January 15, 2021

CDSS Permanency Policy Bureau
Placement Services & Support Unit
744 P Street, MS 8-13-66
Sacramento, CA 95814
FURS@dss.ca.gov

Please accept the following County Mobile Response System Plan in response to All County Letter 20-89, Implementation Requirements to Establish a Family Urgent Response System (FURS) for Foster Caregivers and Children or Youth.

Contra Costa County Children & Family Services, Behavioral Health Department, and Probation Department are working in collaboration with Seneca Family of Agencies to expand the existing Mobile Response Team in Contra Costa County to meet the FURS legislative requirements. The following plan utilizes the State's FURS Mobile Response System Plan Framework to detail how we will meet those requirements.

Please reach out to our FURS Implementation Team via Hannah Slade at sladeh@ehsd.cccounty.us with any feedback, questions or concerns.

Thank you,

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FURS MOBILE RESPONSE SYSTEM PLAN FRAMEWORK

The Family Urgent Response System (FURS) was established by Section 107 of Senate Bill 80 (Statutes of 2019) and amended by Assembly Bill 79 (Statutes of 2020) and requires counties to develop and implement a Mobile Response System (Welfare Institutions Code (W&IC) 16529(a)) no sooner than January 1, 2021 (W&IC 16529(e)(1)). Counties are required to submit a single, coordinated plan to the California Department of Social Services (CDSS) that describes how the county-based mobile response system shall meet the requirements described in subdivision (c) (W&IC 16529(b)). Counties may implement their plans on a per-county basis or may collaborate with other counties to establish regional, cross-county mobile response systems. For counties implementing their program pursuant to a regional approach, a single plan, signed by all agency representatives, shall be submitted to the department and a lead county shall be identified (W&IC 16529(3)). In anticipation of the implementation of the statewide hotline to occur on March 1, 2021, these plans should be submitted to CDSS **by January 15, 2021**.

The purpose of this document is to provide counties a framework by which to answer fundamental questions of how they plan to develop and implement their Mobile Response System. This document should be submitted to for the purposes of review and technical assistance to CDSS at **FURS@dss.ca.gov.**

For the purposes of this document, the definitions set forward in W&IC 16526 apply, as well as the following:

- "Urgent" means an immediate, in-person, face-to-face response within one hour, but not to exceed 3 hours in extenuating circumstances. All mobile responses will be considered urgent unless a child, youth, or caregiver requests to schedule a same-day response at a specific time or window of time.
- "Non-urgent" means an in-person, same-day response within 24 hours. When a child, youth, or caregiver requests to schedule a same-day response at a specific time or window of time outside the required 3-hour timeframe, the response would be considered non-urgent.

MOBILE RESPONSE: SINGLE-COUNTY/REGION OF COUNTIES

1. County Member(s) of Mobile Response System: *(For counties that take a regional approach, what counties are members and which county will be the lead county? A lead county bust be identified in the single, coordinated plan.)*

Seneca Family of Agencies Mobile Response Team (MRT)/Family Urgent Response System (FURS) program, in collaboration and partnership with Contra Costa County Behavioral Health Services, Employment and Human Services Department, and Juvenile Probation Department.

a. For counties that take a regional approach, what will be the governance structure used (Joint Powers Agreement, Memorandum of Understanding, etc.)? (How will decisions be made?)

N/A

A. COMMUNICATIONS

a. Modes of Communication:

1. Phone number for Mobile Response System:

Seneca's Mobile Response System number is (877) 441-1089 and has been established for over 20 years.

2. How will the Mobile Response System be made available 24 hours per day and 7 days per week? *(Will the Mobile Response System have staff available at a physical location to handle the warm handoff and facilitate entry into mobile response services? Will an on-call system be utilized?)*

Seneca's mobile response team staff are located at 3200 Clayton Road Concord, CA 94519 with a centralized phone line listed above. The MRT phone line utilizes the call center technology platform RingCentral, with database integration with iCarol. The in-person MRT office allows for efficient clinical supervision and program oversight by shift supervisors and program leadership.

