

Attachment C

Medi-Cal Mobile Crisis Services Benefit Implementation Plan

ORGANIZATION INFORMATION

County Name/BH Health Delivery System: Santa Barbara County Department of Behavioral Wellness

Proposed Launch Date: 12/31/23

December 31st, 2023

Contact Information

Please provide below the contact information of the person who can answer questions about the responses (name, phone number, email address).

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MEDI-CAL BEHAVIORAL HEALTH DELIVERY SYSTEM'S MOBILE CRISIS SERVICES PROVIDER NETWORK

Please describe the provider types per the allowable provider types the county plans to utilize for the Medi-Cal mobile crisis benefit.

Licensed Clinical Social Worker

Waivered/Registered Clinical Social Worker

Licensed Professional Clinical Counselor

Waivered/Registered Professional Clinical Counselor

Licensed Marriage and Family Therapist

Waivered/Registered Marriage and Family Therapist

Psychiatric Technician

Mental Health Rehabilitation Specialist

Peer Support Specialist

Alcohol and Other Drug Counselor

Emergency Medical Technicians

Paramedics

MENTAL HEALTH PLAN (MHP) AND DRUG MEDI-CAL (DMC) AND/OR DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM (DMC-ODS)

Please describe how the county's MHP and DMC and/or DMC-ODS will coordinate in the delivery of mobile crisis services, to include billing and payment policies.

BWELL consistently works on integrating its MHP and DMC-ODS systems of care and currently has integrated services in many areas, including mobile crisis response. All Mobile Crisis Services staff are cross-trained to work on the Access Line, and thereby are trained in providing Substance Use Disorder (SUD) screenings and referrals and can access and document in the SUD section of the EHR. They also can access the SUD EHR to determine if an individual they have evaluated is connected with a County contracted SUD provider. If the individual is receiving services, the Mobile Crisis staff will request consent to notify the SUD provider of the crisis episode. If the individual in SUD treatment is unable to provide consent at the time of the crisis, the Mobile Crisis staff will notify the SUD Care Coordinators to let them know about the crisis episode, so follow up with the client can occur after the crisis has passed. If the individual is not connected to SUD service but the evaluation indicates they could benefit from SUD services, Crisis Services staff can screen and refer an individual themselves or connect the individual with the Access Line where staff can screen/refer, or provide referrals to outpatient SUD services where the client can walk in and be screened. BWELL plans to have all Mobile Crisis staff attend advanced Motivational Interviewing training, and is currently working to contract with a certified trainer. This training will take place in the first half of 2024. The SUD Care Coordinators also can connect with individuals interested in SUD services through a warm hand-off to provide support with accessing services.

Clients have the right to request that the Mobile Crisis Services received be billed as self-pay and not have the billing sent to the MHP or DMC-ODS plans.

REQUIRED TRAININGS

Have members of the county's mobile crisis team have completed the required trainings in each of the following areas?

All members of the Mobile Crisis Team will have completed the 10 core and enhanced trainings prior to plan implementation. These 10 core and enhanced trainings, as well as any additional supplemental trainings, will be part of the on-boarding process for new Mobile Crisis Team staff.

These required trainings will be added to BWELL's Mandatory Training policy and procedure. Mobile Crisis Team staff will complete exam questions developed by BWELL after completing each training and will sign an Attestation for each of the required trainings. The Attestation will affirm that the staff have completed the training, understand the material, and can utilize the information from the training in their service delivery. The Attestations will be tracked through BWELL's Relias Training platform to ensure that the staff regularly complete the mandatory trainings.

- Crisis Assessment
- Trauma-Informed Care
- Crisis Safety Planning
- Crisis De-Escalation and Intervention Strategies

- Harm Reduction
- Culturally Responsive Crisis Care for Diverse Communities
- Co-occurring Disorders/Responding to SUD Crises
- Culturally Responsive Crisis Care for Tribal Communities
- Culturally Responsive Crisis Care for Children, Youth, and Families
- Culturally Responsive Crisis Care for Individuals/Families with IDD - Adult

**The county must maintain documentation that each mobile crisis team member has completed all required Medi-Cal mobile crisis services training courses, outlined above. DHCS reserves the right to request a copy of these documents from the county at any time.*

DISPATCH POLICIES AND PROCEDURES

Mobile Crisis Service Hotline Number: 888-868-1649

The county Mobile Crisis Service Hotline Number currently does offer live responses 24/7/365.

If the county does not, please describe how this will become 24/7/365 by the time the county goes live with the Medi-Cal mobile crisis benefit.

If the county does, enter “N/A” as a response.

N/A

Dispatch Policies and Procedures

Please describe the county’s dispatch policies and procedures.

BWELL has been operating Mobile Crisis Teams for over 10 years. These teams are dispatched and operate 24/7 in all regions of this geographically expansive County. Santa Barbara County is unique among all counties in California in that law enforcement currently does not write 5150/5585 applications. All crisis evaluations are conducted by BWELL staff County-wide in all locations and facilities, and in the community. To ensure timely responses, Mobile Crisis Teams are stationed in the three geographic hubs: South, West and North County.

Santa Barbara County operates a 24/7 Access Line. This Access Line functions as the single telephone number individuals can call when experiencing a behavioral health crisis and will function as the dispatch center for the Mobile Crisis Teams. In 2021, BWELL reorganized the Access Line and Crisis Services teams into one chain of command within the same program branch. Crisis Services and Access Line staff are cross trained, allowing flexibility of staffing as well as a better understanding of each program function so coordination is smoother.

