

# Department of Health Care Services Request for Application: Crisis Care Mobile Units (CCMU) Program

FY 2021-25

Presented To:

State of California  
Department of Health Care Services



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Director of Behavioral Health

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### Applicant Organizational Information

<b>County Name or List of Participating Counties:</b>	Fresno County
<b>Is the County Fiscally Sponsoring a Provider?:</b>	No
<b>Name of Fiscally Sponsored Organization, if applicable:</b>	N/A
<b>Address:</b>	1925 E. Dakota Ave. Fresno, CA 93726
<b>Phone:</b>	559-600-4645
<b>URL (optional):</b>	<a href="https://www.co.fresno.ca.us/departments/behavioral-health">https://www.co.fresno.ca.us/departments/behavioral-health</a>
<b>Application Contact:</b>	Dawan Utecht, Director of Behavioral Health
<b>Application Contact Email Address:</b>	dutecht@fresnocountyca.gov
<b>Application Contact Phone:</b>	559-600-9192
<b>What is the Applicant's Annual Budget Amount?</b>	\$753,500
<b>Does the Applicant have an Annual Financial Audit?</b>	Yes

## Project Information

<b>Project Name (10 words Maximum):</b>	Crisis Intervention Team Services
<b>Brief Summary and Purpose of Project (100 words maximum):</b>	Crisis Intervention Team (CIT) services are provided in the community by County staff and contracted providers, in collaboration with law enforcement and other first responders, to anyone in the County experiencing a behavioral health crisis. These services include but are not limited to assessment; crisis intervention; community referrals and linkages; community outreach, engagement, and education; and case management. CIT services are community-based and incorporate stigma reduction and prevention as a product of the placement of clinical staff in first responder scenarios. CIT staff collaborate with community agencies, such as hospitals, schools, and other treatment providers to ensure continuity of care.
<b>Amount Requested:</b>	\$753,500
<b>Focus Populations (Race/Ethnicity):</b>	
For the racial and ethnic populations that will be affected, provide your best estimate of the percentage of the total people of each population. (Total may not add up to 100 percent, as individuals may select multiple races/ethnicities).	
African American/Black:	15%
American Indian/Alaska Native:	2%
Asian:	4%
Chicanx/Latinx/Hispanic:	62%
Native Hawaiian/Pacific Islander:	1%
White:	40%
Other (specify):	10% not reported or unknown race/ethnicity
<b>Focus Populations (Age):</b>	
Provide your best estimate for the affected populations within the age ranges identified below. Please note your project must prioritize activities for individuals 25 years and younger.	
<5:	8 (.10%)
5-9:	60 (.90%)
10-14:	675 (9%)
15-19:	822 (11%)
20-25:	891 (12%)
26-34:	1,710 (23%)
35-44:	1,305 (18%)
45-54:	761 (10%)
55-64:	602 (8%)
65-74:	333 (5%)
75-84:	153 (2%)
>85:	98 (1%)

## Narrative Questions

**Track record:** Describe your county’s current behavioral health crisis system and CCMU program or capacity within your existing behavioral health crisis system to implement a new CCMU program. (200 words maximum)

The County’s current CIT program is comprised of a contracted behavioral health provider, partnerships with law enforcement and a county-operated team. The contracted behavioral health provider currently has 24 full-time clinicians and 12 per diem clinicians who co-respond to behavioral health crisis calls with law enforcement from 6:00am to 12:00am, 7 days a week. In addition to law enforcement’s support during these hours, the City of Fresno Police Department, in partnership with the Department of Behavioral Health, developed its own crisis intervention team made up of 4 specially trained officers and 1 Sergeant who are dedicated to behavioral health crisis response Monday through Friday from 7:00am to 5:00pm. The county-operated team consists of 4 clinicians and 1 clinical supervisor who review the CIT field encounters and provide follow-up post-crisis services to the highest risk populations in our community, including youth and justice-involved individuals. These clinicians are also available to respond to behavioral health crisis calls, should the need arise. On July 1, 2021, the County expanded its CIT system of care through implementation of the Family Urgent Response System (FURS) for caregivers and current or former foster youth experiencing a behavioral health crisis, which is operated by a contracted provider.

