DHCS | CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

BEHAVIORAL HEALTH Continuum Infrastructure Program

CRISIS CARE MOBILE UNITS PROGRAM

CCMU Learning Collaborative:

Community Partnerships
MOU's
How to Fill in Gaps

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Special Guests with Imperial County

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Webinar Policies

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Chat

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Agenda
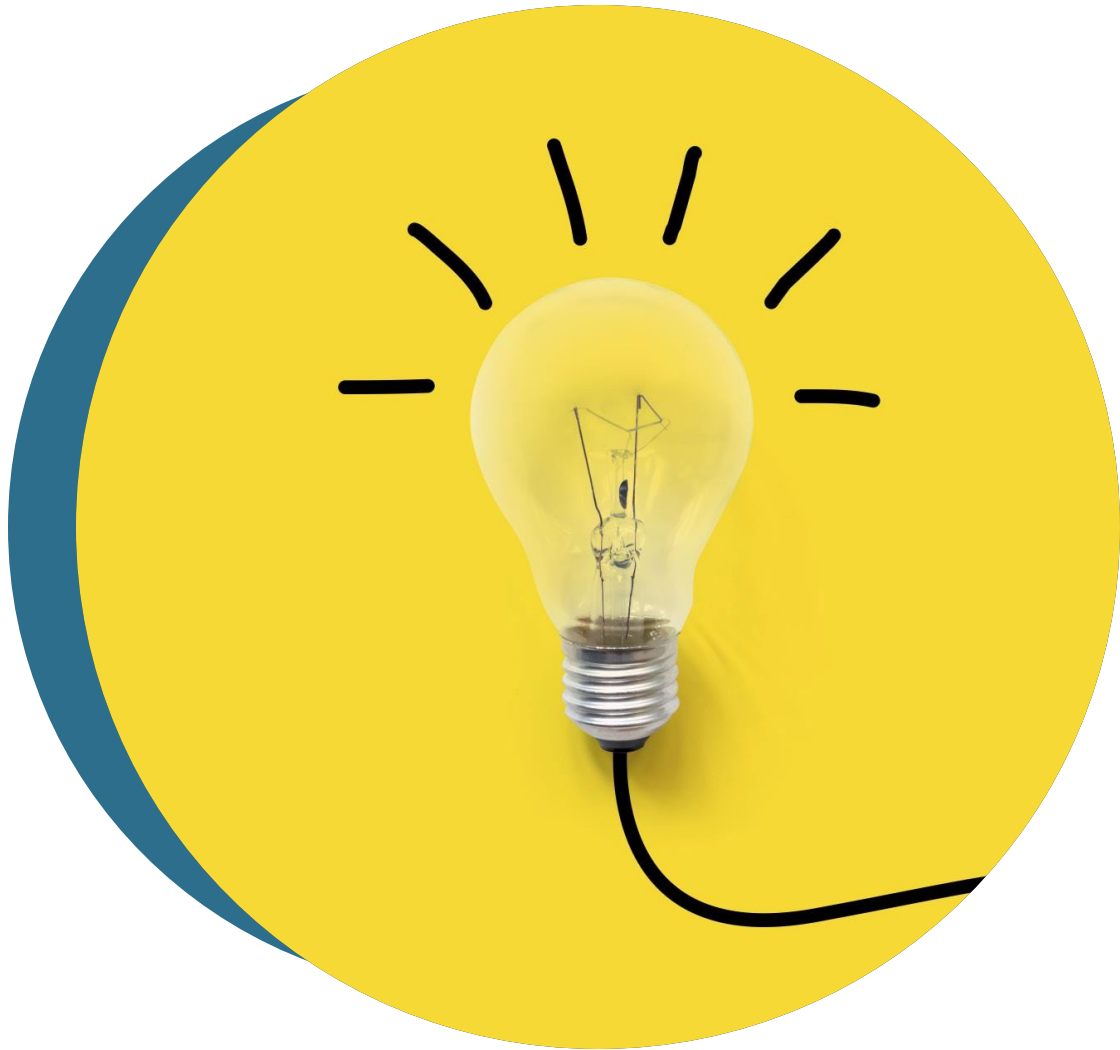
- **Welcome and Introductions**
- **Polling Questions**
- **MOUs & Community Partnership's**
- **Filling in the gaps**
- **Imperial County- Collaboration, Partnership and developing MOUs**
- **Questions**

Time for Polling Questions!

