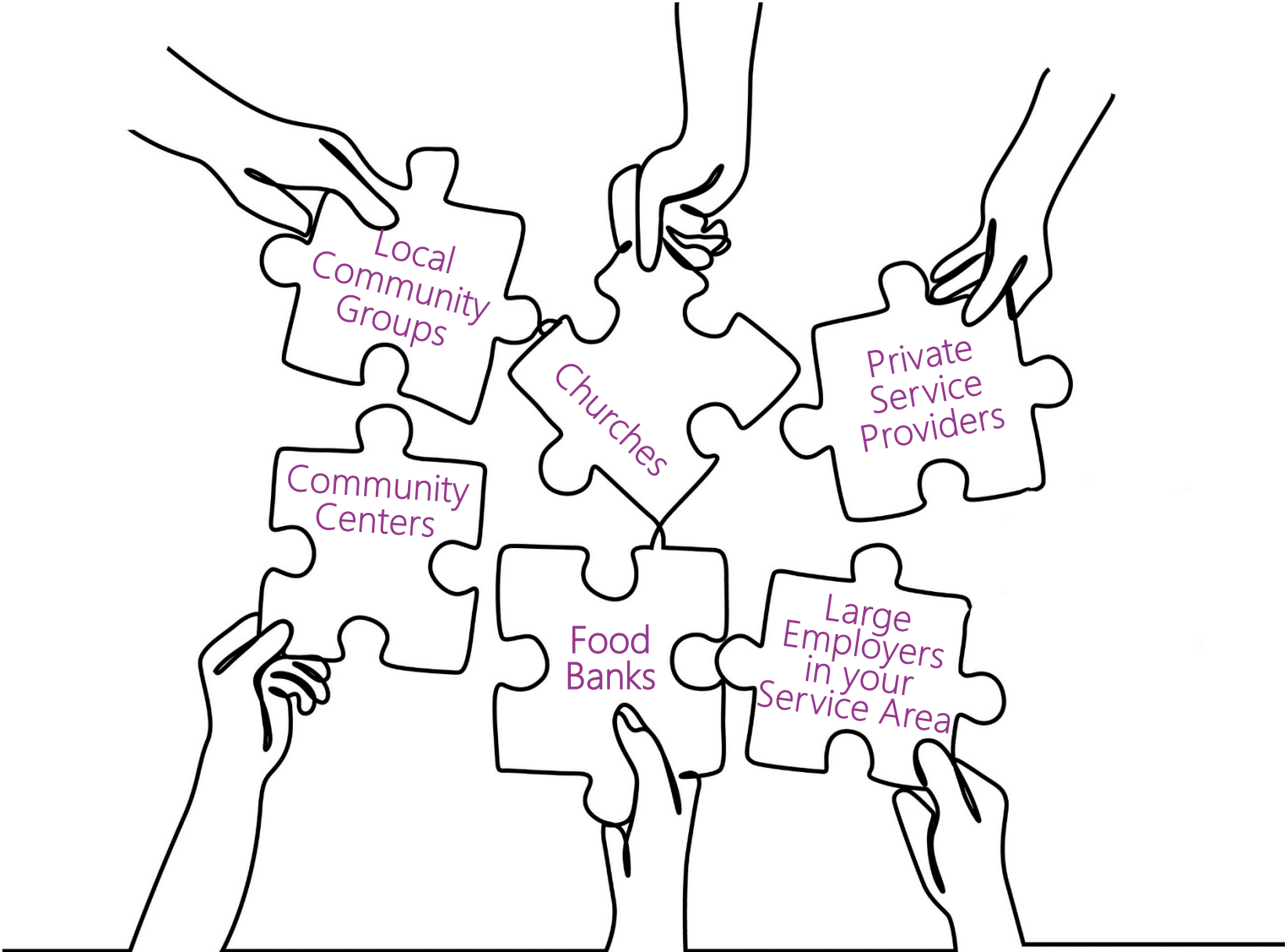
- » Identify existing services in the community and how to increase access to those services for those in crisis.
    - Enrollment support for Medicare/Medicaid
  - » Identify gaps in current service delivery.
    - What is needed to improve the crisis continuum of care and ongoing support.
  - » Identification of racial and ethnic health disparities and specific cultural needs.
  - » What community partners/agencies can provide.
- » Identify the problem and its context
  - » Select short- and long-term goals
  - » Identify key community partnerships, risk factors and areas of improvement.
  - » Develop collaborative community meetings
  - » Take action
  - » Implement and evaluate progress

# Establishing Relationships Throughout Treatment System

- » View our partners as a system of care
  - Break down silos
- » Learning about each program in the community
  - Many programs have much more to offer
- » Build trust through consistency
  - Building community
- » Increase warm hand off of clients into treatment
  - Use the crisis moment to your favor
- » Be the bridge!

