

# CCMU In-Person Learning Collaborative

February 6-7  
Sacramento, CA

# Welcome Back!

Monica Reeves, Project Director  
Mobile Crisis and Justice Intervention Services  
Advocates for Human Potential, Inc.

# Mobile Crisis Sustainability Discussion

Andrew Guy, Senior Program Manager  
Advocates for Human Potential, Inc.

# Discussion Questions

- What are your primary barriers to sustainability?
- Where can you find federal, state, county, municipal grants?
- Who are your stakeholders who can be champions for you?
- How are you sharing good news about your program to gain public support?
- What budget line items could you use?

# Report Out

Please select one member of your table to report out on what you discussed

**Break**

# Dispatch and Data Systems

# Mobile Crisis Response and Collecting Data

*Uplift Santa Clara*



# Why Is Data Important?

- Program Utilization
- Program Evaluation
- An Exclamation Point in Every Story

# Data Tells a Story: Referral to Follow Up

**What are the most frequently asked questions about your service?**

(besides the usual demographics)

How long are you on the phone?

Who is calling?

What was the outcome of the calls?

How many holds did you write?

Which zip codes call the most?

What are the ages of clients?

How often did you have to access the police?

What kinds of referrals did you give?

Where did you transport clients?

What is your response time?

What is your average service duration?

How many first-time callers did you serve?

How many onsite medical emergencies did you have?

How often did you use translation services or provide services in another language?

# How to Decide What Data to Collect and How to Collect It

- Talk to your stakeholders, contract monitors, and evaluators before building anything (call, screening, service delivery).
- Develop a data dictionary that meets everyone's needs.
- Set agreed-upon intervals for updates and new data (the "data onion" effect).
- Automate time stamp whenever possible.

# How to Decide on a Data Collection Tool

## Budget

- Think about sustainability.
- How to leverage the platform in other parts of the agency?

## Service Volume

- High or low volume (100 calls vs. 500+ calls)?

## Team Composition

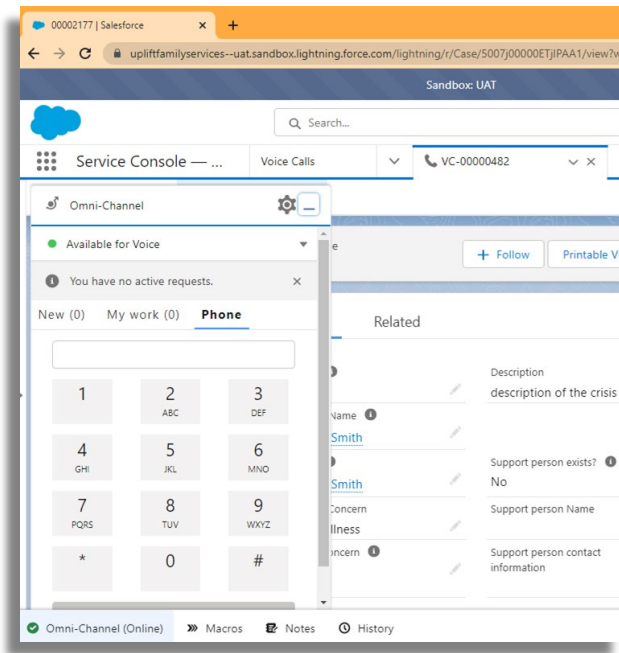
- Who is screening the calls?
- How many screeners?
- Field team response?

