



# Result Area 4 Meeting

**Strengthen Crisis Response:** All OC residents can access crisis support through a network of facilities, mobile teams, and digital tools

# Agenda

1. Welcome
2. Introductions
3. Result Area 4 Priorities
4. Schedule of Future Meetings



## Meeting Notes:

RA4 participants identified One Digital Portal/Single Point Entry system as priority area for the remainder of 2020. All other (previous) priority areas will be placed on pause/hold.

Will re-evaluate priority areas at the end of 2020 for 2021

# Result # 4: Strengthen Crisis Response

## Strategies and Activities

## Short Term Outcomes

## Long Term Outcome

### Create a Single, Integrated Mental Health Crisis Resource System

- Create a curated list of public/private crisis support resources in OC
- Support/participate in community feedback process to inform broader crisis system navigation efforts (e.g., County Digital Resource Directory)
- Develop strategy to educate and coordinate among law enforcement, hospitals, health plans, schools, etc.

Identified list of evidence-based screening tools

Trained different providers, sectors and agencies

Provided input into community driven efforts to streamline access

### Support Expansion of Crisis Stabilization Units

- Develop standard CSU referral protocols
- Develop standard CSU discharge protocols
- Create evidence-based, best practice Trauma Informed (TI) Toolkit for use in EDs and CSUs
- Develop and implement trainings for providers using TI toolkit

Codified and standardized CSU referral and discharge protocols

Established recommendations for CSU service capacity

Increased trauma informed care competency among providers by 2021

### Develop Family Support Tool Kit

- Collect and develop guidebook materials related to understanding and navigating the MH system and developing System Navigation Tool
- Develop consumer/patient history form(s)
- Conduct focus groups with consumers & family members on Tool Kit relevance and usability
- Develop training for peer navigators in using the Tool Kit

Developed resource tool-kit accessible by consumers, families and peer navigators

Enhanced knowledge of community resources and how to access them

All Orange County residents can access crisis support through a network of facilities, mobile teams, and digital tools.

**Inputs**

**Potential Resources & Capacities to Leverage**

Health Care Entities:

- Health Plans (CalOptima, commercial, etc.)
- OC Health Care Agency (health??, behavioral health, public health), includes Tech Suite
- Hospital Association of Southern California (HASC)

Crisis Services/Supports:

- Mobile crisis assessment teams (College Psychiatric Emergency Response Teams, HCA Crisis Assessment Teams)
- NAMI programs (e.g., Family to Family, Warmline, etc.)
- Community-based organizations and providers of crisis services/supports (e.g., Waymakers, TeleCare, Child Abuse Prevention Center, South Coast Children’s Society, Didi Hirsch etc.)
- First 5/Family Resource Centers

Education:

- OC Department of Education (OCDE) Colleges and Universities
- School Districts

**Potential Stakeholders to Align & Engage**

- Health systems & Emergency Departments
- Urgent Care entities
- First Responders (i.e., law enforcement, paramedics, ambulance, etc.)
- OC Health Care Agency
- OC Department of Education
- OC Psychiatric Association

**Portfolio of Activities**

**Community Interventions**

Navigation:

- Create curated list of all resources in county for urgent crisis supports
- **Implement technology (IT) coordination of information & resources for law enforcement and others**
- Create single, responsive (no “hold”) access number for hot/warm lines and better integration with 211, OC Links, Safe Talk – suicide prevention, etc.
- **Family Support (MH History, Return Home Registry, NAMI Connect, peer connect, post crisis resource)**

Services:

- Expand warmlines to 24/7
- Increase use of apps, technologies (e.g., Tech Suite)
- **Workforce development for Psychiatry**

Trainings/Education:

- Expand and standardize training on mental health signs and symptoms and on behavioral health crisis response in schools and other settings (**law enforcement too**)
- Hold OCDE forums with school districts
- Provide certification of EMTs for BH training
- Provide training for first responders and educators (e.g., CIT for Law Enforcement)