When Access Line staff receive a call from an individual who may need Mobile Crisis Team services, Access Line staff will use the standardized dispatch tool to conduct a risk assessment to ensure it is appropriate and safe to dispatch the Mobile Crisis Team without law enforcement assistance. Similarly, the Access Line will accept warm handoffs from both 911 dispatch and 988 for crisis calls that have been screened to not need law enforcement involvement. Once it is determined that there is a need for an immediate mobile crisis response without law enforcement, the Access Line staff will

engage in a warm hand-off to the Mobile Crisis Teams. The Access Line staff concurrently document the call in the EHR using the state approved standardized dispatch tool, making it immediately available for the mobile crisis staff to read prior to dispatching. If it is determined that a law enforcement response is required, a Co-Response team can be dispatched, or law enforcement personnel can be dispatched alone or can meet the Mobile Crisis Team at the location.

For safety purpose and tracking of calls and response times, the responding Mobile Crisis Team contacts the Access Line when they arrive on the scene of the crisis to advise of arrival. When the Mobile Crisis Team clears the scene to return to the office, they contact the Access Line to let them know they are on their way back. With this process, a staff member is always aware of the location and status of the team, allowing for accurate response time tracking.

BWELL is holding coordination meetings with local 911 dispatch operation centers to provide training on the new Mobile Crisis Benefit and explore ways to improve coordination services. BWELL has shared the risk assessment tool with the dispatch operation centers to facilitate the understanding of when law enforcement, the Mobile Crisis Team, or Co-Response should respond to a call, and to clarify the difference between a behavioral health emergency and a behavioral health crisis. BWELL and the County 911 dispatch center staff have agreed to continue with ongoing monthly meetings to continue to coordinate these processes. A primary objective is to distinguish “dangerous” vs “non-dangerous” crisis calls. Per the mobile crisis benefit, it is imperative that BWELL staff respond without law enforcement for non-dangerous behavioral health emergency/crisis calls.

BWELL is in the process of contracting with The Vestige Group, the manufacturer of the PERSA safety device. The PERSA device is GPS enabled and can immediately notify 911 in case the Mobile Crisis Teams encounter an emergency in the community. The device will be worn by all Mobile Crisis Team staff so their location can be tracked for safety purposes and for response time tracking. Access Line staff also will be able to dispatch the Mobile Crisis Team closest to an incident when they know the location of all teams, thereby improving response times.

MOBILE CRISIS TOOLS

Standardized Dispatch Tools

The county does intend to use the DHCS Standardized Dispatch Tools for dispatching Medi-Cal mobile crisis teams.

If the county does not plan to use the DHCS tool, please describe the tool in detail and include any standardized dispatch tools the county is using, if applicable. Please attach a copy of the county’s tools to this response and name the file “Dispatch Tools [County Name]”.

- *If counties use different standardized tools, this must be approved by DHCS.*
- *DHCS will provide a dispatch template which the county may use if the county doesn’t have a standardized tool.*

If the county does plan to use the DHCS tool and the county does not use any standardized dispatch tools, enter “N/A” in the response below.

N/A

Standardized Crisis Assessment Tools

The county does intend to use the DHCS Standardized Crisis Assessment Tool.

If the county does not plan to use the standardized DHCS crisis assessment tool, please describe the county's tool in detail, and include any standardized crisis assessment tools the county is using, if applicable. Please attach a copy of the tools to this response and name the file "Crisis Assessment Tool [County Name]".

- *If counties use different standardized tools, this must be approved by DHCS.*
- *DHCS will provide a crisis assessment template which the county may use if the county doesn't have a standardized tool.*

If the county does choose to use the standardized DHCS crisis assessment tool and the county does not use any standardized crisis assessment tools, enter "N/A" in the response below.

N/A

Standardized Crisis Planning Template

The county does intend to use the DHCS Standardized Crisis Planning Tool Template.

If the county does not plan to use the DHCS standardized crisis planning template, please describe the crisis planning template, in detail, and include any standardized crisis planning template the county is using, if applicable. Please attach a copy of the tools to this response and name the file "Crisis Planning Tool [County Name]".

- *If counties use different standardized tools, this must be approved by DHCS.*
- *DHCS will provide a crisis planning template which the county may use if the county doesn't have a standardized tool.*

If the county does choose to use the standardized DHCS crisis planning template and the county does not use any standardized crisis planning tools, enter "N/A" in the response below.

N/A

PROMOTION TO AND ENGAGEMENT OF LOCAL RESOURCES

Local Community Partnerships and Engagement

Please describe how the county will promote and engage the local community in the availability of mobile crisis services.

BWELL has been holding a number of informational meetings with the leadership of County and City Law Enforcement, 911 Dispatch, Probation, Social Services, Education and Fire Departments, and community hospitals to educate them on the Mobile Crisis Benefit and answer their questions. In addition, see information below regarding media campaign and outreach to beneficiaries.

How will the county meaningfully engage actual and potential consumers of mobile crisis services and their families?

