DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

CRISIS CARE MOBILE UNITS PROGRAM

BEHAVIORAL HEALTH
Justice Intervention Services

CCMU & BHJIS February Working Meeting

Discussion on Navigating Challenging Scenarios in Mobile Crisis Response

February 13, 2025

Danielle Raghib and David Lopez, CARS

Melissa Cranfill, Joy Shabandar, Amador County

April Giambra and Alvin McCormick, Lake County

Erika Punchard, Orange County

David Seidner, San Mateo County

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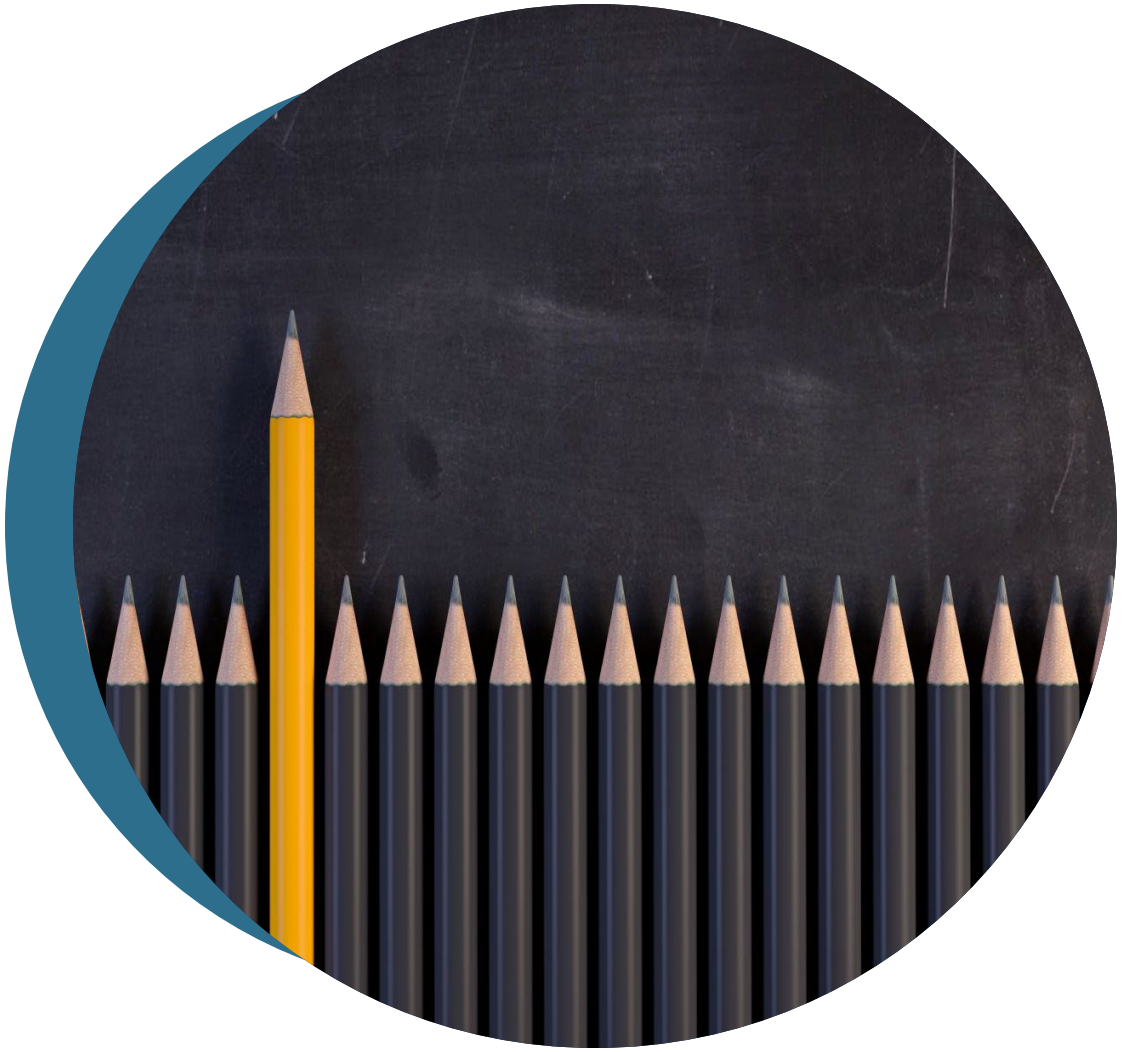

