Community Crisis Response

Rapid Improvement Event 2:

Testing and Developing Solutions

Report Out: April 30, 2021

AIM:

Anyone in Contra Costa County can access timely and appropriate behavioral health crisis services anywhere, anytime

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

Current System Experiences

Speaker: Josue

Josue discussed his experience with homelessness as a minor, lack of resources and its impacts on his mental health.

Current System Experiences

Speaker: Gerardo

- Spoke on his experience with loved one that has a mental health illness (bipolar schizophrenia)

"When she was in jail, she only had two options either take your medication or stay in jail."

Speakers from UK

Dr. Maxine Powers along with her colleagues Craig Hayden and John Collins discuss the UK crisis response model in Manchester and Blackpool

Priority Improvement Areas

Single Phone Number

Mobile 24/7 Response

Non-Police Mobile Crisis Team

Alternate Destinations

CONTRA COSTA HEALTH SERVICES

Community Mobile Crisis Collaborative Integrated Response Model

Future Workflow of Community Crisis Response - Draft

Crisis Call

Customer

911 Dispatch

211

Access Line

988*

Other Agencies

Behavioral Health Virtual Hub
Call transferred with warm handoff

Law Enforcement Response (LE Only)
Criteria for LE Only
1. Weapons/active assault/aggression
2. Crime occurred

Virtual Hub performs triage and determines the appropriate collaborative response to be deployed (e.g., MH first, co response, EMS, etc.)

Can the call remain a virtual response ? if yes

Virtual Hub remains with customer, intervenes, collects additional information, and determines the appropriate disposition. Customer is transported to appropriate location

Mobile Crisis Response arrives on scene, intervenes, and collects additional information

Mobile Crisis Response determines appropriate disposition (e.g., location, transport, etc.) and customer is transported

Customer is received at appropriate disposition (e.g., PES, ED, or Alternate Destination

Virtual Hub Team follows up with customer to ensure appropriate after care

Routes of Entry for MH Customers – No Wrong Door Scenarios

Single Phone Number/Mobile 24-7

"No one wants to look up a long phone number for an actual emergency"-Bus Driver

Behavioral Health Virtual Hub

"No one wants to look up a long phone number for an actual emergency"-Bus Driver

Current System Experiences

William on Behalf of his daughter Evelyn

"[My daughter's] physician said that she had no way to refer us to any mental health specialist."

"Mental Health Hotline was a godsend for us."

- *The MHH was able to take Evelyn's specifications for a therapist (e.g.: age, gender, proximity to home) and successfully assist Evelyn and her father in finding a fitting therapist.*

"How do we get quicker and better help for students [and children]."

Community Perspective

What would you want to see change in the County's response to mental health or behavioral health crisis situations?

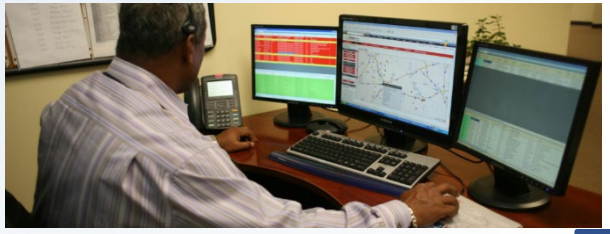
"Have resources available at the right time in the moment, tell me where I can bring my daughter, help me to understand how to communicate with my daughter when she is escalated.

Educating the caregiver (loved one) and say that i understand and we offer counseling and education to get you through this crisis for yourself. So support for loved one and for the caregiver. Not give referrals out of county."

- Interior Designer/Caregiver of adult daughter

Route of Entry for MH Customers – No Wrong Door Scenarios

Future Behavioral Health Virtual Hub Workflow - Draft



Crisis Call

Customer

Other Agencies

211

911 Dispatch

Direct Caller

Behavioral Health Virtual Hub Calls transferred to Virtual Hub with a (Warm handoff)

Designated Call taker – trained clinician overseeing the HUB/following the client from beginning to end (disposition and follow up care)

Call taker – 3-way call with team responding – call taker will summarize

Call taker will transfer call to team – (Warm handoff) team will provide continued support to the customer

All information gathered from caller will be entered into the shared software tool

Telephone De-escalation

The team will use the tool/app in the field and the Virtual Hub will be available for Air Traffic Control and available for additional support and resources

The Hub will be able to deploy multiple teams without holding up response times

Appropriate collaborative Response (See workflow) is identified and deployed to customer

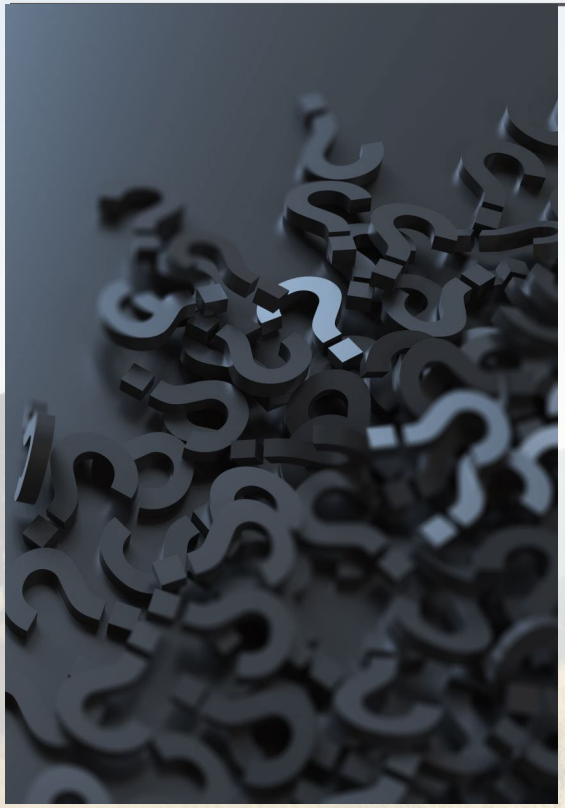
Customer is linked to appropriate services (e.g., PES, ED, or an Alternative Destination)