An informational flyer on the Mobile Crisis Benefit will be mailed to all MHP and DMC-ODS beneficiaries; posters and flyers will be distributed to BWELL clinics and to Community Based

Organization (CBO) partners for distribution and posting; and information about the Benefit will be added to the Department website and various social media sites. BWELL's Public Information Officer will disseminate information to the public through print media, television and radio as well as frequent public speaking engagements throughout the community. BWELL also has a close relationship with the Santa Barbara chapter of NAMI and regularly does presentations for NAMI members, including on mobile crisis services.

How will the county engage individuals and families with lived experience of mobile crisis services?

BWELL has a peer led outreach team (Help@Hand) that regularly attends community events and offers engagement through their resource tables where information about the Mobile Crisis Benefit can be shared. BWELL holds regular meetings with beneficiaries and families to discuss Departmental programs and services where the Mobile Crisis Benefit will be discussed. CBO partners will also assist with this education process.

How will stakeholders such as clinicians, peers, and CBOs be engaged in the planning, implementation, and assessment of mobile crisis services? Describe how the county currently engages with schools and what additional plans the county has for maintaining and improving coordination and communication.

BWELL's Crisis Services branch has spent many years developing positive working partnerships with a wide variety of community partners. BWELL facilitates a bi-monthly Crisis Action Team meeting. This meeting has been occurring for over 8 years and includes members of different law enforcement agencies, local hospital emergency departments, NAMI, the Hospital Association of California, other local advocacy groups, Patients' Rights Advocates, BWELL Mobile Crisis Team members, contracted CBO Crisis Services partners and BWELL leadership. BWELL facilitates a similar Justice Alliance Action Team meeting focused on individuals with behavioral health issues who are involved in the criminal justice system. This meeting includes local law enforcement agencies, the Public Defender's Office, District Attorney's office, personnel from the Court system, BWELL staff from the Justice Involved Services teams, NAMI, local advocacy groups, SB County Jail staff and BWELL leadership.

These two meetings provide a forum for information sharing, problem solving, and open discussion to improve relationships and collaboration. These meetings have been instrumental in building strong partnerships and improving system processes. BWELL will continue to use these forums to provide stakeholders an opportunity to engage in the planning, implementation and assessment of the Mobile Crisis Benefit.

BWELL has bi-monthly meetings with its CBO partners and monthly meetings with the regional Managed Care Plan. BWELL will use these meetings to educate its partners on this new benefit, answer questions, and receive feedback.

The County School District has been included in the informational sessions and collaboration will continue through the roll out and operation of the Mobile Crisis Benefit.

How will recipients of mobile crisis services and their families provide their individual and family experience of crisis care?

BWELL has conducted post-crisis service satisfaction surveys in the past and continues to conduct them randomly. The current process is to have a staff member call the client several weeks after the services were provided and ask them a short series of set questions to gauge the client satisfaction with the services they received. A list of questions specific to the Mobile Crisis Benefit has been developed and will be used as part of the survey once the Benefit launches.

BWELL currently is developing a QR code that can be scanned on a client's cell phone that will take them directly to an online version of the survey. BWELL will have cards with the QR code available at the Psychiatric Health Facility as well as the inpatient psychiatric hospitals BWELL contracts with. The hospitals can offer the client a card upon discharge. These cards also will be available at local emergency departments (ED) for any clients served by the Mobile Crisis Teams who are safety planned and discharged from the ED and not sent to an inpatient psychiatric facility.

As with all recipients of BWELL services, individuals dissatisfied with the services they received may provide feedback through the Grievance and Problem Resolution Process that is available online through the BWELL website, or anonymously in any BWELL clinic suggestion box. Individuals also may utilize the departmental Compliance Hotline or speak directly to one of the Patients' Rights Advocates or Quality Care Management Beneficiary Concerns Coordinators whose phone numbers are available on the departmental website. Individuals will also have the opportunity to provide feedback via the annual Consumer Perception Surveys.

How will the county leverage the information gained from outreach and engagement efforts to inform continuous quality engagement?

Data collected through outreach and engagement efforts will be reviewed and summarized through the Department's Research and Evaluation program, and subsequently shared and discussed in the Department's Quality Improvement Committee. The DHCS suggested Quality Improvement measures already have been incorporated within this year's BWELL Quality Improvement plan.

How will usage, outcome, and consumer experience data be shared with the community?

Mobile Crisis Benefit feedback and survey results data will be used to inform continuous quality improvement through the Quality Improvement Committee. It also will be discussed at the Crisis Action Team and Justice Alliance Action Team meetings. BWELL will share this data with the community through the Bi-Yearly system evaluation Annual Reports which are submitted to the County Board of Supervisors, and through monthly Director Reports and Behavioral Wellness Commission meetings. All of these reports can be accessed publicly through the Department website.

Local Law Enforcement

The county has a formal partnership agreement with local law enforcement in place.

Please describe the role of local law enforcement in the county's current mobile crisis response system.

Law Enforcement (LE) is too involved in behavioral health emergency calls. Due to a number of County-wide organizational structures and processes, the community has become accustomed to calling 911 when someone is experiencing a behavioral health crisis. Only a small percentage of individuals in the community needing immediate crisis services call BWELL's Access Line. The current process has been for LE to respond to the 911 call and when determined that the call requires a mobile crisis response, the LE on the scene will call the regional Mobile Crisis Team to respond. As a result, LE has been involved in most crisis evaluations BWELL conducts in the community.