### **What services are currently available in your county for adults in crisis?**

Mobile Crisis Unit

Staff composition of unit(s)	26 FTE (full-time clinicians) 1.30 FTE (per diem clinicians)
Number of units and cumulative hours of coverage	56,784
How are these teams dispatched?	9-1-1 dispatchers
Urgent Care/Walk-in Clinics	Fresno County Department of Behavioral Health Urgent Care Wellness Center
Crisis Stabilization Unit/23-hour Unit (CSU)	Adult Crisis Stabilization Center Exodus Recovery, Inc. (contracted provider) 39 bed capacity to be shared between adult and youth populations, as needed
Crisis Residential Facilities (CRF)	Adult Crisis Residential Facility Central Star Behavioral Health (contracted provider) 16 bed capacity
Other crisis facility models (e.g., crisis and peer respite, living room model, unlicensed facilities)	N/A
Sobering Centers (SC)	N/A

### **What services are currently available in your county for children/youth in crisis?**

Mobile Crisis Unit

Staff composition of unit(s)	28 FTE (full-time clinicians/other direct service providers) 1.30 FTE (per diem clinicians)
Number of units and cumulative hours of	60,944

coverage	
How are these teams dispatched?	9-1-1 dispatchers or the California Department of Social Services (CDSS) FURS statewide hotline
Urgent Care/Walk-in Clinics	Fresno County Department of Behavioral Health Youth Wellness Center
Crisis Stabilization Unit/23-hour Unit (CSU)	Youth Crisis Stabilization Center Exodus Recovery, Inc. (contracted provider) 39 bed capacity to be shared between adult and youth populations, as needed
Crisis Residential Facilities (CRF)	N/A
Other crisis facility models (e.g., crisis and peer respite, living room model, unlicensed facilities)	N/A
Sobering Centers (SC)	N/A
<b>Are there any behavioral health crisis service facilities or units (CSU, CRF, SC, or others) that your county contracts for that are not located within your county?</b> List program name(s), location (i.e. county), facility or unit type, population served (i.e. adults or children/youth) and number of beds.	
N/A	
<b>What is the current (or intended) process for dispatch of mobile crisis units in your county's behavioral health crisis system?</b>	
<p>The CIT clinicians are dispatched by 9-1-1 operators to co-respond with law enforcement if a behavioral health crisis is identified during the emergency call. If law enforcement determines the individual is experiencing a behavioral health crisis once on scene and not previously identified during the 9-1-1 call, a clinician will also be dispatched at that time.</p> <p>The FURS team receives calls from the CDSS FURS statewide hotline. The mobile unit is then dispatched to provide field response, as appropriate.</p>	
<b>How does your county incorporate telehealth/mobile technology in its behavioral health crisis system?</b>	
In addition to cell phones, the behavioral health clinicians responding in the field are equipped with tablets, which allow them to review medical records prior to responding to a call for service. The clinicians also utilize their cell phones or tablets for telehealth services if the amount of travel time is determined to be detrimental to the health and safety of the individual or other community members.	
<b>How are law enforcement involved in your county's behavioral health crisis system?</b>	
In Fresno County's current model, clinicians co-respond to crisis calls with law enforcement to ensure safety of the individual experiencing a behavioral health crisis, the community, and the clinician(s). Clinicians may also co-locate with law enforcement agencies. When conducting post-crisis follow up activities in the community, law enforcement also accompanies the clinicians for same reasons.	
<b>How many crisis services within your county operate 24/7?</b> Please include information regarding patient wait times.	
The County currently has 24/7 adult and youth crisis stabilization centers, a 24/7 adult crisis residential facility, and inpatient psychiatric health facilities for youth and adults, which are operated by contracted providers. Due to numerous factors and the	

unpredictable nature of the adult and youth crisis stabilization centers, there's not an exact waitlist. The inpatient psychiatric health facilities have an average wait time of 12 hours. The adult crisis residential facility doesn't currently have a wait list and wait time from referral to admission is 2.2 days on average.

**Use of Funds:** Describe in detail your plan for using these funds to expand your current CCMU program or to implement a new CCMU program, including your 1) goals, 2) activities, 3) timeline, and 4) resources. (300 words maximum)

Goal #1: Increase staffing levels to ensure post-crisis follow-up for every crisis encounter involving an individual 25 and under as well as follow-up activities for individuals that don't fall within this population.

- **Activities:** Four case management/peer support staff members will be added to the CIT program (2 assigned to the metropolitan area and 2 assigned to the rural area) to conduct post-crisis follow-up, including but not limited to case management, care coordination, referrals and linkages, assessments, and family/caregiver supports.
- **Timeline:** Recruitment for these positions will begin immediately after securing the funding. January 1, 2022 is the target date to have these positions filled; however, this is dependent upon the candidate pool.
- **Resources:** Fresno County has a large network of resources to support the various needs of our community. The addition of dedicated case management/peer support staff will further our team's ability to share these resources and assist individuals in accessing treatment.