# Salesforce Solution for Crisis Response



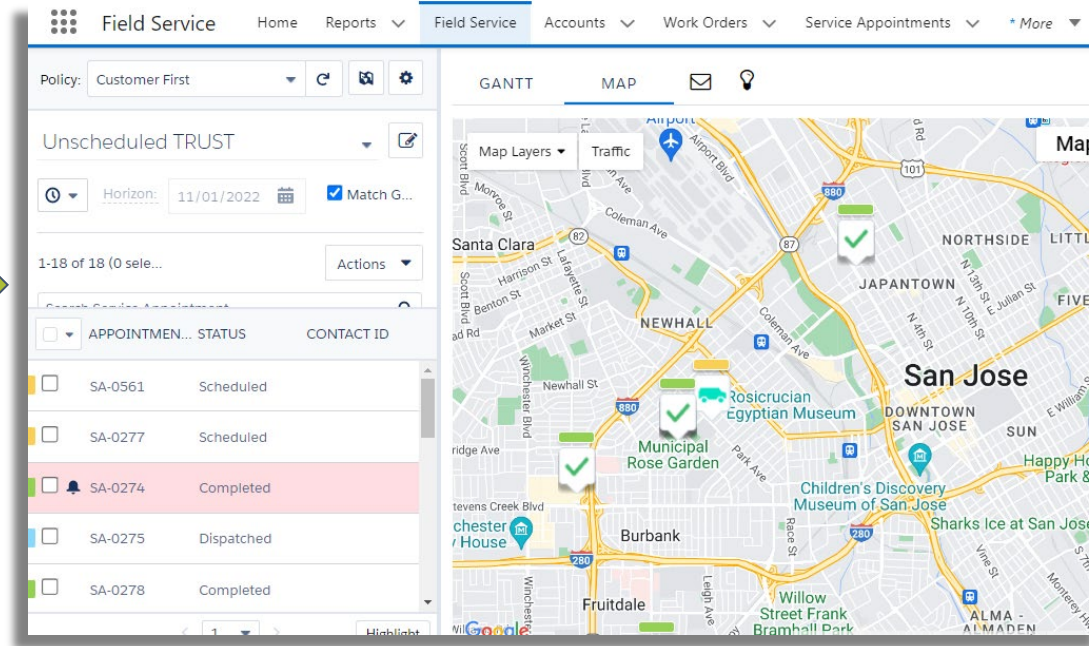
## 1) Service Cloud + Voice

- ✓ Receive calls
- ✓ Complete phone screener



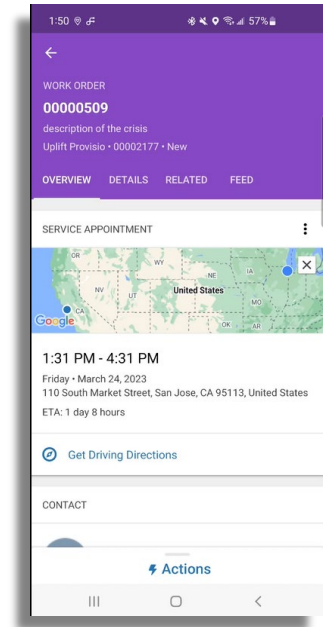
## 2) Field Service - Dispatch

- ✓ View crisis location and available responders on a map
- ✓ Dispatch to mobile responders



## 3) Field Service - Mobile

- ✓ Navigate to customer
- ✓ Update status/outcome



# Types of Data Collection Tools

## **Platforms**

- Pros: web-based, customizable, exportable, automation, analytics
- Cons: expensive, requires expertise, less sustainable

## **Forms (PDF, MS Forms)**

- Pros: sustainable, does not require extensive expertise, cheap
- Cons: manual data analytics and audits, cumbersome





# Mariposa Community Information Exchange and System of Care

# About Mariposa County

- County population: **17,128** (2020)
  - **30%** over the age of 60
  - **21%** report some sort of disability
  - **39.5%** receive Medi-Cal benefits
- As compared to the state:
  - **Higher** unemployment
  - **Lower** household income
  - **Higher** proportion living below poverty level

# About Mariposa County

- September 2022 – September 2023
  - 15,294 behavioral health appointments
  - 745 people served by our behavioral health teams
  - 308 crisis services provided to 145 people
- FY 2022 – 2023
  - 111 psychiatric crisis hospitalizations
  - 14-day average stay

# Consolidation & System of Care Approach

- In 2018, the Mariposa County Health and Human Services Agency was created.
- The new agency consolidated a multitude of services:
  - Human Services Department
  - Public Health Department
  - Community Services Department
- We built the structure around a **System of Care (SOC)** model.

# Our System of Care Approach

- SOC is a philosophical way of providing comprehensive, timely and trauma-informed care through our programs and services.

