

When someone faces a crisis – a fire, crime or medical emergency – they call 911 with the expectation of getting immediate emergency services. However, when that emergency is a behavioral health crisis, there is no appropriate, reliable and comprehensive response system. Without clarity and a dedicated and funded response system, individuals and families in the midst of a mental health or substance abuse crisis are left floundering.

In Fall 2020, we brought together a multi-disciplinary, county-wide team with diverse experiences and created an initial framework to develop a system where anyone in Contra Costa County can access timely and appropriate behavioral health crisis services anywhere, at anytime.

The Scope

- We estimate that about one in five adults in Contra Costa County are struggling with behavioral health issues.
- Experts at Crisis Now, a nationally recognized organization, estimate that based on our population here in Contra Costa, there will be 28,800 acute crisis episodes every year.
- When we look at where those calls may be going now, we know that in 2019, approximately 13% or 14,000 of Contra Costa County's 108,000 emergency medical calls were related to behavioral health.
- Other places where residents may be seeking help include Psychiatric Emergency Services, hospital emergency rooms, Behavioral Health Access Line 211 or 911/law enforcement.

The AIM

- To develop a system where anyone in Contra Costa County can access timely and appropriate behavioral health crisis services anywhere, at anytime.
- The team prioritized three areas for a future Contra Costa model:
 - ◊ Someone to talk to - a centralized call center (hub) to receive calls for help
 - ◊ Someone to respond - 24/7 trained mobile crisis teams responding across the county
 - ◊ A place to go – locations to get care

The Process

- A multi-disciplinary team conducted multiple week-long improvement workshops from November 2020 to June 2021 to document both the current state of the behavioral health crisis response, and create and test a future ideal model.
- The team represented many facets of mental health crisis response. Their participation has been vital to the progress and success of this effort.
 - ◊ Those with lived experience
 - ◊ Family members
 - ◊ Law enforcement
 - ◊ Fire and emergency medical responders
 - ◊ Behavioral health professionals
 - ◊ Improvement advisors
 - ◊ Mobile crisis team members
- The process included data analysis, listening including to those with lived experiences, observing current processes, evaluating available services, and conducting multiple learning sessions



with various counties, states, and even the United Kingdom to identify and borrow best practices. Particularly important were the National Guidelines for Behavioral Health Crisis Care from the Substance Abuse and Mental Health Services Administration (SAMSHA)¹.

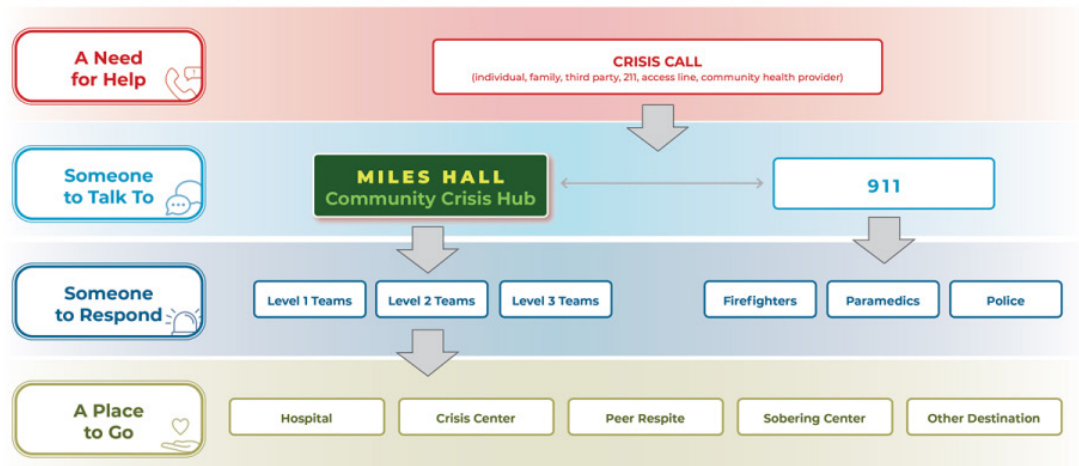
- Funding from the Contra Costa Regional Health Foundation supported the design phase of this project.
- The Public Managers Association designated a subset of their membership

to act as project advisors. We thank these city managers for their input, guidance and resources