To provide FURS-compliant overnight in-person response capacity, Seneca will utilize an on-call system to achieve cost efficiencies for Contra Costa County while call volume is low, while still maintaining 24/7 in-person response capability. Staff rotate overnight on-call shifts and can receive any incoming call from the FURS hotline and respond in-person in two-person teams within 1 hour as they do during the daytime shifts as well.

3. What forms of electronic communication will the Mobile Response System support? *(Text, email, direct message/chat, etc.; Provide contact information for applicable methods of additional communication.)*

Text:

✔ E-Mail: MRTReferrals@senecacenter.org

Chat:

☑ Other: Seneca's mobile response program currently only

b. Coordinating a Warm Handoff with the Statewide Hotline:

1. Will the Mobile Response System contract with a community-based organization(s) or use county staff to act as the county/region single contact for warm handoff and mobile response and stabilization teams? *(If contracting, identify name and contact information for organization.)*

Contra Costa County has contracted with Seneca Family of Agencies as the county's mobile response system provider. Seneca's mobile response program will act as the county's single contact for warm handoff from the statewide FURS hotline. Seneca's mobile response program can be contacted at:

Seneca Family of Agencies
Contra Costa County Mobile Response Team
(877) 441-1089
3200 Clayton Rd
Concord, CA 94519

2. What methods will the Mobile Response System employ to maintain a three-way warm handoff between the Statewide Hotline, the caller, and the Mobile Response System? *(County mobile response systems should utilize the information provided by the statewide hotline during the warm hand off to determine which mobile response team members should respond in-person.)*

Seneca mobile response team will be the single point of contact for warm handoff from the statewide FURS hotline. By contacting the mobile response team directly, the warm handoff will provide a more streamlined process that minimizes the number of providers that a youth and caregivers need to connect with and share their story before receiving support. Mobile response team staff are available 24-hours per day, 7 days per week to receive handoff calls from the FURS hotline using the program's already established mobile response hotline. When a call is received, the mobile response team staff will utilize the warm handoff as an opportunity to ask questions and gather information from the statewide hotline staff, including information about caller identity, data that has already been collected, the reason for the call, what interventions or supports have already been providing, and any other concerns. The warm handoff is also an opportunity to begin building rapport with the caller. In a moment of instability or crisis, callers are likely feeling vulnerable, scared, or even frustrated. By engaging the caller while the hotline staff they have already been speaking with is still on the line, the mobile response team member can put them more at ease, begin connecting with them, and reduce the duplication of interventions or times a caller must repeat the same information as much as possible.

3. What will the process be to ensure a team is sent out quickly once the warm handoff is made?

Following a warm handoff, Seneca's mobile response team is dedicated to dispatching a mobile response team for in-person support as quickly as possible. After a warm handoff with the statewide FURS hotline is initiated, the clinician receiving the call will dispatch a mobile response team immediately. If a safety and risk assessment was not conducted or confirmed during the warm handoff, the clinician will complete this and follow the program's protocols for safety. The clinician will also share information to set expectations for mobile response support and plan with the caller to ensure that they can maintain safety until the mobile response team arrives.

4. How will the Mobile Response System utilize the information provided in the warm handoff about the individualized circumstances presented to determine which team members should be sent out?

Information provided in the warm handoff will be used to prepare the mobile response team to address the reported need or crisis. Seneca's mobile response team always includes two staff, both of whom are typically master's-level clinicians for in-person response and stabilization. If information about specific family needs, such as preferred language, are identified, Seneca will send a mobile response team that is able to meet these needs (e.g. with bilingual staff) whenever possible.

As noted below, in considering how to integrate a peer partner into the mobile response model for FURS, Seneca intends to utilize peers flexibly for some in-field response and some follow-up supportive services. If based on the information provided during the warm handoff it is determined by the shift supervisor that a peer partner would be beneficial in addressing the reported concern, then they may be added to the team for in-person response along with the clinical staff.

B. MOBILE RESPONSE TEAM

a. Team Composition Considerations:

1. How many mobile response teams are needed for the local geographic area (county or region) to ensure a team is always available to respond within the required timeframes, including in the event of multiple families needing a mobile response simultaneously?