# Goals of SOC Implementation

- Reduced secondary trauma and re-traumatization through staff training and better access to care
- Reduced demand for emergency care through supportive and preventative services
- Timely access to care through creation of countywide network of services
- A shared approach to community wellness through collaboration with community partners

# What is a Community Information Exchange (CIE)?

- A CIE is an electronic care coordination platform that enables information sharing across a network of teams and partners who are focused on the needs of an individual or a family.

# Why Use a Community Information Exchange (CIE)?

- A catalyst to make SOC more efficient and effective
- Assist with achieving the goals of the SOC
  - One-time information gathering/any door is the right door
  - Reinforce network development
  - Provide care team with relevant information to promote effective decision-making and prevent duplicate efforts
- Data collection
  - Move toward results-based accountability
  - Single source of data for all programs within HHSA and partners on the care team



# MCIE



37 Years - MALE DOB: (05/12/1986)

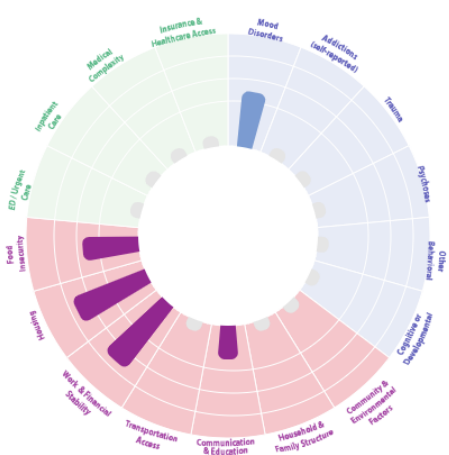
## Robert Monarch

MCIE ID: 83078531 | Client-Approval Consent thru 10/18/2024 | Household Members **RJM** **SM** [Join Care Team](#)

**Client Launchpad**

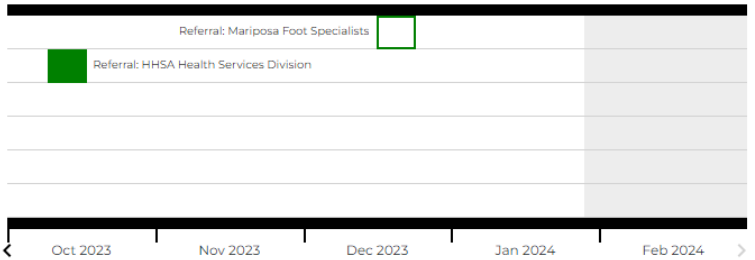
[Shared Client Profile](#) [My Case Work Case Activity](#) [Find Resources](#)

### Robert's OneView



- ✔ Takes his puppy Scout everywhere
- ▲ Anger management issues

### Robert's Services Timeline



+ Add a New Care Task

### Robert's Care Team | Team Messages

- Client Communications**
- April Hawley**  
Admin Analyst  
MCHSA  
care team since Jun 2023  
[See Bio and Contact Info...](#)
- Eric Sergienko**  
County Health Officer  
MCHSA  
care team since Sep 2023  
[See Bio and Contact Info...](#)

+Add Care Team Member

# Our CIE enhances our SOC Approach

- Let's take a closer look:
- Molly Monarch is a Mariposa County resident.
  - She has recently been diagnosed with diabetes.
  - She has a history of depression, coupled with past trauma and difficulty coping.
  - Molly doesn't have transportation.
  - She is employed part-time.
  - Molly's neighbors are a great source of natural support.

# Molly Submits a CalFresh Application

## Previously

- The application is processed, and:
  - No additional benefits or services are coordinated.
  - Siloed client data is siloed does not show connections between her needs or strengths.
  - No care team is coordinated; work happens in silos.
  - Resources and services may be duplicated.
  - No capability to make closed-loop referrals.
  - Client outcomes may be less than ideal due to siloed data.

