



# PaTH – Pathways to Healing

## Mobile Crisis Services in Tribal Communities

Southern Region

August 8, 2023, 1:00 pm – 3:00 pm PT

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### **Sponsored and Hosted By:**

California Department of Health Care Services (CA DHCS), Opioid and Stimulant Implementation Support-Training and Technical Assistance (OASIS-TTA)-MAT Expansion Project, UCLA Integrated Substance Abuse Programs (UCLA-ISAP), Advocates for Human Potential (AHP), and Pacific Southwest Addiction Technology Transfer Center (PSATTC), HHS Region 9

# Disclosures

There are no relevant financial relationships with ACCME-defined commercial interests for anyone who was in control of the content of this activity.

# Indigenous Land Acknowledgement

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- We respectfully acknowledge that we live and work in territories where Indigenous nations and Tribal groups are traditional stewards of the land.
- Please join us in supporting efforts to affirm Tribal sovereignty across what is now known as California and in displaying respect, honor and gratitude for all Indigenous people.

## **Whose land are you on?**

Option 1: Text your zip code to 1-855-917-5263

Option 2: Enter your location at <https://native-land.ca>

Option 3: Access Native Land website via QR Code:





What we say and how we say it inspires the hope and belief that recovery is possible for everyone.

Affirming, respectful, and culturally-informed language promotes evidence-based care.

# PEOPLE FIRST

## Language Matters

*in treatment, in conversation, in connection.*



# National Minority Mental Health Awareness Month

*Better Health Through Better Understanding*



<https://minorityhealth.hhs.gov/minority-mental-health/>



Welcome from UCLA ISAP

# Educational Objectives

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<b>Identify</b>	Identify at least two models of mobile crisis services.
<b>Explain</b>	Explain at least two ways that culturally informed practices can be applied in mobile crisis teams.
<b>Describe</b>	Describe at least two strategies to provide more culturally informed mobile crisis response in your community.

Inner-Tribal



Treatment

# Opening

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**ROBERT AGUILAR**

FOUNDER/CEO, INNER-TRIBAL TREATMENT  
PAUMA BAND OF MISSION INDIANS



# Introduction to Mobile Crisis Response

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ADVOCATES FOR HUMAN POTENTIAL, INC.



# Mobile Crisis Care in Tribal Communities

*Monica Reeves*  
*Project Director Crisis Care Mobile Units*

August 8, 2023

# What are mobile crisis services?

- A community-based intervention designed to provide de-escalation and relief to individuals experiencing a behavioral health or substance use-related crisis wherever they are, including at home, work, school, or in the community.
- Provided by a multidisciplinary team of trained behavioral health professionals.
- Provide rapid response, individual assessment and community-based stabilization to Medi-Cal beneficiaries who are experiencing a behavioral health crisis
- Designed to provide relief to people experiencing a behavioral health crisis, including through de-escalation and stabilization techniques; reduce the immediate risk of danger and subsequent harm; and avoid unnecessary emergency department care, psychiatric inpatient hospitalizations and law enforcement involvement.



# GOALS

1

Meet the need of all individuals who experience a behavioral health crisis: **anyone, anywhere and anytime** (SAMHSA National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit).

2

Reduce unnecessary hospitalization and overdependence on restrictive, longer-term hospital stays and/readmissions.

3

Reduce contact with law enforcement or arrest.

4

Utilize least restrictive, less intrusive, lower cost services and supports.

# Core Elements of a Crisis System



## Regional or statewide crisis call center

- Identify and gather information on the referent and person in crisis
- Clinical triage
- Coordinate with and deploy mobile crisis teams
- Referrals and warm handoffs



## Centrally deployed 24/7 mobile crisis teams

- Respond to where the person is
- Deescalate and connect individuals to correct level of care



## Crisis receiving and stabilization programs/facilities

- Alternatives to emergency departments
- Capacity to assess physical health and behavioral health needs and pathway to appropriate services



## Recovery Oriented

- Peer support specialists
- Offer array of services

# Mobile Crisis Response Teams



## Essential Functions:

- Triage/screening
- Assessment
- De-escalation/resolution
- Peer Support
- Coordination with medical and behavioral health services
- Crisis planning and follow-up
- Referral and warm handoff
- Documentation

# Medi-Cal Mobile Crisis Services Benefit ([BHIN-22-064](#))

## Dispatch

- Single telephone number/intake hotline
- Dispatch triage tool
- Procedures for dispatch

## Team Requirements

Two team members with at least one team member:

- Able to deliver a crisis assessment
- Able to administer naloxone
- Licensed Practitioner of the Healing Arts (LPHA) – SUD Treatment Services or Expanded SUD Treatment Services (may be available via telehealth)

# Mobile Crisis Team Staff

Rehabilitative Mental Health Treatment Providers	SUD Treatment Providers	Expanded SUD Treatment Providers	Other Provider Types
<ul style="list-style-type: none"> <li>• Physician</li> <li>• Psychologist</li> <li>• Waivered Psychologist</li> <li>• Licensed Clinical Social Worker</li> <li>• Waivered/Registered Clinical Social Worker</li> <li>• Licensed Professional Clinical Counselor</li> <li>• Waivered/Registered Professional Clinical Counselor</li> <li>• Marriage and Family Therapist</li> <li>• Waivered/Registered Marriage and Family Therapist</li> <li>• Registered Nurse</li> <li>• Certified Nurse Specialist</li> <li>• Licensed Vocational Nurse</li> </ul>	<ul style="list-style-type: none"> <li>• Licensed Practitioner of the Healing Arts (LPHA) as defined in the “Provider Qualifications” subsection of the “SUD Treatment Services” section of Supplement 3 to Attachment 3.1-A of the California Medicaid State Plan.</li> <li>• Alcohol and Other Drug (AOD) Counselor</li> <li>• Peer Support Specialist</li> </ul>	<ul style="list-style-type: none"> <li>• LPHA as defined in the “Practitioner Qualifications” subsection of the “Expanded SUD Treatment Services” section of Supplement 3 to Attachment 3.1-A of the California Medicaid State Plan.</li> <li>• AOD Counselor</li> <li>• Peer Support Specialist</li> </ul>	<ul style="list-style-type: none"> <li>• Community Health Workers as defined in the Community Health Worker Services preventive services benefit.</li> <li>• Emergency Medical Technicians. Emergency Medical Technicians must be certified in accordance with applicable State of California certification requirements.</li> <li>• Advanced Emergency Medical Technicians. Advanced Emergency Medical Technicians must be certified in.</li> </ul>



# Mobile Crisis Team Staff:

Rehabilitative Mental Health Treatment Providers	SUD Treatment Providers	Expanded SUD Treatment Providers	Other Provider Types
<ul style="list-style-type: none"> <li>• Psychiatric Technician</li> <li>• Mental Health Rehabilitation Specialist</li> <li>• Physician Assistant</li> <li>• Nurse Practitioner</li> <li>• Pharmacist</li> <li>• Occupational Therapist</li> <li>• Other Qualified Provider</li> <li>• Peer Support Specialist</li> </ul>			<ul style="list-style-type: none"> <li>• Accordance with applicable State of California certification requirements.</li> <li>• Paramedics. Paramedics must be licensed in accordance with applicable State of California licensure requirements.</li> <li>• Community Paramedics. Community paramedics must be licensed, certified, and accredited in accordance with applicable State of California license requirements.</li> </ul>

# Medi-Cal Mobile Crisis Services Benefit ([BHIN-22-064](#)):

## Assessment Considerations:

- Cause leading to crisis
- Screening for danger to self, others, or grave disability
- Mitigation of risk of danger to self or others
- Identifying current and past services and natural supports, including strengths, resources and medications
- Rapid determination of short-term strategy for restoring stability
- Identifying appropriate follow-up care

## Core Principles

- Addressing recovery needs
- **Peer role**
- Trauma-informed care
- Zero Suicide/Suicide Safer Care
- Safety/security for staff and people in crisis
- Crisis response partnerships with law enforcement, dispatch, emergency medical