Tests of Change #1: Call Simulations

- **Problem:** Customers are choosing to call 911 because of long response time of mental health response teams
- **Test of Change**: Call simulations to reduce response time from call initiation to arriving on site.
  - Tested optimizing the triage decision tree tool
- **Results:** The response time was reduced by having a dedicated call taker and transit time was decreased by deploying regional teams

"Less wait time when calling for help" - community member

Tests of Change #2: Call Simulations



- **Problem:** When calling for help people often have to repeat their story multiple times and may have to receive a call back
- **Test of Change**: Transfer calls and the caller information from multiple agencies to the HUB with warm handoff
- **Results:**

- Not all agencies are able to transfer a call
- Learned that we need to develop a protocol for working with agencies to create a seamless (warm handoff) transfer of customer information to the HUB

Additional Information
Advanced Call Taking & Dispatch Software

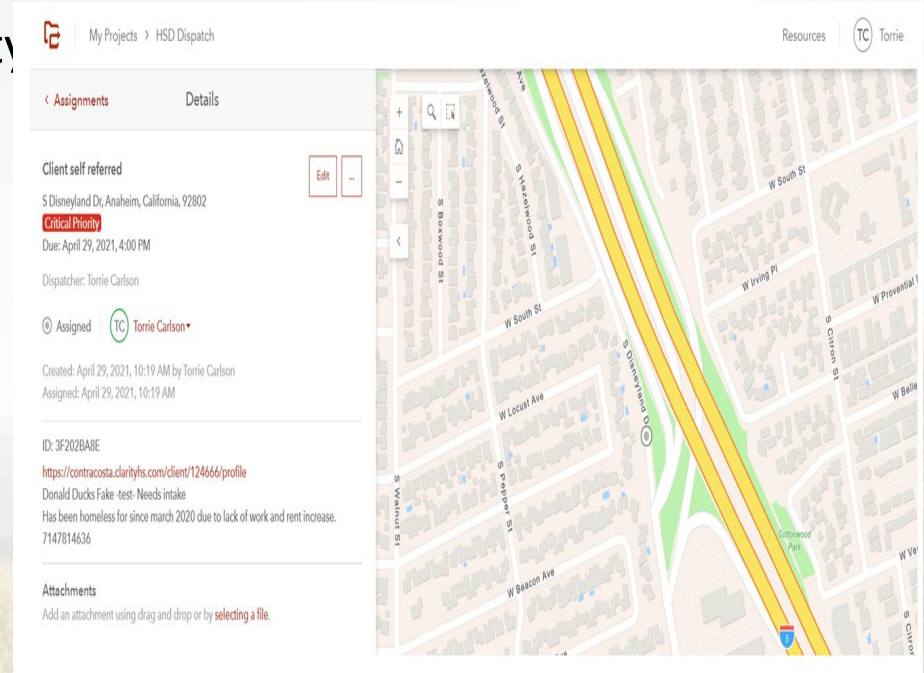
NICE In Contact

- Cloud based with virtual capability
- Call transferring and texting

Tablet Command

ArcGis

- Call dispatching
- Real time narrative updates to field teams
- Mapping with directions
- Team status and GPS location



Behavioral Health Virtual Hub Team
NEXT STEPS

- Develop a 24/7/365 Centralized Crisis Call Virtual Hub
  - ✓ Call answered by a trained mental health professional
  - ✓ Based on the Substance Abuse and Mental Health Services Administration (SAMHSA) **Best Practices**
  - ✓ Offers air traffic control (ATC) quality coordination of crisis care in real-time
  - ✓ The HUB will provide seamless coordination from the customers crisis entry to follow up care

Crisis Assessment Triage

Current System Experiences

Rebekah on behalf of her daughter

"I would get a response two or three days after the crisis from NAMI."

"Had she not been locked down she would not be with us today."

I had to scream and yell so hard to get her the help she deserved [...] I shouldn't have had to work so hard."

- *Rebekah believes that had her daughter received the proper care and housing she needed the first time they sought help, their prolonged encounters with law enforcement and clinicians could have been prevented.*

Patient and Family Perspective

The hole that MCRT fills and the trauma it reduces:

"More recently, our loved one needed a stay in 4C/4D and the MCRT was not operating at these particular hours. This really stressed out my wife, Linda, (esp.) and me (post-heart attack). Fortunately, she was able to persuade our loved one to voluntarily be driven in the wee hours of the morning to PES. Had the MCRT team been available, this could have been a far less stressful situation."

