Del Norte County Behavioral Health Branch

Crisis Care Mobile Unit Planning

Needs Assessment

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Date:

February 2023

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Introduction

California counties are experiencing an unprecedented moment in behavioral health. The state has allocated over two billion dollars to build back behavioral health infrastructure and build and/or preserve residential care through two new funding opportunities: the Behavioral Health Community Infrastructure Program (BHCIP) and the Community Care Expansion (CCE) program. This represents a pivotal opportunity for Del Norte County as infrastructure funding of this size is extremely rare and unlikely to be available again anytime soon. The state is releasing BHCIP funding, which is described in more detail below, in a series of six rounds.

Recognizing this important, time-sensitive opportunity, the Del Norte County Behavioral Health Branch (DNBHB) applied and received a BHCIP Crisis Care Mobile Unit (CCMU) Planning Grant as part of the first round of funding. The first deliverable for the Planning Grant is to develop an Action Plan that will guide future pre-development activities; pave the way for subsequent funding requests; and set forth plans to successfully integrate mobile crisis response into the existing system of services. Once the Action Plan is approved, the County is eligible for the remainder of their base allocation to support CCMU implementation.

In order to develop a feasible, data-driven Action Plan that leverages the expertise of the County's active and informed stakeholder community, DNBHB contracted with Indigo Project (Indigo) to form a collaborative — composed of providers, family, and peers — to inform the development of the CCMU Needs Assessment and a subsequent Action Plan to submit for their CCMU planning grant and receive their dedicated CCMU implementation funds. This also paves the way for the consideration and development of a Round 6 application to fund any other crisis or other behavioral health infrastructure needed to improve services and outcomes for people in Del Norte experiencing mental health crises.

Background of BHCIP Opportunity

Overview of BHCIP

- The Department of Health Care Services (DHCS) has been authorized through recent legislation to establish BHCIP and award $2.2 billion to construct, acquire, and expand properties and invest in mobile crisis infrastructure related to behavioral health.
- BHCIP provides competitive grants for counties, tribal entities, non-profit and for-profit entities to **build new or expand existing capacity** in the continuum of public and private behavioral health facilities in order to operate **Medi-Cal services for Medi-Cal beneficiaries.**
- DHCS is releasing these funds through six grant rounds targeting various gaps in the state's behavioral health facility infrastructure. Round 1 focused on CCMU, Round 2 on Planning, Round 3 on Launch Ready projects, Round 4 on Children and Youth, Round 5 on Crisis Services, and Round 6 on remaining needs. Rounds 1-4 are complete and Round 5 is active now; Round 6 is expected in the spring of 2023.

BHCIP Requirements[1]

In order to ensure that BHCIP funds are used to meet the desired infrastructure needs for treatment facilities for Medi-Cal beneficiaries, DHCS has stipulated a number of requirements as described below.

- All BHCIP projects must provide 10-25% **matching funds or real property.**
- Funding may only be used for **new or expanding infrastructure projects** to supplement and not supplant existing funds to construct, acquire, and rehabilitate real estate assets.
- BHCIP only covers infrastructure funding, not funding of services.
- DHCS will require that Medi-Cal beneficiaries are served in grant-funded facilities for a minimum of 30 years, and all applications require a letter of commitment from CCBHS for Medi-Cal services provision. The 30 years begins after construction is completed.

BHCIP Exemptions[2]

DHCS has also stipulated some exemptions for BHCIP to facilitate opportunities to maximize the use of this unique funding opportunity.

- A facility project funded by this grant **shall not be subject to a conditional use permit**, discretionary permit, or to any other discretionary reviews or approvals.
- **The California Environmental Quality Act** (Division 13 commencing with Section 21000 of the Public Resource Code) **shall not apply** to any facility project, including a phased project, funded by a grant through BHCIP.

Traditionally, if more than six unrelated people are living in a location, the local zoning process can create steep barriers to implementing new facilities. This is especially true in areas where local residents may object to a new facility and use this to obstruct new development. While it is important to be thoughtful about creating new facilities in areas where they can incorporate into the local community, removing the requirement of a conditional use permit allows a unique opportunity for facilities development.

