



Behavioral Health Community Crisis Response

Anna Roth, Health Services Director Dr. Suzanne Tavano, Behavioral Health Director



Behavioral Health Community Crisis Response Collaborative Effort

JULY 2020

Mayors' Conference PMA Team Formed



SEPTEMBER 2020

CCHS/PMA Outlines Situation/Challenges



FEBRUARY 2021

PMA/CCHS Findings and Recommendations



MARCH – MAY 2021 Refine AIMs, Design Team and Rapid Improvement Events

Collaborative Partners

- Contra Costa Health Services
- PMA Team
- 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



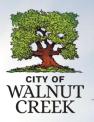










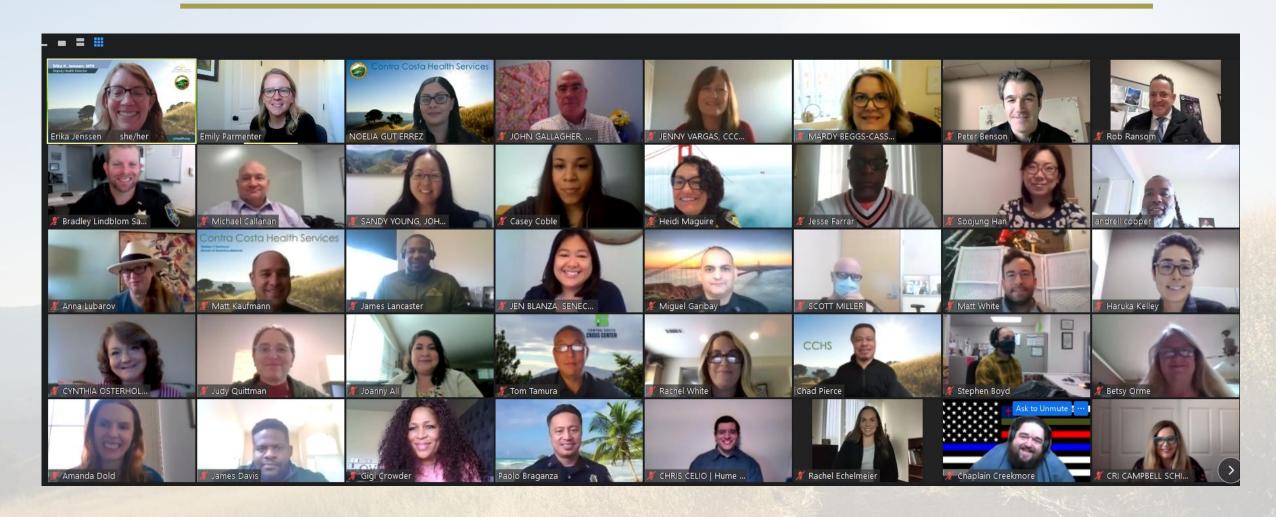




Community Crisis Response Value Stream Mapping

WEBSITE: CCHEALTH.ORG/bhs/crisis-response

Multi-disciplinary County-wide Team



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



Anyone ...Anywhere ...Anytime!

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	DISCOVERY HOUSE

DURING THE CRISIS / CALL FOR HELP

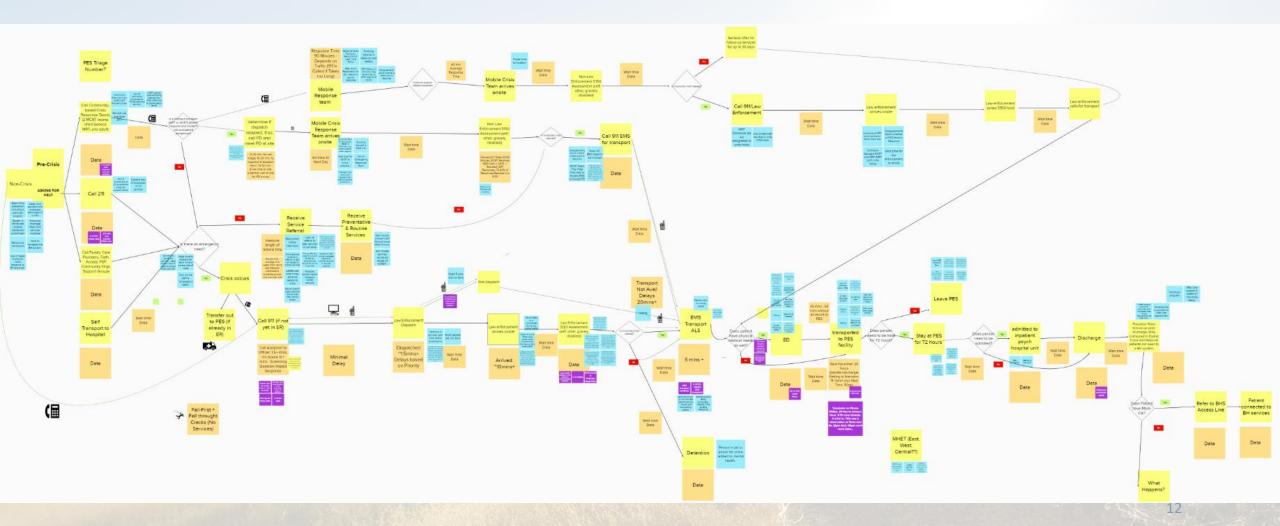
911 - MEDICAL & LAW DISPATCH	EMERGENCY DEPARTMENT
PSYCHIATRIC EMERGENCY DEPARTMENT	LAW ENFORCEMENT
FAMILY MEMBERS / LIVED EXPERIENCE	

