CARE
Crisis and Recovery Enhancement

The CARE *Quarterly*

Winter
2022

WHAT'S INSIDE.

WELCOME.

The CARE TA Center is honored to have supported the crisis care continuum and justice diversion systems across California this year through numerous powerful virtual learning events, including our first-ever virtual conference on Anti-Racism in California's Crisis Continuum of Care, CARE Learning Collaboratives, and Action Learning Workshops. We now also have a robust library of nearly 400 resources!

As we look back, we are grateful for your continued engagement. We look forward to providing even more resources, events, and individualized TA supports in 2022.

The CARE TA Center will be sharing more information in the coming weeks about new coaching series focused on implementing crisis care programs and maximizing equitable health outcomes. Additionally, our second annual virtual conference, Keepin' It in the Community: The Power and Role of Collective Hope and Action for Crisis Recovery, is just around the corner. We hope you will join us! Stay tuned for more details to come.

As we transition into a new year, the CARE TA Center is delighted to share our first-ever CARE Quarterly Magazine. In this new issue, you will find four informative articles highlighting existing and promising models for mobile crisis response teams, which are critical community-based interventions that provide care to individuals wherever they are experiencing a behavioral health crisis. Continue reading to learn about mobile crisis team collaborations with homelessness service providers, Crisis Intervention Teams (CIT), Crisis Assistance Helping Out on the Streets (CAHOOTS), and California's Family Urgent Response System.

With gratitude,
The CARE TA Center

Keepin' it in the Community:

The Power and Role of Collective Hope and Action for Crisis Recovery

SAVE THE DATE: May 25, 2022

9:00 a.m. - 5:00 p.m.

Join the CARE TA Center as we engage in collective learning and action to promote person-centered crisis care within the community context and outside of 911, ERs, and justice systems.

TOPICS WILL ALL BE FRAMED WITH A HEALTH EQUITY AND ANTIRACISM LENS:

- Mobile crisis units
- Family Urgent Response System (FURS)
- Crisis response - Alternatives to 911
- Culturally responsive suicide prevention safety planning
- Justice diversion
- Mental Health First Aid
- Children, youth, and young adult crisis care
- Behavioral health equity and emergency response: COVID-19, natural disasters, and crisis care in 2022
- Centering lived experience as a best practice
- Systemic and organizational approaches to integrate and support the peer workforce
- Continuity of care: Prevention before, response during, and follow-up after crisis
- Trauma-informed and resilience-oriented care

AUDIENCE:

County behavioral health department staff (e.g., Ethnic Services Managers, MHSA Coordinators); community-based organizations; peer workforce; justice system and law enforcement; faith leaders; school and college mental health providers; safety net system providers (e.g., natural disaster first responders, housing services and food access agencies); foster care system providers; policy staff; data analysts; administrators; grant professionals and financial managers; grantmakers; students and early career professionals (e.g., social work, public health, psychology, psychiatric nursing, criminal justice); immigrant rapid response networks; and other crisis care system partners, advocates, and stakeholders

COMPLETE THE CONFERENCE INTEREST FORM ▶

CARE Crisis and Recovery Enhancement · Stanford Sierra Youth & Families · IMPACT/JUSTICE Research & Action Center · C4 Innovations · RI INTERNATIONAL · NAMI National Alliance on Mental Illness California

Homeless Service and Mobile Crisis Providers Working Together

by Steven Samra, C4 Innovations

When I was a street outreach worker, my job was to engage people who were homeless. When I encountered people who were experiencing behavioral health conditions, I'd offer referrals and warm handoffs to community mental health and recovery organizations. When I came across someone who appeared to be having a serious mental health crisis and was unresponsive to my engagement efforts, however, I had to determine what to do. While I knew that calling our community's mobile crisis unit was an option, I didn't fully understand its role.

A mobile crisis unit typically comprises a licensed clinician or therapist and others such as peer support workers, physicians, or nurses. They deploy to where the person in crisis is in the community. They can operate independently or partner with law enforcement, responding alongside police officers. When a mobile crisis unit arrives, it engages with the person in crisis, assessing their mental state and the overall situation. The unit works to de-escalate the situation and stabilize the individual; it then links them to appropriate crisis continuum services while minimizing hospitalization, ED visits, or unnecessary and potentially dangerous law enforcement involvement.

In my community, homeless service providers struggled to understand when to call mobile crisis teams. Sometimes, we would see the mobile crisis unit appear on the scene, but leave without transporting the person in crisis to a higher level of care. This outcome confused us.