- ◇ San Pablo
- ◇ Pittsburg
- ◇ Concord
- ◇ Walnut Creek
- ◇ Lafayette
- ◇ San Ramon
- ◇ Antioch

The Model

CONTRA COSTA



Someone to Talk To

- In the Contra Costa model, behavioral health crisis calls from individuals, families, law enforcement, businesses or community agencies can arrive via multiple pathways (e.g., 911, 211).
- Under the A3 model, these calls will be quickly transferred to the Miles Hall Community Crisis Hub, a 24/7 service, where an experienced clinician will ascertain an individual's needs and perform a rapid triage to determine if they can resolve issues by telephone or if a specially trained response team is required to meet the individual in person at their location.

Someone to Respond

- Specially trained response teams will be available 24 hours per day, 7 days a week at different locations throughout the county.
- Based on the determination by the Miles Hall Community Crisis Hub with a sophisticated triage algorithm, the appropriate response team will be dispatched.
- Response teams will vary in their composition in order to meet the needs of the individual. Team compositions will include:

- ◇ **Level 1:** Peer Support Worker, Emergency Medical Technician (EMT) is dispatched for individuals identified by law enforcement or others as needing a welfare check or a response where there is not a risk of escalation including addressing social needs.
- ◇ **Level 2:** Peer Support Worker, Mental Health Clinician and potentially an EMT or substance use counselor is dispatched for individuals in an acute and serious behavioral health crisis or in need of additional assessment.
- ◇ **Level 3:** Peer Support Worker, Mental Health Clinician, Law Enforcement and potentially an EMT is dispatched for individuals in an acute and serious behavioral health crisis with a suggestion of risk of escalation.
- Teams would be stationed regionally in order to respond quickly and would

be spread across the hours of the day depending on demand. Existing county or city facilities could be utilized as regional deployment centers so that teams arrive in a timely manner.

A Place to Go

- Developing alternative locations for care, in addition to those already available including hospital emergency departments and psychiatric emergency services, would allow individuals to receive appropriate timely care and facilitate connections to ongoing care.
- These locations could include a crisis center open 24/7, a sobering center and peer respite, and could possibly be co-located.

The Miles Hall Crisis Hub



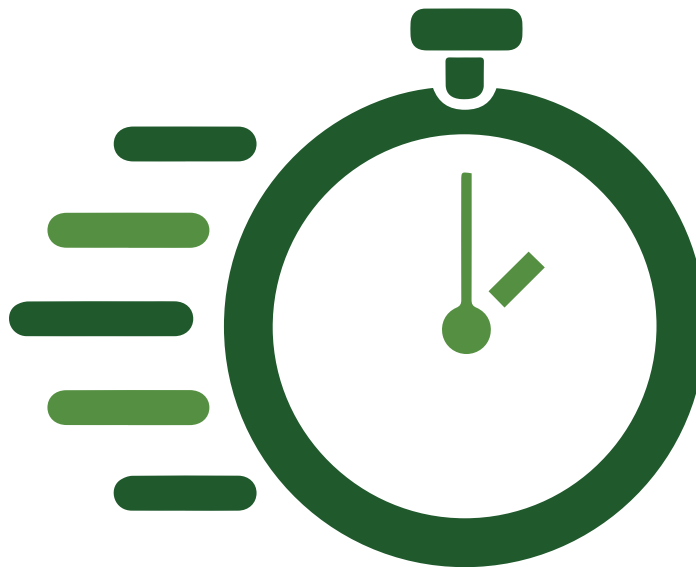
- The Miles Hall Community Crisis Hub is the central component of the model.
- Named for Miles Hall, a young man who was tragically killed by law enforcement while experiencing a behavioral health episode, and in honor of the hundreds of other Contra Costans who face not only the challenge of a mental health incident, but also the added jeopardy of getting no help or the wrong help because of a system not designed for their unique situation.
- The Community Crisis Hub will be the front-door to be able to access mobile crisis services.
- The vision for the Hub is a high-tech call center, open 24/7, with staffing of both licensed and peer staff. This staff will answer calls, triage the situation and dispatch a team to respond.