Today's Agenda

- Welcome and Introductions
- Let's Hear from You! A Look at Challenging Scenarios Mobile Crisis Teams Face in the Field
- Presentations from:
  - Melissa Cranfill, Amador County
  - April Giambra and Alvin McCormick, Lake County
  - Erika Punchard, Orange County
  - David Seidner, San Mateo County
- Open Discussion and Q&A
- Thank You & Closing

What Kind of Challenging Scenarios Are Mobile Crisis Teams Navigating?

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Lets Hear from the Experts!

Please use the Mentimeter QR code or link to join the discussion!

Mentimeter Poll Questions:

- What challenges might your teams have in connecting individuals to ongoing care after a mobile crisis encounter/follow-up?
- How do your teams manage moderate risk, moderate safety in the field when families and caregivers question the disposition?
- What are the most severe cases your teams are experiencing in the field?

Today's Presenters

Melissa Cranfill, LCSW
Behavioral Health Director
Joy Shabandar, SCII
Amador County

April Giambra, Deputy Director
Alvin McCormick, Staff Services Analyst II
Lake County

Erika Punchard, LCSW
Health Services Manager, Crisis Response
Orange County

David Seidner, LMFT
Program Administrator
Telecare Corporation
San Mateo County

Amador County

Melissa Cranfill, LCSW
Behavioral Health Director
Amador County

Amador County Mobile Crisis Program Overview

Implementation of Mobile Crisis Services

- **Launch Date and Setup:** Amador County has had a two-person Mobile Support Team since October of 2015, consisting of a clinician and a Peer Support Specialist. Due to staffing, the team currently operates only during business hours.
- **Technology and Partners:** Amador County contracts with *Crisis Support Services of Alameda County* for 24/7 Access that contacts our on-call workers after-hours. Utilizes Credible EHR for tracking and documentation
- **Staffing Model:** Currently county-staffed and seeking contract providers.

Demographics and Resources in Amador County

Challenges of Rural Crisis Response

- **Population Overview:** Amador County is a small, rural county located 45 miles southeast of Sacramento in the western Sierra Nevada. The population is 37,864, which has increased by nearly 3.3% since 2020. Approximately 28% of Amador County's population are aged 65 or older. Amador is also home to 3 federally recognized tribes.
- **Behavioral Health Needs:** The small, rural and vast landscape of Amador County increases the potential for stigma and creates delays in seeking behavioral health services. Limited transportation has been identified as one of the highest barriers to seeking services. Amador County had the third highest suicide rate in the state and ranked highest for self-harm.
- **Resources:** In addition to services provided at Amador County Behavioral Health, the county partners with various local agencies including Sierra Wind Wellness and Recovery Center, Nexus Youth and Family Services, Amador Tuolumne Community Action Agency, First 5, NAMI, and Operation care, just to name a few.

Case Study: Collaborating with Law Enforcement

- **Background of the Case**: Our mobile crisis team received a call from local law enforcement requesting support to assist with a man that was outside of a local gas station sitting on a bench. There was concern that the person was having a behavioral health crisis, but according to law enforcement did not meet criteria for a 5150. Law Enforcement wanted the man to leave, but they would not let him drive away in his car due to an issue with the registration or ownership of the vehicle.
- **Intervention Approach:** Our mobile crisis team responded and engaged with the man and assessed for safety. The Clinician agreed that he did not meet for an involuntary hold but was reportedly unhoused and experiencing mental health symptoms. After spending some time with the man and collaborating with LE, it was discovered that the man was not unhoused, but a resident of another state with a history of a mental health condition and had recently stopped taking medication.
- **Outcome Achieved:** Although several LE officers and the mobile crisis team problem solved the situation, there was not a clear outcome. Law Enforcement wanted him to leave but would not allow him to drive and he would not accept any support from our team, since he would not leave his vehicle.

