

Coordination with Family Urgent Response System, Regional Centers, and other Dispatch Lines

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CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Michelle Baass | Director

M-TAC

**Medi-Cal Mobile Crisis
Training
and Technical
Assistance Center**

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Chat

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Conflict of Interest Disclosures

Jennifer Hodgson has certified that she has no relevant relationships with any commercial or nonprofit organizations that represent a conflict of interest.

Mobile Crisis Services

- » *Mobile crisis services provide rapid response, individual assessment and community-based stabilization to Medi-Cal members who are experiencing a behavioral health crisis. Mobile crisis services are designed to provide relief to members experiencing a behavioral health crisis, including through de-escalation and stabilization techniques; reduce the immediate risk of danger and subsequent harm; and avoid unnecessary emergency department care, psychiatric inpatient hospitalizations and law enforcement involvement.*



A New Direction for Mobile Crisis Services

- » Change mobile crisis services so that the response is more resolution-focused and works to provide relief to people in crisis in the community.
- » Support people in crisis where they are, while using the least restrictive means necessary.

A New Direction for Mobile Crisis Services

» Mobile crisis services should be:

- Person-centered
- Trauma-informed
- Equity-driven
- Brief intervention: de-escalation and resolution focused
- Working from a lens of least restrictive interventions
- Culturally responsive, linguistically appropriate, and accessible



Welcome and Introductions



Today's Presenter



Jennifer Hodgson, PhD, LMFT

Principal

Health Management Associates
(HMA)

Introductions

In the chat box, we invite you to share your:

- » Name
- » Role
- » Organization
- » One thing you're hoping to learn today

Agenda

- » Introductions
- » Definition of Coordination Requirements with Family Urgent Response System (FURS), Regional Centers, and other Dispatch Lines According to [BHIN 23-025](#)
- » Differentiating between FURS, Regional Centers, and other Commonly Accessed Dispatch Lines
 - Overview Each System's Services
 - Mobile Crisis Team Coordination with Each System
- » Coordination Infrastructure and Memoranda of Understanding (MOU)
- » Summary
- » Questions and Discussion

Learning Objectives

Participants will:

- » Describe coordination requirements as described in [BHIN 23-025](#).
- » Differentiate between the Family Urgent Response System, Regional Centers, and other dispatch lines (e.g., 911, 988).
- » Discuss the value of developing county-level plans for coordinating member safety and improving outcomes.
- » Apply a person-centered approach to facilitating warm handoffs between the mobile crisis team with the Family Urgent Response System, Regional Centers, and other dispatch lines.
- » Review mobile crisis team infrastructure elements that streamline community partnerships and transfer processes.



M-TAC Trainings

Prior [M-TAC trainings](#) connected to this training's content:

- [Crisis Safety Plan Development](#)
- [Community Partnership Coordination Strategies](#)
- [Co-occurring Disorders/Responding to SUD Crises](#)
- [Culturally Responsive Crisis Care for Children, Youth, and Families and Children with I/DD](#)
- [Culturally Responsive Crisis Care for Individuals/Families with I/DD – Adult](#)
- Aftercare and/or Post-Crisis Follow-up Strategies

Upcoming M-TAC trainings that build on or connect to this training's content:

» **October 31, 2023**

Upcoming Suicide Prevention (Assessment and Intervention)

» **November 1, 2023**

Triage and Appropriate Dispatch of Mobile Crisis Teams (including tool)

Coordination Requirements



Why Coordinate at the Community Level?