## Currently

- The CalFresh worker shares the benefits of MCIE
- Molly agrees and consents for the MCIE
- A Care Team coordinates services and support that:
  - Address Molly's needs through referrals and connections
  - Are based on whole-person data
  - Build on her strengths and reflect *voice and choice*
  - Prevent duplication of efforts and resources
  - Allow for a closed-loop referral process
  - Enable a shared approach that promotes positive outcomes

# Into the Future

- Regional approaches – **San Diego, Santa Cruz, Humboldt, and Sonoma**
- What is possible, and how do we plan for potential impacts?
  - Disaster response and recovery
- Connecting across counties, Medi-Cal Managed Care, and the CA DXF

# The Roadmap for Quality and Equity Through Data

- Building bridges to eliminate knowledge gaps and to remove silos
- Data analytics to assist with planning care, identifying system interaction, and predict outcomes
- Identification of areas for targeted action planning for underserved/minority groups

**Questions?**  
**Email: [HHSACIE@mariposacounty.org](mailto:HHSACIE@mariposacounty.org)**



# **Tribal, Cultural, and Linguistic Competency in Crisis Services**

# Santa Clara County Behavioral Health Services Department & Cultural Competency



# Cultural Competency @ Santa Clara County BHS

- County's commitment and dedication to cultural competency
- Vision, mission, and values based on county's commitment
- County's cultural competency framework policy & translators
- Mobile crisis cultural competency staff training
- Mobile crisis programs: diverse staffing and materials; attention to culture

# SCC BHSD's Commitment to Cultural Competency

- **Improving** mobile crisis services by reinforcing diversity and inclusion
- **Continuing to develop** a culturally responsive organization
  - Decreasing disparities
  - Improving how we engage NS serve clients
- **Intentionally being strategic** about cultural competency and cultural sensitivity to different populations
  - Addressing workforce development needs/hiring diverse candidates
  - Adopting language service plan

# Vision, Mission, Values & Cultural Competence

- **Vision**

- All residents of SCC are physically and emotionally healthy, happy, and thriving
- Safe and permanent living situation
- Supportive social network

- **Mission**

- Assist community members to achieve their hopes, dreams, and quality of life goals
- Deliver the services in the least restrictive, non-stigmatizing, most accessible environment

- **Values**

- Right to behavioral health and well-being
- Fairness, respect, and dignity in a culturally and linguistically competent way
- Effective treatment
- Consumer participation
- Consumers and families at the center of delivery and evaluation of treatment
- Accessible structure
- Quality and effective services

# **Santa Clara County Mobile Crisis & Cultural Competency Framework**

Limited English  
Proficiency  
(LEP)

Auxiliary &  
Language  
Assistance  
Services

Framework  
Ensures:  
Culturally &  
Linguistically  
Appropriate  
Services

Shared  
Responsibility:  
Culturally &  
Linguistically  
Responsive  
Interventions

# Santa Clara County Population Overview

Age	Population (n)	Percent
0-14	326,299	17%
15-19	117,260	6%
20-64	1,168,777	62%
65 and older	273,172	15%
<b>Total</b>	<b>1,885,508</b>	<b>100%</b>

Ethnicity/Race	Population (n)	Percent
White	573,548	30.4%
Black or African American	45,968	2.4%
American Indian and Alaska Native	16,914	0.9%
Asian	742,426	39.4%
Native Hawaii and other Pacific Islander	8,046	0.4%
Some other Race	200,753	10.6%
Two or more races	297,853	15.8%
<b>Total</b>	<b>1,885,508</b>	<b>99.9%</b>

# Mobile Crisis Staff Training Relevant to Cultural Humility Competency

- Co-occurring disorders
- Client culture
- Trauma-informed systems
- LGBTQ
- Law enforcement liaisons (LELs)
- Interactive video simulation training (IVST)
- Culturally sensitive training

# Mobile Crisis Programs: Diverse Staff & Materials

- All mobile crisis programs include a diverse, culturally competent staff.
- Language translation services are available.
- Core languages spoken by staff: English, Spanish, Chinese, Vietnamese, Mandarin, and Tagalog.
- Materials are printed in all core languages

