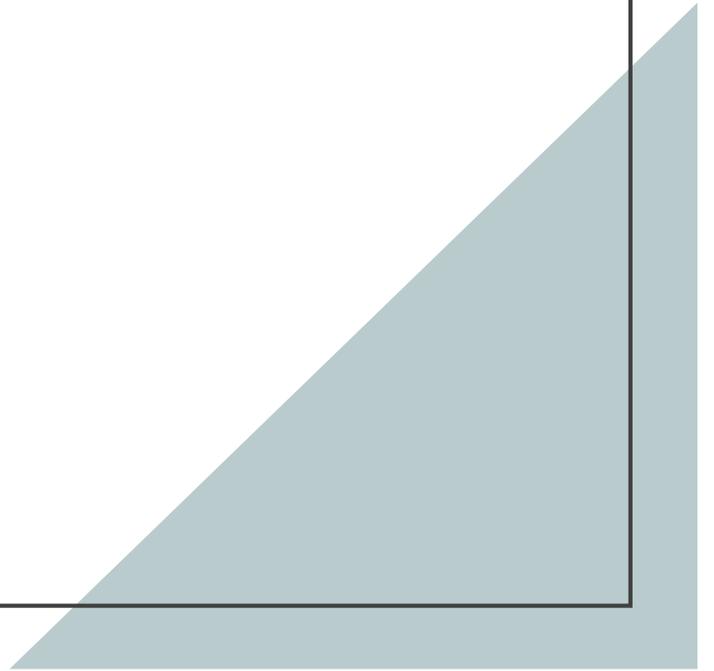


# **Planning for the crisis system of the future**



# **National Guidelines for Behavioral Health Crisis Care**

Addressing the challenges of  
the current system

Anyone, Anytime, Anywhere

Reduce the impact of the crisis  
system on law enforcement and  
hospitals where appropriate

# Crisis Now Model

<b>HIGH-TECH CRISIS CALL CENTERS</b>	<b>24/7 MOBILE CRISIS</b>	<b>CRISIS STABILIZATION PROGRAMS</b>	<b>ESSENTIAL PRINCIPLES &amp; PRACTICES</b>
<p>These programs use technology for real-time coordination across a system of care and leverage big data for performance improvement and accountability across systems. At the same time, they provide high-touch support to individuals and families in crisis.</p>	<p>Mobile crisis offers outreach and support where people in crisis are. Programs should include contractually required response times and medical backup.</p>	<p>These programs offer short-term “sub-acute” care for individuals who need support and observation, but not ED holds or medical inpatient stay, at lower costs and without the overhead of hospital-based acute care.</p>	<p>All crisis services must include a recovery orientation, trauma-informed care, significant use of peer staff, a commitment to Zero Suicide/Suicide Safer Care, strong commitments to safety for consumers and staff, and collaboration with law enforcement</p>

<b>Level 1</b>	<b>Secure Location</b> (Hospital, Jail, Social Service Agency, etc.)
<b>Level 2</b>	<b>Mobile Crisis Team Alone</b> (No law enforcement)
<b>Level 3</b>	<b>Mobile Crisis Team Lifeline</b> (Law Enforcement on Standby by Phone)
<b>Level 4</b>	<b>Mobile Crisis Team Leads</b> (with Law Enforcement in the Background or Following Behind but on the Scene)
<b>Level 5</b>	<b>Law Enforcement Leads</b> (Mobile Crisis Team Accompanying or Following Behind)  The team must heed police instructions and respond