- Parent

Patient and Family Perspective

The valuable role of Law Enforcement with mental health training:

A number of years ago, pre-MCRT, I witnessed 2 extremely well-trained CIT Sheriff's officers tasering our loved one on the full run as he attempted to get away from them just outside PES. I had driven him there extremely late at night as the Antioch Police never arrived to 5150 him. After he was admitted to PES, one of the officers a very short while later told me, "Mr. _____, I hated tasering your son. However, it was the only way I knew to save his life." I knew he was right, because in his psychotic state that night, he likely would have been shot by non-CIT trained officers in the streets of Martinez.

- Parent

Crisis Assessment Triage Team

Problem Statement:

- There is a need to standardize the triage protocol to assist in decision-making for mobile crisis response

Goals:

- Work collaboratively with Single Phone Number Team and Collaborative Response Team to create a seamless triage process

Test of Change - Triage Protocol

Add **triage questions** to a **triage decision tree** and you get a **triage protocol**

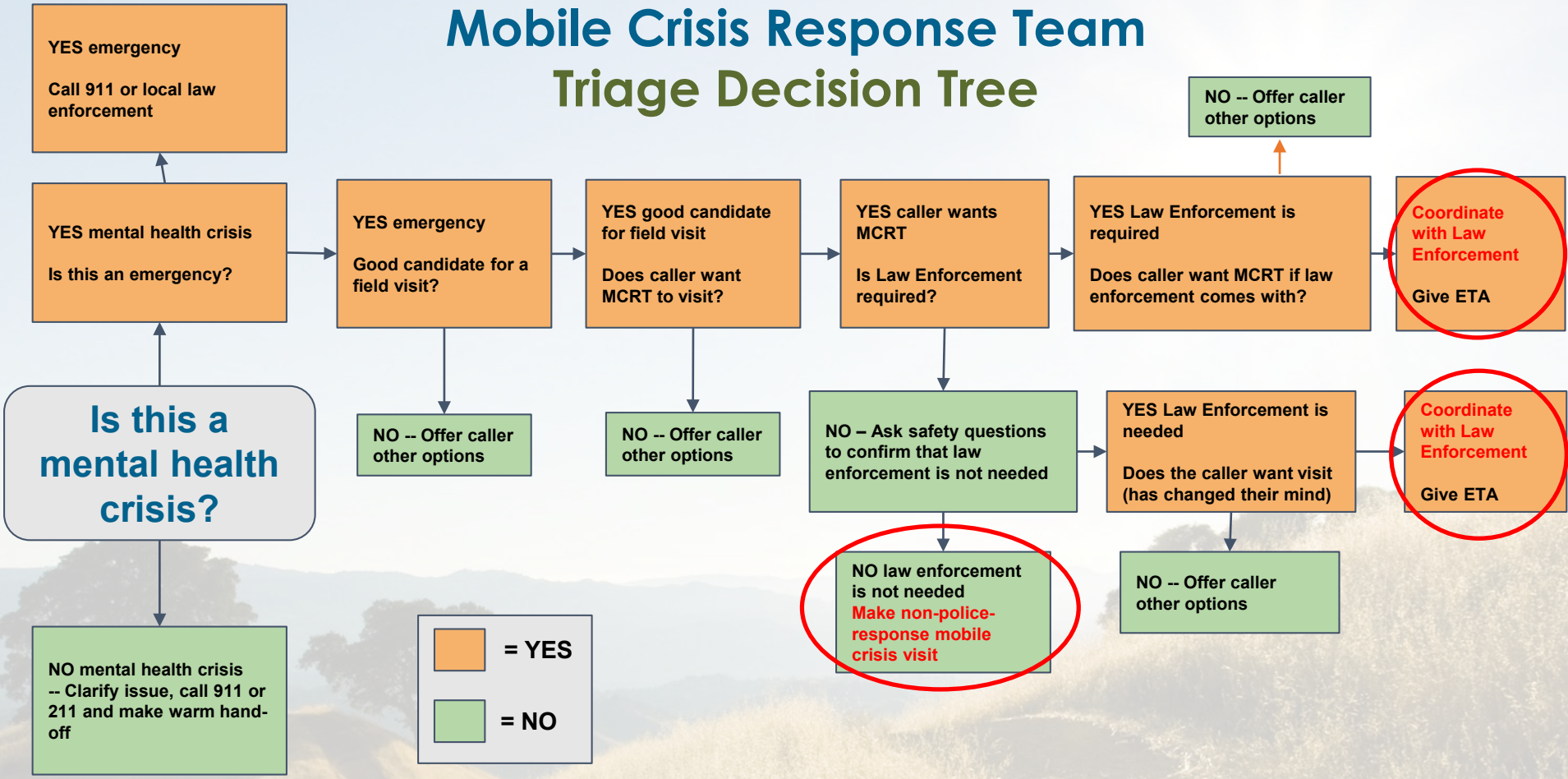
A decision tree takes us through a sequence of questions to get to different outcomes

- ”Should I go out to dinner tonight?”
- “Should I respond to this crisis call without Law Enforcement support?

