

Mental Health Services Oversight & Accountability Commission

Get Connected! Opportunities to Advance Statewide Best Practices in Crisis Response

Breakout Presentation 1: Words to Deeds Track 47th Annual FMHAC Conference

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Crisis Services Continuum

Ideal Crisis System

Upcoming Initiatives

Breakout Presentation Outline



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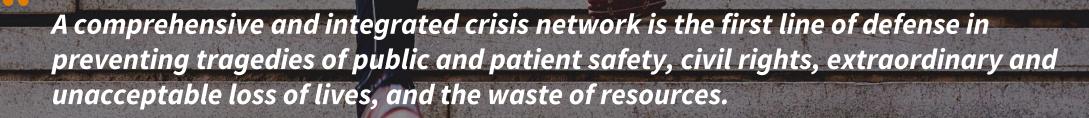
Guest Speakers

Jonathan Porteus, Ph.D., Chief Executive Officer Wellspace Health

Stephanie Welch, MSW

Deputy Secretary of Behavioral Health California Health and Human Services Agency

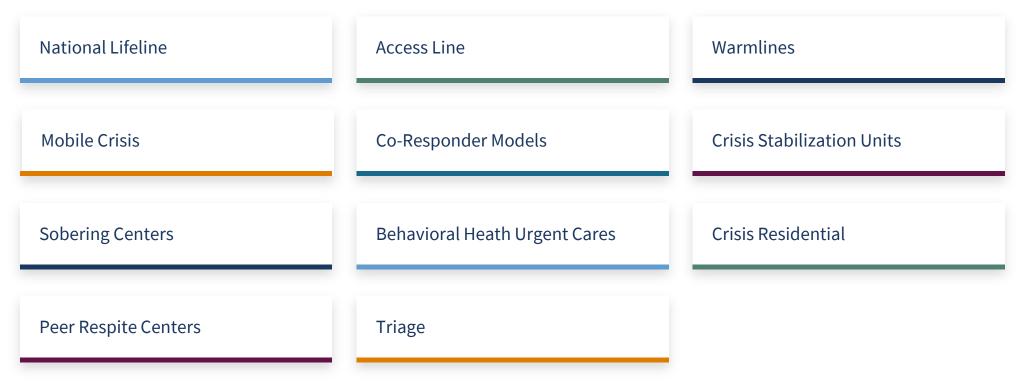




- SAMHSA National Guidelines for Crisis Care – A Best Practice Toolkit

Crisis Services

Someone to talk to. Someone to respond. A place to go.





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Core Crisis Services

- **Crisis lines** accepting all calls and dispatching support based on the assessed need of the caller
- **Mobile crisis** teams dispatched to wherever the need is in the community (not hospital emergency departments)
- **Crisis receiving and stabilization facilities** that serve everyone that comes through their doors from all referral sources.



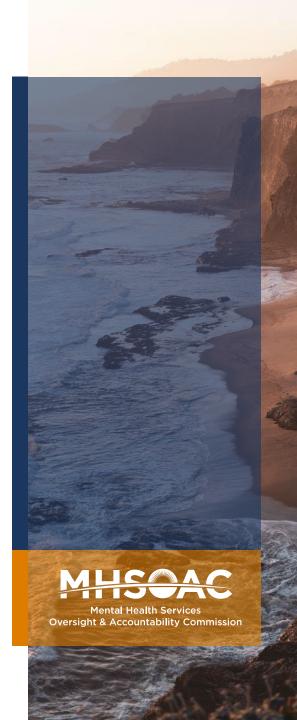


Crisis Lines – *Someone to talk to*

- California's 988 roll out
- Call, text, or chat
- English, Spanish, other languages when available
- Calls routed to regional crisis call centers
- Provide linkage to needed services
- Dispatch mobile crisis units

Mobile Crisis – *Someone to respond*

- Trained crisis professionals meet the individual in crisis where they are
- Provide stabilization services, referrals, and linkage
- Transport when needed to crisis receiving facilities





Crisis Facilities – A place to go

- Crisis Stabilization Units
 - Limited to 23 hours
 - 33 counties
- Crisis Respite Services
 - 24-hours observation and support
 - Can be staffed by peer providers
 - 10 counties
- Short-term Crisis Residential
 - Short-term intensive supportive services
 - 26 counties



Connecting the Pieces: Crisis Now Model

• High-Tech Crisis Call Centers

Real-time coordination across a system of care and high-touch support to individuals and families in crisis

• 24/7 Mobile Crisis

Mobile crisis offers outreach and support, with contractually required response times and medical backup

Crisis Stabilization Programs

These programs offer short-term "sub-acute" care for individuals who need support and observation

Highlight: Crisis Now Model (cont.)

- Recovery-oriented
- Trauma-informed
- Use of peer staff
- Suicide care best practices (systematic screening, safety planning and follow-up)
- Commitment to safety for person and staff
- Collaboration with law enforcement



Prevention Continuum

- **Primary Prevention** to explore activators of crisis and proactively address them
- Secondary Prevention to identify mental health crisis or suicide warning signs
- **Tertiary Prevention** to activate plans in place for mental health crisis



Transitioning to 988

... lessons from 911

Thank You



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