BEHAVIORAL WELLNESS DEPARTMENT RESPONSE TO KPMG CRISIS SERVICES REVIEW AND IMPLEMENTATION TIMEFRAME				
Co-response				
#	Recommendation	Department Response	Fiscal Impact, Challenges, Opportunities	Implementation Timeframe
1.1	Establish joint metrics and targets with clear definitions, calculations, inclusionary and exclusionary criteria and sources to extrapolate data from. Display outcomes on a joint dashboard that is reviewed on a weekly and monthly basis. • Develop a Minimum dataset • Develop a shared dashboard of agreed upon performance metrics across departments • Establish joint weekly meetings between BWell and Law Enforcement middle management • Establish monthly meetings between BWell and Law Enforcement senior management (or add to already established agenda) • Develop clear expectations for co-response teams including physical location, hours of operation, community engagement, technology advancement, documentation, as well as a roster of staff to provide coverage for co-response team members	BWell agrees with this recommendation. Joint metrics and targets have been developed and added to the Co-Response MOU between BWell and Sheriff. Due to the complexities of merging two sets of data from separate systems, each department is continuing to collect and report out their data elements. A joint dashboard will continue to be worked on. In the meantime, BWell and Sheriff will meet quarterly to review date collectively and identify trends/opportunities and challenges to adjust as necessary. Based on BWell/Sheriff MOU, regular Co-Response meetings have been established for Co-Response management staff.	Challenges include: • Staff time to develop dashboard. BWell IT resources focused on new Electronic Health Record. • Separate IT departments with separate data collection and reporting databases. BWell is in process of onboarding new Crisis Services Manager. Once hired, meetings with line staff and supervisors will begin.	January 2024 – September 2024
Mobile Crisis				
2.1	Revamp Mobile Crisis Services to align with the new Medi-Cal Crisis Benefits requirement, while	BWell agrees with this recommendation.	Due to the staffing requirements of the Mobile Crisis Benefit mandate,	January 2024 – September 2024

	establishing crisis worker roles in high referral volume areas, such as emergency departments and jails. Consider the feasibility of developing one mobile crisis team • Establish Crisis Team structure • Establish training and safety protocols • Establish and station a crisis worker role in the emergency departments • Establish a crisis worker role in the jails • Engage with clients while in the Emergency Department • Expand Access Line to include a new Mobile Crisis Line • Establish roles and responsibilities for the new Mobile Crisis Team	Mobile Crisis Benefit Implementation Plan was approved by the State in January 2024 and BWell has implemented the new requirements of the Plan. However, due to personnel and scheduling/vacancies issues the assignment of staff to high volume areas, including the jails is still in progress. Crisis Workers stationing at the jails as their primary work location is pending meet and confer process. BWell does not agree with the one team model recommendation due to the impacts on the community. Placement of staff in the emergency departments across the County will be part of the change in Crisis Clinics service delivery model pending resolution of staffing issues.	including number of staff on shifts and qualifying professional requirements, assignment to high volume areas cannot be consistently fulfilled with the existing crisis services teams.	
Crisis Clinics				
3.1	Optimize Crisis Clinic capacity and capabilities through an effective marketing and communication plan developed by BWell and issued among key stakeholders. Shifting the model of care to be more fluid based on client need and engagement Develop a marketing strategy and communicate crisis clinic capabilities	BWell agrees with this recommendation. The model of care for the Crisis Clinics will shift from a predominantly clinic-based more to a community-based engagement strategy that responds to those in need where they are experiencing challenges, and particularly in areas of high need such as homeless encampments, shelters, jails and emergency departments. Once current vacancies have been filled and staff on leaves of absence have returned, we will begin stakeholder engagement and the shifting of this model. Overall, BWell is developing a marketing strategy plan for crisis services as a whole including Access Line changes,	See response in 2.1 Additionally there have been several civil service retirements and 3 staff on leave of absence impacting the level of clinic staff available.	Crisis Clinic Optimization: July 2024 – December

	• Shift crisis clinic staffing structure from office based to field based • Provide availability for same day or next day appointments for all referrals • Establish a round table among key stakeholders • Establish targets *(Direct therapeutic interactions)* in line with Ambulatory Services • Establish average length of service for crisis clinic and transition planning for ongoing treatment • Establish metrics and develop dashboards to be shared with front line staff and management	the Mobile Crisis Benefit, Co-Response and the crisis clinic management. Flyers, brochures and PowerPoint presentations have been developed. Flyers were distributed to all Medi-Cal beneficiaries in the county. All materials are on our website and will be distributed broadly.		Marketing Campaign: January 2024 – September 2024
Youth Services				
4.1	Recognizing the requirements for the new Medi-Cal Mobile Crisis Benefits, in order to have the team financially sustainable, consider merging youth crisis services with adult crisis services to create a central team that services the County.	BWell agrees with the intent of this recommendation. We will defer any decision/changes to the contracted youth services as we anticipate further possible staff attrition and want to ensure focus effort on Mobile Crisis Benefit roll-out. Once staffing has stabilized for Mobile Crisis Benefit we will re-evaluate possible changes to youth crisis services.	See 2.1	July 2024 – December 2024
Access Line				
5.1	Enhance Access Line features to include a designated Crisis Line that operate 24/7/365 for Child, Adolescents, Adults and Older Adults.	BWell agrees with this recommendation. The Mobile Crisis Benefit requires one single phone number beneficiaries can call to access mobile crisis services. We have always had a 24/7 Access Line and will be using that as the "crisis line." It will be for both access to routine services and mobile crisis services. Once we have a local contractor in place to provide the Access after-hours and weekend coverage, all call will be	Implementation of a new local contractor for after-hours/weekend Access Line coverage. A vendor has been selected and in active contract negotiations.	July 2024-September 2024