Seneca currently operates six mobile response teams of two clinicians each (12 clinicians) to respond to mobile response needs for all children and youth in the county. To expand its mobile response program to comply with the FURS program requirements, Seneca intends to utilize an on-call supplemental pool to use its existing staff to respond to in-person to calls that come in during the hours of 11pm – 7am. The FURS team will re-evaluate these numbers on a regular and as needed basis.

2. Where will these teams be located? *(Will mobile response and stabilization team members be available at that same physical location?)*

Seneca's mobile response teams are based out of the agency's Contra Costa County regional site at 3200 Clayton Rd, Concord, CA 94519. From this location the mobile response team is able to respond to homes, schools, and other community locations throughout the county. The Concord office is centrally located in the County, which allows ease of access to all regions of the County in a timely manner.

3. What will the qualifications of the lead team member be?

All shifts are staffed by master's-level licensed or license-eligible clinicians. Seneca's Program Director, Program Supervisor and Clinical Supervisors over the mobile response program are all licensed mental health professionals. These lead staff supervise all services provided by the mobile response program. The current Program Supervisor and Clinical Supervisor have both been a part of Seneca's MRT program for over eight years.

4. How many staff will be on each team?

Each mobile response team is composed of two master's-level clinicians. Where possible, Seneca will add a peer partner who could respond in-person along with a clinician. Seneca always utilizes two staff per team in order to be able to separate youth and caregivers who are in the midst of conflict or crisis and to help deescalate the situation.

5. What team roles need to be filled?

The staffing configuration of Seneca's mobile response program already meets the requirements of the FURS program. Seneca does intend to hire a peer partner to the program in keeping with the recommended best practice staffing configuration in the FURS program.

6. What will staffing shifts look like?

The shifts on each day are 7:00 AM-7:00 PM, 9:00 AM-9:00 PM, and 11:00 AM-11:00 PM with two clinicians on each of those shifts. As a result, Seneca has the most people on at a time from 11:00 AM-7:00 PM, which is intentional and reflects the peak call volume each day. On weekends, staff shifts are 11:00 AM – 9:00 PM, with coverage provided based on an on-call rotation. Staff either work the first half of the week (Mon-Wed) or second half of the week (Wed-Fri). Overnight, Seneca will utilize an on-call rotation to respond to calls from the FURS hotline with in-person support in teams of two.

7. How many employees will be on shift at one time?

Each shift includes 2 clinicians. Because shifts overlap during the peak call volume hours of the day, the maximum number of direct care staff who might be on at any one time could total 6 clinicians. In addition to direct care staff, Seneca's supervisory and administrative program infrastructure also works during the peak call volume hours of the day and includes the following positions:

- Regional Executive Director
- Program Director
- Clinical Supervisor
- Program Supervisor
- Lead Clinician

a. How will the Mobile Response System address staffing needs during times of peak activity?

As noted above, Seneca staggers shifts to account for particularly active times of day, meaning that from 11am-7pm there are 6 crisis clinicians on at a time. Seneca is also able to utilize additional staff across its Contra Costa community-based services programs to flexibly respond to needs if the MRT call volume increases dramatically or in the event of unplanned/unexpected staff vacancies, illness or extended leave. For this reason, Seneca maintains a robust on-call pool of staff who are all trained and supervised to respond to the needs of children and families in Contra Costa. The Contra Costa County FURS Implementation team will reevaluate staffing needs with Seneca periodically and on an as needed basis.

b. How will the Mobile Response System define peak activity?

As the mobile response provider in Contra Costa County for over 20 years, Seneca has drawn upon its historical experience and knowledge of call volume trends to identify active shifts and create staffing structures to meet anticipated need. Seneca collects and regularly analyzes call data on an ongoing basis to continue understanding county needs and call trends that inform the program's understanding of anticipated active shifts.

c. Will additional staff be available on-call if additional mobile responses are required?