CRISIS
RESPONSE/
POST CRISIS

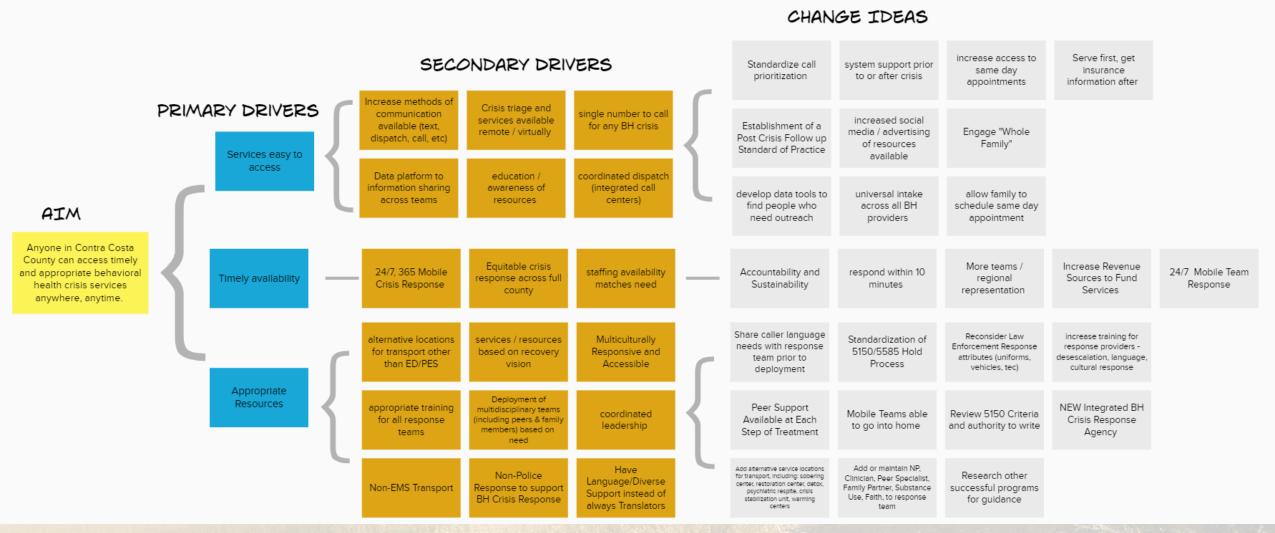
MENTAL HEALTH EVALUATION TEAM	TRANSITION TEAM
FAMILY MEMBERS / LIVED EXPERIENCE	JUVENILE HALL
MOBILE RESPONSE TEAM (YOUTH)	MOBILE CRISIS RESPONSE TEAM
ALCOHOL AND OTHER DRUGS PROGRAMS	

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.



Draft PIA Aims

- Single phone number/ Mobile 24-7 response team- By January 2022, 75% of individuals who call for a mental health crisis and need a mobile response will get one within 45 minutes anywhere and anytime.
- Non-police mobile crisis team That by Jan 1st, 2022, all community members calling for a Mental Health crisis could have access to a non-police response considering conditions are met around safety and the ability to provide the necessary MH/former law enforcement services

Priority Improvement Areas







Mobile 24/7 Response



Non-Police
Mobile Crisis
Team



Alternate Destinations

Design Team Members

- Police Services Manager, Walnut Creek
- Contra Costa Health Services (CCHS) Behavioral Health, Office for Consumer Empowerment (OCE)
- Executive Director, NAMI Contra Costa
- Contra Costa County Mental Health Commission
- People with Lived Experience
- City of Concord Police Department
- Sr. Administrative Analyst, City Manager's Office, Pittsburg
- San Ramon Police Department
- San Pablo Police Department
- Antioch Police Department
- Contra Costa Regional Medical Center, Health Centers & Detention Health
- CCHS Behavioral Health Integration Services Manager
- CCHS Mental Health Services
- 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

Next Steps

JANUARY-MARCH 2021

Refine AIMs and Priority Areas



Final Aims and Prioritization

Finalize plan for Rapid Improvement Events (RIE) Learning Collaborative

Data Collection

Identify RIE Participants

Prepare RIE Teams

MARCH – MAY 2021

Rapid Improvement

Learning Collaborative

Learning Session RIE #1 Week of March 27th

Learning Session RIE #2 Week of April 26th

Learning Session RIE #3 Week of May 17th



SUMMER/FALL 2021

Phased Implementation



2022

Refine, Spread and Scale

Rapid Improvement Event Learning Collaborative FINAL REPORT OUT

Prioritize Recommendations, Select Pilot Sites

TBD Week of June 7th?

Recommendations from Rapid Improvement Event #1

Implement a Regional Call Center Hub

Revise the Mental Health Triage tool

Empower law enforcement dispatch with a standardized, clear county wide protocol to utilize the mental health crisis response team

Offer a clear alternative to 911 for mental health and substance use crises

Review a subset of all law enforcement dispatch calls to determine what percentage could deploy the mental health crisis team

Establish a coordinated review process including law enforcement, behavioral health, emergency medical services, families for possible improvements

Establish collaborative training program for mental health, law enforcement, emergency medical services, all call takers and crisis responders



Community Crisis Services

The American Rescue Plan Act allows California to provide community-based mobile crisis intervention services:

- Provided by a multidisciplinary mobile crisis team to individual outside hospital/facility experiencing a mental health or substance use disorder crisis
- Services must be available 24/7/365
- Team includes behavioral health care professional trained in trauma-informed care
- State option available for 5-year period
- Enhanced federal matching for costs set at 85%

More information available on our website: Cchealth.org/bhs/crisis-response

Thank you!