Key Takeaways and Next Steps

Collaboration with Law Enforcement in a Rural Community

Key Insights

It is important to take the time to find out more information to get the full picture. There is value in collaboration and each role is important.

Challenges Identified

Limitations to successful outcomes when there isn’t a solution. Limited understanding of what each agency can and cannot do. Limited resources.

Call for Collaboration

Establish a setting to encourage increased conversations between Behavioral Health and Law Enforcement to improve collaboration.

Lake County

April Giambra, Deputy Director
Alvin McCormick, Staff Services Analyst II
Lake County

Lake County Mobile Crisis Program Overview

Implementation of Mobile Crisis Services

- **Launch Date and Setup:** Lake County's Mobile Crisis Benefit went live on 12/31/2023. The program operates 24/7 with three two-person teams, two dispatchers, and on-call therapists.

- **Technology and Partners:** Uses Beacon TrekMedics for dispatching and data tracking, enabling seamless coordination across rural areas.

- **Staffing Model:** Entirely county-staffed; no inpatient psych units or SNIFF/PUFFF facilities within the county.

Photo by Dmytro Barabin on Unsplash

Demographics and Resources in Lake County

Challenges of Rural Crisis Response

- **Population Overview:** Lake County is home to ~68,000 residents, 26% living below the poverty line, with limited access to healthcare services.
- **Behavioral Health Needs:** High rates of substance use disorders and mental health conditions, exacerbated by rural isolation and poverty.
- **Local Peer Support Centers:** Services include peer-led recovery programs, vocational training, and wellness activities offered by centers like Redwood Community Services.

Photo by Donna Turner on Unsplash

Case Study: Preventing Rehospitalization

A Success Story of Intervention

- **Background of the Case:** Client diagnosed with schizophrenia, history of violent behavior, no prior engagement with Adult Protective Services, and no family or support system.

- **Intervention Approach:** Stabilized using crisis de-escalation techniques, safety planning, and immediate connection to Medi-Cal and peer-led resources.

- **Outcome Achieved:** Successfully avoided 5150 hospitalization, established a primary care provider, and engaged in ongoing mental health services.

Case Study: From Crisis to Stability

Overcoming SMI and SUD Barriers

Background of the Case

Client with Severe Mental Illness (SMI) and Substance Use Disorder (SUD). Housing instability and history of frequent crisis calls.

Intervention Steps

De-escalation techniques, safety planning, Medi-Cal enrollment, and linkage to peer support services.

Results Achieved

Client transitioned to stable housing, and engaged in recovery programs

Key Takeaways and Next Steps

Collaborative Solutions for Rural Challenges

Key Insights

Holistic, Medi-Cal-driven interventions can stabilize clients with severe mental illness and substance use disorders in rural settings.

Challenges Identified

Limited resources, lack of inpatient facilities, and engagement barriers remain significant hurdles.

Call for Collaboration

Inviting peers to share strategies and brainstorm solutions to strengthen rural crisis responses.

