California Association of Local Behavioral Health Boards and Commissions

Rev. 5, April 2025 www.calbhbc.org/crisis-care-continuum

ISSUE BRIEF: Crisis Care Continuum

CRISIS CARE CONTINUUM — Ensuring timely access to effective services and supports.

Social and financial costs are high as unserved and underserved individuals with severe mental illness and/or substance use (alcohol or drug) disorders repeatedly experience behavioral health crisis. Local communities must provide a comprehensive behavioral health crisis continuum for all ages, while also addressing foundational elements (see page 2) that reduce the need for crisis services.

RECOMMENDED CRISIS SERVICES & SUPPORTS — With 24/7 availability & Peer Providers Imbedded

1. **On-Line and Phone Supports** provide guidance and support to individuals (or their loved ones) experiencing a mental health and/or substance use related crisis." Examples:
   - 9-8-8
   - Butte County
   - Madera County
   - San Diego County

1. **Crisis Intervention Team or Coordinator:**[2] Many individuals in crisis, their families and supports, must navigate multiple transitions in care during a very vulnerable time. It is difficult for individuals to move smoothly to higher or lower levels of service intensity as needs change. A dedicated team or coordinator aids in providing continuity of care through a crisis episode, and facilitates a smooth transition through levels of service.

3. **Mobile Crisis Teams** (conducted without law enforcement as much as possible)[6] increase access to timely and appropriate services, and decrease unnecessary emergency room visits or arrests. Teams can respond to individuals and families in their own homes, or even on the streets, can de-escalate behavioral health crisis and facilitate appropriate follow-ups. They can also respond to service settings such as emergency rooms, clinics, housing programs, criminal justice settings and schools. Examples:
   - SMART, San Mateo County
   - Mobile Crisis Triage, Placer County

4. **Crisis Stabilization Services** are short-term treatment units that provide immediate care to individuals experiencing a mental health or substance use disorder crisis. Examples:
   - MH Urgent Care Center, Sacramento
   - BH Triage (School-Based), Humboldt
   - Hospital Emergency Dept **EmPath** Units
     - Sacramento County (Slide 29)
     - Los Angeles County (Slide 28)

5. **Sobering Stations** provide a comfortable, safe environment for individuals intoxicated from either alcohol or drugs. Clinicians and peer staff engage clients in substance and/or mental health services, ensuring linkage and warm hand-offs to community-based services and follow-up. Examples:
   - Bakersfield Recovery Station, Kern County
   - Mission Street Sobering Center, Santa Clara

6. **Peer Respites** utilize peer providers (individuals with lived experience of mental illness and/or substance use) to engage people in services and supports. In rural settings, services are provided on an as-needed basis (e.g. utilizing a room within a behavioral health agency or renting a room from a contractor for overnight stays). Medical, nursing or clinical services are provided as needed. Examples:
   - 2nd Story, Santa Cruz County
   - Hacienda of Hope, (L.A. County)

7. **Crisis Residential Treatment Programs:** Short-term, intensive, supportive services in a home-like environment. Examples:
   - Santa Clara County
   - Santa Barbara County

Foundational Elements—Averting Crisis: Page 2 **Funding/Grants:** Page 3

FOUNDATIONAL ELEMENTS — Averting Crisis

A continuum of care must address factors that prevent entry into crisis care.

The following are key components within a behavioral health continuum of care, along with a listing of CALBHB/C issue briefs, addressing specific issues and populations.