The benefits of a protocol

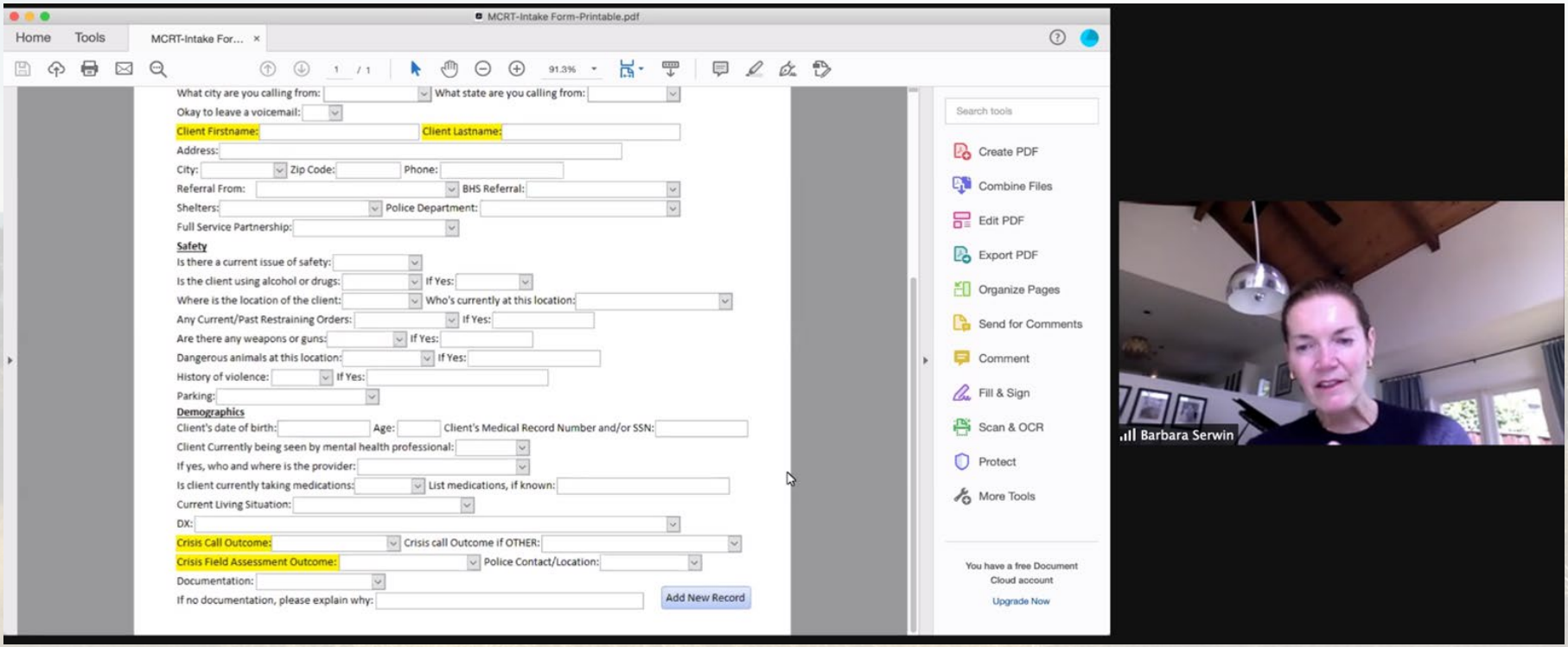
- A clear map of how we do things
- A more standardized process and more consistent outcomes
- A way of providing transparency and accountability

Mobile Crisis Response Team
Triage Decision Tree



Next Steps

- Test and time triage tool to be utilized for Virtual Hub and Collaborative Mobile Responses



Mobile Crisis Collaborative Response Team

Lived Experience within the AAPI Community

Tianmei "I hope there is an easier way to send a patient to get [treatment], not wait until they harm someone [requiring police get involved]. My husband and I still have not recovered."

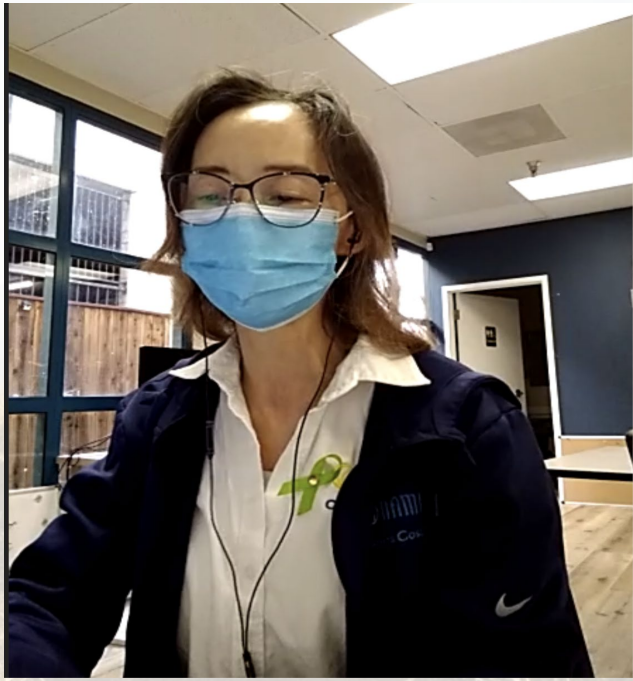
Shelly from NAMI on behalf of two different families

"There were language barriers that some understood and others didn't.

"We need language support and cultural support."

"It took more than 20 minutes for the ambulance to arrive. Waiting times [cause anxiety] because it is a life saving [moment] with young lives in danger."

"[Law enforcement] treated a mentally-ill 14-year-old like a criminal. I wish the police officers had CIT training."