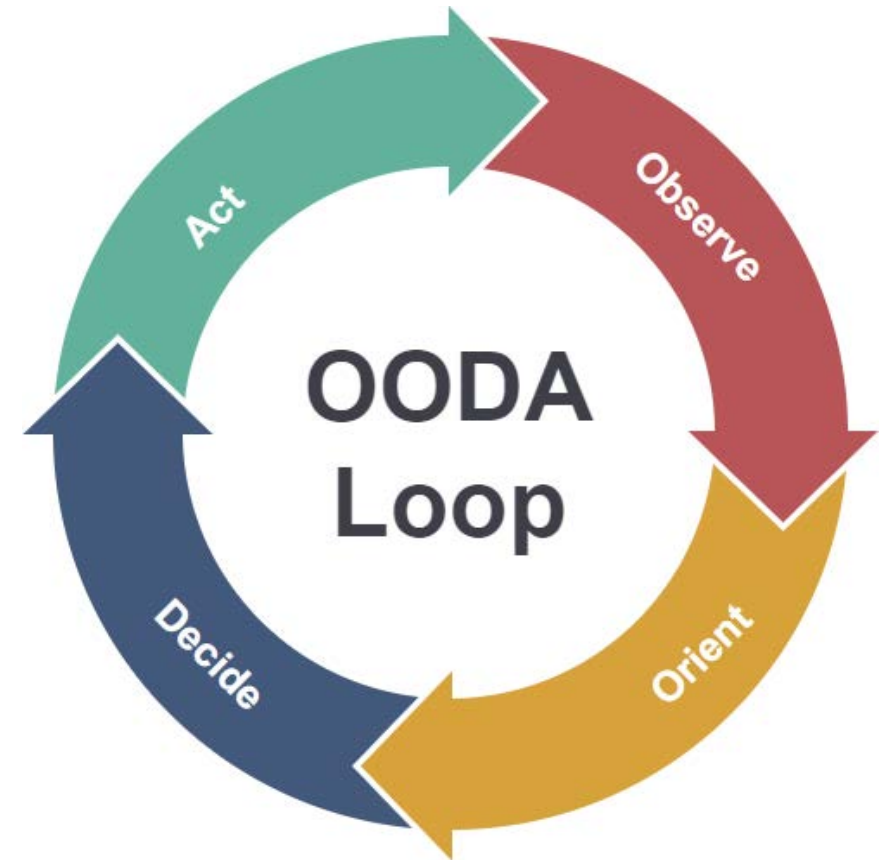


# Non-traditional Community Supports



# Data Collection

- » Why you collect and report matters
  - Service delivery
  - Measuring progress-success
- » Allows for informed decisions
  - OODA Loop → Observe, Orient, Decide, Act
- » Future funding opportunities
  - Develop a sustainability plan which includes potential changes in policy and financing strategies to maintain and possibly expand behavioral health services and supports.





Questions  
Comments  
Discussion

# Presenter Information

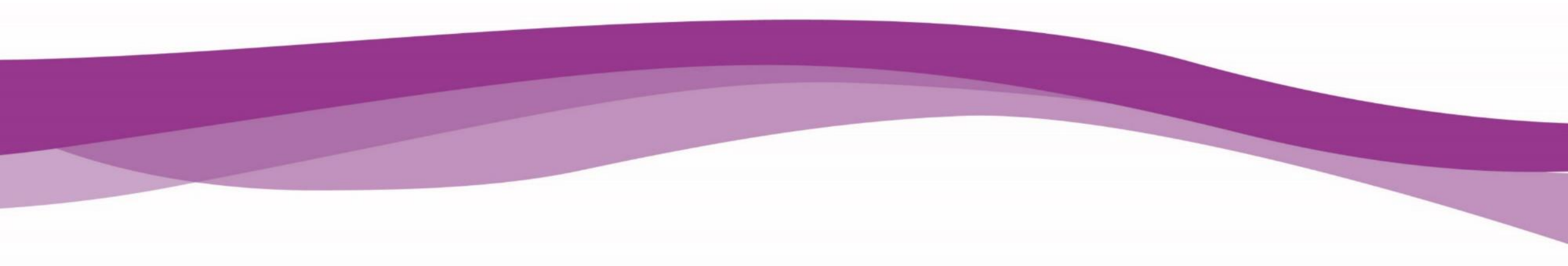
**David Lopez, MFT**

Program Director

Central Valley Suicide Prevention

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# Crisis Care Collaborative Partnerships