As noted above, Seneca is also able to utilize additional staff across its Contra Costa community-based services programs to flexibly respond to needs if the MRT call volume increases dramatically or in the event of unplanned/unexpected staff vacancies, illness or extended leave. For this reason, Seneca maintains a robust on-call pool of staff who are all trained and supervised to respond to the needs of children and families in Contra Costa.

8. What will be the minimum education and other background requirements, if any, of members of the teams? How does this differ for different roles? (Will members of the team need to have a certain amount of prior experience working with children and families or with the child welfare population?)

Seneca's mobile response program is staffed primarily by master's-level clinicians. Clinicians hired in the mobile response program must be licensed or license-eligible, with experience or interest in working with children and families involved in systems such as the child welfare system.

As noted above, Seneca is currently working to integrate the peer partner position into its mobile response model for FURS. Peer partners will have lived experience with the child welfare and/or other child-serving systems of care, which can be drawn upon to connect with and support clients reaching out for services from the mobile response program. Peer partners will have at a minimum a high school diploma or similar education level.

9. How will the Mobile Response System incorporate peer partners and those with lived experience in the response team, whenever possible?

a. What background clearances, education requirements, and other qualifications must peer partners have?

Seneca's mobile response program does not currently utilize any peer partners but is already working on plans to incorporate peer roles for FURS implementation. Seneca envisions the peer role as an essential part of in-field response when possible (when accompanied by other clinical staff). When peer in-field response is not possible, Seneca plans to utilize peers to provide follow-up support after the initial crisis and to support families in connecting to ongoing resources.

a. The qualifications for Seneca's Peer Partners are as follows:
• Must have direct personal experience, or direct experience with raising a child who has received, services (Special Education, Social Services, Probation, Mental Health).
• Bilingual abilities (Spanish/English) preferred.
• High school diploma/GED or higher; an Associate or Bachelor's degree preferred.
• Experience working with families.

10. How will the Mobile Response System ensure the cultural competency of staff (including peer partners)?

All mobile response staff, including peer partners, are employees of Contra Costa County's contract mobile response provider, Seneca. Every mobile response staff member will be provided with at least 80-hours of new employee training upon entering the program, as well as an additional 40-hours of training annually thereafter. Trainings will be provided through Seneca's internal training department to ensure that all mobile response staff receive specialized trainings that help them to better understand and support the needs of foster youth and their caregivers, particularly in moments of instability or crisis.

As a learning organization, Seneca is committed to performance improvement and the continual professional development and growth of its staff. Beginning in 1990, the agency developed an extensive training program with the goal of continually improving staff's ability to provide the highest quality care informed by research and new developments in the field. By 2010, these professional development efforts

11. What training will be provided to staff and peer partners? *(What will be the qualifications of those developing and conducting trainings? Will trainings be experiential-based? How will the Mobile Response System ensure peer partners also receive trainings?)*

Contra Costa County understands the importance of ensuring all staff providing mobile response services have participated in high quality trainings on trauma and the foster care system to support implementation of effective, responsive services. Prior to entering the mobile response program, all Seneca staff will participate in a New Employee Orientation (NEO) that includes an overview of the agency's mission and values, as well as its clinical practice model and relational crisis intervention approach. Specialized pre-service NEO trainings include:

· The Impact of Trauma on Child Development (Trauma Informed Care)
· The Impact of Loss

a. What trainings will the county or region of counties utilize to ensure staff received specialized training in trauma of children and youth and the foster care system?

In addition to trainings provided through NEO, Seneca will provide mobile response staff with enhanced trainings tailored to the program's focus on providing community-based crisis intervention services for foster youth. Additional specialized trainings include:

· Child Welfare and Probation Systems Overview
· Behavioral Interventions in the Community
· Short-Term Intervention Strategies

b. How many hours of training will be provided and required of staff (including peer partners) at the start of employment?

All mobile response staff, including peer partners, will be provided with and required to participate in at least 80 hours of training at the start of employment with the mobile response provider, Seneca, as well as 40 hours of in-service annual training thereafter.

c. What training topics will be covered?