[1] DHCS, Part 1, Chapter 7, section 5960.15. An entity shall meet all of the following conditions in order to receive grant funds pursuant to Section 5960.5(a), to the extent applicable and as required by the department.

[2] 5960.30.(a)

Methods

This is a mixed methods Needs Assessment that combined interviews and focus groups with system stakeholders with quantitative data collection and analysis. The purpose of this mixed methods Needs Assessment is to:

- Identify and describe the populations who would benefit from a CCMU;
- Describe the volume of crises episodes, including when crises occur;
- Explore what contributes to crisis episodes and the consequence of unmet crisis needs; and
- Inform the development of the CCMU/BHCIP Action Plan.

Qualitative Data Collection and Analysis

Indigo conducted interviews with county leadership, behavioral health leadership and staff; justice system partners; tribal representatives; community based service providers; and peers to learn about their experiences and perspectives regarding the County's current crisis response system, as well as their hopes and concerns about the project and future implementation of a crisis system in Del Norte County. Indigo also facilitated a focus group with consumers to understand their experiences receiving mental health services, including crisis response services, in the County, and to identify what programs or services were most helpful and which were unhelpful, or unavailable to them. Indigo also sought to learn what consumers consider to be the key programmatic elements that help make them feel safe when they start to experience a crisis, as well as the services that should be available in the community so that they do not continue to experience crises. Finally, the Indigo Project also facilitated a community meeting to gather information for the assessment and vet emerging themes, as well as receive feedback about what, if anything, would be useful information to gather as the County moves towards implementation.

In each of these discussions, the Indigo team asked semi-structured questions and took transcript-style notes. At the conclusion of the qualitative data collection, notes were analyzed for key themes that were then used in conjunction with the quantitative data to arrive at Needs Assessment findings for the report.

Table 1. below lists the stakeholder groups that participate

Table 1. Stakeholder Interviews and Focus Group for Needs Assessment

Project Role	Affiliation	Position
Collaborative Member Interviews	County Leadership	• Board of Supervisors & Local Behavioral Health Board Member
	Health and Human Services (HHS)	• Director of HHS • Director/Program Manager of HHS Behavioral Health Branch • Supervisor • Specialists (n=3) • Fiscal
	Sheriff's Office	• Sheriff
	Crescent City Police Department	• Police Chief
	Sutter Health	• Director, Local Mental Health Engagement
	Sutter Coast Hospital	• Emergency Department Manager
	Remi Vista (Children's Specialty Mental Health Services)	• Program Manager • Office Supervisor
	Mission Possible (Shelter and Supportive Services)	• Director of Homeless Services
	Open Door (Community Health Center)	• Site Director • Clinic Manager • Psychiatric Director
	Yurok Tribal Court	• Youth At-Risk Program Manager
	Yurok Tribe	• Opioid Program Manager
	Tolowa Dee-ni' Nation	• Housing Manager
	Consumer	• Family Member
	The SmithWaters Group	• Patients Rights Activist, Administrative and AOD Director, and Peer
Additional Stakeholder Interviews	HHS Housing Services	• Housing Services Manager
	Probation Department	• Chief of Probation
	California Highway Patrol	• Commander
	Del Norte Ambulance	• General Manager • Operations
	Del Norte Unified School District	• Director of Foster/Homeless Youth Services
	The SmithWaters Group	• Director • Program Director
	Yurok Tribe	• Judge
	Open Door (Community Health Center)	• Director
Consumer Focus Group	Consumers	• Consumers (n=12)

Quantitative Data Collection and Analysis

Quantitative data were requested from system partners and used to: 1) identify and describe the populations who experience crises in Del Norte; 2) describe the volume of crises episodes, including when they occur; and 3) explore the extent to which unmet crisis needs impacts the County's hospital system.

Table 2 below shows the different agencies from which data were requested, and the data elements provided.