**Wendy Alt**

Director, Calaveras County Behavioral Health

# History of the Calaveras County Department of Behavioral Health and Crisis Care System

- » Seven years ago, Calaveras County received a “Triage Grant” to build current system. We brought together:
  - Mark Twain Hospital
  - Sheriff’s Office
  - Probation
  
- » Together, we implemented a Triage Care Management team, with staff supported by the Calaveras County Department of Behavioral Health but housed at the Sheriff’s Office.
  
- » This new approach evolved out of a difficult time where law enforcement and Behavioral Health did not work together.



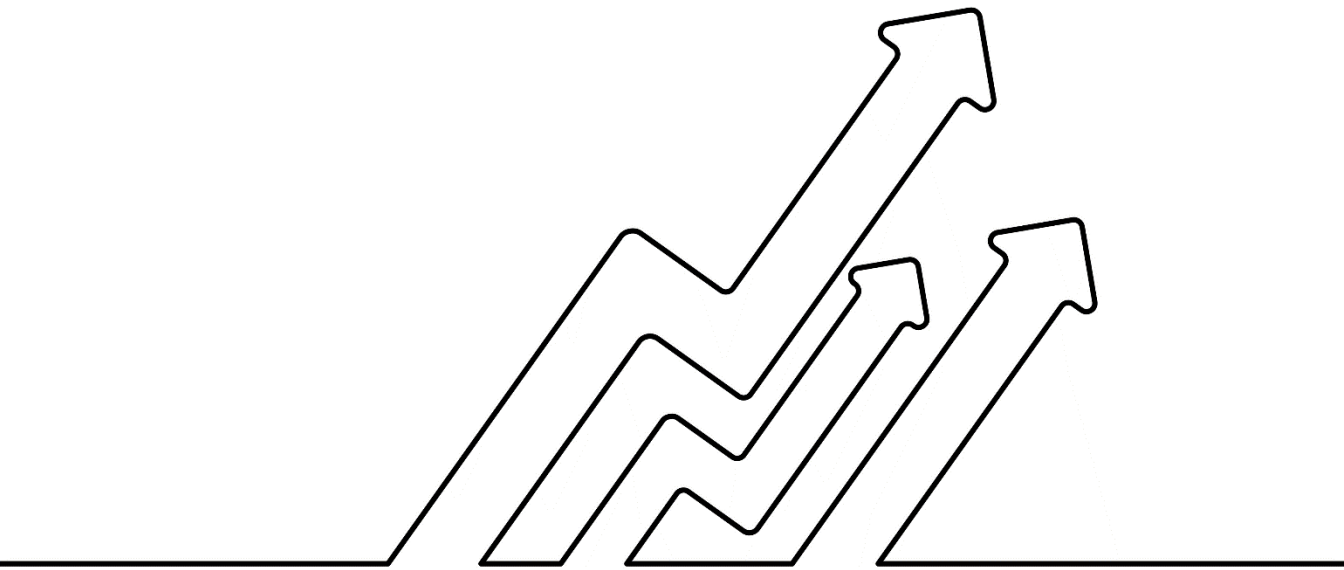
# Role of the Interagency Leadership Team

- » Pursuant to California Welfare and Institutions Code Section 16521.6 and Assembly Bill 2083, Calaveras County has developed a Memorandum of Understanding (MOU) setting forth roles and responsibilities of specific agencies specified in AB 2083 that serve children and youth with a focus on those in foster care who have experienced severe trauma.
- » These specific agencies include Calaveras County Behavioral Health, Social Services, Family & Children's Services, Juvenile Probation, Calaveras County Office of Education, and Valley Mountain Regional Center. The Calaveras County Superior Court serves in an advisory role. The team meets monthly.
- » The purpose of the MOU is to ensure that children and youth receive coordinated, timely, and trauma informed services and that all public programs for children, youth and families provide services in an integrated, comprehensive, culturally responsive, evidence-based/best practice manner, regardless of the agency door by which children and families enter.
- » The MOU partners are also committed to coordinating services to prevent entry into foster care, and to support transitions and exit from foster care programs.

# Crisis Care Partnership has expanded to include additional collaborative partners who meet regularly as part of the Interagency Leadership Team.