Currently in Santa Barbara County, LE does not write 5150/5585 applications. Only BWELL and the contracted SAFTY program (Mobile Crisis Teams specifically for youth response) conduct 5150/5585 evaluations in the community and write holds. Therefore, LE calls Mobile Crisis/SAFTY for every behavioral health crisis in the community needing a 5150/5585 evaluation. The new Mobile Crisis Benefit will serve to address the over-reliance and unnecessary use of LE in behavioral health emergencies where indicated. Because LE has partnered with BWELL for the majority of crisis evaluations throughout the years, there has been constant cross training in the management of behavioral health crisis. All LE jurisdictions in the County are very familiar with BWELL staff and vice versa as they work closely together in the community on crisis response.

If the county has a formal partnership agreement with local law enforcement in place, please attach a copy and name the file "Local LEA Partnership Agreement [County Name]" and enter "N/A" as the county's response below. If not, how will the county put an agreement in place for coordination of services when necessary?

BWELL currently has MOUs in place with two local police departments (Santa Maria PD and Santa Barbara PD) regarding the collaborative Co-Response teams. BWELL is in the process of updating the MOU with the Sheriff's Office for both Co-Response programs and crisis response for transferring jail inmates into BWELL's Psychiatric Health Facility.

Currently, BWELL is holding regular meetings with LE dispatch staff to discuss the risk assessment tool and working to distinguish the differences between a behavioral health emergency that would require a LE response and a behavioral health crisis that is appropriate for an independent mobile crisis response. BWELL is discussing with LE the need to develop MOUs around 911 Dispatch and warm hand-offs to the Access Line without LE being dispatched to the scene of the behavioral health crisis.

If the county's model currently includes law enforcement as a default, how will the county shift to an only as-needed model? How will the county determine when to include law enforcement?

BWELL will engage in a media campaign to work towards re-directing individuals who are experiencing a behavioral health crisis (vs. an emergency which should go through 911) to call the Access Line. BWELL is working closely with County dispatch partners to develop processes for 911 Dispatch to provide a warm hand-off of calls to the Access Line when the call is determined to be a behavioral health crisis that does not need LE involvement. Both 911 dispatchers and the Access Line staff use a risk screening tool to determine if the crisis call can be responded to by just the Mobile Crisis team or if LE is needed due to a level of imminent risk. BWELL will develop a marketing and outreach plan to educate the Santa Barbara County communities that they should call either the Access Line or 988 for behavioral health crisis that do not need LE involvement.

The entire BWELL Crisis System is being reorganized to become a Crisis, Outreach and Engagement system of care. When not responding to calls, Crisis System staff will be out in the field and wherever possible, addressing potential crisis situations before they occur. It is anticipated that this fieldwork will increase community engagement and reduce the need for LE involvement when not indicated.

Local Emergency Medical Services (EMS)

The county has a formal partnership agreement with local EMS in place.

Please describe how the county will coordinate with the local Emergency Medical Services (EMS) agency.

The BWELL Branch Chief over Crisis Services currently holds regular meetings with EMS leadership. These meetings will continue in 2024. In addition, EMS leadership attends BWELL's Crisis Action Team meeting where mobile crisis services are discussed. As EMS works with the current ambulance provider (American Medical Response) and the new addition to ambulance services in the County (County Fire Department), BWELL will partner to develop an effective plan to address the needs of beneficiaries in behavioral health crisis requiring this level of transportation.

If the county has a formal partnership agreement with local EMS in place, please attach a copy and name the file "Local EMS Partnership Agreement [County Name]" and enter "N/A" as the county's response below. If not, how will the county put an agreement in place for coordination of services when necessary?

The EMS agreements are attached.

Please describe the role of local EMS in the county's current mobile crisis response system.

In Santa Barbara County, EMS currently contracts with American Medical Response (AMR) for all ambulance services County-wide. When individuals in the community are placed on 5150/5585 holds, AMR is used to transport the individual to the nearest emergency department (ED) for medical clearance and then will transport the individual from the ED to the inpatient psychiatric hospital where the individual was accepted.

Recently, the County put its ambulance contract out to bid through a competitive RFP process. County Fire submitted a proposal to operate ambulances in the County and tentatively plans to begin those services in the second quarter of 2024. Moving forward, BWELL Mobile Crisis Services will be working closely with County Fire as a resource for transportation when that level of transportation is needed.

If the county's model currently includes local EMS services as a co-response model or for transportation purposes, will this practice continue? How will the implementation of this benefit impact this?

EMS is not part of the co-response model for the County. BWELL intends to continue using ambulance services in the same way after the Mobile Crisis Benefit launches (see below).

Local Emergency Medical Services (EMS)

Please describe how the County will coordinate with the local EMS agency.

- Does the County have a formal partnership agreement with local EMS in place? If yes, please attach a copy and name the file "Local EMS Partnership Agreement [County Name]". If not, how will the County put an agreement in place for coordination of services when necessary?

Yes

- Please describe the role of local EMS in the County's current mobile crisis response system.

In Santa Barbara County, EMS currently contracts with American Medical Response (AMR) for all ambulance services County-wide. When individuals in the community are placed on 5150/5585 holds, AMR is used to transport the individual to the nearest emergency department (ED) for medical clearance and then will transport the individual from the ED to the inpatient psychiatric hospital where the individual was accepted.

Recently, the County put out its ambulance contract to bid through a competitive RFP process. County Fire submitted a proposal to operate ambulances in the County and tentatively plans to begin those services in the second quarter of 2024, so BWELL Mobile Crisis Services will also be working closely with County Fire as a resource for transportation when that level of transportation is needed.