Table 2. Quantitative Data Collection for Needs Assessment

Agency	Data Elements
Behavioral Health	• Crisis Responses ○ Date and Time • Presumptive transfers (proxy for youth in foster care)
Sheriff's Office	• Calls for Services coded as 5150
Probation Department	• Juvenile Hall Bookings, by Year and Race • Juvenile Placements in Foster Care or STRTP • Adults on Probation with Mental Health Needs
Sutter Coast Hospital	• ED Encounters with Primary Mental Health Diagnoses, by Date • 5150 Holds and Disposition, by Age and City • Sobering Encounters, by Date
Ambulance	• Transports from Hospital

It is important to highlight that Indigo, in partnership with the Behavioral Health Branch, reached out to United Indian Health Services and the California Rural Indian Health Board (CRIHB) to obtain data about crises that occur on native land, however these data were unable to be obtained. Therefore, these data are not included in the assessment and crisis episode counts are likely to be underestimated. Additionally, some data requested were obtained and analyzed to help inform our understanding of who experiences crises in Del Norte, which helped to confirm whether specific phenomena do or do not exist (e.g., data demonstrated there were not high rates of adults on probation with serious mental illness who experienced crises). Only the data elements critical for informing the CCMU planning efforts are included in the assessment findings below.

Findings

Who is impacted by mental health and/or SUD crises in Del Norte County?

There are a substantial number of people in Del Norte County across demographic groups that experience crisis episodes each year. Notably, there were no priority populations that emerged as being the most impacted by mental health and substance use crises in Del Norte County. Instead, there are a diverse group of people being impacted by crises in need of services. Interviews conducted with stakeholders across the County indicated a need for crisis services to have the ability to be flexible in reaching broad populations that spans ages and needs.

The multiple groups that emerged in need of crisis services include:

- All ages spanning from children to older adults, including transitional age youth;
- Tribal and non-Tribal citizens;
- People who are both housed and unhoused; and
- Both one-time and high utilizers.

Additionally, stakeholders report that trauma, substance use, and untreated mental health are pervasive challenges for people in the County. Community members report there have been a lot of overdoses in the region, and individuals experiencing co-occurring substance use and mental health issues are a priority population and there is a strong need for services that can focus on supporting people who have *co-occurring mental health and substance use needs* across demographic groups.

What contributes to crisis events in Del Norte County?

Crisis events in Del Norte County are impacted, in part, due to the small population of the County and the County's geography. Del Norte County has a population under thirty thousand people and is located in the northernmost part of the state bounded by the Pacific Ocean on the West and Oregon state to the North. The main population is centered in and around Crescent City, which is the county seat and the only incorporated city in the County. People that live in outlying areas of the County often have limited access to services, and even experience unreliable internet and frequent road closures in the winter months. Due to the size of the population and geography of the County, people do not have access to services that are available in other regions. For example, crisis services that exist in other parts of the state, such as Crisis Stabilization Units (CSUs), are not sustainable in a County the size of Del Norte. For law enforcement who are often first responders in the community, this means there are few places to take people who are experiencing crises. As a result, they are typically taken to the Emergency Department or jail if they have committed a crime. Additionally, the small community creates unique challenges like limited options for people to pick up medication.

The shortage of services to support people at different stages of crisis contributes to a wide variety of crisis events in the County. This assessment identified **a need for both prevention services to avert crises as well as intervention services when someone is experiencing a crisis.**

> *"People want to be on their medication, but they are having to get meds from a place they have probably been kicked out of before. [We need] someone who is able to distribute medication."*
>
> *– Key Informant*

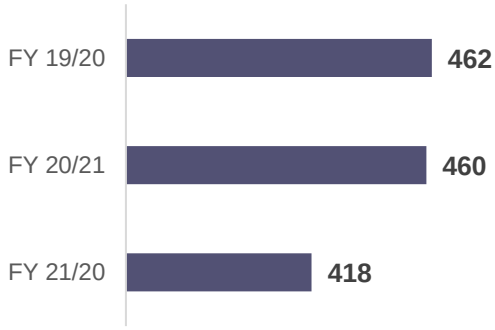
What types of calls are received in the community?

