Medi-Cal Mobile Crisis Services Benefit Implementation Plan 2025 Addendum

ORGANIZATION INFORMATION

County Name/Behavioral Health Delivery System: Mendocino

Contact Information

Please provide below the contact information of the person who can answer questions about the responses (name, phone number, email address).

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MENTAL HEALTH PLAN (MHP) AND DRUG MEDI-CAL (DMC) AND/OR DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM (DMC-ODS)

Please describe how the county's MHP and DMC and/or DMC-ODS will coordinate in the delivery of mobile crisis services, including development and implementation of billing and payment policies.

The MHP and ODS services are integrated and coordinate service delivery. Mobile Crisis teams partner with ODS providers when calls include SUD concerns, partnering in mobile response with service providers meeting mobile qualify for mobile crisis provider callsifications. When ODS providers are not able to accompany mobile teams, mobile crisis services providers support linkage, referral and warm hand off to needed SUD treatment services. Additionally we are working toward increased crosstraining mental health and substance use intervention skills within the mobile crisis workforce. (Is there any cross training that has already taken place? Is there an expided referral process for individuals who are provided a mobile crisis service and are identified as needed SUD support?

PROMOTION AND ENGAGEMENT OF LOCAL RESOURCES

Local Community Partnerships and Engagement

Please describe how the county will promote and engage the local community in the availability of mobile crisis services.

Mendocino County promotes the Mobile Crisis line through a variety of methods. We have announced the benefit in the Mental Health Plan Beneficiary Handbook. The Mobile Crisis Line has been advertised on billboards, mobile bus advertisement, and social media. Presentations on the Mobile Crisis program have been given in Behavioral Health Advisory Board meetings, to NAMI, to the Board of Supervisors, to several Tribal Organizations, and the health care collaboration. Additional partners that are aware of the mobile crisis benefit and services include homeless service organizations, hospitals, schools, clinics, community based organizations, non law enforcement emergency responders; we are regularly presenting as requested or as we identify partners unaware of the resource. Mendocino County and partner crisis responders participate regularly in meetings with law enforcement and emergency departments to ensure communication around shared client care processes.

How will the county meaningfully engage actual and potential consumers of mobile crisis services and their families? Please include events or activities that support active participation and/or direct interaction with potential consumers of mobile crisis services.

Mendocino County participates in multiple outreach events in the public to share information about all Behavioral Health programs and services including Mobile Crisis Services. These events include but are not limited to Health Fairs, community fairs, street fairs, and return to school events. The mobile crisis teams respond to supported housing environments where MHP beneficiaries are housed to provide information and support. Mobile Crisis responders have attended and participated in Wellness Centers to provide information and support to participants in the Wellness Centers. Mobile Crisis workers engage in homeless outreach and participate in prevention activities when not on active calls, to familiarize clients with them and resources and services available.

How will the county engage individuals and families with lived experience of mobile crisis services?

Mendocino County meets at least monthly with NAMI to share news and updates. NAMI frequently partners with MHSA on attending community outreach events and planning community outreach. Mendocino County has roles for peer provider classifications that are currently underfulled, however we intend for peer roles to provide support for engagement with peers and family members.

How will stakeholders such as clinicians, peers, and CBOs be engaged in the planning, implementation, and assessment of mobile crisis services? Describe how the county currently engages with schools and any additional plans the county has for maintaining and improving coordination and communication.

All Mendocino County partner CBOs are invited to stakeholder feedback meetings which are used to identify community prioritization in planning, implementing, and assessing Behavioral Health services, including Mobile Crisis. Stakeholder meetings include a wide variety of public and internal meetings to solicit feedback on behavioral health needs and services including but not limited to quality improvement processes, care coordination processes, compliance processes, contract monitoring meetings, and wellness center client counsel meetings. Mobile crisis attends and occasionally provides reports to the local Health Care Collaboration, Community Correction Partnership, law enforcement meetings, and Contiuum of Care for the Homeless. Behavioral Health and Mobile Crisis attends meetings, and as requested provides presentations and reports to oversight stakeholders such as Behavioral Health Advisory Board, CCMU Learning Collaborative, Oversight and Accountability Commission, and the Board of Supervisors.

How will recipients of mobile crisis services and their families provide feedback about their experience with crisis care?