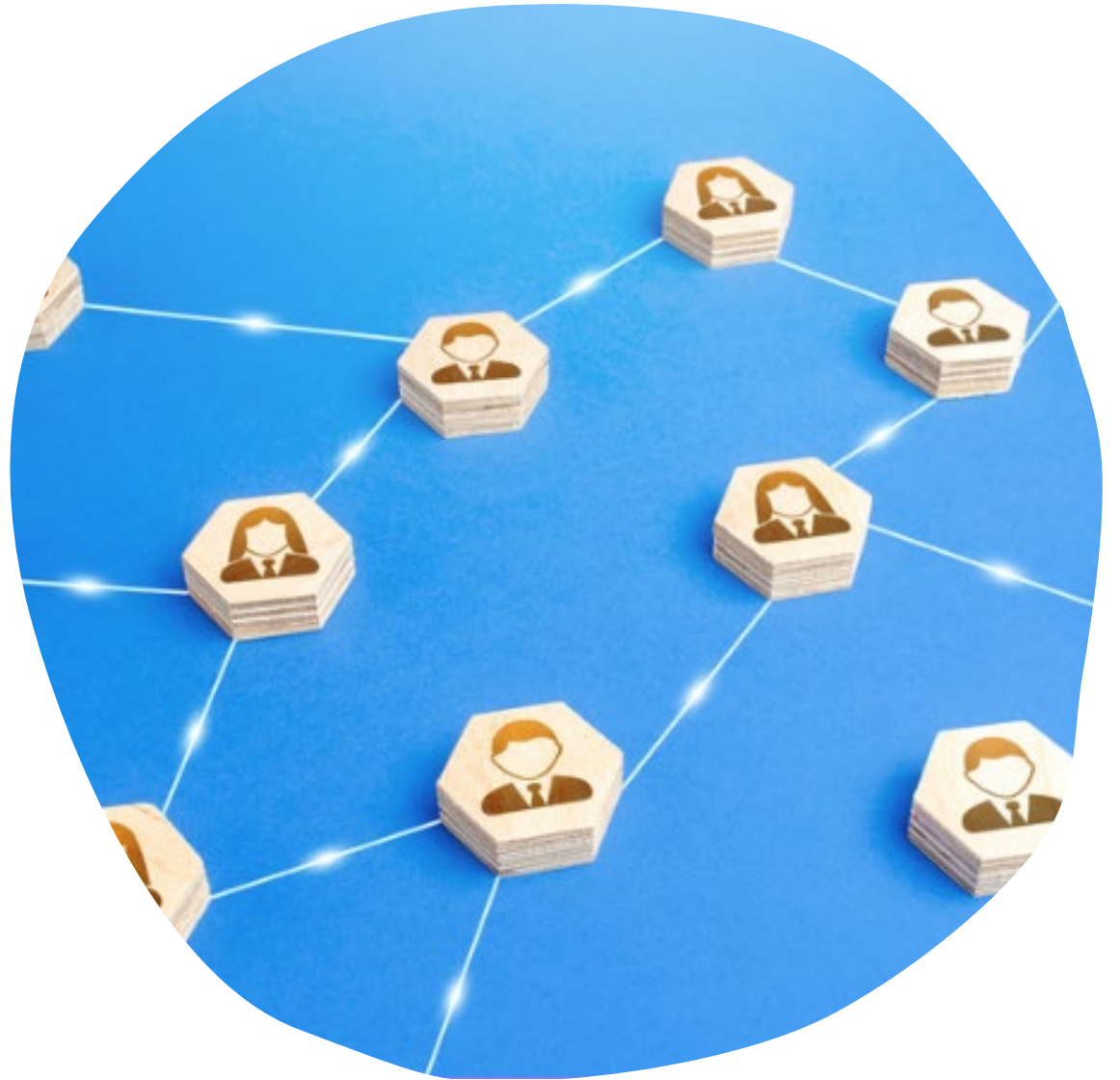
- » Deinstitutionalization (1955-1980) left many individuals with mental illness undertreated and the promise of community-mental health systems designed to meet their care needs never fully materialized.¹
- » The National Alliance on Mental Illness (NAMI), a consumer advocacy group in 2020, reported 2 out of 5 incarcerated people have mental health conditions.²
- » In 2023, researchers found individuals experiencing a mental health crisis respond best when there is a coordinated, comprehensive response grounded in the community.³
 - Benefits of community coordination:
 - reductions in treatment gaps
 - improvements in continuity of care
 - minimization of exposure to police violence for those in crisis

¹ Dvoskin et al. (2020); ² NAMI (2021); ³Townsend et al. (2023)

What Does “Coordination” Mean?

According to the [BHIN 23-025](#), Medi-Cal behavioral health delivery systems...

- **shall coordinate with** the 988 Suicide and Crisis Lifeline, local law enforcement and 911 systems, the Family Urgent Response System (FURS), and community partners to ensure members have information about mobile crisis services.
- **shall document their strategies for establishing a crisis services hotline for use** by members in crisis and their outreach plans in their mobile crisis services implementation plans (described in section VIII(c), pp. 5-6).