**Most mental health crises are reported from home or school.  
Our most critical partners have been:**

- » County Schools
- » Child Welfare
- » Sheriff's Office
- » Local hospital
- » Calaveras Courts
- » County Substance Abuse Program



# Calaveras County's Unique Challenges

**We are a small, rural county with a population of 45,670. 80% of our population lives in unincorporated communities spread over 1,000 square miles, much of which is mountainous with minimal public transportation. Root causes of the mental health crises:**

- Poverty
- Geographic isolation
- School failure
- Poor parenting skills
- Rate of substance abuse among pregnant moms is 38.1% compared to state rate of 14%
- High rates of child abuse and neglect
- Availability of drugs
- Lack of resources
- Lack of awareness of resources
- Stigma around using resources
- COVID-19 had an impact, due to isolation, shrinking employment opportunities, and pent-up demand
- Lack of vocational programs, community college, or university limits local available training and education
- In September of 2015, Butte Fire burned 70,760 acres and destroyed 900 homes and other structures
- Higher concentration of persons aged 65 and older (twice the state average)
- The number of persons living in poverty is higher than state average
- Wages and income are below statewide average
- Housing costs are climbing, and wage levels are not commensurate with housing costs
- Many families work multiple jobs or commute long distances

# Calaveras County's Current Crisis Stabilization Network

**We have a federal designation as a Mental Health Professional Shortage Area.**

## Current System

- 2 adult triage case managers
- 1 children's triage case manager
- Part time children's triage Peer Specialist
- 1 crisis and outreach unit clinician

## System is supported by:

- Suicide Prevention Hotline
- Sheriff Liaison Crisis Care Manager
- Family Urgent Response System for former foster youth and their caregivers, available 24/7 with phone response, mobile in-person triage and follow up
- Only one emergency room

## Significant Gaps

- Limited hours for walk-in clinic (12-10, 7 days a week)
- Only 1 person to provide services to youth and children
- No mobile units
- No outpatient crisis stabilization
- No inpatient psych in the county

# Successful Collaborative Partnerships

## Law Enforcement

- » Co-location at the Sheriff's Office.
- » Our mental health (MH) staff are located in the jail and are able to roll out to MH calls and do follow up after Officers determine a call may need MH outreach.
- » Our Care Managers now have access to the Sheriff's Office systems to better field calls for follow up.
- » Calaveras County Behavioral Health (CCBH) has provided Crisis Intervention Training to local law enforcement through MHSA funds.

## County Office of Education

- » We have continuing challenges on how to best handle school age youth; however, we continue to meet to discuss and improvements.
- » Handle With Care app has been implemented to track and better serve kids who have experienced crisis.
- » Quarterly crisis meetings and yearly training with school staff.

# Successful Collaborative Partnerships

## Child Welfare

- » Currently working together and utilizing a universal Release Of Information to ensure client care is first and not delayed.

## County Probation

- » Partnered with CCBH to fund a therapist position and part-time Crisis Triage Case Manager to prevent clients from entering the justice system.

## District Attorney and Public Defender's Offices

- » The DA and PD often request the input of CCBH on clients and their recovery.
- » Calaveras County does not have specific programs such as MH Diversion; however, there is a collaboration

## Substance Use Program

- » Recently hired Program Coordinator to implement SUD groups and prevention at schools and community focused on youth.



