

C.A.R.E.S.
(Crisis & Recovery Emergency Services)

**BACKGROUND ON ADMHS PLANNING FOR
CRISIS SERVICES TO SERVE THE SANTA MARIA COMMUNITY**

Rev. 11/30/04

This document provides current information about some of the short-term, medium-term, and long-term strategies ADMHS is pursuing to expand services in North County for people in crisis due to alcohol, drug, and/or mental health problems.

PROGRAM OBJECTIVES

The specific objectives of the North County crisis services are as follows:

- ❖ To create a safe place for residents of the Santa Maria community to access crisis assessment and crisis resolution services outside of regular business hours;
- ❖ To establish a 24/7/365 “hub” for crisis services in North County that works in close collaboration with existing services such as ADMHS clinics, community-based organizations, law enforcement, shelters, hospital emergency rooms, and the Mental Health Assessment Team;
- ❖ To intervene earlier in escalating crisis situations to achieve better outcomes;
- ❖ To avoid involuntary interventions such as hospitalization or incarceration whenever possible;
- ❖ To reduce the frequency and severity of crises in the community through education, natural supports, and linkage to resources;
- ❖ To shift expenditures from highly restrictive and expensive institutions (e.g., hospital, jail) to community-based care whenever possible;
- ❖ To improve the range of services available to North County residents, including reduced travel time to psychiatric inpatient care; and
- ❖ To advance our Departmental Goal of integrated treatment for alcohol, drug, and mental health problems

BACKGROUND

Every region of the county needs improved crisis services. However, the need is most urgent in North County for several reasons:

- 1) More than half of the calls for crisis assessment to the Mental Health Assessment Team (MHAT) are from North County;
- 2) An estimated 7 individuals visit Marian Medical Center every day needing acute care for alcohol or drug intoxication, psychiatric crisis, or some combination of the two;
- 3) On average, one North County resident is hospitalized every day for psychiatric care;
- 4) There is no psychiatric inpatient facility in North County, so individuals must travel to Santa Barbara, San Luis Obispo, or Ventura (or beyond) to be hospitalized;
- 5) There is no publicly-operated or funded “sobering station” in North County;
- 6) The ADMHS Santa Maria Outpatient Clinic is closed on evenings and weekends; and
- 7) The population is growing more quickly in North County.

To respond to this need, ADMHS has taken the following actions:

- ✓ Entered into an agreement with San Luis Obispo County for referring adults in acute psychiatric crisis to their Psychiatric Health Facility;
- ✓ Created a Crisis Services Program Manager position to evaluate and coordinate crisis services provided by ADMHS and our community-based partners;
- ✓ Formed a workgroup with San Luis Obispo County Behavioral Health, Marian Medical Center, and Horizon Mental Health Management to develop options for regional inpatient treatment, including specialized services for children/youth and older adults;
- ✓ Established the Restorative Policing Program in Santa Barbara, and introduced the model to law enforcement departments across the county with the objective of expanding the program;
- ✓ Funded the Lompoc Self-Help Center, a peer-run program serving the local mental health community;
- ✓ Allocated three ADMHS positions to serve North County residents in collaboration with Marian Medical Center and the Mental Health Assessment Team – “Crisis Specialists” who are dually competent in alcohol/drug and mental health;
- ✓ Developed plans for a 24/7 ADMHS Regional Crisis Intervention Center, anticipated to open in Santa Maria in June 2005, to serve as a “hub” for crisis services in the North County;
- ✓ Allocated funds for a 12-bed Crisis Residential Facility in Santa Maria to serve adults in crisis due to alcohol, drug, and/or mental health problems, to be operated by a community-based organization – also anticipated to open in June 2005.

RELEVANCE TO PLANNING PROCESSES

ADMHS Departmental Goals 2004/05

Improved crisis services are the highest priority ADMHS departmental goal for Fiscal Year 04-05. Goal 1 states our intention to, “Continue to improve ADMHS’s crisis intervention system in order to be more responsive to the community.” The new North County services will also advance each of the ADMHS’ other departmental goals: Goal 2 (“Maximizing available revenue...in order to have adequate resources to serve individuals with mental illness and addiction”), Goal 3 (“Comprehensive system of care for youth, adults, and older adults”), Goal 4 (“Ensure that Alcohol/Drug and the Mental Health community work in collaboration to serve the public”), and Goal 5 (“Ensure a highly qualified and motivated staff through enhanced recruitment, retention, and staff development”).

Five Year Strategic Plan for Adult Mental Health Services - 1998

The Five Year Plan was adopted by ADMHS in 1998. “Urgent Care” was the highest priority for change, defined as, “rapid access to services by adults with serious mental illness on long-term care teams who are *in crisis* or who may need assistance quickly to avert a crisis.” The plan called for rapid and qualified assessment outside of regular business hours to avoid unnecessary hospitalizations. The current plans for a 24/7/365 Crisis Intervention Center and nearby Crisis Residential Facility are directly responsive to this need.