Mobile Crisis Services are subject to beneficiary protections associated with Behavioral Health Services. Mobile Crisis Services will be subject to the Consumer Perception Survey conducted annually. Mobile Crisis beneficiaries are able to request and complet beneficiary protections such as grievances, appeals, and fair hearings as well as Request for Change of Provider, or Request for a Second Opinion. Patient's Rights Advocacy is available to all beneficiaries. Mobile Crisis service recipients detained under WIC 5150 will be contacted directly by the Patient's Rights Advocate if the individual is detained but not hospitalized for longer than 72 hours. Mendocino County collects beneficiary and family member feedback through a variety of routes. Feedback can be provided via

the website, via department email accounts, and via multiple BHRS phone lines, including the Compliance Line.

How will the county leverage the information gained from outreach and engagement to inform continuous quality engagement?

Mendocino County strives for an excellent service delivery. We investigate all complaints, concerns, and feedback on services and work with the service provider on opportunities for improvement. Mendocino County has a long history of maintaining process improvement projects, and training all Behavioral Health staff in continuous quality improvement practices. Formal quality improvement processes include use of the grievance, appeal, or fair hearing process, use of the Compliance Line for concerns about verification of service or concerns related to fraud, waste, or abuse. Anonymous or general concerns or feedback raised in stakeholder meetings such as BHSA Stakeholder Forums, Cultural Diversitee Committee, or Quality Improvement Committee opportunities are reviewed and responded to regardless of limited detail that may be related to the generalized or anonymous report of the concern. Mendocino County reviews data for trends, outliers, and disparities in various internal and external meetings on a monthly, quarterly, and annual basis. Mendocino County responds to requests for additional information, presentations, panels, and questions about programs related to Mobile Crisis.

How will usage, outcome, and consumer experience data be shared with the community?

Mendocino County reports Mobile Crisis utilization and outcome data to the Behavioral Health Advisory Board monthly with a larger presentation Quarterly. Mendocino County reports Mobile Crisis utilization and outcome data to the Chief Executive Office Quarterly which is presented to the Board of Supervisors and released online on a monthly basis. Mendocino County reports Mobile Crisis utilization and outcome data to the Crisis Intervention Team Task Force quarterly. Mendocino County reports Mobile Crisis utilization and outcome data to the BHSA Stakeholder Forum and QIC Stakeholder Meeting on an every other month basis. Mendocino County reports Mobile Crisis utilization and outcome data to the Quality Assurance and Performance Improvement group on a Monthly basis. Mendocino County reports Mobile Crisis utilization and outcome data to the Community Corrections Partnership as requested during monthly meetings.

LOCAL EMERGENCY MEDICAL SERVICES (EMS)

The county Choose has/does not have a formal partnership agreement with local EMS in place.

Please describe how the county will coordinate with the local EMS agency.

Mendocino County Mobile Crisis program does not currently have a formal partnership agreement with the local EMS agency in place. The local EMS agency is private and has not had capacity to expand and partner with Mobile Crisis up to this point. There are changes which will increase overlap between the Public Health (part of an integrated health agency) partnership with Behavioral Health and Recovery Services. This shift, will increase capacity and opportunity for creation a formal agreement with local EMS.

If the county has a formal partnership agreement with local EMS in place, please attach a copy and name the file "Local EMS Partnership Agreement [County Name]" and enter "N/A" as the county's

response below. If not, describe how the county will establish an agreement for coordination of services when necessary?

Mendocino County is in the early stages of a new relationship. Developing a formal relationship will take time. We anticipate it will take approximately a year to execute a formal relationship with Mobile Crisis.

Please describe the role of local EMS in the county's current mobile crisis response system.

Local EMS responds to 911 initiated Mobile Crisis Calls and Mobile Crisis Calls which during the Triage Tool completion identify that there is a medical risk requiring emergency medical intervention.

If the county's model currently includes local EMS services as a co-response model or transportation model, will this practice continue? How will implementation of this benefit impact that practice?

Local EMS supports Mobile Crisis when a Mobile Crisis call has indicators indicating medical risk factors. 911 dispatch is involved in these calls and EMS responds concurrently with Mobile Crisis. In situations where medical risk takes priority, EMS takes lead on the call. Mobile Crisis stays on site to support addressing crisis issues that may contribute to

TRANSPORTATION POLICIES AND PROCEDURES

Please describe the transportation policies the county will use with the Medi-Cal mobile crisis benefit.