# Levels of response

# Current State Landscape

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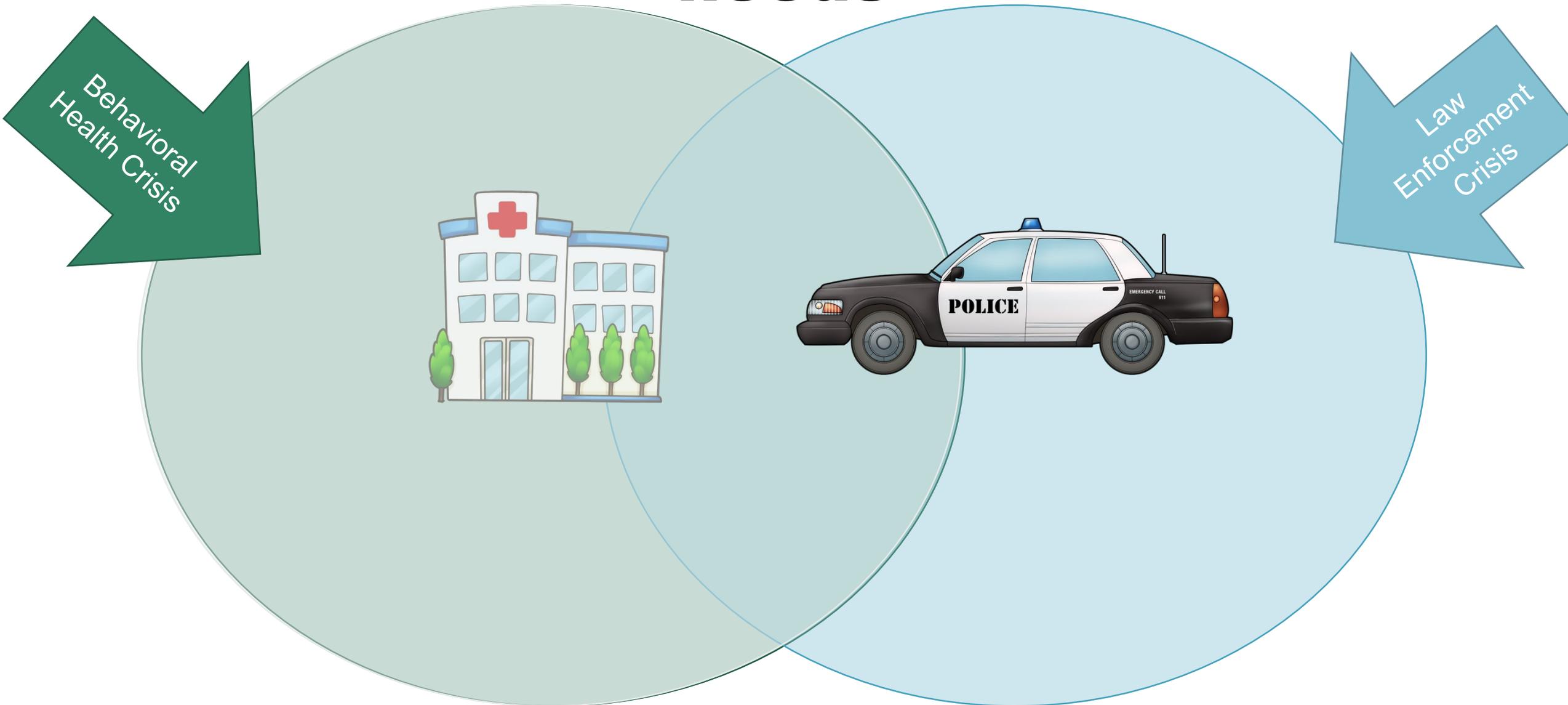
2019 MHSOAC brought crisis system consultants to 20 counties

AB 988 – efforts to roll out the 988 number with regional call centers

DHCS using CalAIM process to invest in mobile crisis through one-time grant funds