Client and Family Perspective

"Everybody is working really hard, but there is a lot of disconnect"

– Mother sharing about her daughter

"We have had 14 years of ups and downs"

– Father sharing about his daughter

"My experience before I got help was almost like a wonderland, I felt lost. We need more love and less violence in this world"

– Transitional Aged Youth Advocate

"I am watching my daughter drown, I am slowly trying to grab her hand as she continues drowning"

- Mother sharing about her daughter

Team Perspectives

Clinician: The client called herself and asked for support. The caller was an elderly woman with high levels of anger towards daughter who was not present. She was having H/I, but did not want to act on her thoughts, nor had a history of violence. MCRT called dispatch and told them our location for safety reasons. She was successfully de-escalated without PD

Community Support Worker: Due to the impact of number of responders, "It made the client feel more anxious and they felt mortified"

Law Enforcement: I stood by the whole time while they evaluated her when we had a burglary in progress. She was a 75-year-old woman who could barely walk. I feel like my presence was not needed in this scenario
-*West County Police Officer*

Co-response: Many times police are needed, especially when when a lot is unknown around safety. We work well together.

We compliment each other. -*MCRT team member*

Future State Mobile Crisis Collaborative Response Model - Draft

Crisis Call

Customer

Other Agencies

Behavioral Health Virtual Hub

911 Dispatch

Future State Idea: Community Crisis Counselor (non licensed) paired with EMT responding to calls from 911 dispatch

Mental Health Team Response (Dispatch always notified)
Criteria for MH Only:
1. Understanding of the primary problem
2. No overt safety risk

Collaborative Response (clinician, peer support, officer)

Law Enforcement Response

Criteria for LE Only:
1. Weapons/active assault/aggression
2. Crime occurred

Proposed Co-Response Criteria
1. Risk to Client – Imminent risk of harm – SI, HI (acted on plan/made significant gesture), GD (won't accept 5150, risk of escalation)
2. Risk to Staff/Global Risk Threat of or potential for violence (including assess for substance use, check EHR, hx of recent violence, active threat of weapon, after hours/dark?, isolated location, etc.)

Transport Option 1
An alternate vehicle (**not an ambulance**) staffed with 2 EMTs

Transport Option 2
Traditional Ambulance whereby paramedic intervention is likely required (restraints and medications)

ED/PES

Alternate Destinations

MOBILE CRISIS Response TEAMS

Mobile Crisis Collaborative Response Team

Problem Statement: It is challenging to get a consistent, quality response to a Mental Health Crisis in Contra Costa County

Goals:

- When a rapid response is requested for a behavioral health crisis, we will provide a collaborative, community centered, and compassionate response.
- Be on scene within 30 min of call
- Decrease need for police by 20%

Tests of Change #1:
Increasing Behavioral Health Only Responses

Problem:

- Law enforcement is often not necessary in response to behavioral health crises, and their presence may be triggering to community members
- For individuals experiencing a behavioral health crisis, waiting for law enforcement can lead to a delay in the appropriate behavioral health responses and treatment

Test of Change: Increasing behavioral health only responses to community crisis

Results:

- Total field visits between 4.10.21-4.21.21 = **18**
- Of the 18 field visits, **15** included law enforcement

Next Steps (short term)

- At least 25 Mental Health only responses before next Rapid Improvement Event
- Pilot use of police radios for clinicians for improved immediacy of response and communication among team members
- Analyze data from responses
- Consistently administer follow up surveys:
  - Law Enforcement
  - Clinicians
  - Community Support Workers
  - Community Members

Next Steps (long term)

- Pilot option of having an EMT as team member
- Further refinement of triage assessment
- Pilot use of crisis support worker (mental health specialist)
- Law Enforcement be a member of c-response team (“task force” model)
- Streamlined transportation modalities

Alternate Destinations

Current System Experiences

Speaker: Kim

Spoke on her experience with her son who had a mental breakdown

"He was put into Contra Costa jail for a year... for mental illness and no one was able to help him."

"How do we get the assistance that we need? ...Why are they there if they are not going to help? Something needs to change. It is a broken system. Where do we go from here?"

Consumer and Family Perspectives

"Don't release the hand until it finds another safe hand"

"Reduce the delays, focus on the priorities"

"Eliminate the revolving door culture that promotes a fail-first system"

"When we called police, we were anxious. There were language barriers, some understood, and some did not."