Mendocino County has both caged and uncaged vehicles of various sizes for transporting clients if/when appropriate following a Mobile Crisis contact. Mendocino County Mobile Crisis Services follow the least restrictive standard, and the preferred outcome of mobile crisis calls is to engage the individual in crisis in voluntary acceptance of services. When an individual requires further intervention at a Crisis Center, Emergency Room, Substance Use Treatment Center or other linkage point, and the individual is willing, and medically safe to transport, Mobile Crisis Team members will transport the individual to the linkage or referral point and ensure a warm hand off. In situations where there is a immediate medical risk, Mobile Crisis Teams will request support from EMS for transport. In situations, where an individual is unwilling to voluntarily accept transport, is in significant behavioral health crisis warranting involuntary detention, law enforcement support will be solicited to safetly transport the individual for further intervention, assessment, and treatment.

Does the county use non-Medi-Cal transportation or law enforcement to provide transportation? If so, to what extent? Describe any planned changes.

Mendocino County does use law enforcement to provide transportation in Mobile Crisis response calls in which law enforcement is already a responder and the client requests/prefers to voluntarily go with law enforcement and, as above, when an individual meets involuntary detention criteria and law enforcement agrees it is appropriate and safe to support transport. Mendocino County has not used non-Medi-Cal transportation related to Mobile Crisis contacts, however Mendocino County regularly uses Partnership Health Plan Medi-Cal transportation for outpatient and medical appointment transportation.

OVERSIGHT POLICIES AND PROCEDURES

Please describe the county's oversight policies and procedures.

Mendocino County Behavioral Health and Recovery Servies has multiple levels of oversight. The Mobile Crisis program is under the supervisionof a Program Manager and in coordination with similar service and field based units overseen by the Deputy Director of Operations, Director of Health Services, Chief Executive Officer, who reports to the Board of Supervisors. Crisis workers will routinely be partnered with their supervisor for field response, and meet for supervision at least monthly for supervision and guidance. Team and unit meetings occur from weekly to monthly for learning and discussion between crisis workers and updates on trainings and expectations. Staff meetings occur monthly for BHRS wide training and updates. Mobile Crisis participates in the CCMU Policy Learning Collaborative. Mobile Crisis presents data to the Behavioral Health Advisory Board on a monthy basis and presents larger presentations on a quarterly basis, in which feedback and questions can occur. Behavioral Health Quality Assurance and Performance Improvement unit reviews program data monthly and addresses utilization, outcomes, and disparities as well as prosess improvement opportunities.

How are the county's policies and procedures monitored?

Policies when written are reviewed by the compliance officer to ensure compliance with regulations, and are signed by the subject matter expert Mendocino County reviews formal policies and procedures on an annual basis to ensure they maintain compliance and current best practices.

How is data captured (include names of IT systems)?

Data is currently captured via a Microsoft Excel spreadsheet. We are in process of transitioning data collection to be automated via the Electronic Health Record Avatar.

How are findings shared with supervisors and providers for improvement?

Data are reviewed for utilization, outcome, and disparity trends, outliers, and notable changes on a monthly, quarterly, and annual basis. Notable changes are monitored to determine whether they reflect trends or outliers. Patterns or discrepancies related to geographic areas, times of day, and other trends are monitored for contributing factors and potential opportunities for improved service delivery.

How are findings used to determine training needs for supervisors and providers?

Data collected can be sorted by provider type and used to determine if there are training needs related to rate of detention, response time, and other factors.

CULTURALLY RESPONSIVE AND ACCESSIBLE SERVICES

Please describe how the county ensures culturally responsive and accessible services.

Please describe how the county trains mobile crisis response teams to deliver culturally appropriate and responsive services.

Mendocino County requires all Mobile Crisis Workers to take the M-TAC required trainings including Introduction to Culturally Responsive Crisis Care for Tribal and Urban Indian People, Collaborative, Culturally Responsie Crisis Safety Planning, Introduction to Culturally Responsive Crisis Care for Diverse Communities. Additionally, Mendocino County requires all Behavioral Health staff to take an annual Cultural and Linguistically Appropriate Service Standards training, and at least one other cultural responsiveness training.

RESPONDING TO THE NEEDS OF CHILDREN AND YOUTH

Engagement with Local Family Urgent Response System (FURS) and Child Welfare Services

The county has a formal partnership agreement with local FURS and Child Welfare Services.

Please describe how the county will coordinate with local FURS services.