We eventually invited the mobile crisis team to provide an in-service presentation on its services at our monthly Continuum of Care meeting. The training was a game changer. The team presented the questions used to assess whether the person is in crisis and to determine an appropriate course of action:

1. Due to their behavioral health conditions, is this individual acutely dangerous to themself or others, or unable to care for themself?
2. If the answer to the first question is unclear, are there concerns that the behavioral health situation could become dangerous or limit the person's ability to care for themself without the team's prompt intervention?

If the team answers yes to either question 1 or 2, it then must answer these follow-up questions:

A. Is our intervention unlikely to resolve the person's condition without the need for a higher level of care?
B. Even if our intervention can temporarily stabilize the situation, is there a high degree of concern that the risk of danger or person's inability to care for themself will return after the team leaves?

If the answer to either question A or B is yes, then the crisis requires a higher level of intervention.

Practicing this protocol immensely improved how the homeless service providers in our Continuum of Care viewed and worked with mobile crisis services. Once we understood these screening questions, we incorporated a similar approach in our own initial engagement. This change helped us distinguish when to contact the mobile crisis unit to support those we serve. Once we knew when to engage the team appropriately, its services became far more valuable to us.

Perhaps most importantly, people in crisis truly needing the mobile crisis team's support were now more likely to receive these services. Using the mobile crisis team's criteria, we could discern whether the person's need required the level of intervention provided by the mobile crisis team.

Learn More:

National Guidelines for Behavioral Health Crisis Care: A Best Practices Toolkit (2020)

Advocacy and Support for People Who Experience Mental Health Crisis

from NAMI CA

One of NAMI CA's policy priorities is crisis services. We have heard directly from individuals and families about the difficulty of obtaining emergency care as well as securing services as a follow-up to these crises. As such, NAMI CA is in favor of a community-led crisis response in place of law enforcement or emergency department visits in mental health emergencies.

Signs of a Mental Health Crisis

A mental health crisis may be preceded by the following warning signs. However, not all mental health crises will have indicators.

- Isolation
- Paranoia
- Sudden changes in mood
- Trouble with daily tasks
- Impulsive behavior
- Withdrawal from loved ones
- Increase in substance use

How to Respond to a Crisis

Family members can assess the situation of their loved one and provide appropriate support. As a family member, you must stay calm despite the situation and show support to your loved one. The loved one must be given space and patience. However, if someone is in danger and needs immediate attention, an appropriate phone line must be contacted. If the best option is to call 911, ask the operator to connect you with responders who have mental health expertise.

NAMI suggests the following phone lines to contact during a crisis:

- National Suicide Prevention Lifeline: 1-800-273-8255
- Crisis Text Line: Text NAMI to 741-741 to connect with a trained crisis counselor to receive free, 24/7 crisis support via text message.
- NAMI Helpline: Call 1-800-950-NAMI (6264) M–F, 7 am to 5 pm PT for free mental health info, referrals and support.
- More specific helplines may be found here: Top Helpline Resources

Mobile Crisis Units and Crisis Intervention Teams

Mobile crisis units have been developed by cities and communities for over 20 years. Mobile crisis units serve as an alternative to encounters with law enforcement, and provide relief for emergency and psychiatric services that are not appropriate for the situation.

In their National Guidelines for Behavioral Crisis Care, SAMHSA defines mobile crisis units as "teams available to reach any person in the service area in his or her home, workplace, or any other community-based location of the individual in crisis in a timely manner." Crisis units provide immediate evaluations and services. Mobile response teams tend to emphasize the role of peers.

Alternatively, Crisis Intervention Teams coordinate the interests of law enforcement, individuals living with mental illness, peers, and mental health professionals. The result

is a community first-response model that directs people with mental illness away from the criminal justice system and towards treatment. CIT informs police officers about mental illness and reduces the amount of time spent responding to a mental health emergency. NAMI has endorsed CIT International's guidelines for Crisis Intervention Teams, which can be accessed at citinternational.org.

Family members and peers in remote areas (such as reservations) should have a plan for delays in care during a loved one's mental health crisis. Families may have to wait hours for mobile crisis teams to arrive or be unable to receive services from the nearest response team. If mobile crisis response teams are unavailable, there are still ways to prepare for and mitigate the situation.

How to Help Your Loved One Prepare for a Crisis

Crisis Plan

Individuals living with mental illness should plan for when an emergency arises; all crises are unexpected and startling. Family members and peers may support their loved one in establishing this crisis plan. Rather than taking full control over the planning process, caregivers should make it a collaborative discussion.

NAMI has compiled information that can be included in a crisis plan. An infographic version of this information is available here.

- General information about the individual
- Family and/or caregiver's contact information
- Contact information for health care professionals
- Strategies and treatments that have worked in the past
- Factors that could worsen situation
- Factors that could improve situation
- Current medications and dosages
- Current diagnoses
- Treatment preferences
- Contact information for nearby crisis centers or emergency rooms
- Safety plans

Advance Health Care Directive

A Psychiatric Advance Directive allows an individual to pick which treatments they would want in situations where they are unable to communicate or make decisions. Additionally, the individual delegates someone to advocate for them in medical situations where they cannot communicate. This is a helpful legal tool for family members and their loved one with a mental health diagnosis.