- If the County's model currently includes local EMS services as a co-response model or for transportation purposes, will this practice continue? How will the implementation of this benefit impact this?

BWELL does not currently have a Co-Response model with EMS. However, BWELL is working on developing a Co-Response model with the County Fire Department where a trained Fire paramedic will be partnered with a BWELL clinician. The Fire Co-Response will be an additional option for responding to a crisis situation. BWELL still is working out the details on how this service will coordinate with the Mobile Crisis Benefit. The launch of the Mobile Crisis Benefit is not dependent on this arrangement with the Fire Department. As mentioned in the previous question, AMR currently holds the County's ambulance contract that is used to transport some 5150/5585 clients

and County Fire will begin operating as an ambulance provider later in 2024. The current practice will not change when the Mobile Crisis Benefit launches. However, it likely will change when County Fire begins its services. BWELL has brought County Fire into the planning discussions and will develop transportation procedures with them once its operational plan is finalized.

TRANSPORTATION POLICIES AND PROCEDURES

Please describe the transportation policies the county will use with the Medi-Cal mobile crisis benefit.

BWELL will continue to use AMR for transportation services as described above. In addition, each BWELL Crisis Services office has assigned County safety vehicles that have a plexiglass partition much like a LE patrol car. These vehicles also have the ability to prevent the back doors from being unlocked by passengers in the back seat. BWELL staff use these vehicles to transport individuals from the scene of the evaluation to the EDs when the client has been determined safe to transport in this way. BWELL staff routinely transport individuals who have not been placed on holds (and therefore not determined to be at imminent risk) following crisis evaluations that result in a safety plan being implemented. BWELL staff also assist clients by transporting them to follow-up appointments if needed.

Does the county use non-Medi-Cal transportation or law enforcement to provide transportation? If so, to what extent? Describe any changes the county plans on making to this for the future.

Santa Barbara County does not use LE for crisis services transportation. On occasion a law enforcement officer may transport someone from the community to an Emergency Department (ED) on a voluntary basis but this is rare. Santa Barbara County ambulance services is currently undergoing a shift as County Fire will begin providing ambulance services later in 2024 and the AMR contract with County EMS likely will be changing. BWELL will be in frequent discussion with all entities to ensure appropriate transportation is available when needed for individuals in a behavioral health crisis.

OVERSIGHT POLICIES AND PROCEDURES

Please describe the county's oversight policies and procedures.

BWELL has numerous policies and procedures related to Mobile Crisis services and the County's 5150/5585 process, safety planning, warm handoffs, Mobile Crisis dispatch, and client transportation that can be found posted on the BWELL website.

How are the county's policies and procedures monitored?

Program Managers and Supervisors orient staff to existing policy and procedures. When new policies and procedures are developed, they are disseminated to all Department staff electronically and discussed at the program level, as applicable. BWELL utilizes the Relias Training platform for policy related training as well as monitoring.

How is data captured (include names of IT systems)?

BWELL uses several systems to capture data. The Department recently transitioned to the electronic health record SmartCare and is in the process of determining what data is captured and how it can be reported out. Crisis Services teams also use SmartSheet to capture data on each crisis evaluation they do and many other data points including date and time of the call, response times, outcome of evaluation, location of evaluation, whether LE was involved in the call or not, etc. The SmartSheet then populates a live dashboard that the Supervisors and Managers can use to analyze crisis call data.

How are any findings shared with supervisors and providers for improvement?

Supervisors access the SmartSheet dashboard and can review the data with their staff. This dashboard shows call volume by day of week and time of day, outcome of the call, response times, time on the scene of the call, whether the hold is eventually rescinded, if the hold is written, where the client was placed, etc. This data assists with staff scheduling to ensure sufficient coverage during typically busier days/times of day. Based on this data, Supervisors and Managers can see by region of the County, or by individual staff, the percentage of evaluations that lead to a 5150/5585 hold; track LE involvement on calls to monitor effectiveness of risk assessment and dispatch tools; and track location of evaluation to determine if staff have successfully engaged individuals in the community vs. not responding to the individual until they have been admitted to an ED.

How are findings used to determine potential training topics needed for supervisors and providers?

The data collected shows percentage of holds written per number of evaluations by region and by staff. If a particular region or staff is writing a larger percentage of holds it could indicate that the region or staff needs additional training in crisis assessment, de-escalation and safety planning. Client demographics for each crisis evaluation also are tracked and additional trainings can be offered if there are differences in evaluation outcomes by age group or ethnicity.

CULTURALLY RESPONSIVE AND ACCESSIBLE SERVICES

Please describe how the county will ensure that the services and care the county offers are culturally responsive and accessible.

Cultural competency principles and values are embedded into the Department's operational practices, emphasizing culturally responsive, client-centered care. Operational practices continue to evolve and be implemented to ensure effective and culturally responsive services are delivered to clients and their families and provide a solid, supportive, and learning infrastructure for the workforce.

Explain how the county's mobile crisis delivery system meets the requirements of cultural competence in all competence and linguistic requirements in state and federal law, including those in W&I section 14684, subdivision (a)(9); CCR, Title 9, section 1810.410; the contract between the MHP and DHCS, contracts between DMC counties and DHCS, and contracts between DMC-ODS counties and DHCS; 31 BHIN 20-070 and 21-075; and DMH Information Notices 10-02 and 10-17.