Questions  
Comments  
Discussion

# Presenter Information

**Wendy Alt**

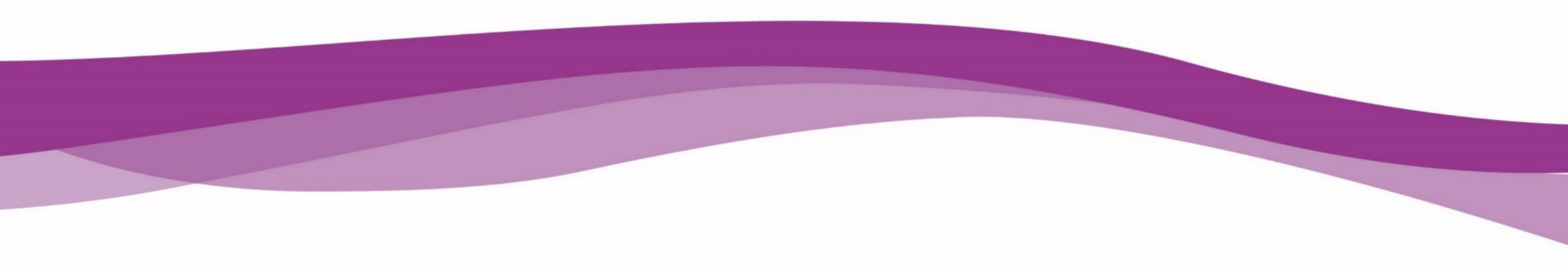
Director

Calaveras County Behavioral Health

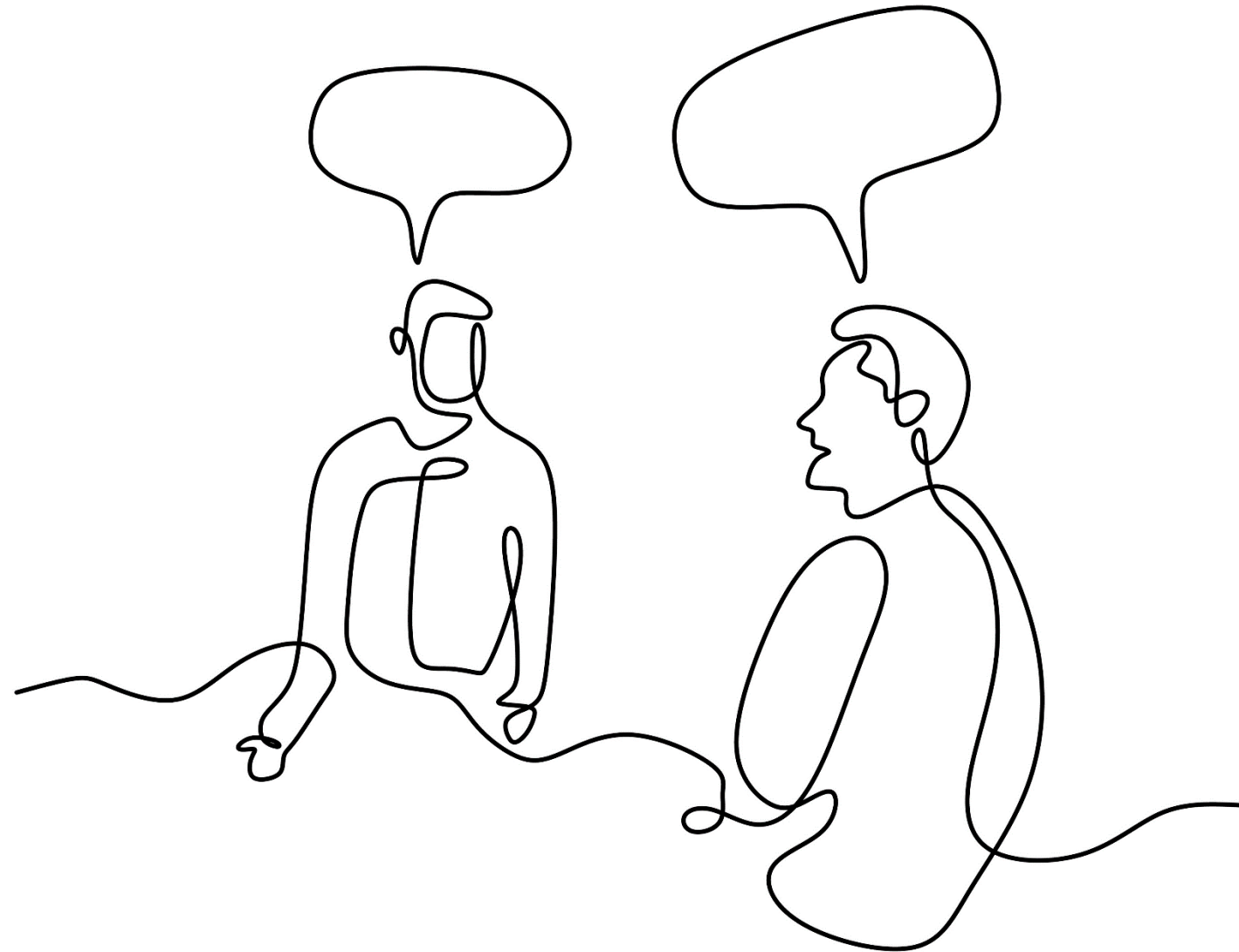
[walt@co.calaveras.ca.us](mailto:walt@co.calaveras.ca.us)



# Group Discussion and Closing



- » Open Discussion amongst Grantees
- » Complete Evaluation Survey
- » Additional Q&A  
(10-15 minutes after meeting time)



**Appreciation!**

*Thank you*

# Contact Us

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