As noted in the previous section**, when a person in the community experiences a crisis, law enforcement (e.g., Sheriff's Office Deputies, Crescent City Police, or California Highway Patrol) is often the first responder.** Since 2019, **law enforcement (i.e., Sheriff's Office Deputies or Crescent City Police) has responded to over 200 calls for service each year** for individuals experiencing a crisis in the community. In 2021, law enforcement responded to 361 calls. However, there is broad agreement that law enforcement does not need to be involved in many crises that do not include threats to public safety, and there is a strong need to have trained behavioral health staff who can meet people in the community along with or instead of law enforcement.

Figures 1 and 2 below show the number of crisis episodes responded to by DNBHB each fiscal year, and the number of individuals experiencing a crisis episode each fiscal year, respectively**.** These data demonstrate that **DNBHB responded to approximately two crisis episodes per day,** in many cases after law enforcement had responded in the community and taken them to the Emergency Department. **Over 400 individuals experienced a crisis each year of the assessment as well.** Between FY19/20 and FY21/22, the County responded to between 720 and 828 episodes each year, representing between 418 and 462 individuals experiencing crises.

Figure 1. Crises Episodes, by Fiscal Year

Figure 2. Individuals Experiencing Crises, by Fiscal Year



Among individuals who are experiencing crisis episodes in Del Norte County, there are many people who only experience one event as well as a substantial group of higher utilizers. As indicated in the table below, **each year there were between 288 and 354 individuals who experienced one crisis episode, and over 50 unique individuals who experienced three or more crisis episode each year.**

Table 3. Individuals Experiencing Crises, by Fiscal Year

Number of Crisis Episodes	Individuals Experiencing Crisis Episode		
	FY 19-20	FY 20-21	FY 21-22
1 Crisis	354	313	288
2 Crises	57	75	73
3 Crises	14	31	23
4 or more Crises	37	41	35
Total	462	460	418

While fewer individuals experienced multiple crisis events each year, over the course of the three year assessment period, **nearly 200 individuals experienced three or more crisis episodes, and 119 individuals experienced four or more crisis episodes.**

When are crises occurring?

Figure 3 shows the number of crisis episodes responded to by DNBHB each month over the three year assessment period (each month in the chart is aggregated over the three-year period). There is some fluctuation in when crisis episodes occur, however there appears to be an **uptick in crisis episodes during spring and fall months**. Aggregated over the three-year period of the assessment, March and October saw the largest number of crisis episodes with 221 and 231 respectively.

As shown in Figure 4, crisis episodes were fairly evenly split across morning, afternoon, and after business hours. Approximately one-third of crisis responses were after hours, between 5pm and 8am, while two-thirds of crisis responses were during business hours. These data indicate a need for crisis response that extends into evenings. Because DNBHB only responded to crises between 12am – 8am for one year during the year assessment period, these data likely underrepresent the need for treatment options available during the evening and early morning hours.

Figure 3. Crisis Episodes, by Month (aggregated over three-year period)

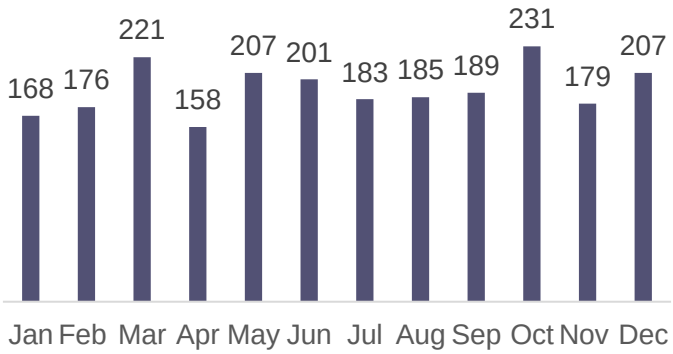
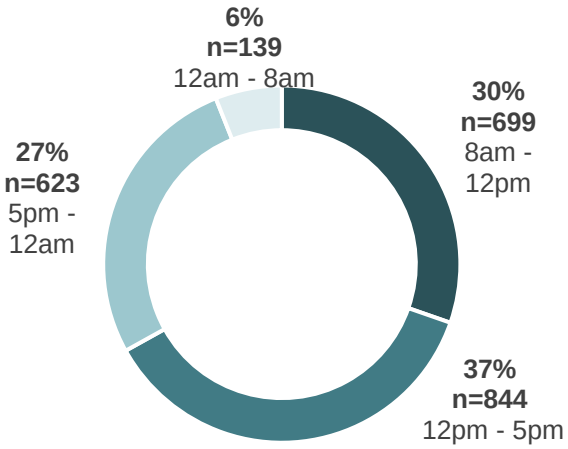