BWELL is committed to providing culturally and linguistically appropriate services in the County's threshold languages of English and Spanish to eliminate mental and substance use disorder health disparities. In support of this goal, the Department offers bilingual office professionals and clinical staff to communicate with clients directly in their preferred language; provides interpretation and translation services; bilingual signage; written information in other formats (large print, audio, accessible electronic formats, and other formats), peer support services; and other approaches documented in the Cultural Competency Plan. BWELL staff are recruited to meet the cultural and language needs of the Department, receive bilingual allowances, are required to take annual mandatory cultural competence and cultural adaptation training, and receive additional training on how to access language line services in person, over the phone, or through sign language interpretation.

Additionally, BWELL has continued to recognize that providing high-quality, conscientious, and equitable care requires systematic, consistent practices, cultural and linguistic adaptations that reflect the individual's race, ethnic, and national heritage; primary or preferred language; age; physical or mental status, including mobility and developmental disabilities; spirituality or religious affiliation; veteran status; and gender identity and sexual orientation.

Please explain how the county's mobile crisis teams will work respectfully and effectively with diverse communities.

The Mobile Crisis Teams ensure that teams have both English and Spanish-speaking team members at all times. For other language support, the team has on-demand interpretation services for all languages through Language Line Services, Homeland Language Solutions, and Independent Living Resources for American Sign Languages. The Mobile Crisis Team has bilingual and bicultural Peer Support Specialists to assist with fostering client engagement from a lived experience perspective. Finally, the Mobile Crisis Teams work to build relationships with diverse communities throughout the County through engagement activities.

All Mobile Crisis Team members are required to complete annual cultural competency training on various topics that provide knowledge on working with diverse populations and cultural backgrounds. Another annual mandatory training is how to work with an interpreter to ensure there are no language barriers for those individuals who are limited English speaking.

Please describe the county's dispatch and triage strategies that ensure that mobile crisis services are culturally responsive.

The Access Line similarly employs Bilingual/Bicultural Staff and has access to the same interpretation and translation services described above. Bilingual/Bicultural Peer Support Specialists will assist with triage support.

Please describe how the county trains mobile crisis response teams to deliver culturally appropriate and responsive services.

Mobile Crisis Teams receive annual mandatory cultural competency training, which includes how to work with interpreters. Peer Support Specialist training includes a module dedicated to working in a crisis setting for peer supporters.

LANGUAGE ACCOMMODATIONS

Please describe how the county will ensure that services are delivered in the language preferred by the beneficiary.

BWELL has contracts in place with a number of different interpretation services that can provide immediate interpretation for the county's threshold language as well as most all other languages including Mixteco. All staff are trained in the use of these interpretation services.

Describe how the county will use interpreters when necessary.

BWELL has contracts in place with a number of different interpretation services. The Language Line provides for 24/7 immediate over the phone services for any language. Homeland Language Services provides in-person interpretation with 24-hour advanced notice or on demand over the phone/video remote interpretation in most languages. The Mixteco Indigena Community Organizing Project (MICOP) provides interpretation specifically for indigenous Mixteco language variants. There are two contracts for American Sign Language (ASL) interpretation: the first is with the Independent Living Resource Center, which provides in person ASL interpretation with 72-hour advances notice; the second is a private interpreter (Darlene Moy Rochkind) who can accommodate emergency appointments 24/7 (as available). When Mobile Crisis staff encounter an individual in the community needing to communicate in their preferred language, the Mobile Crisis Teams have the option of calling any of the above listed organizations for immediate over the phone interpretation or may request in-person interpretation in the case of Ms. Rochkind.

When follow-up appointments can be scheduled in advance, in-person interpretation can be utilized.

RESPONDING TO THE NEEDS OF CHILDREN AND YOUTH

Engagement with Local Family Urgent Response System (FURS) & Child Welfare Services

The county has a formal partnership agreement with local FURS and Child Welfare Services in place.

Please describe how the county will coordinate with local FURS services.

As calls from Santa Barbara County come into the FURS hotline they are handled by the contracted CBO partner. The CBO has staff trained to manage crisis calls and attempts initial de-escalation. If de-escalation over the phone is not effective, the CBO calls the BWELL Access Line to request a Mobile Crisis Response at the location of the caller.

Please explain how the county's mobile crisis team partners/engages with FURS services when necessary.

If de-escalation over the phone by the FURS hotline is not effective, FURS will warm hand-off the call to the Access Line. Access Line staff will gather the necessary information and dispatch the Mobile Crisis Team to the caller's location.

What coordination/partnerships are needed to ensure effective engagement with FURS and County Social Services?

Santa Barbara County currently gets very few calls on the FURS hotline. BWELL will be working with the Department of Social Services to provide additional outreach and education to ensure all eligible beneficiaries of the FURS Hotline service are aware of this resource.

Strategies for Responding to Children and Youth

The county will use the DHCS provided crisis assessment tool to respond to diverse youth and young adult beneficiaries.

Describe how the county's crisis assessment tool is responsive to diverse youth and young adult beneficiaries if the county will not be using the DHCS provided tool. If the county will use the DHCS provided tools, please enter "N/A".

N/A

Please describe the county's overall strategies for responding to children and youth.