Enhanced Medi-Cal billing rates likely if programs meet federal guidelines

# Two systems with overlapping needs



# **Nevada County current state**

Currently have multiple models of mobile crisis operating

Partnership with NCSO  
– 2 teams

Adding a youth crisis worker

Truckee model

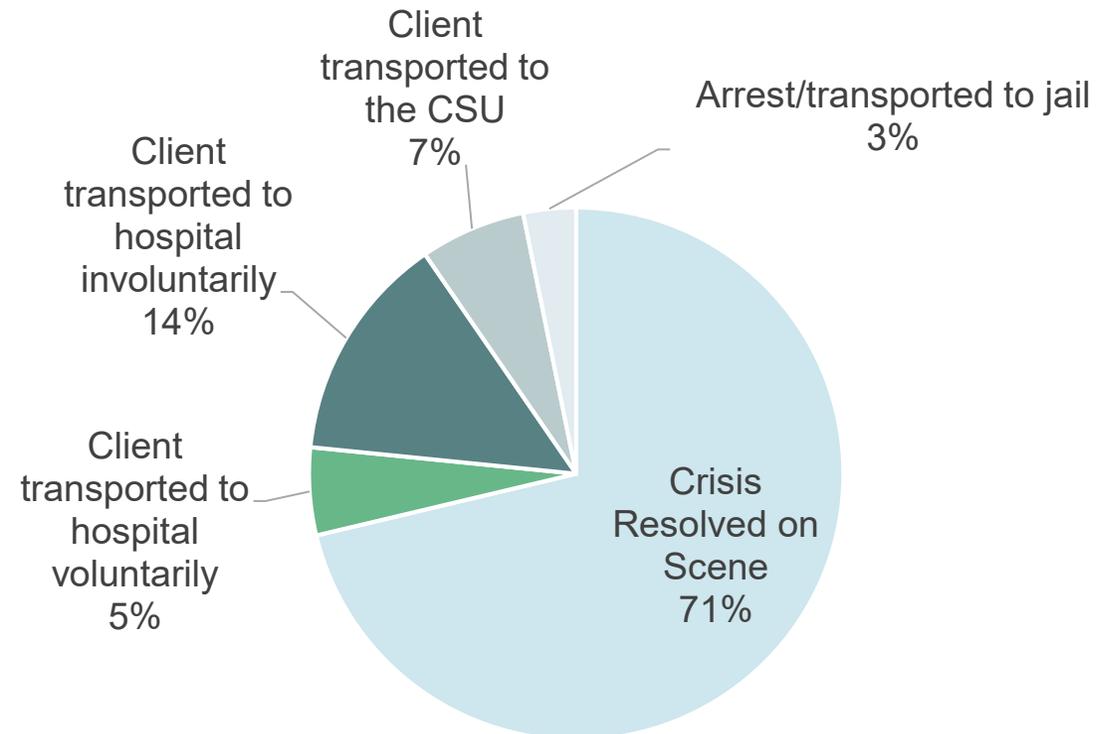
Grass Valley Homeless Team

# Mobile Crisis Team Data & Outcomes

- Average of 28 mental health responses per month (about 1-2 per day)
- Majority of incidents are resolved on the scene (about 71%)
- Many additional crisis calls

MCT Data: Jan – April 2022		
Total MCT Responses	114	
Mental Health Evaluations	53	46%
5150 Holds	12	11%
Homeless	21	18%

## MCT Engagement Outcomes



# Crisis Care Mobile Units (CCMU) Grant

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- \$1,000,000 grant over three years from Department of Health Care Services to expand mobile crisis services
- CCMU grant will support:
  - Addition of a 0.5 FTE Mobile Crisis Clinical Team Lead to provide clinical and administrative supervision of all the Mobile Crisis Specialists
  - Infrastructure to support mobile crisis services including vehicles, office space and remodel for mobile crisis staff led by Nevada County Sheriff's, laptops, monitors, cell phones, and training
  - Addition of a 1.0 FTE Youth Mobile Crisis Specialist to partner closely with schools and youth serving CBOs
- NCBH and the Sheriff will continue to partner with Sierra Mental Wellness Group on expanded mobile crisis staffing

# **Key questions looking ahead**

How will we assure 24-7 coverage of mobile crisis services throughout the county?

How will mobile crisis be funded in an ongoing way?

How will we dispatch mobile crisis?