Important Community Partners for “Immediate” Coordinated Services

- » In addition to trauma-informed on-site intervention and other de-escalating strategies to help respond and resolve mental health crises and opioid overdose (e.g., naloxone), mobile crisis response may also include, ([BHIN 23-025](#), p.13):
 - Immediate coordination with other providers involved in the member’s care;
 - Immediate coordination with other crisis receiving and stabilization facilities such as:
 - sobering centers
 - crisis stabilization units
 - psychiatric health facilities

For Discussion

- » What are examples of important community partners in your community with whom mobile crisis teams should coordinate?
- » Are there partners with whom you are not coordinating services? Why?

Invitation: please place your responses in the chat.



Differentiating Between FURS, Regional Centers, and Other Commonly-Accessed Dispatch Lines



M-TAC

Family Urgent Response System



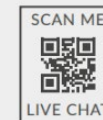
What is the Family Urgent Response System?

- » **The Family Urgent Response System** includes state and local mobile response teams to provide immediate trauma-informed support to current and former foster youth and their caregivers.
- » Local mobile response teams are comprised of compassionate, trained professionals available to provide face-to-face support during critical moments.
- » Both the statewide hotline and local mobile response teams are available 24/7/365.
- » Callers are connected to a live person in less than 40 seconds.¹
- » Provide immediate, in-person, face-to-face response preferably within one hour, but not to exceed 3 hours in extenuating circumstances for urgent needs, or same-day response within 24 hours for non-urgent situations.²
- » Email: info@cal-furs.org



Call or Text:
1-833-939-FURS

Online:
CAL-FURS.ORG



¹ Alliance for Children's Rights (2021); ² CA Welfare Institutions Code (WIC), [Sections 16526 -16530](#)

How Does FURS Help?

- » Provide current and former foster youth and their caregivers with immediate, trauma-informed support when they need it.
- » Prevent placement moves.
- » Preserve the relationship between the child or youth and their caregiver.
- » Provide a trauma-informed alternative for families who previously resorted to calling 911 or law enforcement.
- » Reduce hospitalizations, law enforcement contacts, and placement in out-of-home facilities.
- » Promote healing as a family.
- » Improve retention of current foster caregivers.
- » Promote stability for youth in foster care, including youth in extended foster care.¹

What Services Does FURS Offer?

- » A toll-free hotline available 24 hours a day, 7 days a week staffed with caring counselors trained in conflict resolution and de-escalation techniques for children and youth impacted by trauma.
- » County Mobile Response System and Stabilization Teams also available 24 hours a day, 7 days a week.
- » In-home de-escalation, stabilization, conflict resolution, and support services and resources.
- » Ongoing support services beyond the initial mobile response.
- » Hotline and mobile response staff trained in working with children and families who have experienced trauma.¹



¹[Sutter County FURS](#)

Coordinating with FURS at Dispatch

- » If the member mentions FURS during dispatch, explore their interest in FURS or a mobile crisis team; dispatch can warm handoff to FURS if that is what the member chooses.
- » Teams **should NOT** default to FURS if the member shares that they are a current or former foster child, youth, or caregiver.
- » **What are other ways mobile crisis teams can coordinate with FURS optimally?**

How Can Mobile Crisis Teams Support Member Engagement with FURS?

- » Share information and resources with current and former foster youth and caregivers about FURS.
- » Normalize members reaching out for support through FURS and emphasize that children, youth, and their caregivers can get help for issues big or small.
 - Provide examples of how FURS has helped so that caregivers and youth get a better sense of how and when FURS can help.
 - Walk youth and caregivers through what the experience may be like if they reach out to FURS.
- » Utilize key messages such as: reaching out is a sign of strength; you are not alone; FURS is a safe and judgment-free space; FURS is not here to take sides; you don't need to wait for an emergency to get help; you can get support for issues big or small.
- » Encourage youth and caregivers with cell phones to save the number for FURS into their phone contacts so they can easily access it when an issue arises.

Regional Centers



What are Regional Centers?