**Provider/Treatment Interventions**

Services:

- Expand Crisis Stabilization Unit (CSU) service capacity/geography
- Expand Psychiatric Emergency Response Team (PERT) & Crisis Assessment Team (CAT) (**PET Team also?**)
- **Expand In-Home Crisis Stabilization to inc RN or Psych Tech for med oversight include hospital step down**
- Increase access to urgent care with integrated BH, and expand partnerships with hospitals

Improvements/Changes to Processes:

- Co-locate services at regional hubs
- **Creation of Best Practices (i.e., trauma informed care, peer in lobby, mental health history, assessments) in all Emergency Departments & CSUs**
- Develop step down services

**Near Term Outcomes**

**Community**

- Easier and more timely access to pre-crisis support? using digital tools w/analysis
- Empowerment of families and support systems to intervene early
- 24/7 Warmlines in Central county by 2020
- 24/7 appointment scheduling following Warmline contact

**Provider/Treatment System**

Services:

- Expansion of CSU in Central county by 2020
- Implementation of a Comprehensive CAT with medical professionals to prescribe meds, take vitals, etc. in central county first, and county wide by 2022

Services & Improvements/Changes to Processes:

- Placement of MH clinics at, and provision of 24/7 mobile crisis team support, at Wellness Campuses
- Implementation of a standard MH triage protocol in hospitals (i.e., alignment of treatment protocols across hospitals) by 2020, regardless of whether or not they have a psych inpatient unit
- **Development of Best Practices and dissemination to Emergency Departments & CSUs (i.e., who is doing it best and what are they doing that is working?)**

**Longer Term Outcomes**

- Decreased incidence of MH crises and suicides (attempts, deaths)
- Improved appropriate utilization of Crisis Stabilization Units vs. Emergency Department and inpatient services
- Expanded access and utilization of mobile support services and navigation app
- **Implement single, responsive (no “hold”) access number**

**Potential Measures**

- Decreased time from crisis to treatment
- Decreased # hospitalizations and lengths of stay
- Decreased time from first symptom to first visit
- **Percentage of Emergency Departments & CSUs who have adopted or implemented Best Practices**

**4-7 Years**

**1-3 Years**

Last Revised 10/20/19

# Framework of Functions

OC Residents — Supports

Framework represents holistic OC system to be developed through collaboration among existing resources and ongoing initiatives

**One Digital Portal**  
(Single Point Entry | Single Point Access)

**I'm Curious**

**I'm Concerned**

**I'm in Crisis**

**Navigation System**  
COORDINATION | CONNECTION

**Crisis Response System**  
CARE

**Self Navigation**  
(Phone & Digital)

- Digital Resource / Social Needs Directory
- Learning Library
- App Library
- Assessments (Psychometrics, SDoH)

**Supported Navigation**  
(Phone & Digital)

- Social Needs (HMIS & 211 funct)
- Warm Line (NAMI)
- County BH Line (OC Links)
- Public/Private BH Lines (Payers)

**Non-Crisis**

- Info & Referral (211 & Cal Optima)
- Care Coordination (OC Links)
- Warm Line (NAMI)

**Crisis**

- Crisis Hotline (Didi Hirsch)
- Mobile Crisis Dispatch
- 911

Telehealth Care Delivery

Face-to-Face (expanded CAT continuum)

First Responders

Care Coordination / Link to Needs | Community Stabilized | CSU

**Cohesive Information System Enablement**

- Tools for Orgs. & Providers**
- Scheduling, messaging, telehealth
  - Care planning, patient information
  - Content, assessments, intake; Training portal

- Coordination Platform**
- Care coordination and transitions, closed-loop referrals
  - Risk stratification & Care mgmt.
  - Service gap analysis, system reporting

- Data Sharing and Analytics**
- Protocols/systems to enable sharing PHI and SDOH info
  - Member attribution for VBC
  - Integrated consent management