All newly hired Seneca mobile response staff participate in the 80-hours of New Employee Orientation and trainings. In addition to the topics described above in response to question 11.a. and b., specialized training topics include:

• Equilibrium Crisis Prevention and Response Model
• Trauma-Informed Care
• Working with Foster Youth
• At least one of the following per year: Cultural Humility and Self-Reflective Practice; Working with Spanish Speaking Youth and Families; and Working with LGBTQ Children and Families.

d. How many hours of training will be required on a yearly or ongoing basis?

Following their first year of employment, Seneca mobile response team staff will be required to participate in 40 hours of training on an annual, ongoing basis.

12. Describe how the Mobile Response and stabilization teams will provide supportive services in the least intrusive and most family friendly manner to avoid triggering further trauma to the child or youth.

Seneca's mobile response teams recognize the sensitive dynamic presented by strangers approaching individuals in crisis and offering help. Often, youth and families who have contacted the mobile response hotline are in one of the most volatile, vulnerable moments of their lives. Staff are trained to approach the situation with both empathy and urgency. Mobile responders first validate the experience of the youth, using curiosity and open-ended questions to explore the nature of the crisis and understand the factors that precipitated the crisis event. While one mobile responder provides de-escalation interventions to the youth, the other typically approaches the caregiver separately, also providing validation and support since the caregiver may be feeling confused, guilty, or at a loss for how to work with new providers. Staff work to empower the caregiver to become an active participant in the crisis intervention process, returning a sense of control within an unpredictable situation. When the time is right, the team brings the youth and caregiver back together, highlighting the importance of shared decision-making and ensuring that each person's perspective is heard and treated with importance.

In alignment with Seneca's trauma-informed Unconditional Care treatment model, mobile response team staff will adjust their approach depending on individual aspects of the youth and family. For example, staff will be trained to utilize age-appropriate interventions. Young children often benefit from interventions that use sensory integration and fewer words, while older youth respond well to interventions using technology such as electronic tablets or their favorite music. Staff will also respond to the individual cultural identity of each child and family. For example, Seneca staff recognize that LGBTQ youth are at higher risk and that their experience of crisis may relate to feeling unsafe. Mobile response team staff will affirm each youth's

b. In-Person Response

1. What process will the Mobile Response System use to determine the appropriate response for each call?

All calls begin with a screening for serious injury, medical emergency, or imminent risk of significant harm. If any imminent or in-process safety risk is identified by either the hotline or the caller directly at any point, the mobile response clinician immediately contacts law enforcement or first responders to more urgently address the need, and then quickly dispatches the mobile response team to the youth's community location to help de-escalate the situation when safe to do so. The screening for any potential imminent danger or immediate medical needs would also be reviewed and included in the warm handoff process when receiving calls from the state hotline.

If it is determined that the caller and youth are both safe and able to wait for the mobile response team to arrive, the clinician engages in phone-based triage. The clinician gathers basic information about the crisis (e.g. name/age of the youth, contact information, current location, basic details about what is happening)

a. How will it be decided whether the responding team needs to include a clinician?

All Seneca mobile response teams that provide in person crisis support in Contra Costa County will include at least one master's-level clinician. This is an important aspect of Seneca's ability to bill Medi-Cal EPSDT.

b. When will peer partners or non-clinical staff be sent as part of the response team?

Non-clinical staff, such as peer partners, will be included in an in-person mobile response team response if information provided during the phone triage or warm handoff indicates that a caregiver would benefit from peer support and it has been assessed that there are no acute behavioral health needs that need response. The shift supervisor will oversee the decision to include peer partners or other non-clinical staff as part of the response team. Peers will also be used as a component of the follow-up stabilization response provided in the immediate 72 hours (and up to 30 days) following an in-person MRT response.

c. How will it be determined how many staff should respond as part of a team?

For in-person crisis response, Seneca's mobile response team includes two highly trained staff that will respond to the youth and family's home or other community location. Seneca utilizes teams of two in order to allow for effective de-escalation during in-person response, such as separating the youth and the caregiver to help deescalate the situation before safety planning together. Should a situation present where additional staff would be necessary to appropriately address the need (e.g. report of multiple children and adults in the home in need of stabilization support), an additional staff member could be added for in-person support. The determination to include additional staff would be made in consultation with the mobile response team supervisor on a case-by-case basis.