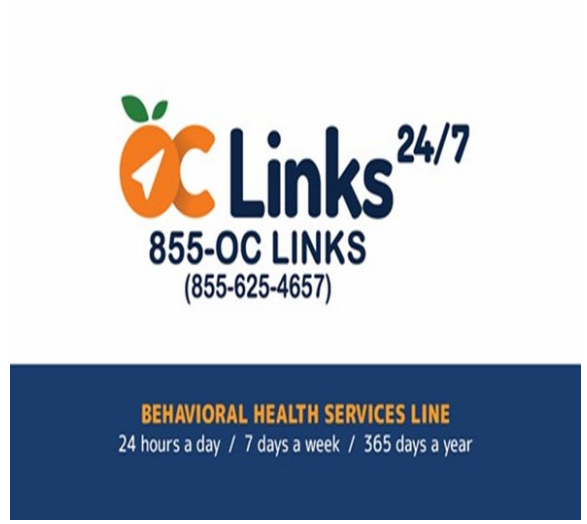
Orange County

Erika Punchard, LCSW
Health Services Manager, Crisis Response
Orange County

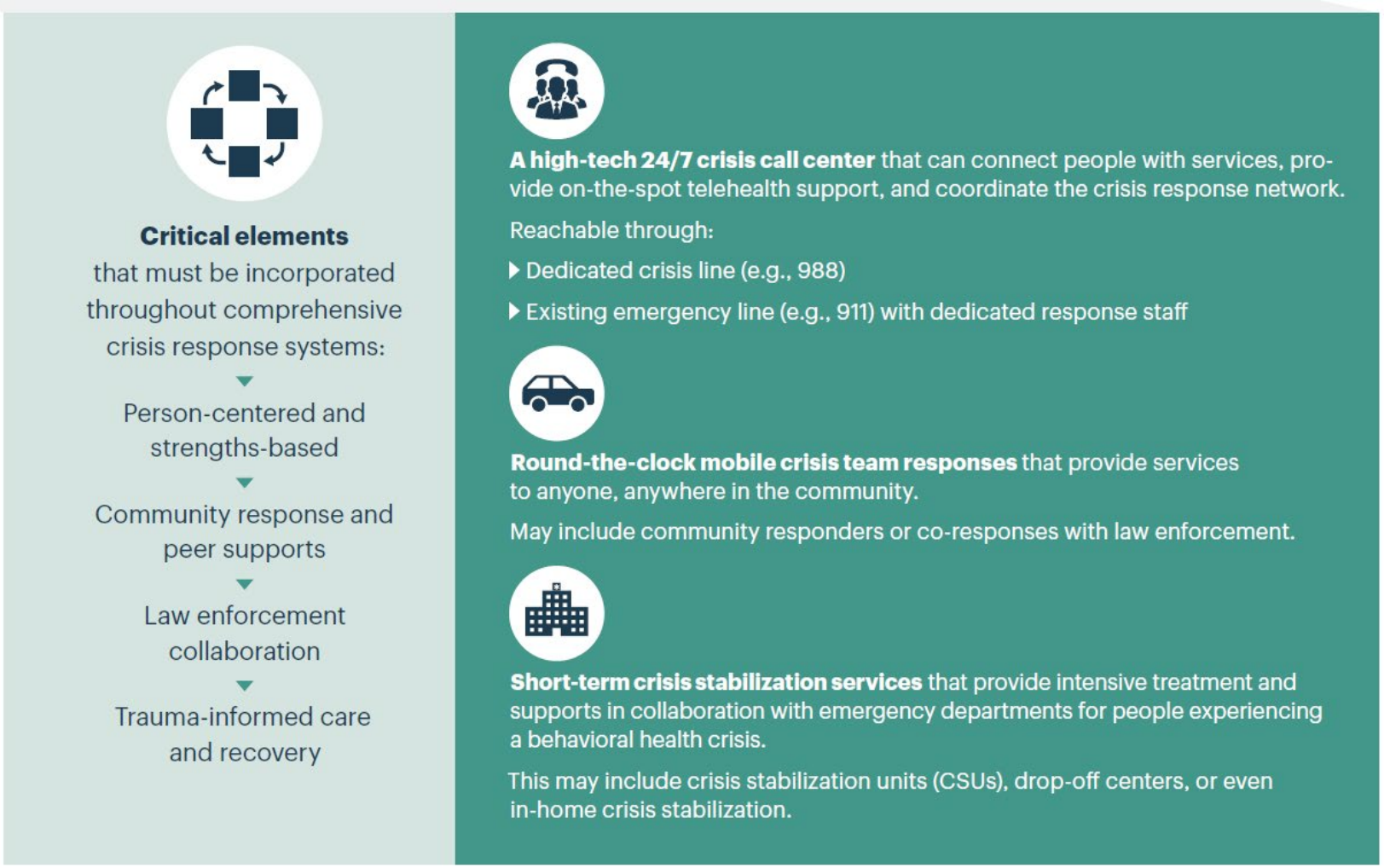
Orange County Mobile Crisis Program Overview