What is an MOU?

A Memorandum of Understanding (MOU) is a document that two or more collaborating parties use to codify the details of their alliance.

An MOU is a formal document that is signed by all parties. In general, an MOU must identify the signing parties, explain the purposes and/or objectives of the alliance, and summarize the terms of the alliance.

An MOU generally contains disclaimer language that specifies when and how signing parties may dissolve the agreement. It may also create specific outcomes, measurements, and expected benefits for the mutually served population.

Why Use an MOU?

- An MOU summarizes the common goals between partners and gives authority and responsibility to both partners; this minimizes potential problems in the future.

- It helps create ongoing pathways to mental health services that are sustainable and can weather staffing transitions at both organizations.

- An MOU clarifies how decisions will be made and by whom, how conflict will be resolved, and how the scope of the partnership can be changed.

- The data sharing agreements that are part of a standard MOU ensure that both parties adhere to HIPPA and FERPA privacy laws.

Why Use an MOU?

A good MOU is a map that helps both parties navigate the process of collaboration. To best meet local community mental health needs, mobile crisis response teams can establish MOUs with other local organizations, such as *community health centers, hospital associations*, and *local law enforcement*.

Because an MOU clearly defines roles, it can be used to *meet staffing needs, provide appropriate referrals,* and *define responsibilities* so that each agency has a clear understanding of the scope of work and any identified limitations.

Who Should be Engaged in Creating the MOU?

Collaborative endeavors are often led by champions who are committed to a particular cause. The person who initially negotiates on behalf of the county mobile crisis teams should be invested in crisis care and familiar with existing opportunities and challenges for crisis providers.

Begin investigating providers by connecting with your local **211** who can link you to other county and community agencies including **211's Mental Health Resources** and visit **DMHC Resource List (ca.gov)** for further behavioral health resources.

What Services Should the MOU Cover?

Knowing which services are needed in your county will determine your choice of partners, and your MOU can specify which services will be delivered and/or supported through the partnership.

You may already have a specific service in mind, or you can explore the options with county departments and agencies in your community.

The table in the next slide contains a range of specialized services that may be available in your community and accessible by your community members.

Each county has different resources; consider your specific community needs to ensure that you are responsive.

Service Examples

Behavioral Health	Emotional Support	Basic Needs Support	Crisis Services
- Onsite Counseling - Individual - Couples/Family - Group - Crisis/Urgent Care - Day Treatment - Detox/Residential 12-step - Psychiatric Medications	- Support Groups - Peer Navigators - Peer Support - Phone Check-ins - Coping Skill Groups - Drop-in Centers - Chat Rooms - Wellness Programs	- ACA/Covered CA/Medi-Cal Sign-up - Cal Fresh Outreach - Food Banks/Pantry - Financial Education Services - CalWORKs Application - Transportation Services	- Regional Crisis Call Center - Community-Based Mobile Crisis - Facility-Based Crisis Response - Crisis Receiving and Stabilization Facilities - In-Patient Psychiatric Hospitalization

Collaboration and Coordination: *Understanding the Relationship*

Collaboration

Collaboration occurs at the systems level, where partners work together to plan, implement, and monitor a crisis system of care.

Coordination

Coordination occurs at the service level where crisis responders organize intervention approaches, share information, and plan the day-to-day operations of delivering crisis services.