1. **Engagement Tools** including peer staff whenever possible.
   - Comprehensive Outreach
   - Shared Decision Making
   - Psychiatric Advance Directives [3]
   - Assisted Outpatient Therapy (AOT)/Laura's Law *see below*
   - Court-Ordered Care & Conservatorship [4] (As a last resort.)
2. **Comprehensive Community Services** that are accessible, integrated, recovery-focused, trauma-informed, culturally relevant, have significant use of peer staff, & address:
   - Housing (including Board & Cares)
   - Mental Health
     - Prevention/Early Intervention
     - Psycho-Social Services
     - Peer Support
     - Medication Management
     - Crisis Care
     - Hospitalization (As a last resort.)
   - Physical / Behavioral Health Integration
   - Public Guardians & Conservators
     - Appropriately trained
     - Manageable caseloads
   - Substance Use / Behavioral Health Integrated Services
   - Vocational / Behavioral Health Integrated Services
3. **Inter-Agency Collaboration** between crisis care programs, emergency services, hospitals, jails, law enforcement, prisons, schools and behavioral health departments (public & private) that include:
   - Information Sharing
   - Discharge/Aftercare Plans
   - Warm hand-offs

ISSUE BRIEFS

Board & Cares (ARFs/RCFEs)

Children & Youth
- Integrated School-Based Services
- Transitional Age Youth

Criminal Justice

Crisis Care Continuum

Disaster Prep/Recovery

Employment

LGBTQ+

LPS Act

Older Adults

Performance Outcome Data

Substance Use Disorder

Suicide Prevention

Workforce

Full Listing of Issues (30+):

www.calbhbc.org/newsissues

Assisted Outpatient Treatment (AOT)[4]/Laura's Law[4]

Designed to help individuals with mental illness who have a condition known as "anosognosia" (a lack of awareness of their mental illness), specific criteria are required for consideration of AOT, related to a demonstrated history of repeat crises. AOT services are court-ordered, and include AOT status hearings. While medication is not forced, medication outreach is ordered when an individual agrees to medication as part of treatment (it is self-administered.)

www.calbhbc.org/lauras-law

Cost Savings

In addition to addressing social costs, crisis continuum programs reduce financial costs associated with emergency services, incarceration, hospitalization and homelessness. Crisis Care Services, in Phoenix, AZ were estimated to reduce inpatient spending by $260 million in 2016, preventing $37 million in emergency room costs.

California counties have recognized improved performance even in very small counties (e.g. Sierra County, Glenn County).

FUNDING

FEES & MEDI-CAL

Below are links to recommended best practices for funding crisis services. Note: Medi-Cal (federally known as Medicaid) requires matching funds. Common sources of matching funds: Mental Health Services Act (MHSA) and Realignment Funding (1991 and 2011 (AB 109).

Crisis Call Center: Cell-Phone & Land-Line Fee+

Substance Abuse and Mental Health Services Administration (SAMHSA) Toolkit Page 38+

Crisis Care Coordination:

CalAIM Enhanced Care Management Policy Guide, Page 24, CA Department of Health Care Services (DHCS), September 2023

Crisis Stabilization Services & Crisis Residential:

- SAMHSA Toolkit , page 40
- Medi-Cal Provider Billing Manual, DHCS
- Children—Medi-Cal EPSDT (Early Periodic Screening Diagnostic Treatment) services are for Medi-Cal beneficiaries under age 21. EPSDT services include mental health and substance use treatment, including assistance with scheduling appointments and arranging transportation for Medi-Cal covered appointments.

Mobile Crisis:

The federal match (Medicaid) is 85% starting April 1, 2022 for up to three years. DHCS

Substance Abuse and Mental Health Services Administration (SAMHSA) Toolkit, page 39+

Respite Services:

Medi-Cal Community Supports (Previously called "In Lieu of Services") Policy Guide, Page 36+, DHCS, July 2023

Sobering Centers:

Medi-Cal Community Supports (Previously "In Lieu of Services") Policy Guide, P. 56+

PRIVATE INSURANCE

States, counties and local jurisdictions should establish rates that can be applied to all payers (public and private). Establishing reasonable reimbursement rates for crisis services reduces the demand on communities to cover health care expenses that should be covered by insurers. This supports the existence of critical safety net services that are timely and accessible to all.[7]

LOCAL FUNDS

It is in the interest of cities, counties, schools, law enforcement and private hospitals to collaborate and partner with funding due to the shared value that a robust crisis care continuum can provide.

Funds administered by local Behavioral Health Agencies include: Mental Health Services Act (MHSA) funding (from the Community Services and Supports (CSS) component), and Realignment Funding.