Figure 4. Time of Crisis Response (aggregated over three-year period)



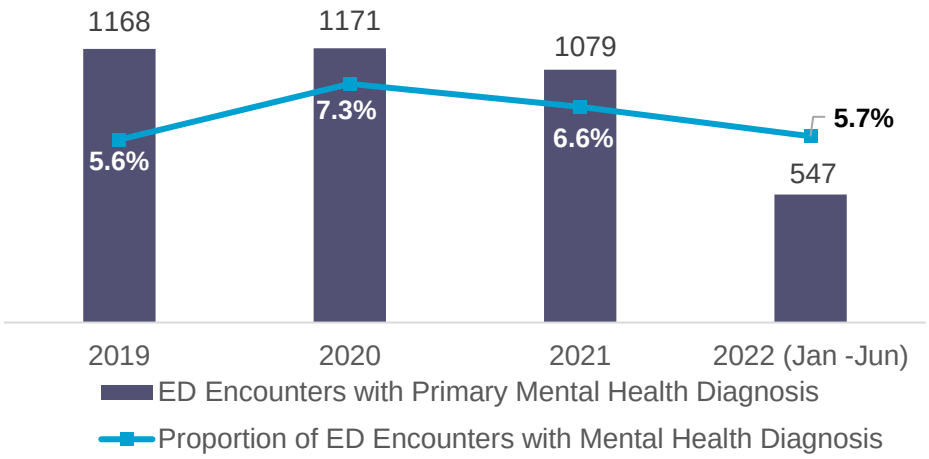
What are the consequences of unmet crisis needs in the County?

The over-reliance on law enforcement to respond to individuals suffering from a mental health crisis coupled with limited service options for people in crisis contribute to a revolving door in jail and large utilization of the emergency department for mental health and substance use related crises.

As shown in Figure 5 below, between 2019 and 2021, there were over one thousand emergency department encounters each year where there was a primary mental health diagnosis. This represented between 5.6% and 7.3% of total emergency department encounters.

> *"We need first responders trained in crisis response: tribal police, County Sheriff, ambulance, volunteer firefighters."*
>
> *– Key Informant*

Figure 5. Emergency Department Encounters with Primary Mental Health Diagnosis



As shown in Table 4 below, **the Emergency Department is the primary location for people experiencing crisis, regardless of whether or not they are on a 5150 hold**. Across the assessment period, there were almost four thousand emergency department encounters where there was a primary mental health diagnosis. However, only 11% (437) of encounters resulted in a 5150 hold; in contrast, there were 3,528 individuals who had an emergency department encounter, with a primary mental health diagnosis, and did not have a 5150 hold. **These data indicate a substantial number of people who might be able to receive crisis services in the community, were the services available, that would avert the need to go to the emergency department.** Stakeholders reported taking people to the emergency department because there are no other drop-in options. This included

> *"We need a place for people to go that don't need a 5150, where we can take them, and we can provide services for them and their family – that would solve so much."*
>
> *– Key Informant*

parents taking children to the emergency room when they were unclear where to find support. This indicates a need for other alternatives for both children and adults.

For those individuals who were placed on a 5150 hold, the majority (61%) were discharged while approximately one in three were transferred to a psychiatric hospital. Notably, the average length of emergency department encounters greatly increases for those individuals with continuing holds, in part because it can take a long time to find an available bed in a psychiatric hospital, indicating a need for additional resources to support people with more severe mental health needs.