Mobile Crisis Units in Practice: Real-World Programs Making an Impact

by Ana Ramirez Zarate, MPP, Research Analyst 1, Impact Justice • Dani Soto, Ph.D., Associate Director, Impact Justice • Samantha Tiscareño, MPP, Research Analyst 1, Impact Justice

Image source: whitebirdclinic.org

Too often, law enforcement officers are dispatched to address calls for service that do not require an armed police officer, but rather de-escalation and referral to services.[1] For many communities, police represent the first line of defense to support individuals experiencing mental health crises. However, research tells us that individuals experiencing mental health crises are 16 times more likely to be killed during these types of encounters with law enforcement than people who are not experiencing mental health crisis.[2] Police are also likely to use excessive force due to their lack of knowledge and training.[3] Additionally, some police departments have stated their desire to defer to trained professionals in the field. As a way to address these concerns, mobile crisis units have become a crucial resource for individuals experiencing mental health crises.

Mobile crisis units serve to provide urgent care and an alternative response to police involvement for individuals experiencing crises.

The body of evidence on alternative responses to police focuses on collaborations between police and service providers, counselors, and victims' advocates. This article highlights a few of the promising mobile crisis units in the United States that respond to mental and behavioral incidents, providing clear alternatives to arrest.[4]

The Crisis Assistance Helping Out on the Streets (CAHOOTS) is a well-established program in Eugene, Oregon. Since its inception in 1989, CAHOOTS has been run out of the White Bird Clinic in Eugene and operates in coordination with--but not under the direction of--the Eugene Police Department. CAHOOTS focuses on responding to homelessness, suicide prevention, acute mental health and substance abuse issues, domestic violence, mediation, and service referrals. This model (of working with, but not under, police departments) appears to be the ideal way to coordinate services in response to crises.

There are other program initiatives similar to CAHOOTS responding throughout the United States.

- In Sacramento, MH First is a volunteer-led initiative of the Anti-Police Terror Project providing a non-police response to mental health crises. It encompasses tailored responses to substance abuse, homelessness, and domestic violence with alternatively-trained staff. MH First operates a direct phone line to serve the community.
- Since 2018 in Denver, Colorado the Denver Alliance for Street Health Response (DASHR), a local community group, has been providing alternative community responses to policing and jails through street medics.
- The Mayor of San Francisco announced a partnership between the Department of Public Health and Fire Department for the launch of a pilot program, the Street Crisis Response Team (SCRT). SCRT offers a non-police response to calls related to people suffering from mental health and substance use issues. Given that SCRT operates under the police department, the community has to call 911 and a trained dispatcher makes the determination to send a crisis response team made up of a community paramedic, a clinician and a peer specialist.

- The City of St. Petersburg Police Department created the Community Assistance and Life Liaison (CALL), a pilot program within the police department, to respond to non-violent calls for service to assist people with mental illness, poverty, and addiction. Individuals call 911 and a dispatcher makes a determination to send clinical staff and community navigators to the scene.
- On the other hand, the Los Angeles Police Department, in cooperation with Los Angeles County's Alternatives to Incarceration Office, established the ATI Pre-File Diversion Program intended to divert eligible individuals to mental health and social services. Individuals who are arrested are screened by law enforcement at the police station before being transported to County jail to determine program eligibility.

Other larger cities like Chicago, are making efforts to redirect funding to better support people with mental health crises. The Mayor of Chicago, IL called for a budget reallocation towards a pilot program for alternatives to dispatching police. The program would operate under the police department and pair police officers with counselors, paramedics, and crisis intervention officers. Individuals will have to call 911 and a dispatcher will determine who to send.

Mobile crisis units, whether within institutions or community-led, are creating alternatives to just calling the police. They are successfully diverting individuals impacted by substance use, mental and behavioral health conditions away from experiencing harm that can result from criminal justice involvement.

[1] Wood, J. D., Watson, A. C., & Fulambarker, A. J. (2017). The "gray zone" of police work during mental health encounters: findings from an observational study in Chicago. *Police quarterly*, 20(1), 81-105.
[2] Center, T. A. (2015). Overlooked in the undercounted: The role of mental illness in fatal law enforcement encounters.
[3] Yang, S. M., Gill, C., Kanewske, L. C., & Thompson, P. S. (2018). Exploring police response to mental health calls in a nonurban area: A case study of Roanoke County, Virginia. *Victims & Offenders, 13*(8), 1132-1152.
[4] Bell, E., Campus, T. E., Bennett, R. S., Gholston, D., & Church, P. F. (2021). Members of the District of Columbia Police Reform Commission.