MISC Long-Term Strategic Plan - 2000

While the MISC Long-Term Strategic Planning group did not address crisis services directly, it clearly articulated the value of providing “traditional and non-traditional services that wrap-around the family and child to prevent more restrictive placements” or enable youth to return to the community. The

24/7/365 Crisis Intervention Center will provide a safe place for children/youth and their families to get assistance around the clock and be connected with wraparound services.

Director's Focus Groups – 2001/02

In the first months of his administration, the new director, Dr. James Broderick, met with ADMHS staff, clients, families, and community-based organizations (CBOs). Staff highlighted the “lack of comprehensive crisis prevention and response” particularly for adult mental health clients, pointing out that “too many resources are consumed by costly and restrictive inpatient care.” CBOs identified the need for short-term crisis stabilization facilities, especially in North County, and advised the Director to “obtain additional funding for crisis intervention services.” Consumers and family members requested 24/7 access to crisis services, including short-term crisis residential facilities, and wanted a locked psychiatric inpatient unit in Santa Maria, or in SLO as an alternative. These needs are all addressed by the current initiatives.

Alcohol and Drug Program Strategic Plan - 2002

The Alcohol & Drug Program adopted a five-year strategic plan in 2002. The plan calls for: a more comprehensive service system in all regions of the county; increased access to services for persons affected by drug and alcohol issues through multiple community doorways; and improved integration of service delivery by ADMHS for clients with co-occurring disorders. The Steering Committee specifically identified “expanded detox services and crisis services in partnership with MHS and other agencies” as an action step. The 24/7/365 Crisis Intervention Center now under development will provide assessment, triage, and stabilization of acutely intoxicated youth and adults. The Crisis Residential Facility will offer five to ten day stays for adults in the early stages of detox.

System of Care Project Team – 2002

The System of Care Project Team prepared recommendations in seven areas, including Crisis Services. Their final report specifically called for easier access to services by clients in crisis, including medications, with the aim of reducing hospitalizations. It also asked for the development of crisis residential facilities with the capacity for detox. The current initiatives will pilot these services in Santa Maria, and ADMHS will explore the feasibility of expanding them countywide in future years.

1421 Study Group – 2003

A primary finding of the AB1421 Study Group was the need for services for individuals who do not quite meet the criteria for a 5150 involuntary detention, but are nonetheless in need of crisis services. Too often these individuals end up incarcerated or escalating until they are hospitalized. The Study Group sought an alternative that would make crisis services readily available and provide relief to families and CBOs who are providing care around the clock.

ADMHS's Biopsychosocial Rehabilitation & Recovery Model of Care - 2004

The new crisis and recovery services will advance the ADMHS service philosophy of Biopsychosocial Rehabilitation & Recovery as specified in its March 2004 Model of Care document. Key components of the Model of Care that are especially pertinent to North County Crisis Services include:

- Quality services for persons of all ages with addiction and/or mental illness;

- Integrated services for persons with co-occurring alcohol, drug and mental health issues, and other medical needs – intoxication is not a barrier to admission;
- Collaboration with community-based organizations, County partners, and other community agencies to achieve objectives;
- Prevention and early intervention so as to minimize disruption and disability in clients’ lives;
- Cultural competency in service delivery;
- Continuous learning and improvement in service delivery and administration;
- Active involvement of clients and families in treatment, recovery, and policy development ;
- Responsiveness to the communities in which we work ;
- A team-based approach that draws on the talents of staff with a variety of training and experience;
- A system of care philosophy that demands close collaboration and coordination with other service providers, community resources, and natural supports.

Community Roundtable – 2004

A community roundtable was held in Santa Maria in May 2004 to gain input about the program design and to ask other organizations how they may contribute to making the new services a long term success. The meeting was co-sponsored by ADMHS, the Mental Health Commission, and the Advisory Board on Alcohol & Drug Problems. Participants included representatives of ADP & MH community-based organizations, Marian Medical Center, MHAT, local chapters of the National Alliance for the Mentally Ill (NAMI) and the Community Recovery Network, Santa Maria Outpatient Clinic staff and management, Santa Maria Police Department, and Superior Court. The almost 30 participants affirmed the need for the program and were insistent that the Crisis Residential Facility should be enlarged (it was initially proposed as a 6-bed facility, subsequently enlarged to 12 beds). They also felt strongly that the assessment function should be physically distinct from the residential program (resulting in the current proposal for two separate facilities). Other points of discussion included: the need for an augmented 24/7/365 crisis response to help people who are assessed by MHAT but not hospitalized; linkage with local detox; transitional housing and recovery programs; a close partnership with law enforcement to reduce incarceration; and the possibility of collocating some services with Marian Medical Center.

PLANS

Specific plans for programs to be developed in the short-term, medium-term and long-term are described below. These new initiatives are referred to as “C.A.R.E.S.”, Crisis and Recovery Emergency Services.