Implementation of Medi-Cal Mobile Crisis Services

- **Launch Date and Setup:** Orange County's Crisis Assessment Team (CAT) began implementation of the Mobile Crisis Benefit on 12/31/2023. CAT operates 24/7/365, providing mobile crisis response. Orange County has a dedicated 24/7 Behavioral Health Line (OC Links) that dispatches the CAT and provides information referrals/linkages and crisis support.
- **Technology and Partners:** CHORUS data platform (data tracking/dispatching, referrals/linkages), Cerner/IRIS-Electronic Health Record. PERSA safety devices, VectorCare patient logistics (Vendor/Ambulance transportation requests)
- **Staffing Model:** All County staff; 147 positions consisting of 14 Licensed Supervisors, 33 Mental Health Specialists, 14 Certified Peer Support Specialists and 76 Behavioral Health Clinicians and 10 office support staff. We respond in DYAD teams consisting of one LPHA staff.



Critical Elements of a Crisis Intervention System



SAMSHA National Guidelines for Behavioral Health Crisis: Best Practice Toolkit. Available at: https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf

Orange County Mobile Crisis Program Overview

Crisis Stabilization Receiving Facilities

- Crisis Stabilization Units (1 County operated; 2 Contracted)

- Crisis Residential Programs (CRPs)
  - Youth CRP; 3 locations-16 beds (age 12-17)
  - TAY CRP, 6 beds, (ages 18-25)
  - Adult CRP, 27 beds (3 locations), (ages 18-64)
  - Older Adult CRP, 6 beds (ages 50+)

Case Study: High Risk Suicidal Individual

High Risk Suicidal Individual Case Study

Background of the Case: Reporting party is the wife of a 46-year-old male who is threatening suicide with an active plan. She is requesting a mobile crisis response. Wife reports she contacted law enforcement earlier in the day because husband was at her home and threatened to hang himself and sent a picture of himself with a chord around his neck. Wife was therefore fearful to return to the home since he told her if she came there, he would stab himself. Wife was instructed by law enforcement to stay away from the home for 24 hours and call back if she needs further help. Wife reports she is divorcing husband and was on the way to secure a restraining order when husband began texting pictures and making threats. Wife reports she had a restraining order for in the past that is now expired for similar behavior. Wife reports husband is actively suicidal and will hang or stab self if law enforcement attempts to intervene. Wife reports husband has history of suicide attempts and has been hospitalized twice for 14 days.

High Risk Suicidal Individual Case Study

Intervention Approach: Due to the indication of safety and violence risk factors known at the time of dispatch the response warranted the Mobile Crisis Teams to consider use of law enforcement to support a safe response. Upon arrival the mobile crisis DYAD team observed husband in the garage standing on a chair with a knife to his throat talking on the phone. The mobile crisis DYAD team contacted law enforcement due to the active risk (Therefore, active suicide attempt in action and expression of self harm behaviors with weapons present-Knife held to throat). The mobile crisis DYAD team waited for law enforcement prior to attempting engagement.