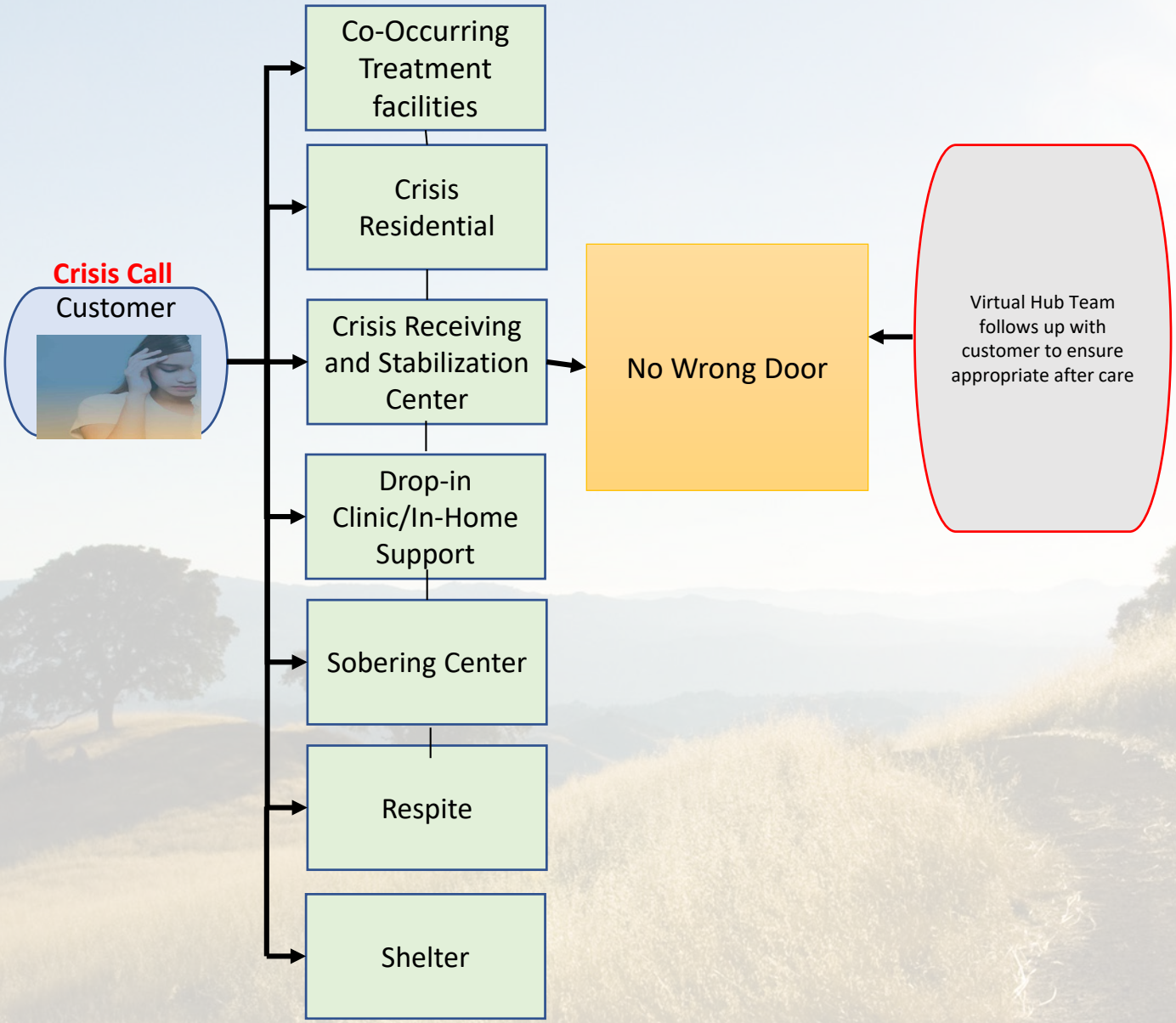
Alternate Destination Team

Problem Statement: Psychiatric Emergency Services (PES) is the only option in our County that is available to support those experiencing a mental health crisis 24/7

Goals:

- Identify alternatives to PES that provide 24/7 access to services when experiencing a mental health crisis
- Design a compassionate and expedient access to care utilizing a “No Wrong Door Approach”
- Eliminate gaps and barriers in the current crisis system of care

Future State Alternate Destinations Model



Tests of Change #1:Gap Analysis

Problem:

Psychiatric Emergency Services (PES) is the only option in our County that is available to support those experiencing a mental health crisis 24/7

Test of Change:

- Reviewed 5 alternative destinations and created a gap-analysis to identify barriers in our current mental health system
- Reviewed real-life scenarios from family member and peer experience

Results: Identified

- Barriers to admission
- Need for expansion of existing facilities
- Need for new alternative destinations

"My son was seen by a doctor at PES and released in 6 hours, I thought he needed to be there longer"

-Family Member NAMI CC

Tests of Change #2: Site Visits

Problem:

Psychiatric Emergency Services (PES) is the only option in our County that is available to support those experiencing a mental health crisis 24/7

Test of Change:

Visit and interview Crisis Stabilization Unit, Crisis Residential Treatment, and respite center in Alameda county

Results:

- Identified promising practices from a neighboring county

"All we need is a phone call, a heads up"

-Maggie Shapiro Program Director Amber House

Amber House
Oakland CSU/CRT

Tests of Change #3: Data Analysis

Problem:

Psychiatric Emergency Services (PES) is the only option in our County that is available to support those experiencing a mental health crisis 24/7

Test of Change:

Worked with Business Intelligence team and Quality Program Management to analyze data PES data from 2019

Results: ~75% of people arriving at PES stay less than 24 hours

"We need an alternative destination to PES for those 75% of people needing help." Contra Costa County Quality Management employee

Next Steps

Expand and Create Children and Adult services in all regions:

- ✓ Peer-Operated Respite
- ✓ Sobering Center
- ✓ Crisis Stabilization Unit
- ✓ Crisis Residential Facilities
- ✓ Co-Occurring Treatment facilities
- ✓ Shelter and safety for those living with Mental Illness
- ✓ Drop-in Clinic/In-Home Support