System Collaboration Model

Purpose: Cross system partners decide how to work together *at the point of crisis response to achieve the best outcomes for all.*

- Identify and reach out to stakeholders – find interested and passionate parties
- Listen and learn about each other: organizational mission, culture, values, needs, preferences
- Identify resources to work together, as needed – meeting space, facilitator
- Identify data and or other resources available to understand current environment

1 — Relationship Building and Crisis system Mapping

2 — Planning and Prioritizing

- Prioritize needs and preferences
- Develop your strategy and action plans
- Develop protocols for working together at the point of crisis response (e.g., when to involve police)
- Identify needed data to collect
- Determine length of time to move forward

- Reporting out data collected
- Celebrate successes
- Identify areas of continued growth
- Collectively advocate for system improvements

4 — Oversight and Sustainability

3 — Implementing

- Communicate new protocols
- Provide training for law enforcement, mobile crisis, others
- Rehearse new approaches
- Launch new protocols

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
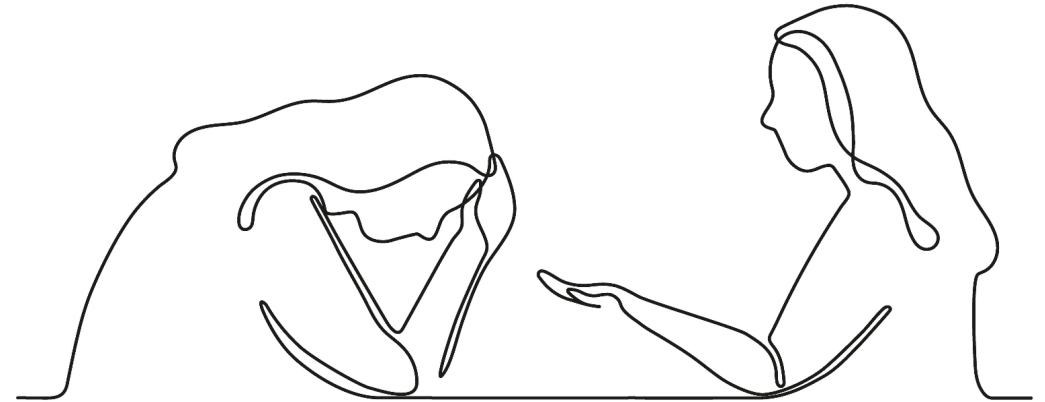
Needs Assessment

- 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 Systems

- 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
  - Build community

- Increase warm hand-offs for clients entering treatment
  - Use the crisis moment to your favor