GRANTS

Infrastructure

Behavioral Health Continuum Infrastructure Grants to construct, acquire, and rehabilitate real estate assets, or invest in mobile crisis infrastructure, including crisis intervention, crisis stabilization, crisis residential and peer respite. Community Care Expansion: Operating Subsidy Payments & Capital Project funding for licensed adult and senior care facilities.

Workforce

HCAi—Loan Repayment, Scholarship or Grant Program, Health Care Access and Information (HCAi) (formerly OSHPD).

See CALBHB/C Newsletter for current grant listings.

End Notes:

1. Statewide 988 Roll-Out: https://www.chhs.ca.gov/blog/2022/07/18/statewide-988-roll-out/
2. Roadmap to the Ideal Crisis System: , page 79. The National Council for Behavioral Health, 2021
3. **Psychiatric Advance Directives (PADs)** are legal documents, drafted when a person is well enough to consider preferences for future mental health treatment. PADs allow appointment of a health proxy to interpret preferences in a crisis, and the PAD is used when a person becomes unable to make decisions during a mental health crisis. More at: www.calbhbc.org/pad
4. **Court-Ordered Care Related Programs & Legislation:**
   A. Community Assistance, Recovery & Empowerment (CARE) Court focuses on people with schizophrenia spectrum or other psychotic disorders who meet specific criteria – before they get arrested and committed to a State Hospital or become so impaired that they end up in a Lanterman-Petris-Short (LPS) Mental Health Conservatorship. It connects a person in crisis with a court-ordered Care Plan for up to 12 months, with the possibility to extend for an additional 12 months. The CARE Plan includes community-based services and supports that are culturally and linguistically competent, including: short-term stabilization medications, wellness and recovery supports, and connection to social services, including housing. CARE process participants will be prioritized for the Behavioral Health Bridge Housing program, which provides $1.5 billion in funding for housing and housing support services. www.chhs.ca.gov/care-court

   B. **Assisted Outpatient Treatment (AOT):** Designed to help individuals with mental illness who have a condition known as "anosognosia" (a lack of awareness of their mental illness), specific criteria are required for consideration of AOT, related to a demonstrated history of repeat crises. AOT services are court-ordered, and include AOT status hearings. While medication is not forced, medication outreach is ordered when an individual agrees to medication as part of treatment (it is self-administered.)

   CA's Department of Health Care Services 2019-20 Report highlighted:

   - **Homelessness** was reduced by 32 percent.
   - **Hospitalizations were reduced by a 40 percent change** during AOT, as compared to prior to the program.
   - **Law enforcement contacts were reduced by a 42 percent** change during AOT, as compared to prior to the program.

   C. Laura's Law: [Important Note: Research evidence has shown very little correlation between mental illness and any violent behavior.[5]] Signed into law in 2002, Laura's Law was adopted by the California Legislature after a man with mental illness fatally shot Laura Wilcox, a 19-year-old volunteer at a Nevada County mental health clinic. The legislation allows each county in the state to decide whether to adopt the provision. To qualify for Laura's Law, an individual must have a serious mental illness that resulted in a psychiatric hospitalization or incarceration twice in the previous three years or resulted in violent behavior within the past 48 months. 2020 legislation, AB 1976 requires counties to participate in Laura's Law, including implementation of AOT, unless they opt out. www.calbhbc.org/lauras-law

   D. Lanterman Petris Short (LPS) Act Issue Brief summarizes the LPS conservatorship process.
5. "While an estimated 18.3 percent of Americans suffer from some form of mental illness, only about 4 percent of community violence is attributable to psychopathology per se (Swanson, 1994)." 2016 "Civil Commitment and the Mental Health Care Continuum: Historical Trends and Principles for Law and Practice", SAMHSA, 2019, page 18. Also see Law Enforcement
6. CalAIM Enhanced Care Management Policy Guide, Page 48, CA Department of Health Care Services, September 2021
7. "National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit", Page 38, Substance Abuse and Mental Health Services Administration (SAMHSA), 2020