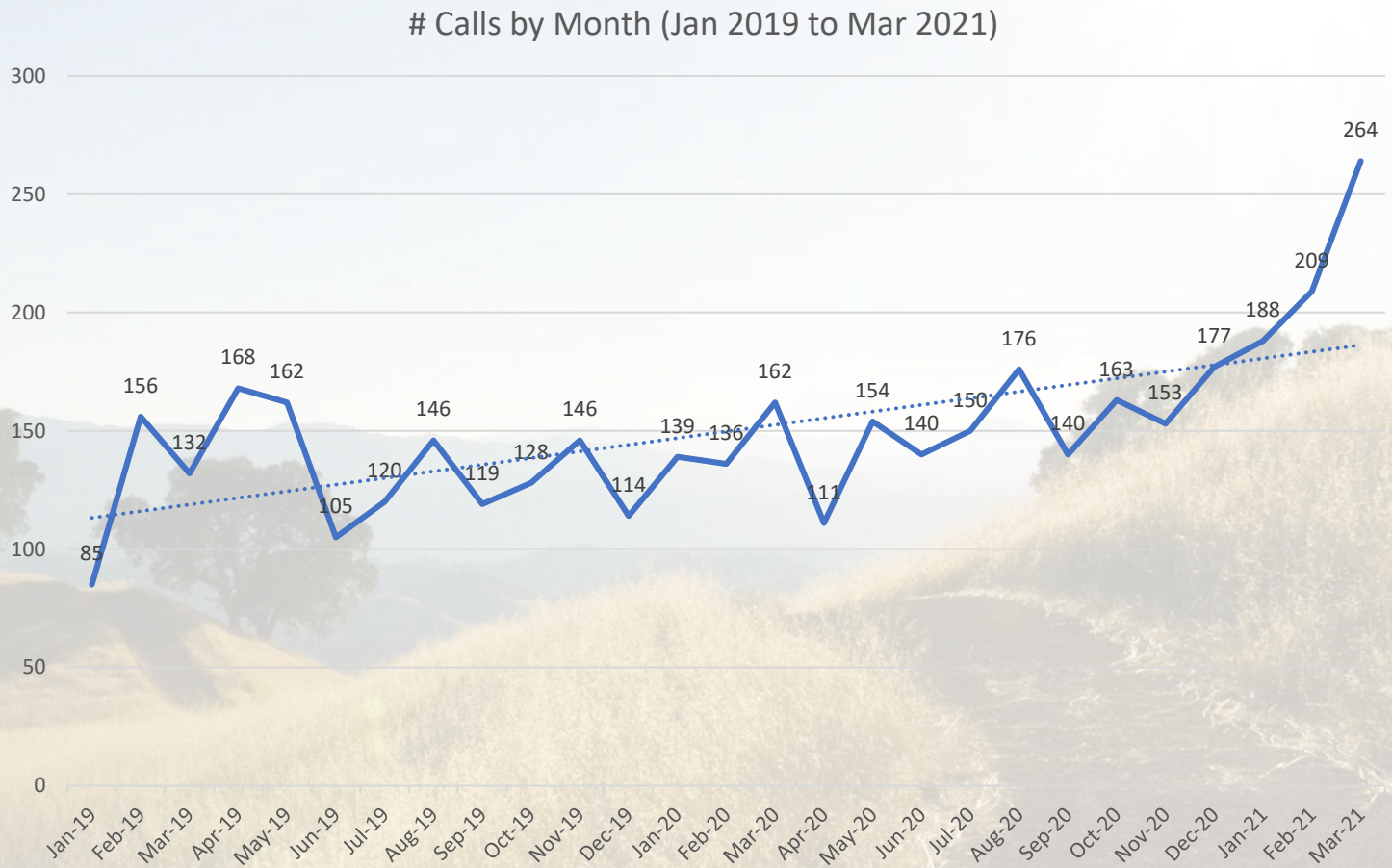
Data Measures

Data Measures

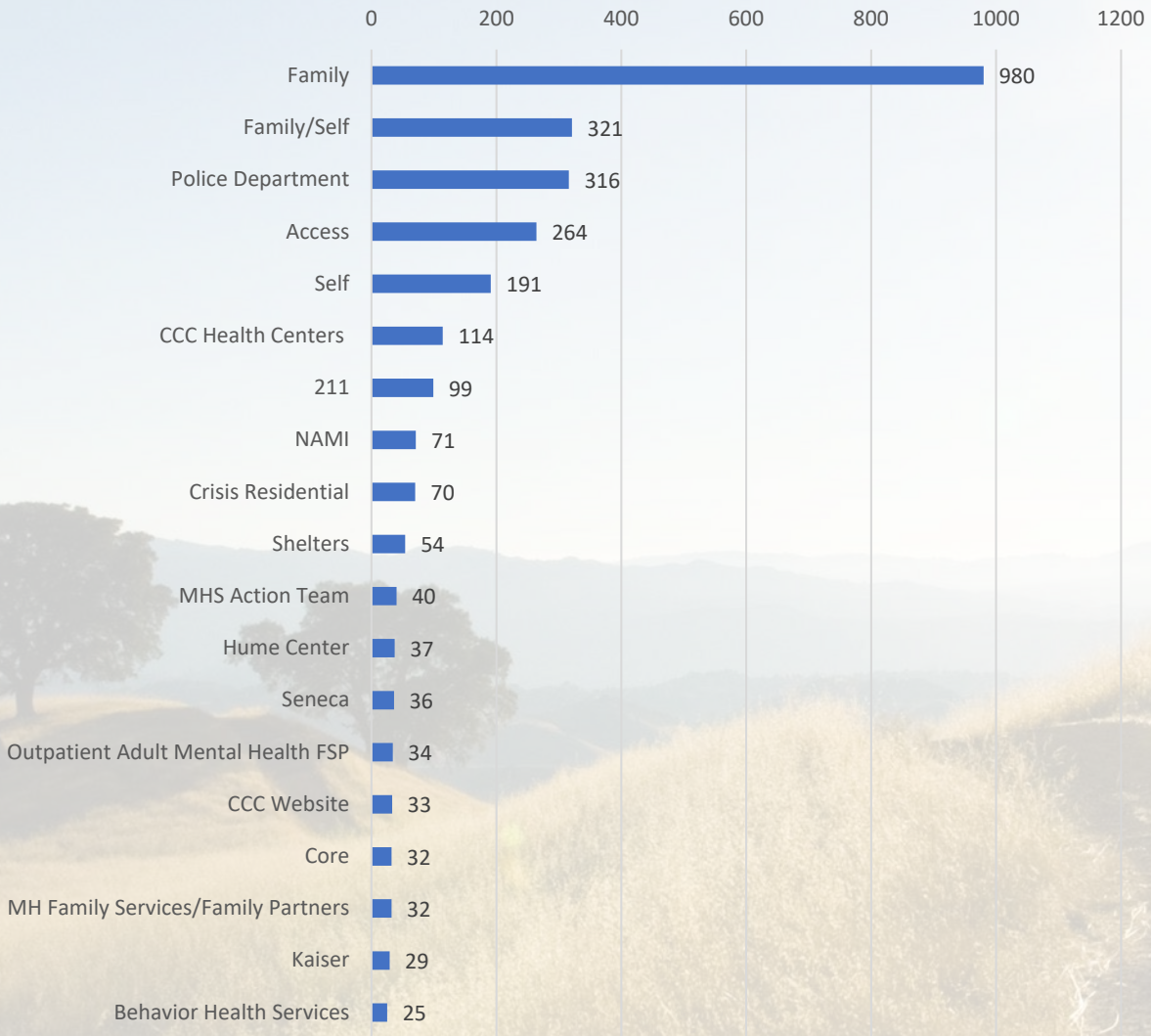
- % of HUB calls answered, screened, and routed to the appropriate source within 3 min
- Mobile Crisis Collaborative Response Team answers all calls within 30 min
- Reduce avoidable 5150s by 25%
- Community Satisfaction and Customer Experience targeted at the 75th percentile
- Reduce cost per crisis by 20%
- 80% of all crises have follow up care services (wrap-around)
- Team Satisfaction targeted at 80% (satisfied – very satisfied)

Data

- MCRT Call Trends

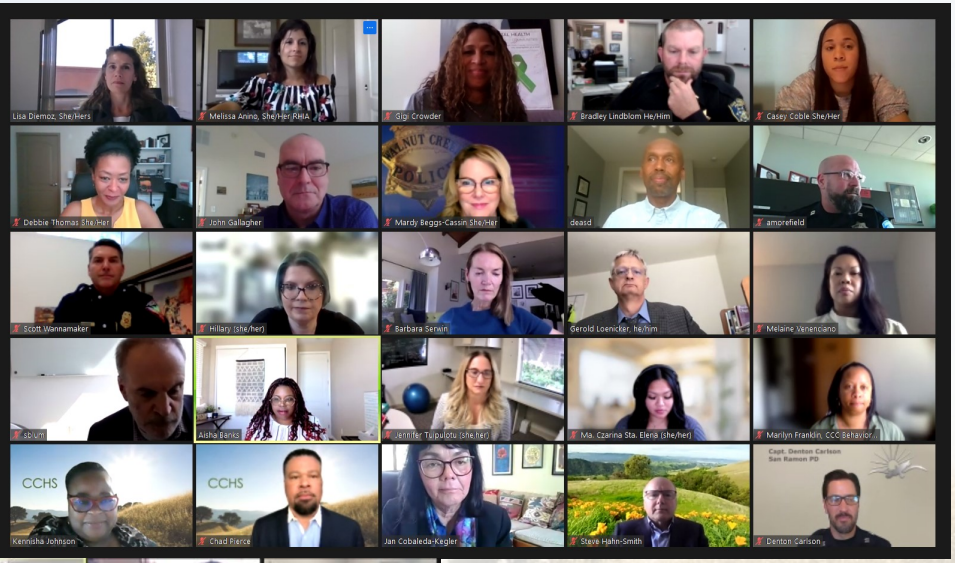


Source of Calls to MCRT (Jan 2019 to present)



Other sources (n=139)
Sheriff
Licensed Board & Care
Adult Protective Services
PES
Familias Unidas
Crestwood
MHS FSP
Aging & Adult Services
Hope House
Child Protective Services
Public Health
BHS
BACS
Nevin House
Nierika House
Room & Board
Conservatorship Office
Regional Center

Thank You to the Team



Sponsors & Leadership

People who were interviewed

- Including those with lived experience and family members

Speakers

- Josue Sandoval
- Gerardo Peniche
- Kim Cox
- William Goodwin
- Dr. Maxine Powers NWAS UK Ambulatory Services
- Craig Hayden NWAS UK Ambulatory Services
- John Collins NWAS UK Ambulatory Services
- Shelly Ji Contra Costa County NAMI
- Tianmei Ouyang,
- Rebekah Cooke
- Maura Moyal
- Steve McNutt,
- Lt. Marc Andaya, CC Sheriff's Office

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