- » Regional Centers are nonprofit corporations that contract with the Department of Developmental Services to provide or coordinate services and supports for individuals with developmental disabilities.¹
- » California has 21 Regional Centers with more than 40 offices located throughout the state. Both geographic accessibility and population density were considered when selecting locations for the 21 regional centers.²
- » The catchment area boundaries for the Regional Centers conform to county boundaries or groups of counties, except in Los Angeles County, which is by health districts and not by county.
- » Use the link in the chat to identify which Regional Center is closest to you:

<https://www.dds.ca.gov/rc/lookup-rcs-by-county/>

Your County Determines Your Regional Center (except in LA County)

Enter Your ZIP Code to Find Your RC:

Search



Zip code XXXXX is served by:



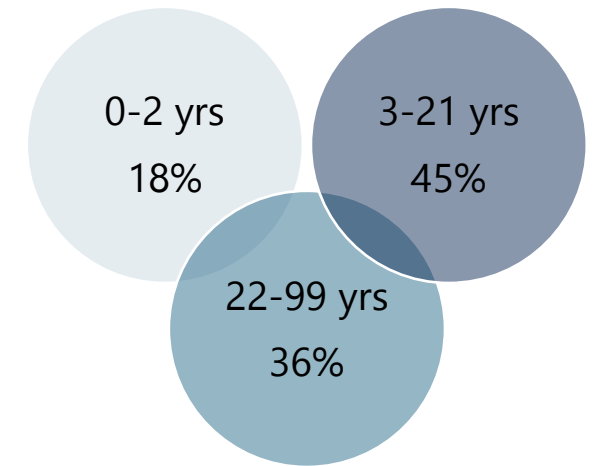
- [Alta California Regional Center](#)
- [Central Valley Regional Center](#)
- [Far Northern Regional Center](#)
- [Golden Gate Regional Center](#)
- [Inland Regional Center](#)
- [Kern Regional Center](#)
- [North Bay Regional Center](#)
- [Redwood Coast Regional Center](#)
- [Regional Center of Orange County](#)
- [Regional Center of the East Bay](#)
- [San Andreas Regional Center](#)
- [San Diego Regional Center](#)
- [Tri-Counties Regional Center](#)
- [Valley Mountain Regional Center](#)

¹ [Information about Regional Centers](#)

² [Lookup Regional Centers by County](#)

Who is Eligible for Regional County Services?

- » To be eligible for services, a person must have a disability that begins before the person's 18th birthday, be expected to continue indefinitely, and present a substantial disability as defined in [Section 4512\(a\)\(1\) of the California Welfare and Institutions Code](#).¹
- » Eligibility is established through diagnosis and assessment performed by [Regional Centers](#).²
- » Regional Centers provide diagnosis and assessment of eligibility and help plan, access, coordinate, and monitor the services and supports that are needed because of a developmental disability. There is no charge for the diagnosis and eligibility assessment.³
- » Once eligibility is determined, a case manager or service coordinator is assigned to help develop a plan for services, tell members where services are available, and help members get the services. Most services and supports are free regardless of age or income.



[RC data from Fiscal Year 2020-2021](#)

¹ http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC§ionNum=4512.

² <https://www.dds.ca.gov/rc/>

³ <https://www.dds.ca.gov/general/eligibility/>



What Services are Provided Through a Regional Center?

- » Information and referral
- » Coordinate services and supports for individuals transitioning from developmental centers to community settings
- » Assessment and diagnosis
- » Counseling
- » Lifelong individualized planning and service coordination
- » Purchase of necessary services included in the individual program plan
- » Resource development
- » Outreach
- » In addition to...

Additional Services Provided Through a Regional Center

- » Community education about developmental disabilities
- » Assistance in finding and using community and other resources
- » Advocacy for the protection of legal, civil, and service rights
- » Early intervention services for at-risk infants and their families
- » Genetic counseling
- » Family support
- » Planning, placement, and monitoring for 24-hour out-of-home care
- » Training and educational opportunities for individuals and families



Caring for Members with Intellectual and/or Developmental Disabilities

- » All members of mobile crisis teams shall participate in training on crisis response for members with I/DD, which may include, but is not limited to general characteristics of people with intellectual disability and autism spectrum disorder, co-occurrence of I/DD and mental health conditions, and crisis intervention strategies for serving this population (e.g., communication tactics and techniques, strategies to involve caregivers, etc.).
- » Medi-Cal behavioral health delivery systems are encouraged to conduct outreach to Regional Centers to promote communication and collaboration (e.g., provision of trainings for county mobile crisis teams, direction of people with I/DD in immediate crisis who contact regional center warmlines to county mobile crisis teams for support).
- » Medi-Cal behavioral health delivery systems are encouraged to also seek supplementary training from local regional centers and/or the State Council on Developmental Disabilities.