Mobile Crisis Team staff are trained to respond to children and adolescents as well as working with families, social services, schools and other community agencies. The team is versed in assessment for risk of suicide or harm to self, listening, providing information to youth and families, and offering linkage to therapeutic and other support strategies that aim to keep the youth in the least restrictive environment. BWELL contracts with a CBO specializing in children's crisis response as a subject matter expert for specialized consultation when needed.

Please explain how mobile crisis teams will work with parents, caregivers, and guardians as appropriate and in a manner consistent with state and federal privacy and confidentiality laws.

The BWELL Mobile Crisis Teams work with parents, caregivers, and guardians while maintaining privacy and confidentiality by following the established federal legal and ethical guidelines. Depending on the youth's age, the Mobile Crisis Team will take into consideration the right of the youth to have a confidential conversation without parental involvement. The Mobile Crisis Team will advise the youth that there are instances where parental consent will be required for services (such as prescribing of medication), but that specific details of shared information will be maintained in confidence unless the information falls within the mandated reporter exception. Youth may be asked to sign releases of information before sharing of information with parents or family members to the extent provided by law. Information discussed related to privacy, releases of information, and mandatory reporting will be documented in the electronic health record.

Please describe the county's process for triage and dispatching of staff with specialized training/experience working with children, youth, and families in crisis.

All Mobile Crisis Team members are trained in working with children, youth and families. Within the team are specialists who serve as consultants for the overall team as well as being dispatched as needed. BWELL has a Clinical Psychologist and Peer Recovery Assistant with extensive experience providing crisis services to children, youth and families who worked for many years in BWELL's grant funded Children's Triage Program. Following the sunseting of the grant program both staff have continued to focus on youth cases and will be prioritized to respond to incoming calls for services for children, youth and families.

Please describe how the county trains mobile crisis team members to deliver crisis services to children, youth, and families.

The County uses departmental experts with specialized training in this area, as described above, to train (and be available for ongoing support for) the Mobile Crisis Teams. In addition, the County uses a contracted provider with specialized experience to train and be available for ongoing consult. The teams will be provided ongoing training specific to children, youth and families using in-person trainings as well as online trainings available in the online training platform, Relias, as well as trainings provided by CIBHS and other organizations.

ENGAGEMENT WITH 911, 988, AND MANAGED CARE PLANS

Please describe how the county will engage with 911, 988, and Managed Care Plans (MCPs) to plan for data exchange and to develop related policies and procedures.

As mentioned above, BWELL is engaged in regular meetings with 911 Dispatch to coordinate warm hand-offs to the Access Line when appropriate to minimize unnecessary utilization of LE. These meetings will continue through 2024 as the Mobile Crisis Benefit rolls out.

BWELL has been receiving data from 988 regarding calls emanating from Santa Barbara County and is meeting with 988 representatives to ensure that callers needing Mobile Crisis Services are being connected to the Access Line.

For years, BWELL has had regularly monthly meetings with the Managed Care Plan and has established data sharing processes with the Plan. These meetings and data sharing will continue unchanged.

How will the county's mobile crisis response team coordinate with 988, 911, and county crisis hotlines?

Calls to the 988-line emanating from Santa Barbara County needing immediate in-person response are routed to BWELL's Access Line which functions as the single phone number for mobile crisis services. When the Access Line receives the warm hand-off from 988, Access Line staff gather information and dispatch the Mobile Crisis Team if it is deemed necessary.

BWELL is meeting and collaborating with the County 911 Dispatch centers to ensure 911 dispatch staff are familiar with the Mobile Crisis Benefit and aware of how to make referrals. In addition, regular meetings are underway to educate and coordinate so that 911 operators know when to dispatch a LE officer or when it is appropriate to make a warm hand-off to the Access Line for Mobile Crisis Team dispatching. A brief risk assessment tool has been developed which both 911 operators and Access Line staff will use to determine when it is safe and appropriate to dispatch a Mobile Crisis Team and not involve LE. BWELL will continue to have regular meetings with 911 dispatch and 988 quarterly through 2024 to review data on calls to ensure appropriate utilization of each service.

Please describe the county's policies and procedures for coordination of care, including the process for sharing protected health information across systems.

Currently, BWELL has agreements with the local Managed Care Plan provider, CenCal, for shared access to electronic health records (EHRs). Team Supervisors and Managers for both the Mobile Crisis staff and Access Line staff have access to CenCal's EHR and can identify the client's Primary Care Physician (PCP), when the client was last seen by the PCP, and what medications are prescribed. Clients who receive a crisis evaluation by the Mobile Crisis Teams will have their PCP notified of the contact as part of care coordination.

BWELL has a policy and procedure on Care Coordination that sets forth the role of a client's Care Coordinator and the process for asking clients to sign Universal Releases of Information, which is routine at BWELL. BWELL also has a policy on Warm Handoffs which requires the coordination of providers as clients are transferred from one behavioral health program to another. Once the client agrees to the program transfer and provides consent, necessary information about the client is shared between programs. The Safety Planning Procedures policy and procedure similarly provides for collaboration between programs using the warm handoff process once a safety plan is in place for the client.

Regarding 42 CFR Part 2 programs providing substance use services, it is part of the regular client intake packet to ask the client to sign a Universal Release of Information to facilitate program collaboration. There are limited exceptions for sharing under a Part 2 program, so without client consent, information cannot be shared across systems.