- Be the bridge!
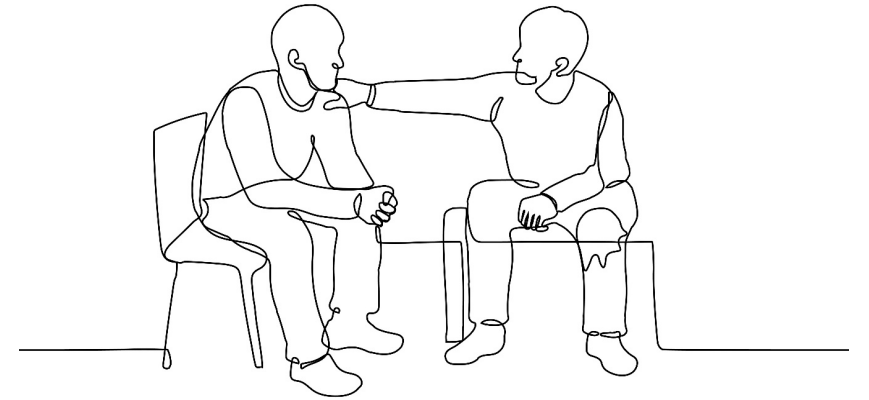
Non-traditional Community Supports
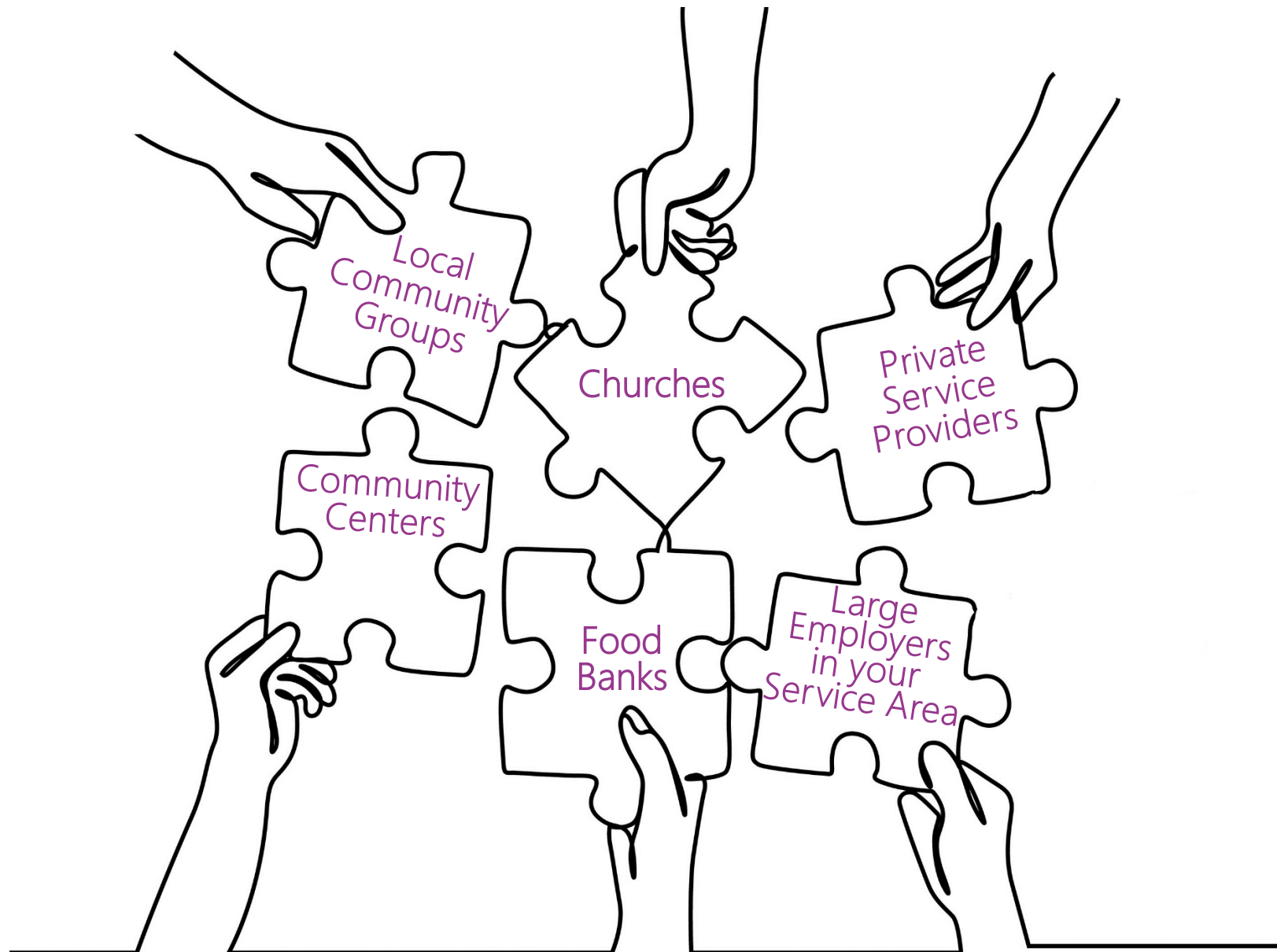
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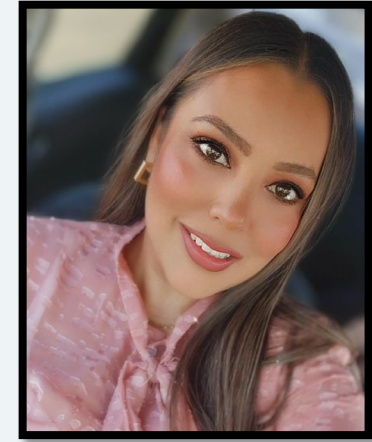Phone: 442-265-7923
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DHCS