Mobile Crisis Team Coordination with Regional Centers



Connect/reconnect members to a Regional Center through referral or linkage.



Contact the member's case manager or service coordinator and share relevant information about the mobile crisis team's visit.



Follow-up with members to see if they connected with their Regional Center successfully.

Mobile Crisis Team Coordination with Regional Centers (cont'd)

- » The [BHIN 23-025](#) requires that:
 - Members receive a follow-up check-in within 72 hours of the initial mobile crisis team's response (p.16).
 - The Medi-Cal behavioral health delivery system shall inform the mobile crisis teams if the member is receiving care management through targeted case management, ICC, ECM, or any other benefit including non-Medi-Cal benefits such as Full-Service Partnership (pp.17-18)
 - If a mobile crisis team receives information that a member is receiving services from a care manager, it shall alert the member's care manager(s) of the behavioral health crisis, as applicable, and coordinate referrals and follow-up consistent with privacy and confidentiality requirements (p.18).
 - Mobile crisis teams shall ensure that they have the member's consent for these disclosures in cases where consent is required by applicable law.¹

¹For example, if 42 C.F.R. Part 2 applies, then consent may be necessary to alert the Medi-Cal behavioral health delivery system of the required response.

For Discussion

- » What **tips or strategies** do you have for coordinating with Regional Centers?

Invitation: Please place your responses in the chat.



Dispatch Lines

The image features two thick, wavy lines that span the width of the page. The top line is a teal color, and the bottom line is a darker blue. They are positioned below the main title and curve gently across the page.



Important Community Partner Lines

- » According to the [BHIN 23-025](#), the following **immediate or hot** dispatch lines are important community partners to “engage in sharing information and conducting outreach about the availability of mobile crisis services” (p. 20)
 - Law Enforcement
 - 988 Suicide and Crisis Lifeline
 - 911
- » Other local/regional/state crisis **warm** lines are also important for community partner coordination and may include:
 - Family Violence
 - Human Trafficking
 - California Peer Run Warm Line
 - Vets 4 Warriors
 - ...and many others!

Difference Between Hotlines and Warmlines

- » **Crisis Lines (or Hotlines)** are intended to be used when a person has suicidal thoughts and/or intent, or another mental health crisis that poses immediate or imminent risk to the caller.
 - Crisis lines, staffed by trained counselors, are more focused on keeping people safe in the moment and getting them connected to crisis resources as quickly as possible.
 - Example: [988 Suicide and Crisis Lifeline](#)
- » **Warmlines** provide emotional support that can prevent a crisis.
 - Typically staffed by peers (paid or volunteer) that have experience with mental health challenges, warm lines provide comfort and support during challenging times, such as challenges with interpersonal relationships, anxiety, pain, depression, finances, alcohol/drug use, etc.
 - Example: [California Peer-Run Warmline](#)
- » **California's Statewide Hotlines, Warmlines and Resources**
 - <https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/Crisis-Hotlines--Resources.aspx>

Law Enforcement and Mental Health Crisis Intervention

- » Mental Health America (2017) estimated that 10% of law enforcement contacts involve someone with a serious mental illness.¹
- » For 1 in 3 people, law enforcement are involved in their pathway to mental health treatment.²
- » Crisis Intervention Training (CIT) does not impact use of force rates; there are mixed results on its effectiveness.³
 - One explanation is that CIT may place more emphasis on officer training than building community partnerships and encouraging community ownership of the program.

¹ Mental Health America (2017); ² Livingston (2016); ³ Bratina et al., (2021)

Re-Envisioning the Role of Law Enforcement

According to the [BHIN 23-025](#) (pp. 20-21):

- When a mobile crisis team is dispatched, it is considered a national best practice for the team to respond without law enforcement accompaniment¹ unless special safety concerns warrant inclusion.
- When not required for safety reasons, law enforcement involvement in a behavioral health crisis can lead to an increase in unnecessary arrests and incarceration of members² living with acute behavioral health needs.
- While law enforcement officers may accompany a mobile crisis team when necessary for safety reasons, they shall not qualify as a member of the mobile crisis team for purposes of meeting Mobile Crisis Team Requirements.