Many of the individuals that experience the need for a crisis intervention are established beneficiaries at BWell. As soon as it is feasible, Mobile Crisis staff know to check the medical record to determine if there is a Universal Release of Information in place, and if so, with whom data can be shared.

What systems will the county need to develop/enhance for data exchange across systems?

BWELL transitioned to a new EHR on July 1st, 2023 and is currently investigating which health information exchange systems are compatible with the new EHR and the other health care

organizations BWELL regularly coordinates with in the provision of client care. This includes the Managed Care Plan, community hospitals, and other community providers of behavioral health services.

How does the county ensure that its mobile crisis response team is aware of privacy and security rules under the Health Insurance Portability and Accountability Act (HIPAA)?

All BWELL staff are required to complete mandatory privacy and security trainings on a yearly basis. The Privacy Officer and Compliance Chief are available to provide targeted reviews and trainings with staff on particular privacy and security issues as needed. The Department achieves 100% compliance with mandatory training annually.

How does the county's mobile crisis response team ensure that, if needed, beneficiaries give their consent to release information for coordination with other delivery systems?

When clients are alert and capable of providing consent during a crisis encounter, Mobile Crisis staff will ask for client consent to share information about the crisis episode with the client's mental health provider, primary care provider, and family. The client's response will be documented in the medical record. For clients who are not competent to provide consent during the crisis encounter and end up hospitalized, Mobile Crisis staff will follow up with the client at the hospital or upon discharge from the hospital to check in on how they are doing and to again try to get consent for sharing of information with other providers. As discussed above, under continuity of care exceptions to the privacy laws, Mobile Crisis staff will be able to inform the client's mental health provider that a crisis episode occurred, as established in policy and procedures.

BWELL has a memorandum of understanding in place with the Managed Care Plan, CenCal Health, to share relevant information about shared beneficiaries, including hospitalizations and crisis episodes. The sharing of information currently occurs through a SmartSheet tool. BWELL also has an arrangement with the County Public Health Department to coordinate on shared beneficiaries through reciprocal access of the respective EHRs.

OUTREACH TO MEDI-CAL MEMBERS

Please describe how the county will outreach to Medi-Cal beneficiaries to promote the availability of services and how to access them.

BWELL already has begun stakeholder meetings to promote the new Mobile Crisis Benefit and obtain feedback on the implementation plan. BWELL will launch a widespread media campaign in November as described below, to ensure beneficiaries are aware of the new benefit and how to access it.

Describe what media the county will use to promote the new benefit (e.g., mailings, radio ads, posters)

BWELL will send an informational flyer to all beneficiaries in December 2023 to advise them that the Mobile Crisis Benefit will become available January 1, 2024. BWELL also plans to engage local

media outlets of various types (print, television, and radio) and utilize various social media platforms including Facebook, X (formerly Twitter) and Instagram to promote the Mobile Crisis Benefit. Posters will be placed in all current BWELL clinics as well as all CBO clinics. Additionally, flyers will be distributed at meetings, community events, and other public places. Crisis outreach and engagement services will also “spread the word” to promote the availability of services and how to access them.

How will the county ensure that these promotions will be accessible in threshold languages in the county?

Flyers, press releases to print, television and radio, as well as various social media platforms, and posters always are developed in both English and Spanish. Spanish media outlets are included in all media outreach.

Does the county’s mobile crisis services program provide communities the opportunity to come together to learn about crises, available resources, patient rights, and parent/guardian rights? If not, please describe the county’s plan to offer this opportunity.

As described in this plan, BWELL currently facilitates a Crisis Action Team meeting bi-monthly that provides stakeholders and the community an opportunity to attend and learn about Crisis Services, provide feedback and offer suggestions of presentations/trainings. BWELL also facilitates a Behavioral Wellness Commission meeting that is open to the public and available to provide information on the Mobile Crisis Benefit. In addition, BWELL sends out a monthly Director’s report that will include information about the Mobile Crisis Benefit. In addition, the above mentioned media campaign materials will include information on how/where community members can learn about this information and these resources.

Please read and check each box affirming the county agrees with the information.

I affirm that this county will attach all required documents, if applicable, for review and/or approval with the submittal of this Implementation Plan. *If counties use different standardized tools, this must be approved by DHCS.*

1. Standardized Dispatch Tools with file name “Dispatch Tools [County Name]”
2. Standardized Crisis Assessment Tools with file name “Crisis Assessment Tool [County Name]”
3. Standardized Crisis Planning Template with file name “Crisis Planning Template [County Name]”
4. Local LEA Partnership Agreement with file name “Local LEA Partnership Agreement [County Name]”
5. Local EMS Partnership Agreement with file name “Local EMS Partnership Agreement [County Name]”

I affirm that the county must maintain documentation that each mobile crisis team member has completed all required Medi-Cal mobile crisis services training courses, outlined in the section “Required Trainings” above. DHCS reserves the right to request a copy of these documents from the County at any time.

I affirm that the county will address any other topics identified by DHCS or its training and technical assistance contractor as needed.

Signed by: John Winckler, LMFT
Email Address: jwinckler@sbcbswell.org
Date Signed: 10/27/23

Submission of Implementation Plan and Attachments

Please email the completed IP file to mobilecrisisinfo@cars-rp.org with the subject line: “[County/Organization Name] Implementation Plan Submission”. IP submissions must be submitted as a Word document (.docx). The county will receive a submission confirmation from the M-TAC team.