**Questions?**





# Alameda County Behavioral Health Crisis Services System of Care

presents

## Providing Culturally Responsive Services

**Yesenia Lott, LCSW, Division Director**

**Sarah Ou, LCSW, Crisis Intervention Specialist Supervisor**

**Andrée Reyes, MSW, Program Specialist**

# Strategies for Serving and Supporting Diverse People and Communities

- Knowledge and understanding of local diversity: strengths, challenges, and needs
- Building the team's capacity to respond and serve
- Fostering collaboration and partnerships with culturally responsive organizations

# Exploring Alameda County's Demographics

- County demographics
  - Comparison of county population to those served
    - State and local
  - Areas of disparity: inappropriately served
    - Overserved and underserved
- Impacts of ethnicity/race, identity, and status

# Alameda County 2022

## Approximate Percentages by Race/Ethnic Identity

<b>Race/Ethnic Identity</b>	<b>% of Clients Crisis Services</b>	<b>%Total People In Alameda Co. received Mental Health Services</b>	<b>% of People in Alameda County 2022</b>
American Indian & Alaskan	1%	1%	.2%
Asian	13%	12%	33%
Black or African American	33%	35%	10%
Hispanic or Latinx	15%	22%	22%
Native Hawaiian or Other Pacific Islander	.5%	1%	1%
White	29%	22%	29%
Multiracial	-- *	-- *	4%
Other & Unknown	9%	8%	--*
Total Number of People	2,058	28,657	1,628,997

\*Note: “—” indicates not recorded.

Statistics: from Yellowfin Database (Dashboard) for Calendar Year 2022, Demographics, Across all Mental Health Programs Provided  
[California population by year, county, race, & more | USAFacts](#) (Provided by the US Census Bureau)

# Cultural Responsiveness

- Alameda County demographics for sexual orientation, gender identity, and gender expression (SOGIE)
- Refugee/immigrant community
- Homelessness: Oakland had the fifth highest homeless population in 2022

Source:

[Which cities in the US have the most homelessness? - USAFacts](#)

# Cultural Capacity: Self-Identified Ethnicity

Self-Identified Ethnicity	Number of Staff	Self-Identified Ethnicity	Number of Staff
African-American/Black	11	Japanese-American	1
Cambodian-American	1	Latina/Hispanic	3
Caucasian	7	Mexican-American	3
Chinese-American	1	Mixed Race	1
Colombian-American	1	Not Reported	5
Filipino-American	2	Peruvian-American	2
Iranian-American	1	Taiwanese-American	1
Italian-American	1	Vietnamese-American	1
Jamaican-American	1		

# Linguistic Capacity

Crisis services staff - 40 total

- Spanish – 6
- Vietnamese – 1
- Mandarin – 2
- Cantonese – 1
- American Sign Language – 1
- Tagalog – 1
- Japanese – 1

When needed, staff use – GLOBO translation services language line

Alameda County threshold languages

- Cantonese
- Farsi
- Korean
- Mandarin
- Spanish
- Tagalog
- Vietnamese

# Building Cultural and Linguistic Capacity

- Alameda County Behavioral Health financial incentives
  - Differential for linguistic capacity
  - Loan forgiveness
  - Internship stipend
- Crisis services system of care program design
  - Peer staff: 3 mental health specialists
  - Partnership with Office of Peer Support Services
  - Interview questions (reflectiveness around cultural dynamics, linguistic capacity, lived experience, etc.)



# Building Cultural and Linguistic Capacity

- Crisis services system of care internship program
  - Purpose: workforce development
  - Total number of intern slots filled since Fall 2022: 11
  - Intern language capacity: Spanish, Vietnamese, Cantonese
  - Ethnicities include Caucasian, Mexican-American, Vietnamese-American, Chinese-American, and Iranian-American
  - Interns hired as permanent staff as of 2/5/2024: 2 (additional 2 coming on in May)

# Building Capacity to Serve

- Inclusivity and sensitivity
  - Health Equity Division
  - Office of Peer Support Services
- ACCESS: culturally specific lines
  - Asian Health Services
  - La Familia
  - La Clinica
- Building collaborative partnership programs
  - Working with unserved, underserved ethnic and language population
- Crisis Intervention Cultural Awareness Training for Law Enforcement

