

Behavioral Health Community Crisis Response Moving Forward

JULY 2020

Mayors' Conference PMA Subcommittee Formed



SEPTEMBER 2020

CCHS/PMA Outlines Situation/Challenges



FEBRUARY 2021

PMA/CCHS Findings and Recommendations

Collaborative Partners

- PMA Sub-Committee
- Contra Costa Health Services
- City and County Organizations
- Community Advocates
- Lived Experience Participants
- Multi-Agency, Multi-Sector Improvement Teams

Understanding the Context

- Resources and Programs
- County Crisis Teams
- Other Models
- National Guidelines and Best Practices

The Big Picture

Behavioral health issues are prevalent & increasingly recognized as a major area of need



1 in 5 adults experiencing behavioral health issues



Third most common EMS call



10,000+ involuntary psychiatric holds

Community Crisis Response Actions









Regional Collaboration

PMA Sub-Committee **Best Practices**

Value Stream Map

















November 20, 2020

Community Crisis Response Value Stream Mapping

WEBSITE: CCHEALTH.ORG/bhs/crisis-response

Multi-disciplinary County-wide Team





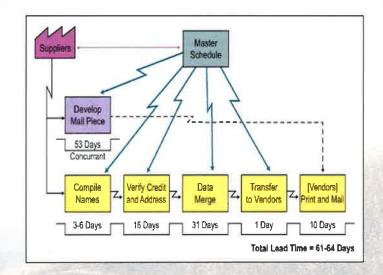


AnyoneAnywhereAnytime!

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

Value Stream Map

- Visual representation of process from beginning to end
- Value from the person's perspective



Observations & Interviews

Team

PRE-CRISIS / BEFORE THE CRISIS

Observation / Interview Locations

PROVIDER CLINICS - KAISER, SUTTER, JOHN MUIR	ACCESS LINE	CCHP ADVICE RN, OTHER ADVICE RN LINES
MILLER WELLNESS	HEALTHCARE FOR THE HOMELESS	CORE HOMELESS OUTREACH TEAM
HUMES, NAMI, COMMUNITY- BASED ORGS	211	COUNTY CLINICS
FAMILY MEMBERS / LIVED EXPERIENCE	DISCOVERY CENTER	DISCOVERY HOUSE

DURING THE CRISIS / CALL FOR HELP

911 - MEDICAL EI LAW DISPATCH	EMERGENCY DEPARTMENT
PSYCHIATRIC EMERGENCY DEPARTMENT	LAW ENFORCEMENT
FAMILY MEMBERS / LIVED EXPERIENCE	

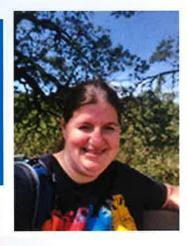
CRISIS
RESPONSE/
POST CRISIS

MENTAL HEALTH EVALUATION TEAM	TRANSITION TEAM
FAMILY MEMBERS / LIVED EXPERIENCE	JUVENILE HALL
MOBILE RESPONSE TEAM (YOUTH)	MOBILE CRISIS RESPONSE TEAM
ALCOHOL AND OTHER DRUGS PROGRAMS	