¹[#21-008](#) (CMS, Dec. 28, 2021) p. 2.; ² DHCS, [Assessing the Continuum of Care for Behavioral Health Services in California](#), (Jan. 10, 2022) p. 79.

Mobile Crisis Team Coordination with Law Enforcement

- » It is important that Medi-Cal behavioral health delivery systems coordinate with law enforcement and share information about how to request or coordinate mobile crisis dispatch, when appropriate.
- » Medi-Cal behavioral health delivery systems shall also work with law enforcement to determine how mobile crisis teams and law enforcement can best work together to safely resolve and de-escalate behavioral health crises, minimizing the role of law enforcement except when necessary and appropriate for safety reasons.
- » As part of their implementation plans, Medi-Cal behavioral health delivery systems shall describe strategies to avoid unnecessary law enforcement involvement in mobile crisis teams services and describe how they will ensure mobile crisis teams coordinate with law enforcement to safely resolve and de-escalate crises.

County-Level Decisions to Dispatch Jointly or Sequentially with Law Enforcement

- » Counties may choose to develop coordination agreements where mobile crisis teams and law enforcement may be jointly or sequentially dispatched to a member in crisis.
 - For example:
 - Situations where lethal weapons are involved in the crisis directly and/or there is an environmental issue that makes the safety of the mobile crisis team and others uncertain (e.g., caller indicates the area is unsafe due to the use of lethal weapons).
 - Situations where the mobile crisis team may have arrived for the visit and requested law enforcement be nearby if needed to increase safety and “work together to safely resolve and de-escalate behavioral health crises” ([BHIN 23-025](#), p. 21).
- » **What other ways could mobile crisis teams and law enforcement coordinate to safely resolve and de-escalate behavioral health crises?**

Mobile Crisis Team Coordination with 988 Suicide and Crisis Lifeline

- » Connects callers experiencing suicidal, mental health, and/or substance use-related crises to suicide and mental health-related crisis support.
- » In some counties, where there is collaboration or pilots between 988 and mobile crisis, 988 may warm handoff to mobile crisis teams services if the member would prefer an in-person visit (i.e., Santa Clara county, Kern county, Los Angeles county (pilot), San Diego county).
- » Mobile crisis teams dispatch may transfer to 988 if the person does not want an in-person visit but would welcome talking to a 988-crisis counselor.
- » **What other opportunities for coordination of services between mobile crisis teams and 988 can you think of?**



Coordination Infrastructure and Memoranda of Understanding

Challenges and Solutions



Mobile Crisis Team Coordination with 911

- » There may be situations where 911 needs to be engaged during mobile crisis team dispatch or when arriving for the mobile crisis team visit.
 - Urgent medical issue (e.g., bodily damage, diabetic crisis, chest pain, seizure)
 - Naloxone was administered and the member needs medical attention immediately
 - **Can you think of other examples?**
- » Mobile crisis team should remain in contact with the member until the warm handoff and transfer of care to 911 is successfully completed.

Infrastructure for Streamlining Community Partnership Coordination

- » It is recommended that counties:
 - Develop, in their implementation plans, details on how they will coordinate with the 988 Suicide and Crisis Lifeline, local law enforcement and 911 systems, FURS, and other integral community partners.
 - Engage in community stakeholder meetings to develop coordination plans and agreements.
 - Invite community partners and mobile crisis team staff to learn from one another about what services each brings and ways to strengthen and coordinate crisis response.
 - Identify key contact leads with each community partnership entity.
 - Evaluate implementation plans routinely and invite stakeholders to provide input on program improvement.

Memorandum of Understanding Agreements

- » Counties are encouraged to set up Memoranda of Understanding (MOU) agreements with mobile crisis services and FURS, Regional Centers, and other dispatch lines.
- » These agreements should include the following points:
 - Community partners are aware of the availability of mobile crisis services as a community resource; ([BHIN 23-025](#), p. 19) and,
 - Community partners understand how to request mobile crisis services to assist members experiencing behavioral health crises. ([BHIN 23-025](#), p. 19)
 - As part of their implementation plans, Medi-Cal behavioral health delivery systems shall describe how mobile crisis teams will coordinate with the FURS, Regional Centers, and other dispatch lines to ensure the most appropriate systems are responding to a crisis. ([BHIN 23-025](#), p. 23)

Sample of a Memorandum Between a Crisis Center and Community Partner

<https://camobilecrisis.org/wp-content/uploads/2023/10/MOU-Sample.docx>

Sample MOU between _____ Local Community Partner and XYZ Mobile Crisis Response Team

Service Overview

(Insert paragraph detailing programs and services of XYZ _____ / Local Community Partner)

(Insert paragraph detailing programs and services of _____ Team.)