# Considerations for Rural and Frontier Communities



Identify how other first responder services operate in your community



Leverage existing services, including transportation



Technology



Crisis team members with multiple roles within the community



Rural Reimbursement Rates that support care



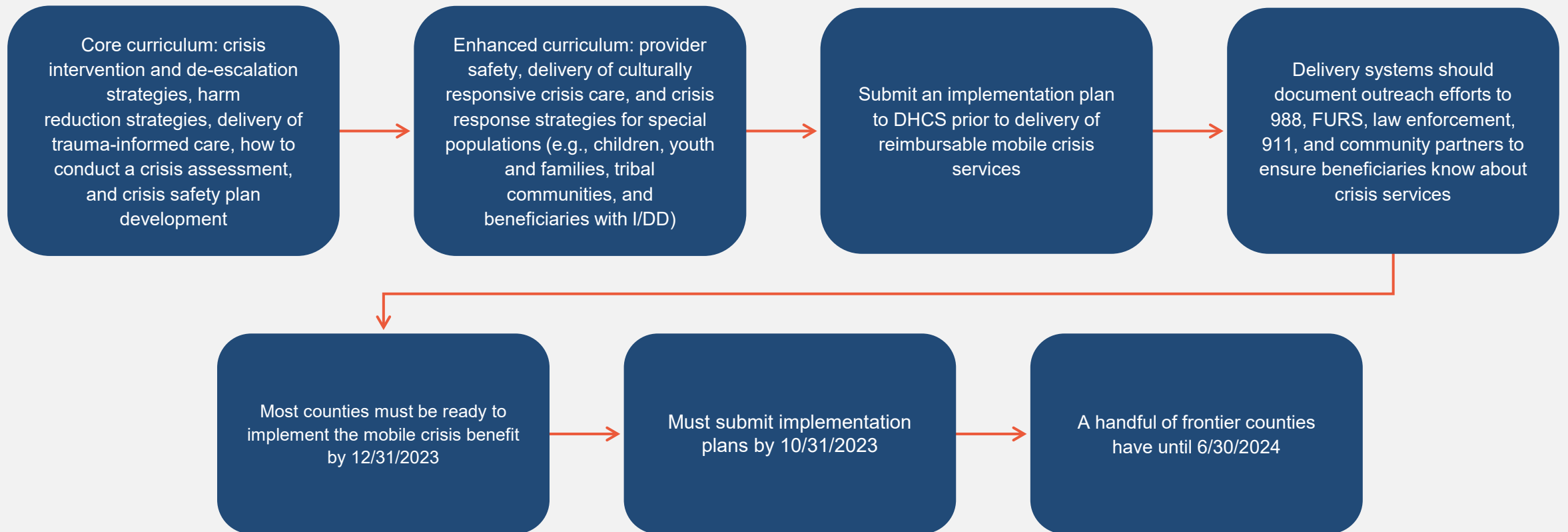
Crisis response times, considering geography

# Mobile Crisis in Tribal Communities

Identify if a tribal member or recipient of services from an Indian Health Care Provider

Connect person to their IHCP or coordinate services with IHCP

# Training Requirements for Medi-Cal Crisis Reimbursement



# Mobile Crisis in Tribal Communities:

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# TUCHILY HEALING HEARTS

## TRIBAL MOBILE CRISIS RESPONSE TEAM

PALA BAND OF MISSION INDIANS



# TUCHILY HEALING HEARTS

## TRIBAL MOBILE CRISIS RESPONSE TEAM

Pala Band of Mission Indians (CA)

Pala Social Service Department

Claudia Chavez, Director



PALA BAND OF  
MISSION INDIANS



# Acknowledging Our Tribal Nations and Lands

We stand on the ancestral homelands, and the honor the people of the Cupeño, and Luiseno tribes.

In 1901, the “Cupeño Trail of Tears,” as it was referred to, was the eviction of the Cupeño people from their ancestral homeland, called Kupa, now called Warner’s Ranch.

In 1903, the Cupeño were removed to a tract of land, that had no form of infrastructure, in the Pala Valley, and had to sleep in open fields. In addition, their religious ties to their previous land holdings were denied to them, hindering their spirituality. Kupa has not been regained.

Today, the Pala Reservation is in southern California, in the middle of the San Luis Rey River Valley, in the northern part of the San Diego County, California. It’s members belong to the Kuupangaxwicheh, or Cupeño, and Luiseño tribes. Pala is federally recognized tribe.

As of 2023, the Pala Reservation has a population of over 1,500 residents. Pala is governed by a six member Executive Committee elected by the General Counsel. Robert H. Smith is the Tribal Chairman.



# Mental Health in Native Communities

“In addition to having higher rates of general medical conditions such as diabetes, obesity, and high blood pressure, there is a high prevalence of mental health problems and psychiatric comorbidity amongst American Indians and Alaska Natives (AI/ANs). A national study comparing the prevalence of mental health disorders and associated treatment-seeking results showed higher rates of psychiatric disorders in American Indians and Alaska natives.”