Goal #2: Expand the knowledge of best practices for youth in crisis by offering training opportunities to clinical staff, law enforcement and other first responders, and community partners who serve the 25 and under population in crisis.

- **Activities:** The National Center for Youth Opportunity and Justice (NCYOJ) offers an 8-week training series for youth in crisis. The County would like to make this training available to the disciplines mentioned above to strengthen their understanding of best practices when serving the 25 and under population.
- **Timeline:** Once the funding is secured, the County will immediately begin the enrollment process. This will likely depend on when the training courses are offered by NCYOJ. Ideally, the County would like to have at least 50 individuals trained each year.
- **Resources:** Although NCYOJ is a currently identified training source, the County will also explore similar trainings through State or federally recognized organizations.

**Expected Outcomes:** List 2-5 expected direct outcomes of the proposed activities. (200 words maximum)

Goal #1:

- Increased case management and care coordination activities with individuals post-crisis, with an emphasis on post-crisis follow-up with individuals 25 and younger;
- Greater success in linking individuals to services and supports;
- Increased access to services and supports; and
- Reduction in crisis calls for service involving the 25 and under population.

Goal #2:

- Increased knowledge and understanding of best practices when serving the 25 and under population in crisis. Each year of the project, 50 individuals within the

<p>crisis system of care will be trained in CIT for youth.</p>
<p><b>Evaluation Process:</b> Describe how you will document or evaluate progress toward the outcomes. (200 words maximum)</p>
<p>Goal #1: In addition to the data reporting requirements identified in this RFA, the case management/peer support staff will be required to document and track their activities, including but not limited to demographics, contact attempts, contact methods, supports and services offered, successful linkages, unsuccessful linkages and associated barriers, and subsequent CIT contacts, if any.</p> <p>Goal #2: Qualitative data regarding training efficacy will be collected from the participants and analyzed to determine appropriateness.</p>
<p><b>Organizational Capacity:</b> Describe 1) your county's capacity to implement the project (including staffing capacity), and 2) how this project may further build your county's capacity. (250 words maximum)</p>
<p>The County currently has a Staff Analyst, Senior Staff Analyst, Clinical Supervisor, Utilization Review Specialist and Division Manager with the Department of Behavioral Health who oversee the CIT services and will support one another to ensure successful implementation of both goals. The County currently holds contracts between a behavioral health provider and a local law enforcement agency as part of the CIT system of care.</p> <p>Goal #1: The proposed additional staffing in this application will expand our team's ability to complete valuable post-crisis follow-up activities and reduce youth contact with CIT.</p> <p>Goal #2: The training efforts also proposed in this application are expected to expand on staff's knowledge and capacity to provide the best care possible for the people they serve, especially the 25 and under population.</p>
<p><b>Partnerships.</b> Describe clinic or community partnerships and resources that could be readily established or are already in place to support implementation of program goals (200 words maximum).</p>
<p>Goal #1: The County has the support of its current contracted behavioral health provider to add additional case management/peer support staff to their current programs. Any future procurement activities will include this component as a requirement for the awarded bidder. The county-operated CIT program is familiar with the services and supports available through the County as well as community-based organizations and can provide assistance to our contracted providers, if needed.</p> <p>Goal #2: The Department of Behavioral Health has a Staff Development team that's well-versed in coordinating training activities. This team's support will be instrumental in achieving our established training goals in a timely manner.</p>
<p><b>Sustainability:</b> Describe how your project will utilize this funding to support sustainability of your work after the funding ends. (100 words maximum)</p>
<p>Goal #1: The addition of case management/peer support staff will allow the County to evaluate the efficacy of having staff dedicated to providing post-crisis follow-up activities by collecting data, analyzing the outcomes and refining our approach, as needed.</p> <p>Goal #2: The training series the County is proposing to utilize equips participants with the knowledge and tools needed to train others who also serve youth in crisis. By having the CIT system of care trained on this topic and certified to train others will</p>

expand the entire community's knowledge to provide the best care for this population.

**Coordination:** If your county manages multiple CCMUs, describe how you will structure and coordinate the administration of these entities. (200 words maximum)

The County's CCMUs are comprised of County staff, contracted behavioral health providers and partnerships with law enforcement and other first responders. The CIT teams have been working together since 2015 and in this time, we've developed strategies to stay in communication and coordinate amongst one another. We achieve this by having monthly team meetings as well as real time communication and care coordination meetings when the need arises. As a team, we'll continue evaluating improvements to our CIT model, building the FURS program, and coordinating efforts between the CIT and FURS programs. The Department of Behavioral Health serves as the lead agency for CIT services to promote uniformity and consistency in our efforts to serve the community.

