M-TAC
Medi-Cal Mobile Crisis Training and Technical Assistance Center

Strengthening Continuity of Care in Tribal Communities

Introduction: Continuity of Care Map

This tool is designed to help Tribal communities, mobile crisis teams, and county partners create seamless and culturally congruent pathways of care for Tribal community members experiencing a behavioral health crisis—strengthening continuity of care specifically tailored for Tribal communities. It helps crisis response teams chart pathways from inception to aftercare by integrating local natural helpers, trusted community members, traditional healers, and peer supporters into the system of care.

A continuity of care map functions as either a written or visual tool that outlines the care and support provided to individuals in crisis over a series of transitions. The tool addresses transitions between settings, such as emergency departments, schools, Tribal health programs, and culture-based interventions. Designed with the unique needs of both rural and Urban Indian populations in mind, this tool helps bridge systemic and cultural gaps, cultivate warm handoffs, facilitate follow-up plans, and foster culturally congruent care.

The completion of this tool requires a structured approach that balances clinical detail, coordination, and person-centered care. It is recommended that individuals or organizations completing this tool collaborate with Tribal behavioral health services to accurately identify relevant settings, strengthen linkages, and increase awareness of follow-up care plans. The tool improves communication by enhancing coordination between multiple providers and services, thereby promoting patient safety through the reduction of miscommunication and the risk of lost information. The inclusion of natural helpers helps to ground the system with Tribal values.

1. Uses

- **Chart Continuity Pathways:** Support Tribal and non-Tribal crisis responders by visually charting transitions from crisis identification to aftercare using culturally relevant settings and supports.
- **Integrate Natural Helpers as Partners:** Engage natural helpers in defining roles within the crisis response and follow-up processes.
- **Identify and Resolve Gaps:** Recognize barriers to smooth transitions (e.g., communication styles, referrals, Health Insurance Portability and Accountability Act [HIPAA] policies, resource limitations) and leverage local community strengths to identify appropriate strategies to overcome them.
- **Strengthen Tribal Partnerships:** Foster collaboration between Tribal, county, and Urban Indian health systems to strengthen culturally aligned care coordination approaches.

2. Continuity of Care Mapping Activity

Filling out the map is just the first step. The real value comes from using the completed map to drive improvements in care.

1. Create a map of how people experiencing a crisis go from identification to aftercare or ongoing care, including how information about their mental health is communicated across settings. Create additional maps, including follow-up acute care, for any setting.
2. List as many challenges as you can identify and note what is needed to address each one.

Care Mapping Activity Example

Steps for completing this activity:
1. Invite Tribal behavioral health staff, crisis response team members, cultural practitioners, county partners, and people with lived experience to be part of this process. 2. Identify the location of the mapping activity (i.e., the identification setting). 3. Gather key information on how crises are handled in that setting. 4. Include the aftercare locations that are currently in place. 5. Identify challenges and solutions. Define roles for natural helpers in crisis response, healing, and aftercare.

This example demonstrates how to map the process for a crisis identified in a local school setting.

Table 1: Example Map—School Setting

Identification Setting	Current Continuity of Care Strategies	Aftercare/ Ongoing Care Destination	Challenges and Barriers	Actionable Solutions and Proposed Protocols	Integrating Natural Helper and Community Supports
Setting (e.g., emergency department, home, community event): School	• Mobile crisis team (MCT) provides on-site de-escalation. • Warm handoff protocol connects student/family to county behavioral health (CBH) services for intake (protocol currently in place). • School counselor shares safety plan with MCT (currently in planning phase).	• CBH • Tribal wellness center • Primary care physician	• Parental consent and HIPAA releases not consistently obtained. • Mistrust between families and non-Tribal systems. • Long wait times for CBH appointments. • No clear protocol for information-sharing back to the school.	• Develop a "crisis go-bag" with printed HIPAA releases. • Co-develop culturally specific de-escalation training for school staff and MCT. • Reserve rapid-access CBH appointment slots for crisis referrals. • Establish data-sharing agreement (memorandum of understanding) between school, MCT, and CBH.	• Role: An individual who is a trusted Tribal and respected community member who provides grounding support at school, and a Tribal peer support specialist navigates appointments and follow-up care. • Logistics: Predetermined on-call helpers and coordinated travel support.

3. Continuity of Care Mapping Template

Use this blank map to document the process for a crisis in any setting.

Table 2: Blank Map

Identification Setting	Current Continuity of Care Strategies	Aftercare/Ongoing Care Destination	Challenges and Barriers	Actionable Solutions and Proposed Protocols	Integrating Natural Helper and Community Supports
Setting (e.g., emergency department, home, community event):					

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