*-Kwon, S. and Saadabadi, A. (2022) Mental Health Challenges in Caring for American Indians and Alaska Natives.*

<https://www.ncbi.nlm.nih.gov/books/NBK570587/>



# Suicide Rates in Native Communities

- "According to the Centers for Disease Control, the suicide rate for American Indians and Alaska Natives is over twice the national average for other groups. It is the second leading cause of death (behind unintentional injuries and accidents) for Indian youth aged 15 to 24. Suicide impacts the individual, family, peers, community and larger society. Each time a young person takes his or her life, it dramatically affects the lives of at least six to eight other significant individuals-with sometimes permanent consequences to productivity, self-esteem, or physical or mental health (Maris & Silverman, 1995).
- There are higher rates of suicide among survivors (e.g., family members and friends of a loved one who died by suicide). The risk of cluster suicide increases in communities that are closely linked to each other (Walker, D. (2006). A Guide to Suicide Prevention. [AGuidetoSuicidePreventionFINAL.pdf \(oneskycenter.org\)](#)).

# A Guide to Cultural Awareness

The American Indian and Alaska Native Culture Card Guide (2009) was created and intended to service as a general briefing to enhance cultural competence while providing services to American Indian/Alaska Native (AI/AN) communities. (Cultural competence is define as the ability to function effectively in the context of cultural differences.) Further training should be provided by the AI/AN communities.

## Five Elements of Cultural Competence:

1. Awareness, acceptance, and valuing cultural differences.
2. Awareness of one's culture and values
3. Understanding the range of dynamics that results from the interaction between people of different cultures.
4. Developing cultural knowledge of the particular community served or to access cultural brokers who may have that knowledge.
5. Ability to adapt individual interventions, programs, and policies to fit the cultural context the individual, family or community.



# 988

“The new federal number, debuting in California and across the country in 2022, is billed as an alternative to 911 for people experiencing mental health emergencies. Here, advocates say the shortcut will make it simpler for people in crisis to tap into the state’s network of 13 National Suicide Prevention Lifeline call centers.”

- (Sosa, A. (2023) 'A lifesaving tool': California's new mental health crisis line sees a surge in calls. <https://calmatters.org/health/mental-health/2023/07/988-hotline-california-mental-health/>)

**Issues: The 988 call center cannot dispatch to Reservations. Many callers who do utilize the 988 are not identifying as Native Americans.**



# Tuchily Healing Hearts

- Tuchily translates to hummingbird in Cupeño. The hummingbird represents hope and ancestral wisdom, joy, protection and resilience.
- There is a saying that goes, “hurt people hurt people, but healed people heal people.” Tuchily healing hearts invites a lens of supporting the whole individual on their journey to healing their mental health. Taking the first step in asking for help through our mobile crisis team is a road to recovery that will benefit all the generations that come.
- In thinking about the name, part of the logic is that they are focused on strengths and are warm and welcoming. Including the word ‘healing’ can be hopeful in knowing healing is possible and it is not all pain and hurt and that will support any obstacle can be overcome.
- Including Tuchily in Cupeño invokes resilience through language, a reminder that Cupeño is still a language that is being spoken. Focusing on the joy and love that could come from recovery is part of the conversation in mental health that we aim to integrate on tribal lands.



Drawing by a 14 year old Pala Member.

# Program Overview

Tuchily Healing Hearts provides behavioral health services to children, youth, adult, and elderly, regardless of Pala membership status.



**"I want to help my people and want other tribes to do the same over these crises."- Chairman Robert H. Smith (2023).**



# Services include:

- Crisis response (mobile)
- Triage
- Screening
- Assessment
- Intervention
- Stabilization
- Transportation for continuity of care
- Continuing Supportive Services (minimum of 30 days) with:
  - Case management
  - Resources and referrals
  - Therapeutic services
  - Coordination and connection for long term care
  - Transportation for care services





# Referral Process

Referrals are made via phone from:

- Self-Referral
- Pala Fire Department
- Pala Tribal Law Enforcement
- San Diego Sheriff Department
- 988 Access Crisis Line
- 3<sup>rd</sup> Party (Family/Friend/Agency)



# Program Structure

Request for services must be made by referrals via TMCRT hotline.

All calls are screened qualifying/disqualifying criteria:

- Presenting concerns
- Voluntary agreement for services
- Safety Concerns (current SA/SI, weapons, threat of immediate danger)
- Current medical concerns



# Program Structure

**Consultation** with Program Director/Lead Case Worker to determine next steps.

If TMCRT is not dispatched, **referrals** for appropriate services to be made.

If TMCRT is **dispatched**:

- Target time is 1 hours, 2 hours for more rural areas, and 3 hours for remote locations.
- Prior to arriving, notify law enforcement and obtain prior history.