High Risk Suicidal Individual Case Study

Resolution: The husband refused to meet with the Mobile Crisis Response Team and law enforcement due to their disengagement protocols and policies refused to force entry or make contact as to not escalate the husband. Therefore, the mobile crisis DYAD team was unable to conduct a full crisis assessment to support husband getting a higher level of care. The mobile crisis DYAD team was able to contact the client via phone call and attempt further engagement however the client yelled profanities and told them to get off his property. The mobile crisis DYAD team was a Certified Peer Support Specialist and Behavioral Health Clinician who continued to provide empathy, used a calm approach and offered support/resources to try to de-escalate the crisis. The husband was able to build some rapport and connection with the Peer Specialist who was able to provide a unique service during his moment of vulnerability. At end of phone call, he agreed to contact OC Links 24/7 Behavioral Health line should he need crisis support. Police left the scene and did not engage further. During the 24 hour follow up, husband did not answer phone call, however the mobile crisis DYAD team was able to speak to the wife and determine client went back to LA County where he will reside with family, and she is pursuing a restraining order. Case was discharged as client was no longer in Orange County and contact was unsuccessful after multiple attempts.

Key Takeaways and Next Steps for Orange County

Collaborative Solutions for High-Risk Individuals Presenting with Safety Considerations

Key Insights

Risk assessment & safety considerations, the presence of an active plan with means (weapons) and direct threats of self-harm. Role of Peer Support in Mobile Crisis response in building rapport.

Challenges Identified

Limited Law Enforcement intervention due to their disengagement protocols. The husband's level of disengagement and potential escalation risk. Husband was difficult to engage making successful intervention challenging, jurisdiction barriers- husband’s relocation to LA County.

Call for Collaboration

Improved coordination with Law Enforcement partners to help clarify roles and establish joint protocols for high-risk individuals where complete disengagement may pose continued risk to the individual & community. Cross collaboration with neighboring County Crisis teams.

San Mateo County

David Seidner, LMFT
Program Administrator for Mobile Crisis Response Team (MCRT)
Telecare Corporation
San Mateo County

San Mateo County Mobile Crisis Program Overview

Implementation of Medi-Cal Mobile Crisis Services

- **Launch Date and Setup:** The program had a soft launch for PM shift from May 2024 through August 2024. The MCRT program operates 24/7 with two-person teams, one vehicle On Duty AM, three vehicles On Duty PM and one vehicle On Duty NOC.

- **Technology and Partners:** Uses Beacon TrekMedics for dispatching and data tracking, SmartSheets for additional data elements and County's Avatar NX for EHR.

- **Staffing Model:** Telecare Staffed; no youth CSU or psych. inpatient in county, there are Adult Crisis Residential and two LPS PES units.

Case Study: Caregiver in Crisis in San Mateo County

- **Background of the Case**: Caller is an older, adult husband who is caring for his older, adult wife with late-stage Alzheimer's. Couple does not qualify for MediCal due to income, however they are still financially struggling with affording older adult services. Caregiver is feeling stuck, hopeless, and shut down while his spouse's medical needs are going unmet.
- **Intervention Approach:** Safety assessment of both older adults, provided support to caregiver, utilized the Peer Specialist's lived experience of caring for a loved one with advanced dementia and developed a safety plan with the husband who was feeling intense guilt for wanting to leave his wife.
- **Outcome Achieved:** Identified a medical emergency for wife who was non-verbal, 911 call for medical transport to ED, validated care giver's experience, reenergized his efforts to seek out help and promoted hope for him and his loved one.

Key Takeaways and Next Steps for San Mateo County

Collaborative Solutions for Vulnerable Populations

Key Insights

“Just Go!”, no wrong door, verify in person on scene, pivot to caregivers or 3rd party, consultation is critical to ensure legal mandates are meet.

Challenges Identified

Support multiple members in crisis during a call, confronting misconceptions of a “crisis call”.

Call for Collaboration

Training and equipping our team members to support members in the full range of life stages and diversity.

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Questions and Answers

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Thank You