**Technical Assistance:** What technical assistance would your county benefit from in implementing this project? (100 words maximum)

If DHCS is able to offer technical assistance to counties, it would be beneficial to continue trainings and webinars around grant administration and budgetary modifications that may come up due to unforeseen circumstances, and coordinate opportunities for counties to learn from each other and the implementation of their grant funding/models.

## Proposed Budget Deliverable Template

Instructions: Please insert deliverable numbers, deliverable descriptions, price quotes, and delivery dates.

**Track 1 – Planning Grant Applicants:** Please only complete the Deliverable Table below through Budget Year 2 (all deliverables must be completed and due by February 14, 2023). Do not complete the Track 2 – Implementation Grant Funding Overview table.

**Track 2 – Implementation Grant Applicants:** Please complete the Track 2 – Implementation Grant Funding Overview table and the Deliverable Table below through Budget Year 4 (all deliverables must be completed and due by June 30, 2025).

<b>Track 2: Implementation Grant Funding Overview</b>			
<b>Funding Categories</b>	<b>Base Allocation (up to \$500,000)</b>	<b>Competitive Funding</b>	<b>Total Funding Request</b>
Infrastructure (no less than 75% of total funding request)	\$435,000	\$68,500	\$503,500
Direct Services (no more than 25% of total funding request)	\$65,000	\$185,000	\$250,000

**Budget for Year 1 (09/15/2021 – 06/30/2022)**

<b>Deliverable</b>	<b>Deliverable Description</b>	<b>Amount</b>	<b>Delivery</b>
D#1	Execute amendments to existing agreements to add the 4 case management/peer support staff by January 31, 2022.	\$250,000	
D#2	Youth in CIT training for up to 50 staff within the CIT system of care by June 30, 2022. Invoice will only reflect actual number of staff trained.	\$97,500	
D#3	Administrative overhead for grant management activities. Invoice will reflect no more than 10% of actual costs incurred in FY 2021-22.	\$34,750	
<b>Total Year 1</b>		<b>\$382,250</b>	

**Budget for Year 2 (07/01/2022 – 06/30/2023)**

<b>Deliverable</b>	<b>Deliverable Description</b>	<b>Amount</b>	<b>Delivery</b>
D#1	Youth in CIT training for up to 50 staff within the CIT system of care by June 30, 2023. Invoice will only reflect actual number of staff trained.	\$97,500	
D#2	Administrative overhead for grant management activities. Invoice will reflect no more than 10% of actual costs incurred in FY 2022-23.	\$9,750	
<b>Total Year 2</b>		<b>\$107,250</b>	

**Budget for Year 3 (07/01/2023 – 06/30/2024)**

<b>Deliverable</b>	<b>Deliverable Description</b>	<b>Amount</b>	<b>Delivery</b>
D#1	Youth in CIT training for up to 50 staff within the CIT system of care by June 30, 2024. Invoice will only reflect actual number of staff trained.	\$97,500	
D#2	Youth in CIT re-certification course to maintain the ability to act as a trainer. Up to 50 staff who were certified in Year 1 of the project will be re-certified by June 30, 2024. Invoice will only reflect actual number of staff re-certified.	\$22,500	
D#3	Administrative overhead for grant management activities. Invoice will reflect no more than 10% of actual costs incurred in FY 2023-24.	\$12,000	
<b>Total Year 3</b>		<b>\$132,000</b>	

**Budget for Year 4 (07/01/2024 – 06/30/2025)**

<b>Deliverable</b>	<b>Deliverable Description</b>	<b>Amount</b>	<b>Delivery</b>
D#1	Youth in CIT training for up to 50 staff within the CIT system of care by June 30, 2025. Invoice will only reflect actual number of staff trained.	\$97,500	
D#2	Youth in CIT re-certification course to maintain the ability to act as a trainer. Up to 50 staff who were certified in Year 2 of the project will be re-certified by June 30, 2025. Invoice will only reflect actual number of staff re-certified.	\$22,500	
D#3	Administrative overhead for grant management activities. Invoice will reflect no more than 10% of actual costs incurred in FY 2024-25.	\$12,000	
<b>Total Year 4</b>		<b>\$132,000</b>	