# Upon Arrival

- Complete visual safety assessment
- Complete current client assessment, including Risk Assessment (PSS-3)
- Goal is to stabilize client with safety plan, establish referrals and confirm next steps
- If unable to stabilize, determine next steps:
  - Higher level of care
  - Transportation to placement?
  - Warm Hand-off with plans for next steps
  - Notify law enforcement once event is complete



# Mobile Crisis Vehicles

- Vehicles upfitted to provide safety for all clients and staff
- Stocked with supplies for both clients and staff:
  - Blankets
  - Disposable PPE (Scrubs, gloves, masks, booties)
  - Food/Snacks
  - Comfort Toys
  - Portable Printers
  - iPads



# Staffing

- Program Director
- Lead Case Worker
- Case Workers
- Resource Nurse
- Licensed Clinicians  
(LCSW/MFT/ASW)



Picture of Pala Member-  
Roscinda Nolasquez  
(1892-1987)



# Cultural Considerations

- Community-Based Resources
- Native American-based Resources
- Staff training using culturally relevant mental health trainings
- Provision of culturally relevant mental health trainings to first responders and staff



## Pala Band of Mission Indians



# Goals:

- Operating 24/7, 365
- Expand mental health services and reduce stigma of mental health
- Increase collaboration between Law Enforcement, other First Responders and TMCRT to improve crisis stabilization and provide appropriate behavioral health services to the community
- Improve equity in the access of continuity of care and post-crisis follow up for the Native American community
- Ideal goal: Expand to surrounding 8 other Tribes as part of our Indian Health Council





# References:

1. [https://en.wikipedia.org/wiki/Pala\\_Indian\\_Reservation](https://en.wikipedia.org/wiki/Pala_Indian_Reservation)
2. <https://www.ncbi.nlm.nih.gov/books/NBK570587/>
3. <http://www.oneskycenter.org/wp-content/uploads/2014/03/AGuidetoSuicide>
4. <https://store.samhsa.gov/product/American-Indian-and-Alaska-Native-Culture-Card/smao8-4354>
5. <https://calmatters.org/health/mental-health/2023/07/988-hotline-california-mental-health/>



# Questions and Discussion

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August 8, 2023

# Breakout Activity

What is the current mobile crisis response in your community?



What cultural considerations are currently in place in your community's mobile crisis services?



What are some success stories and what elements contributed to its success?



What are 1 or 2 ways to infuse cultural responsiveness into your community's mobile crisis teams?

# Debrief

# Resources for Continued Learning

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California Rural Indian Health Board <https://crihb.org/>

California Consortium for Urban Indian Health <https://ccuih.org/>

Indian Health Service (IHS) <https://www.ihs.gov/>

National Indian Health Board (NIHB) <https://www.nihb.org/>

Substance Abuse and Mental Health Services Administration (SAMHSA)

<https://www.samhsa.gov/find-help/national-helpline>

National Institute on Drug Abuse (NIDA) <https://www.nih.gov/about-nih/what-we-do>

The Native Center for Behavioral Health <https://www.nativecenter.org/>

National Suicide Prevention Lifeline <https://988lifeline.org>



# OASIS-TTA

Opioid and Stimulant Implementation Support  
Training and Technical Assistance

## CASE-BASED MAT ECHO CLINICS

- Two Monthly ECHO Clinics
  - General and Tribal
- Clinical Case Reviews
- Trauma Informed Approach

## MONTHLY STATEWIDE WEB TRAININGS

- Treating SUD in Primary Care
- Managing Complex Clinical Needs
- Addressing Stimulants & Fentanyl

## ON-DEMAND LEARNING EARN FREE CME/CE

- Fundamentals of MAT
- Buprenorphine Starts
- MAT in Special Populations



## QUARTERLY TRIBAL PROVIDER TRAININGS

- Tribal Health Issues
- Culturally Informed Strategies
- Rural and Urban Settings

## DIRECT MENTORSHIP & CONSULTATION

- Individualized Support from Expert Consultants
- One-on-One Mentorship by Phone or Video Conference

## CALIFORNIA HUB AND SPOKE IMPLEMENTATION SUPPORT

- Learning Collaboratives
- Direct Technical Assistance
- Enhancing Access to Care
- Ensuring Sustainability

**OASIS-TTA SERVICES ARE FREE**

To register, request services, or learn more visit

[www.uclaisap.org/oasis-tta](http://www.uclaisap.org/oasis-tta)