Family Urgent Response System (FURS) program is a 24/7 response service (1-833-939-3877) for linkage and response to current and former foster youth (through age twenty-one) and their care givers that are experiencing instability. The FURS program will have a county wide phone and mobile response to provide de-escalation to youth and their families. In the course of their duties FURS program may respond to mobile crisis teams and vise versa. The purpose of FURS is to reduce need for 911 intervention, placement disruption, and/or hospitalization. Mobile crisis response involving current or foster involved youth should include the FURS responders. FURS may have existing plans or stabilization, interventions, and de-escalation specific to the youth. FURS responders may also have access to temporary respite for youth or caregiver to allow for a break or space from stressors related to the crisis. FURS responders may also have resources for referral and follow up resources that the mobile crisis team may be unaware specific to foster family agencies and foster care youth. The specialty mental health crisis responder, crisis line, and FURS hotline are all operated by the same community-based organization. Mobile crisis will work with them on protocol surrounding the triage and dispatch tool to ensure the best and least restrictive response team members are dispatched as well as processes for coordination.

Mendocino County had a meeting with the local FURS service provider upon implementation of Mobile Crisis services to discuss coordination and collaboration regarding urgent and crisis services needs. FURS and Mobile Crisis Coordination is included in routine Mobile Crisis meetings, and when needed FURS service providers can be invited to discuss process improvement or care collaboration.
Please explain how the county's mobile crisis team partners with FURS services when necessary.

Mendocino County FURS providers are part of the Continuum of Care for mental health services. Service leadership attends Quality Improvement meetings and Program meetings to discuss service utilization, trends, disparities, outliers, and outcomes. There are multiple opportunities per month to address concerns, successes, or other opportunities for improvement.

What coordination or partnerships are needed to ensure effective engagement with FURS and County Social Services?

Mendocino County participates in multiple Social Services and Child Welfare coordination meetings. Meetings include but are not limited to a role on the InterAgency Leadership Team, MultiDisciplinary

Team meetings, direct service providers attend Child Family Team Meetings, and we have a special meeting for high utilizers to discuss prevention and additional intervention options.

Strategies for Responding to Children and Youth
The county will use the DHCS-provided crisis assessment tool to respond to diverse youth and young adult beneficiaries.

Describe how the county's crisis assessment tool is responsive to diverse youth and young adult beneficiaries. If using the DHCS tools, please enter "N/A."

N/A

Please describe the county's overall strategies for responding to children and youth.

Mendocino County responds to youth crisis calls as if the whole care team is in crisis. Crisis workers consider the input and level of distress of caregivers in the home environment as well as the natural supports of the home or community when assessing for crisis and developing a crisis plan. Crisis workers are trained in unique risk factors for youth and considerations when determining suicide risk and impulsivity. Crisis workers are also trained in considerations for additional supports such as FURS, respite, ICWA, and other resources that might be available depending on client specifics.

Please explain how mobile crisis teams will work with parents, caregivers, and guardians in a manner consistent with state and federal privacy and confidentiality laws.

Mobile Crisis teams are trained in Minor Consent and other confidentiality requirements. Mobile crisis staff will be trained in minor consent laws as pertain to the crisis assessment. In California, laws in Health and Safety Code Section 124260 and the Family Code Section 6924 establishing that a minor 12 years of age or older to consent to mental health treatment or counseling on an outpatient bases, or to utilize residential shelter services if the minor is mature enough to intelligently participate in the treatment. The minor's parent or guardian is required to be involved in treatment unless the professional providing treatment to the minor determines that involvement would be inappropriate. This determination shall include consultation of the minor. One reason under the Family Code for determining that it is appropriate to treat a minor under minor consent, is in cases where the minor is the alleged victim of incest or child abuse, or the minor would present a danger of serious physical or mental harm to self or others without the treatment or residential service. Treatment without parent or guardian consent shall be documented in the client record, as shall any attempt to contact parent/guardians and the rationale for the minor consent treatment. In situations of minor consent to treatment, the minor parent/guardian shall not be liable for payment for treatment except in situations in which they participate.
Mobile crisis teams shall consult a clinical team member in making the decision to treat a minor with out a parent or guardian consent, when a youth requests minor consent treatment to ensure clinical evaluation of the youth's ability to consent.

Please describe the county's triage and dispatching process for staff with specialized training/experience working with children, youth, and families in crisis.

Mendocino County does not currently have the capacity for specialized responders. All Mobile Crisis workers are trained in expectations and best practices related to working with children, youth, and families in crisis.

Please describe how mobile crisis team members are trained to deliver crisis services to children, youth, and families.