Current

- 1) Establish contract to admit Santa Barbara County residents to San Luis Obispo PHF**
 - Began November 15, 2004
 - Significantly reduces the distance that Santa Maria residents must travel for psychiatric inpatient care
 - During this initial phase, only includes adults with MediCal

Short-term

- 2) Allocate three ADMHS positions to provide community-based crisis services for persons of all ages in crisis due to alcohol, drug, and/or mental health problems**
 - Anticipated start date January 2005

- Proposed hours: 3 pm to midnight Sun/Mon/Tue, 10 am to midnight Wed/Thu/Fri/Sat
- Services to be provided include:
 - Assessment
 - Triage
 - Brief treatment (crisis intervention, medication)
 - Referral to Alcohol & Drug providers, Mental Health providers, ADMHS Mental Health Clinics (where assessments will not be repeated)
 - Locations
 - Based at Marian Medical Center (MMC)
 - Responding to MMC Emergency Department & Floors
 - Traveling to secure community locations such as Good Samaritan, Juvenile Hall, and Santa Maria City Police Department holding cells
 - Traveling to unsecured community locations when accompanied by law enforcement or MHAT

Medium-term

3) Open a Crisis Intervention Center (aka “Alcohol, Drug, and Mental Health E.R.”) in Santa Maria with extended hours to serve persons of all ages in crisis due to alcohol, drug, and/or mental health problems

- Anticipated start date August 2005+
- Hours: 24/7, 365 days per year
- Locations
 - Based near Marian Medical Center (MMC)
 - Responding to MMC Emergency Department & Floors
 - Traveling to secure community locations such as Good Samaritan, Juvenile Hall, and Santa Maria City Police Department holding cells
 - Traveling to unsecured community locations when accompanied by law enforcement or MHAT
- Referrals from:
 - Self
 - Family, roommates, etc.
 - Marian Medical Center Emergency Department
 - Community-based organizations
 - Law enforcement
 - Other
- Services to be provided include:
 - Assessment & triage
 - Drug testing
 - Stabilization of acute alcohol & drug intoxication
 - Brief treatment (crisis intervention, medication, brief counseling, brief psychotherapy)
 - Referral, linkage, and planned disposition
 - If client is referred to ADMHS Mental Health Clinic, assessment will not be repeated
- Blended staffing combines employees of ADMHS and community-based organizations
- On a case-by-case basis, people with a history of, or facing charges of, violent crime or sexual predation may be excluded. On a case-by-case basis, individuals with infectious

disease, contagious conditions, acute medical needs, or substantial medical needs may be excluded.

- Licensed by State Department of Mental Health as an Outpatient Clinic and Site Certified by State Alcohol & Drug Programs

4) Open a 12-bed Crisis Residential Facility for adults (alcohol/drug and/or mental health)

- Anticipated start date September 2005+
- Average length of stay: 5 to 10 days
- Location: Near Marian Medical Center
- Services to be provided include:
 - Assessment
 - Drug testing
 - Social model detox (i.e., decreasing drug & alcohol acuity)
 - Medication
 - Respite housing
 - Brief treatment (crisis intervention, individual, family, and group counseling & psychotherapy)
 - Individual and group rehabilitative skill-building utilizing Substance Abuse Management Module and P.A.L. Community Re-entry Modules
 - Education about alcohol & drug problems, mental disorders, and community resources
 - Peer supports
 - Assistance with community housing
 - Linkage to natural supports, community resources, discharge planning, and coordination of aftercare
 - If client is referred to ADMHS Mental Health Clinic, assessment will not be repeated
 - Data collection and evaluation of outcomes 30 days post-discharge
- Program provided by community-based organization(s) on contract to ADMHS.
- On a case-by-case basis, people with a history of, or facing changes of, violent crime or sexual predation may be excluded. On a case-by-case basis, individuals with infectious disease, contagious conditions, acute medical needs, or substantial medical needs may be excluded.
- Certified by State Department of Mental Health as a “Short-Term Crisis Residential Facility” and licensed by Community Care Licensing/State Department of Social Services as a “ Social Rehabilitation Facility”

Long-term

5) Open a psychiatric inpatient unit in or near Santa Maria providing acute care for children/youth, adults, and older adults

- Anticipated start date – unknown
 - Currently working collaboratively on a project team with Marian Medical Center, SLO Behavioral Health, and Horizon Mental Health Management
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NOTE: This document was printed on December 1, 2004. The information it contains is subject to change. The plans described here are contingent on funding to ADMHS from local, state, federal, and other sources.

For further information about the North County crisis service initiatives, contact **Heidi Garcia, MFT, ADMHS Assistant Director – Mental Health Programs**, ph 681-5229, <hgarcia@co.santa-barbara.ca.us>.

For further information about the RFP process for the 12-bed Crisis Residential Facility, **contact Carrie Topliffe, CPA, ADMHS Assistant Director – Administration**, ph 681-4092, ctopliffe@co.santa-barbara.ca.us.