Table 4. Emergency Department Encounters with Primary Mental Health or Alcohol Withdrawal

Number of Emergency Department (ED) encounters with a primary mental health diagnosis	• 3,965 ED encounters with primary mental health diagnosis ○ 437 (11%) ED encounters resulted in 5150 hold ○ 369 (84%) individuals placed on 5150 hold lived in Del Norte County, almost all in Crescent City (n=348) ○ 46 (11%) children placed on 5150 hold
Number of 5150 Holds and related outcomes	❖ 437 Involuntary 5150 Holds ○ 147 (34%) transferred to psychiatric hospital ○ 267 (61%) discharged ○ 23 (5%) admitted to hospital or some other outcome (expired-pending, elopement, transfer)
Average length of ED encounter with a primary mental health diagnosis	❖ Average length of ED encounter with a primary MH diagnosis was 8.5 and 11 hours in 2021 and 2022 (through June), respectively ○ For those with a continuing hold, the average length of the encounter was 45.8 and 36.6 hours respectively
Number of alcohol withdrawal encounters	○ There was an average of 4.6 alcohol withdrawal encounters per month

For those that were transferred to a psychiatric hospital, stakeholders reported long travel times and minimal options for people upon release. For example, the Del Norte Ambulance, who provides transport to psychiatric hospitals, reported they often need to bring people to the Restpadd in Red Bluff to find an available bed, which is a five-hour drive from Crescent City. This situation pulls ambulance resources from the County for extended times, while also transporting people far away from their home and support systems. In a focus group of consumers conducted at the Del Norte Service Center, people spoke of the challenge of having nowhere to go and no housing after being released from a psychiatric hospital. The need for both higher levels of services for people as well as transition and step-down services was a theme across this assessment.

What resources are expected to be available as referral sources for those in crisis?

As mentioned above, there are limited options to take people in crisis aside from the emergency department and the jail, indicating a need and opportunity to use Action Planning to explore infrastructure projects that provide alternatives. There are many people that would likely go to another setting if there were alternatives to the emergency room. Similarly, there is a need for alternatives for police to take someone who does not need to go to the ED or Jail. There is also a need to have places for people to go who need a higher level of care to be released from the ED.

As of now, there is an agreement between law enforcement and behavioral health that behavioral health can assist with mental health crises in the community when called by law enforcement. At this time, this resource has been underutilized and both County behavioral health and law enforcement are renewing efforts to use this resource as other options are being designed and implemented.

> *"What if there was a 24-hour support place for any type of crisis…where people could stay and stabilize and get all the services they need; get people out of the elements."*
>
> *– Key Informant*

Additionally, there are a number of services for people in the County, but none are specifically designed for behavioral health crises. For example, the County has a Service Center that provides classes for behavioral health clients, but it is not a drop-in center and is only available for behavioral health clients served through the county. For children and youth, Remi Vista, the children's provider, does deliver walk-in services for children and youth in crisis during their open hours, but focuses on existing clients. Coastal Connections is a teen drop-in center for youth 16 to 24 that can be accessed by any youth needing services; however, this center was closed during the pandemic (currently open again) and is not designed or staffed to serve youth experiencing a mental health crisis.

What are other contributing factors in Del Norte County that may impact Action Planning?

Despite being a smaller, more rural County, Del Norte's population size is also an asset when it comes to collaboration and communication. **Stakeholders in the County work closely together and collaborate to meet the needs of individuals in the community.** This strength is evident in the CCMU planning process. Stakeholders across the County have been actively involved in all aspects of the project and are ready to find common ground and explore creative ways to address the needs of the County.

> *"The future of medicine is not four walls anymore; it's to get out where people are at."*
>
> *– Key Informant*

Many stakeholders mentioned the high utilizer meeting which brings together a multi-disciplinary team to discuss getting services for people who frequently need assistance. This meeting is already a venue to collaborate across groups to meet the needs of people in crisis.