California's Family Urgent Response System (Cal-FURS) – *A Mobile Crisis Response Team for Foster Youth and Resource Families*

from Stanford Sierra Youth & Families

Youth in foster care have often experienced trauma and/or losses that place them at risk for social, emotional, mental, and behavioral health-related challenges. These challenges can manifest themselves in a variety of ways, including tantrums, depression, defiance, aggression, running away, and other impulsive and externalized behaviors that can be difficult for resource families to manage. These issues can create significant challenges for resource families and increase the likelihood of placement instability, which can lead to exacerbated trauma and further negative outcomes for these youth.

In listening sessions with youth and caregivers about what was missing from California's child welfare system and what would help stabilize placements, one of the identified needs was 24/7, on-demand support.

About Cal-FURS

In March 2021, the California Family Urgent Response System, or "Cal-FURS," launched a coordinated statewide, regional, and county-level urgent response system to provide 24/7 support service for foster youth and resource families throughout California. Cal-FURS includes a statewide hotline as well as local mobile response teams to provide immediate crisis stabilization and trauma-informed support to current and former foster youth and their caregivers.

The statewide hotline number is available via phone or text at 1-(833) 939-FURS (3877). Youth and their caregivers can contact the hotline 24 hours a day, 365 days a year, and get immediate help from a compassionate and trained professional from the Sacramento-based call center. The Cal-FURS website (https://cal-furs.org) also offers an online chat option that connects youth and families with trained counselors or peers in their area who can provide in-person support. Cal-FURS provides a safe, judgment-free, and private space for youth and caregivers to be able to vent or talk about worries big or small.

In partnership with the California Department of Social Services (CDSS), Cal-FURS is designed to provide immediate, trauma-informed support to foster care youth and resource families to further ensure placement stability. Cal-FURS builds upon the Continuum of Care Reform, which seeks to realize California's longstanding goal of ensuring that all children live with committed, nurturing, and permanent families.

What Youth & Caregivers Can Expect When They Call Cal-FURS

When contacting the hotline, youth and caregivers are connected to a compassionate and trained counselor who is able to assess risk and safety, as well as provide support, deescalate situations, and help resolve conflicts.

If in-person support is needed, Cal-FURS hotline staff conduct a three-way call with the youth/family and the local Mobile Crisis Response Team to address the situation immediately, wherever the youth/family is located (i.e., at home, in school, or at a community location). FURS staff members remain in contact with the family and Mobile Crisis Response Team until safety is established. The FURS Mobile Crisis Team then works with local community providers as well as the youth and their caregiver(s) to provide the least restrictive interventions needed for each individual situation.

Sometimes you just want someone to understand you.

cal-furs.org

Image source: @calfurs

Image source: @calfurs

Counselors work with the youth and family to complete a short-term safety plan and, if needed, develop a plan for immediate referral to emergency psychiatric services. In instances where a mobile response is not needed, the FURS hotline staff help with connecting the caller to other local resources they may need in the present or to address future needs (e.g., referrals to mental health services, counseling, youth programs, community-based programs, Family Resource Centers, etc.).

How FURS Helps and Why It's Important

FURS is intended to have multiple positive effects on the lives of children and youth and their caregivers, including that it:

1. Provides current and former foster youth and their caregivers with immediate, trauma-informed support when they need it.
2. Prevents placement moves.
3. Preserves the relationship between the child or youth and their caregiver.
4. Provides a trauma-informed alternative for families who previously resorted to calling 911 or law enforcement.
5. Reduces hospitalizations, law enforcement contacts, and placement in out-of-home facilities.
6. Promotes healing as a family.
7. Improves retention of current foster caregivers.
8. Promotes stability for youth in foster care, including youth in extended foster care.

References:

https://www.cal-furs.org/
https://www.cdss.ca.gov/inforesources/cdss-programs/foster-care/furs
https://www.kidshome.org/what-we-do/cal-furs
https://www.cdss.ca.gov/inforesources/cdss-programs/foster-care/family-urgent-response-system/outreach-materials

ABOUT US.

The Crisis and Recovery Enhancement (CARE) Technical Assistance (TA) Center is a cross-agency team from the fields of mental health; training and technical assistance; crisis response and recovery; criminal justice diversion; and wraparound supports for youth and adults at greater risk of mental health crisis, including people experiencing homelessness.

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CARE Crisis and Recovery Enhancement | Stanford Sierra Youth & Families | IMPACT JUSTICE Research & Action Center | C4 Innovations | RI INTERNATIONAL | NAMI National Alliance on Mental Illness California

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