# Next Steps

- Continued efforts with Health Equity Office
- Continued focus on ongoing cultural trainings for staff
- Continued participation in CIT trainings with local law enforcement

# Alameda County Behavioral Health Crisis Services

## Thank you!

**Yesenia Lott, LCSW, Division Director**

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# Cultural Responsiveness in Mobile Crisis Response Team (MCRT) Strategies

Piedad Garcia, Ed.D. LCSW Deputy Director  
**County of San Diego, Behavioral Health Services**

# Overview of MCRT in San Diego County

- Two contractors cover the entire county of 3.2 M people
  - Exodus- North Coastal
    - Nine (9) teams weekly
    - 27 direct staff (licensed mental health clinician, case manager, certified peer support specialist)
  - Telecare- Regional (North Inland, Central/N. Central, East and South)
    - 35 teams weekly
    - 58 direct staff (licensed mental health clinician, case manager, certified peer support specialist)
    -

# Calls to MCRT in San Diego County

- Total of 8,422 calls received since inception in 2021
- Of those calls, approximately:
  - 47% identified as White
  - 30% identified as Hispanic
  - 23% identified as African American, Asian/Pacific Islander, Native American, other, or unknown
  - 40% identified as having previous justice involvement
  - 28% of callers were between the ages of 26 and 39
  - 18% identified as being unsheltered at time of call

# MCRT Partnerships and Collaborative Efforts

- Diverse communities
- Law Enforcement agencies
- Tribal
- Military
- Colleges/Universities
- K-12 school districts

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# MCRT Outcomes Year to Date

- 1,060 referrals from law enforcement
- Average of 88% of interventions result in successful diversion from a higher level of care
  - 40% of clients are connected to Crisis Stabilization Units (CSU)
  - 48% of clients are connected within 30 days to behavioral health services or treatment

# Cultural Responsiveness

- Culturally and Linguistically Appropriate Standards (CLAS) embedded in contracts
- Advancing and supporting efforts to promote CLAS
  - Governance
  - Leadership
  - Workforce
  - Continuous evaluation for improvement
  - Establishing appropriate goals and policies
  - Interpreter services
  - Required cultural responsiveness staff training

# Cultural Responsiveness in Practice

- Tribal Example
  - Developing a trusting relationship
  - Knowing cultural practices
  - In-person logistics meetings
  - MCRT presence in the community
  - Participating in cultural healing events
  - Incorporation of traditional healing practices in interventions

# Cultural Responsiveness in Practice

- Staffing
  - 114 total staff
  - 35 peers
- 49% identify of a diverse ethnic background
- Employing a diverse workforce to meet the cultural and linguistic needs of the communities they serve

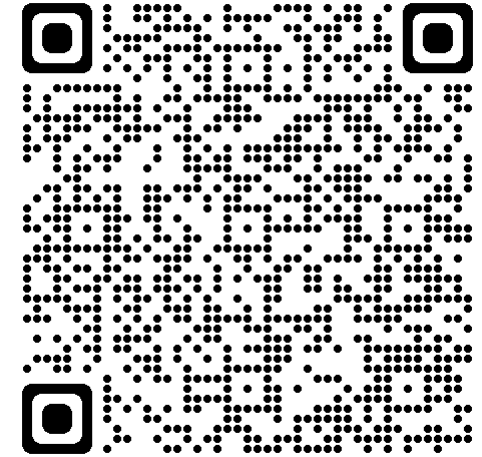
# Challenges and Opportunities

- Navigating:
  - The accepted practice of law enforcement response to behavioral health crises
  - Various cultures, processes/procedures that exist
    - Across law enforcement agencies
    - Across school districts
- Accepting the opportunity to:
  - Partner and collaborate
  - Listen to the cultural nuances, integrate ,and accept
  - Serve

# Questions?

Piedad Garcia, Ed.D., LCSW

Deputy Director, Behavioral Health Services



To learn more, scan the QR code or visit [Mobile Crisis Response Teams \(MCRT\)](#)



# Closing Remarks

Monica Reeves, Project Director

Mobile Crisis and Justice Intervention Services

Advocates for Human Potential, Inc.