Lived Experience Themes



Cultural responsiveness training



Teams that reflect culturally diverse communities served



Service with kindness, respect & dignity

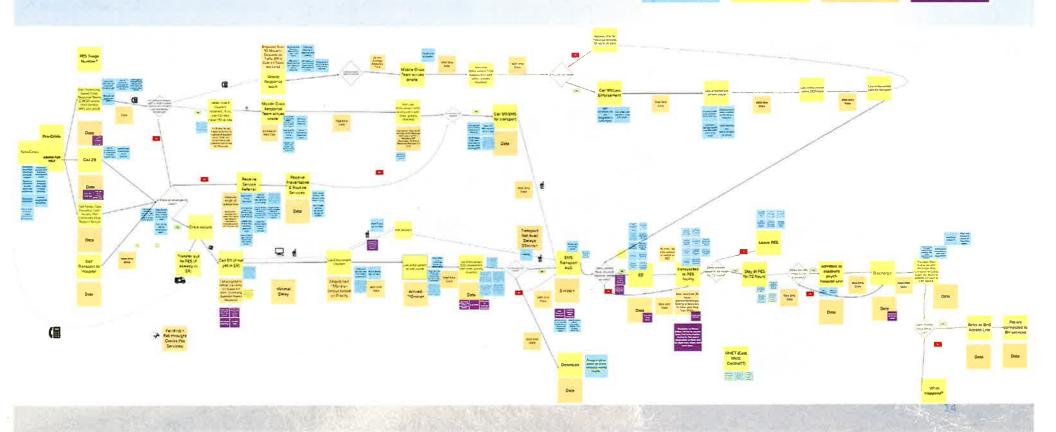




Peer and Family support at every level of service

Current State Map

Blue = Waste Yellow = Process Step Orange = Data Cycle and wait times Purple = Specific Data Points



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

Serve first, get increase access to SECONDARY DRIVERS Standardize call system support prior same day insurance prioritization to or after crisis information after appointments ncrease methods of PRIMARY DRIVERS Crisis triage and single number to call services available increased social for any BH crisis Establishment of a available (text. Engage Whole remote / virtually media / advertising dispatch, call, etc) Post Crisis Follow up of resources Family* Standard of Practice available Date platform to education / coordinated dispatch information sharing awareness of (integrated call develop data tools to universal intake allow family to across teams resources centers) across all BH schedule same day find people who AIM need outreach providers appointment Anyone in Contra Costa County can access timely Increase Revenue More teams / Equitable crisis 24/7 Mobile Team and appropriate behavioral 24/7, 365 Mobile staffing availability Accountability and respond within 10 response across full regional Sources to Fund Response Sustainability health crisis services Crisis Response matches need minutes representation Services county anywhere, anytime. Share caller language Standardization of Reconsider Law increase training for alternative locations services / resources Multiculturally needs with response Enforcement Response response providers for transport other based on recovery Responsive and 5150/5585 Hold team prior to attributes funiforms. desescalation language **Process** than ED/PES Accessible deployment vehicles, tec) cultural response Deployment of Peer Support **NEW Integrated BH** appropriate training multidisciplinary teams Mobile Teams able Review 5150 Criteria coordinated Available at Each Crisis Response for all response including peers & family leadership. to go into home and authority to write members) based on Step of Treatment Agency teams Add atternative service locations for transport including, cobering center restoration center, detail, poychiettic respite, ories. Add or maimain NP. Research other Non-Police Clinician, Peer Specialist Longuage/Diverse successful programs Non-EMS Transport Response to support Family Partner Substance Support instead of Use Farth, to response **BH Crisis Response** for guidance always Translators

CHANGE IDEAS

Priority Improvement Areas



Single Phone Number



Mobile 24/7 Response



Non-Police Mobile Crisis Team



Alternate Destinations

Design Team Members

- Police Services Manager, Walnut Creek
- CCHS Behavioral Health, Office for Consumer Empowerment (OCE)
- Executive Director, NAMI Contra Costa
- Contra Costa County Mental Health Commission
- Lived Experience
- City of Concord Police Department
- Sr. Administrative Analyst, City Manager's Office, Pittsburg
- San Ramon Police Department
- San Pablo Police Department
- CCRMC, Health Centers & Detention Health, Performance Improvement
- CCHS Behavioral Health Integration Services Manager
- CCHS Mental Health
- CCHS Central County Adult Behavioral Health
- CCHS IT and Innovation
- Medical Director, Contra Costa County Fire Protection District
- Fire EMS Chief, Contra Costa County Fire Protection District
- CCHS Health Housing & Homeless
- Program Director, Seneca Family of Agencies
- CCHS Mental Health Services

Next Steps



Refine AIMs and Priority Areas



MARCH - MAY 2021

Rapid Improvement

Learning Collaborative



SUMMER/FALL 2021

Phased Implementation



2022

Refine, Spread and Scale