Initial Phase



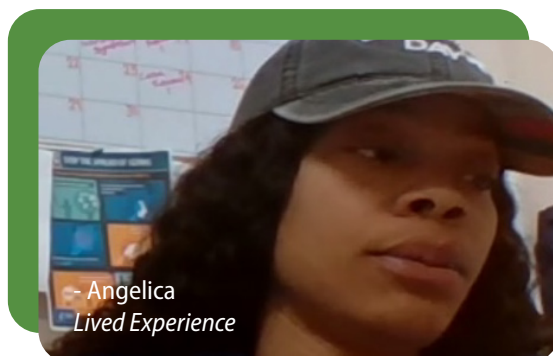
- The Hub Pilot to open and operationalize the Miles Hall Community Crisis Hub will begin in August 2021. Initially, the Miles Hall Community Crisis Hub will take calls from across the county during certain hours that are currently coming into the mobile crisis teams from family members, individuals and other sources. By handling these calls, triaging and determining the appropriate level of response, the existing mobile crisis teams will have more bandwidth to respond in the field.
- The multi-disciplinary team responsible for the project design work to date will continue to serve as implementation advisors.
- CCHS has appointed Gwen Daugett as Implementation Project Manager to develop a comprehensive project implementation plan including timeline, governance structure and workstreams. Gwen can be reached at Gwen.daugett@cchealth.org
- We will pursue local, state and federal funding sources to bring the A3 model to Contra Costa.
- The next step will be to further identify and then acquire the infrastructure that is needed to fully operationalize the call center including:
 - ◊ Facility
 - ◊ Technology including telecommunications & dispatch
 - ◊ Staffing including call takers, administration and project oversight
- After that, the next step will be to work with Public Safety Access Points (PSAPs) in the county to route calls directly to the Miles Hall Community Crisis Hub for triage and response.
- After the Hub is operational, the focus will be focused on the crisis teams development and deployment. This will involve reworking resources currently operating, and testing with new and different team configurations. During this Phase, we will also work with the cities and regions of the county to identify regional deployment centers.
- Concurrently, we will focus on developing alternate destinations in Contra Costa County. Possibilities include a crisis intervention facility, sobering center, and a peer respite center.

In the Meantime



Existing programs that prevent and respond to crises

- Existing crisis response resources serve a small number of residents
 - ◇ Mobile Crisis Team (MCRT) takes about 3,600 calls per year, serves adults only
 - MCRT is designed to have mental health providers respond in the field to de-escalate crisis, provide stabilization, and prevent psychiatric hospitalization. If the situation cannot be de-escalated in the field, the MCRT will assess for 5150 criteria and, if criteria are met, the Mental Health Clinical Specialist can initiate a 72-hour 5150 involuntary hold.
 - In addition to responding in the community to the immediate situation that led to calling the MCRT, the team provides a 30-day period of follow up during which they focus on linking individuals to a variety of services to help them stabilize and prevent ongoing crisis experiences.
- ◇ Mobile Response Team (MRT) receives about 1,000 calls from youth each year
 - MRT provides risk/safety assessments, crisis intervention, follow up services, collaboration with existing treatment team members and linkage for youth in their natural settings. The CCC MRT aims to provide same day services and/or services as close to 24 hours of immediate crisis.
- ◇ Coordinated Outreach Referral, Engagement (C.O.R.E.) program serves almost 4,500 people in a year
 - C.O.R.E. teams serve as an entry point into Contra Costa's coordinated entry system for unsheltered persons and work to locate, engage, stabilize and house chronically homeless individuals and families. The outreach teams identify individuals living on the streets, assess their housing and service needs, and facilitate connection to shelter and services.



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