> *"I believe in empowering the community we serve. We are so rural, that our homeless, you don't see them…Outreach has built a relationship with those people."*
>
> *– Key Informant*

Additionally, the County has recently strengthened services for people in need that can be leveraged. The County has been working over recent years to strengthen housing services and support for people who are unhoused. Del Norte Mission Possible provides outreach to the homeless population, which most stakeholders reported as being a strong asset in the community because the Mission Possible outreach workers are adept at building trust and providing "boots on the ground" going into encampments and connecting people to services. Additionally, Mission Possible has set up an informal ambassador program where point people in encampments take on leadership roles and check on each other; however, this program has not been able to provide any formal support or incentives. The Open Door Clinic provides primary care, including access to behavioral health and psychiatry services, to the community. In the last few years, Mission Possible and Open Door, as well as other service agencies, have begun to collaborate to provide more services:

- The Department of Health of Human Services, in partnership with the Del Norte Senior Center and Mission Possible offer a mobile shower set up in the Open Door parking lot. During the time mobile showers are available, the Mission Impossible team tries to engage with the community and connect them to services, such as CalWORKs.
- Open Door has set up a clinic outpost that brings medical services out to encampments and has expressed interest in broadening their work to reach other regions and bring in more behavioral health support.

Finding avenues to build off of existing services may be especially helpful as **there are many people who are struggling in the County that may benefit from proactive services to remain stable before escalating to a crisis.** Stakeholders interviewed repeatedly spoke of individuals that are known to service providers and law enforcement that may benefit from ongoing support that can prevent crisis events. For example, logistic challenges and stigma can create obstacles for individuals with mental health and substance use needs in obtaining a steady supply of medications. For some, having a person check up on them, and help ensure they are getting and taking their medication may stabilize and support people to avert crisis events. There is also a lot of stakeholder interest in broadening the ways people can get medications and exploring options for mobile services to bring medications out to people.

There is an ongoing need to provide services that meet people where they are at culturally, linguistically, and in hours and locations that are accessible. As mentioned above, Del Norte is a rural County with a small population. Additionally, the County has four tribes that provide varying levels of services to their tribal citizens. The Yurok tribe, for example, has an array of support services primarily for Yurok citizens, while other tribes have fewer services.

The unique landscape of Del Norte necessitates creative solutions that are feasible in a County of its size. For example, the County needs more mobile crisis support, but that may not be sustainable in the outlying areas. Additionally, while Tribal citizens typically receive services through United Indian Health Services (UIHS), it is imperative that they are aware of what services they can obtain through County behavioral health. Stakeholders have reported that some tribal citizens would prefer to obtain services through the County to maintain confidentiality, however they have been turned away because there is a perception that they should go to UIHS or that they are not eligible for County services.

Additionally, for all members of the County, there is a need for flexible service options that can provide services in the community that are welcoming and reduce stigma, and provide options outside of traditional business hours.

> *"People can't navigate the system to access the services…There is confusion or miscommunication about what Native citizens are eligible for."*
>
> *– Key Informant*

There is also a need to work with the Tribes in the County to ensure culturally appropriate options are available. As one example, Native American youth are disproportionately represented in the County's juvenile hall. They make up about 10% of the Del Norte population but are 30% of the juvenile hall bookings suggesting there should be efforts to divert these youth to appropriate services when possible.

It has been a strength that there has been tribal representation in the CCMU planning process, and it is important to recognize that tribes may have needs separate from County Behavioral Health that may be addressed through BHCIP. The Yurok tribe, for example, was very recently awarded a BHCIP Round 4 Grant for Children and Youth services, and there are additional needs that may benefit from BHCIP funding, such as a tribal detox center described below.

"In the words of Yurok Tribe Police Chief O'Rourke, the need for access to 24-hour, 7-days a week, mental health facilities could be hugely preventative*:*

I would love to see the tribe actually have its own detox center. So instead of bringing somebody to jail, who's under the influence, unable to care for themselves, we bring them to a detox center.…We can take a proactive, immediate response to help our own people."

- Yurok Tribe, 3-Year Report, pg. 83

Staffing is an ongoing challenge across the County. While counties across the state struggle with staffing, these issues are especially pervasive in Del Norte County that often cannot attract staff for positions, especially when specific clinical credentials are required.