Mobile crisis teams will respond to crises of all ages, and there will not be exclusions for any age. In responding to youth mobile crises, addition to the dispatch screening, a triage will be done with specialty mental health crisis services to determine whether they are able to respond, in particular to youth crises occurring at school.
Mobile crisis members will conduct the crisis assessment with youth as with adults with additional consideration for minor consent and involvement of parents, guardians, and other involved caregivers. Mobile crisis workers will utilize trauma informed and culturally responsive approaches in responding to youth and will recognize that youth crisis may be a first point of contact to mental health services for youth and their families; the crisis assessment may be a triage point for a multitude of services needed by the youth and family which they may not be aware of. Mobile crisis will keep culturally responsive considerations in mind when working with youth and families and recognize that youth and families may not use terms of behavioral health in describing behaviors or behavioral health symptoms. In addition, LGBTQ+ youth may have additional stressors and factors contributing to behavioral health concerns which they may not feel comfortable discussing with parents, guardians, teachers, and or other caregivers acting in loco parentis.

Mobile Crisis workers are required to complete M-TAC Trainings for Youth including Crisis Response for individuals and Families with Intellectual and Developmental Disabilities andTrauma informed Care Training. Additionally, the annual Involuntary Detention Training includes a section on unique considerations for youth.

OUTREACH TO MEDI-CAL MEMBERS

Please describe how the county will conduct outreach to Medi-Cal beneficiaries to promote the availability of services and how to access them.

Mendocino County promotes the Mobile Crisis line through a variety of methods. We have announced the benefit in the Mental Health Plan Beneficiary Handbook. The Mobile Crisis Line has been advertised on billboards, mobile bus advertisement, and social media. Presentations on the Mobile Crisis program have been given in Behavioral Health Advisory Board meetings, to NAMI, to the Board of Supervisors, to several Tribal Organizations, and the health care collaboration. Additional partners that are aware of the mobile crisis benefit and services include homeless service organizations, hospitals, schools, clinics, community based organizations, non law enforcement emergency responders; we are regularly presenting as requested or as we identify partners unaware of the resource. Mendocino County and partner crisis responders participate regularly in meetings with law enforcement and emergency departments to ensure communication around shared client care processes.

What media will the county use to promote the new benefit (e.g., mailings, radio ads, posters)?

Mendocino County participates in multiple outreach events in the public to share information about all Behavioral Health programs and services including Mobile Crisis Services. These events include but are not limited to Health Fairs, community fairs, street fairs, and return to school events. The mobile crisis teams respond to supported housing environments where MHP beneficiaries are housed to provide information and support. Mobile Crisis responders have attended and participated in Wellness Centers to provide information and support to participants in the Wellness Centers. Mobile Crisis workers engage in homeless outreach and participate in prevention activities when not on active calls, to familiarize clients with them and resources and services available.

How will the county ensure that these promotions materials will be accessible in threshold languages in the county?

Mendocino County provides a bilingual stipend for staff that use language skills in the routing course of their duties. Mendocino County requires staff to be trained in use of the language line for linguistic responsiveness when the service provider is not bilingual in the preferred language of the client and a translator/interpreter is not available. All written materials are provided in English and Spanish, and will be provided in any other threshold language as they develop.

Does the mobile crisis program create opportunities for communities to come together to learn about crises, available resources, patient rights, and parent/guardian rights? If not, please describe the county's plan to offer this opportunity.

Mendocino County creates the following opportunities for communities to come together to learn about crises, resources, rights, and family resources/rights: Wellness Centers, Stakeholder Meetings, Consumer Events, Supported Housing Community Groups, Behavioral Health Advisory Board Meetings, Outreach & Educational Events, Beneficiary Satisfaction Surveys, program email and phone contacts. Mendocino County is continuously reviewing and adapting opportunities for consumers and their families to provide feedback on programs for ongoing continuous quality performance toward and excellent standard of care and service delivery.

Please read and check each box affirming the county agrees with the information.

☐ I affirm that this county will attach all required documents, if applicable, for review and/or approval with the submittal of this Implementation Plan Addendum.

1. Local EMS Partnership Agreement with file name "Local EMS Partnership Agreement [County Name]"

☒ I affirm that the county will address any other topics identified by DHCS or its training and technical assistance contractor as needed.

Signed by: Karen Lovato
Email Address: lovatok@mendocinocounty.gov
Date Signed: Click to choose dropdown arrow to choose date.

Submission of Implementation Plan Addendum

Please email the completed IP Addendum file to mobilecrisisinfo@cars-rp.org with the subject line: "[County/Organization Name] Implementation Plan 2025 Addendum." IP Addendum submissions must be submitted as a Word document (.docx). The county will receive a submission confirmation from the M-TAC team.