Purpose of Agreement

The purpose of this MOU is to establish a working relationship among the parties listed above and to document the responsibilities of each party relative to the provision of the _____ service in (insert service area). This agreement is designated to improve collaboration between XYZ _____ Local Community Partner, _____ with the goal of increased efficiency while supporting individuals in need of immediate behavioral health crisis intervention. Parties of this understanding agree to work together in the most efficient, professional, and supportive manner utilizing the least invasive interventions in order to best serve residents of (California County).

Goal of XYZ Mobile Crisis Team

Immediate Goals:

- 1) Improve the experience of accessing mental health services
- 2) Reduce the rate of unnecessary use of emergency departments and psychiatric hospitalization for those who are evaluated in crisis
- 3) Effective handling of incidents involving law enforcement officers and individuals in need of immediate mental health crisis intervention
- 4) Least invasive interventions such as alternatives to hospitalization (i.e., return or remain in their community, home, or other safe environment with linkage to services and utilization of natural supports) will be explored and utilized when possible by the _____ Mobile Crisis Response Team

For Discussion

- » What challenges to establishing mobile crisis team infrastructure with community partners do you foresee?
- » Are there innovations in community partnerships that could benefit your mobile crisis team?

Invitation: please place your responses in the chat.



Summary

- » Community partnerships with FURS, Regional Centers, Law Enforcement, and Dispatch Lines should all be in compliance with the BHIN 23-025 requirements and plans for coordination and included in the County's mobile crisis team Implementation Plan.
- » During dispatch, if the caller indicates they are a current or former foster youth or caregiver to one, ask them if they have used FURS previously for crisis care and if they would like to be transferred to them.
- » If a mobile crisis team receives information that a member is receiving services from a care manager, it shall alert the member's care manager(s) of the behavioral health crisis, as applicable, and coordinate referrals and follow-up consistent with privacy and confidentiality requirements.
- » Memoranda of Understanding agreements with mobile crisis team community partners are important for counties to develop (BHIN 23-025, pp. 19-20).
- » Mobile crisis teams are to remain on the line or on location with the member until a warm handoff is successfully completed and the other service provider is fully engaged.
- » Counties will need to describe in their Implementation Plan details of how they will coordinate with the 988 Suicide and Crisis Lifeline, local law enforcement and 911 systems, FURS, and community partners to ensure members have information about mobile crisis services.

Resources

- » **California Health and Human Services Agency 988 website:**
<https://www.chhs.ca.gov/988california/>
- » **California Regional Centers:** <https://www.dds.ca.gov/rc/>
- » **California's Statewide Hotlines, Warmlines and Resources:**
<https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/Crisis-Hotlines--Resources.aspx>
- » **Crisis Care Mobile Unit (CCMU) Program:**
<https://www.infrastructure.buildingcalhhs.com/ccmu/#:~:text=Crisis%20Care%20Mobile%20Units%20Program,implement%20new%20and%20enhanced%20CCMUs>
- » **Department of Health Care Services 988 website:**
<https://www.dhcs.ca.gov/Pages/988-Suicide-and-Crisis-Lifeline.aspx>
- » **Family Urgent Response System (FURS):**
<https://www.cdss.ca.gov/inforesources/cdss-programs/foster-care/furs>
- » **SAMHSA 988 Suicide and Crisis Lifeline Resources:**
<https://www.samhsa.gov/find-help/988>

Questions?



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References

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Your feedback is important to us!

Post-Survey: attendees need to opt into the 90-day survey so we can collect your emails to send out the Certificates of Completion.

The completion of this survey is vital to our quality control and to the future funding of this project, as it allows us to provide you with training and technical assistance at no cost. In addition, it allows us to continually improve our services and provide the information and resources you need in the field.

**Please take a few minutes to complete the survey!
Your time and feedback are greatly appreciated and valued!**

Thank You!



M-TAC

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