> *"Recruiting for all jobs is difficult. Don't have a lot of facilities, but even if you build a facility if you can't staff it, that is a problem."*
>
> *– Key Informant*

Challenges with staffing impact all County departments and services. This means that staffing needs to be an explicit consideration for any ideas in an Action Plan. As one example, many stakeholders expressed interest in pairing an officer with a clinician as a mobile response model seen in other counties. However, given the number of crisis events and the challenges in recruiting for both law enforcement and behavioral health, this model may not be the most efficient for Del Norte County highlighting a need to explore creative solutions that are feasible given staffing constraints.

There is stakeholder interest and opportunities to build out the role of community health workers, family, and people with lived experience to provide a larger role in crisis support. As a few examples:

- The County has just begun to hire peers in positions within behavioral health and housing services and there is ongoing interest in supporting the role of people with lived experience.
- The County has a volunteer fire department, and stakeholders have suggested they could be a resource to support crisis response.
- While the County currently does not have a National Alliance on Mental Health (NAMI) Chapter, there are stakeholders that are actively collaborating with Humboldt NAMI and working to bring that support to Del Norte County.

In order to make these valuable efforts possible, there is an ongoing need to build out the infrastructure, such as training, resources, and support, to support a more robust network of community workers, peers, and families to be engaged in providing services. Additionally, there is a need to invest in the peer and family member communities to support advocacy efforts and build the workforce of people with lived experience.

Recommendations

The findings from this Needs Assessment led to Del Norte County in collaboration with the behavioral health collaborative to make a series of recommendations to address the need for crisis services in the region.

There were a few overarching findings in the Needs Assessment that highlighted that the County has needs that fall both within CCMU planning as well as those that should be planned and funded separately. Specifically,

- This assessment identified **a need for both prevention services to avert crises as well as intervention services when someone is experiencing a crisis.**
- There is an overreliance on the jail and emergency department because of a shortage of other options to take people in crisis. **Needs Assessment data indicate a substantial number of people who might be able to receive crisis services in the community, were the services available, that would avert the need to go to the emergency department.**

As a response to these findings, the collaborative defined a series of recommendations for services that would be explored outside of CCMU. As shown in the Table below, these include exploring options that include places to go such as a mental health urgent care and crisis respite; in-home crisis respite for children and families; and a Short Term Residential Therapeutic Program (STRTP) for youth with higher level needs.

Table 5. Recommendations Outside of CCMU Planning

Adults		
Mental Health Urgent Care	Re-define same day service team and clinic space to create a mental health urgent care	Del Norte is working internally on exploring options.
Crisis Respite	Open a non-licensed place to go after hours until mental health urgent care opens up	HHS staff to meet with respite provider from another County

Youth		
In Home Crisis Respite	Train crisis staff to provide in-home support after hours until the crisis more fully resolves or until business hours.	Del Norte exploring the possibility of expanding behavioral health services
STRTP/CCRP	Create a STRTP with a small number of Children's Crisis Residential beds.	HHS is doing preliminary outreach to Child Welfare and Juvenile Probation to see if there may be interest in partnering

Within CCMU planning, the Needs Assessment led to the collaborative establishing three goals for crisis services and related objectives.

Goal 1: Reduce the number of people experiencing crisis

Objective 1.1: Partner with Open Door to augment existing "outpost clinic" currently serving people at high risk for crisis.

Objective 1.2: Partner with community organizations to formalize peer mentor crisis prevention services.

Goal 2: Provide crisis services to individuals wherever they are

Objective 2.1: Provide mobile crisis services to individuals in the Greater Crescent City area.

Objective 2.2: Partner with Crisis Response Teams and other first responders to become mental health first aid responders.

Goal 3: Build community capacity to respond to crises.

Objective 3.1: Train community leaders to support crisis response, with a focus in outlying areas.

Objective 3.2: Blanket outlying communities with community crisis response training, with a focus in outlying areas.

These form the basis for the subsequent work planning in the final collaborative meetings where the collaborative team built out progress measure, action steps, and a timeframe for each objective.