	Consider designating a specific line within the Access Line to Crisis Services	transitioned to the 24/7/365 Access line directly. The three regional mobile crisis numbers that are currently used by Law Enforcement and hospital emergency departments will be eliminated.		
Cross-programmatic opportunities				
6.1	Collaborate with law enforcement and establish a triage protocol that outlines which crisis team is most suited to attend crisis call within the community. Develop triage protocol documentation and conduct County wide education with key stakeholders. Triage calls to determine Mobile Crisis or Co-Response teams.	BWell agrees with this recommendation. In process. Have established ongoing monthly meetings with dispatch centers in the county. We are collaborating to develop a risk assessment/decision tree for 911 dispatcher to use when a behavioral health call comes to 911. We are collaborating to bring clarity and consistency to the process for law enforcement and mobile crisis when to transfer call to Access Line for mobile crisis dispatch without law enforcement involvement. Roll out of public marketing campaign to educate individuals on when to call Access Line vs when to call 911.	Collaborating on a mutual understanding of the process for transfer of call from 911 dispatch to Access and Access to 911 dispatch. Public unaware of when to call 911 vs when to call Access Line	Collaboration with Law Enforcement - Ongoing Media Campaign - July 2024 – September 2024
6.1.a	Establish a Safety Protocol for the Mobile Crisis Team that aligns with the new Medi-Cal Crisis Benefits requirements.	BWell agrees with this recommendation. All calls to Access Line for mobile crisis response are screened for risk using state supplied Screening and Dispatch tool. There is a decision tree built into the tool to help Access staff determine if mobile crisis teams can be dispatched without law enforcement involvement or if the call needs to be transferred to 911 dispatch. We are in contracting process to acquire personal safety devices (PERSA developed by the Vestige company) that all mobile crisis staff will carry on their person. The devices can quickly alert 911 if the team is on a call without law enforcement and need them to respond immediately. The devices will also allow the Access line staff to know where the mobile crisis staff are at all times and the devises are GPS enabled and the Access Line staff will have access to monitor location at all times. These devises are currently being used by San Diego County mobile crisis teams and they have found them very helpful.	Ratification of Purchase Order and purchase of PERSA safety devices.	Access Line have been trained on and are using the Screening and dispatch tool. PERSA devices - March 2024

7.1	Implement standardized documentation for mobile crisis teams as issued by the California Department of Health Care Services. Develop standardized documentation and training for all other crisis staff. Conduct routine evaluation of clinicians documentation. Develop improvement plans as required. • Regularly evaluate the content and value of current documentation and provide training, where necessary	BWell agrees with this recommendation. Standardized, state developed documentation templates were uploaded to SmartCare at the end of December. Mobile crisis teams are now using these standardized documentation templates. All staff have been trained on the use of these new documentation templates.		Completed
7.1.a	Standardization documentation and Handover Framework between Mobile Crisis/Co-Response Team and others, such as Emergency Departments.	BWell agrees with this recommendation and agrees that mutual collaboration is important. Will take it into consideration as we refine our Mobile Crisis response and plans. We have developed forms mobile crisis staff can leave with emergency department staff following a crisis evaluation in the emergency departments. Currently emergency departments are reviewing to ensure the content of the forms meet their needs. Mobile Crisis and Co-Response team members document in the same electronic health record and have a shared shift report they use for shift pass-downs.	Working with outside organizations with different electronic health records, data collection systems and reporting requirements.	Ongoing
8.1	Streamline data input and collection to one source of truth that will allow for effective analysis and decision making by management. In addition to aligning financial reimbursement by team to determine financial suitability. • Develop customized reports in Smartcare to track key data	BWell agrees with this recommendation and will take it into consideration. We are working with IT to merge different reporting requirements into one single system. BWell IT resources currently pulled to address issues with new electronic health records. Once we have the IT resources available we will work to develop one singe SmartSheet to track all Crisis Services activity (Mobile Crisis and Co-Response).	Competing grant and funding data requirements. Having two different departments (Sheriff and BWell) using different systems for data entry.	Ongoing

	points and allow for a single source of truth • Update electronic health record system to require staff to document the team that responded to a client • Consider tracking cost by individual crisis services team and region			