Primary Partners in Our Collaborative Efforts

- **Local Hospitals**
- **Mental Health/ Substance Use Outpatient Clinics**
- **Community**
- **School Districts**
    - Elementary Schools
    - Junior High Schools
    - High Schools
    - Community/Continuation School
    - Community College
    - Local University

- **Law Enforcement**
    - CHP
    - Local PD
    - Sheriffs
    - Homeland Security

Establishing Key Collaborations & Strategic Partnerships

- Meetings prior to grant

- Communicating project goals and objectives

- Providing needed services and collaborations

- Establishing trust

- Clarifying expectations

- Being transparent with available resources

- Outreach

- Stakeholder meeting

- Ongoing monthly and quarterly meetings

- Understanding roles

# Establishing Frameworks: Developing MOUs and Agreements

Steps Taken to Secure Agreements and MOUs

- Identify Objectives

- Conduct Preliminary Meeting

- Negotiate Terms

- Finalize Documents

- Implement and Monito

- Review and Evaluate

Secured Partnerships

- One executed MOU with Imperial County Sheriffs Department

- Protocols with both Local Hospitals & all Local Law Enforcement

- Standing agreements with all School Districts & Community Colleges

Building Lasting Collaborations: What We've Learned
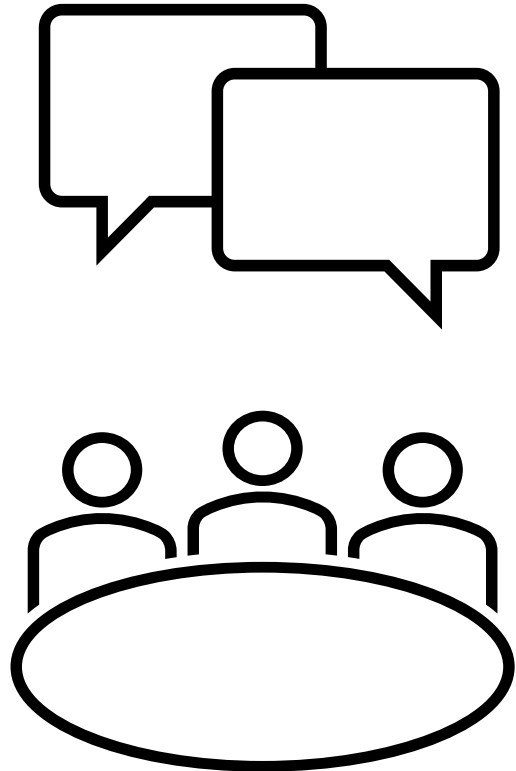
- Shared Vision and Goals
- Transparency
- Open Communication
- Mutual Trust and Respect
- Defined Roles and Responsibilities
- Flexibility and Adaptability
- Regular Evaluation and Feedback
  - Standing Monthly & Quarterly Meetings
  - Participation in local board meetings
  - Data Analysis
- Celebrating Successes
- Outreach efforts

Lessons Learned:
What Did *Not* Work in Our Collaborations

- Inconsistent Participation - Administrative changes

- Resource Constraints

- Differing Organizational Cultures
  - City Managers meeting both city culture needs and CCMU needs

- Community Acceptance

- Failure to Establish Trust

Questions & Discussion

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Thank You