2. How will the Mobile Response System ensure the mobile response and stabilization team(s) are available 24 hours per day and 7 days per week to provide urgent response and respond to non-urgent situations?

Seneca's mobile response program in Contra Costa County is structured to ensure adequate staffing 24-hours per day, 7-days per week to provide in-person, face-to-face responses within one hour. The program includes 6 highly trained mobile response teams, and the number of teams available throughout the day or week varies based on call volume. All shifts include bilingual capacity to increase accessibility of mobile response services for youth and caregivers in the county. As the mobile response provider in Contra Costa County for over 20 years, Seneca draws from its extensive experience to understand the peak days and hours for mobile response needs, and has built its staffing and shift structures around this knowledge. Seneca also collects and analyzes call data on a regular, ongoing basis to be aware of changing trends in call volume or peak call times, and makes adjustments to staffing and shift schedules accordingly.

3. At a minimum, how many individuals will go out in-person when in-person support is needed? (Having at least 2 people respond to provide in-person support ensures one team member can meet individually with the caregiver while another team member meets with the child or youth.)

When providing in-person support, Seneca's mobile response teams in Contra Costa County consist of two staff at a time. This increases safety and ensures that both the youth and their caregiver are attended to and actively engaged in the crisis intervention process. As needed, an additional team member, such as a peer partner or an additional clinician, may be added to response team.

4. How will the response protocols ensure protections for children and youth to prevent placements into congregate care settings, psychiatric institutions, and hospital settings whenever possible?

The goal of Contra Costa County's FURS mobile response program is to, whenever possible, provide youth and caregivers with stabilization services to support placement stability and reduce the risk or need for higher levels of care such as congregate care settings, psychiatric institutions, or hospital settings. Response protocols to ensure protections for youth to prevent placement disruption include:

• Immediate in-person response: For all calls for FURS mobile response, Seneca will dispatch a mobile response team to provide immediate in-person response including assessment, triage, and stabilization support. Mobile response teams are highly trained and experienced, and utilize a range of effective, trauma-informed interventions to support both the youth and caregiver's needs during moments of instability or crisis.

• Whatever it takes mentality: Mobile response teams work with the youth and caregiver, individually and together, to address concerns and provide support. Mobile response staff do not leave the family until a safety plan is in place, the immediate concern is addressed, and all parties can remain safe and stable.

5. Describe how the Mobile Response System will be able to provide in-home, de-escalation, stabilization, and support services, including all of the following:
   a. In-person, face-to-face contact.

Seneca staff are trained to begin immediate relationship-building through a trauma-informed lens and will start this during the warm handoff from the state hotline. Situations may include interpersonal conflict between the youth and caregiver(s), dangerous behaviors exhibited by the youth, or violent incidents involving peers or other children in the home. If any imminent or in-process safety risk is identified, the clinician immediately contacts law enforcement or first responders to more urgently address the need, and then dispatches a mobile response team to the youth's community location to help de-escalate the situation when safe to do so. If it is determined that the caller and youth are both safe and able to wait for the mobile response team to arrive, the clinician sets expectations with the caller for maintaining safety until the team arrives. If the program has already helped the family develop a safety plan, the clinician will access the plan and utilize any individualized interventions that are outlined.

The two-person Seneca mobile response team then travels to the youth's home, school, hospital, or any other location where crisis is occurring. Upon arrival, the team addresses the caregiver(s) and the youth, transparently explains their intent to assess the crisis and maintain the safety of involved parties, and seeks informed consent and permissions for release of information if needed. The team frequently provides interventions to caregiver and youth separately if appropriate. Clinicians engage with non-judgmental curiosity and ask developmentally appropriate questions to understand the youth's perception of the crisis. Using the Child and Adolescent Needs and Strengths (CANS) Crisis Assessment Tool (CAT), the clinician assesses for youth safety, psychiatric or substance use concerns, and ecological factors that may have contributed to the crisis (e.g. disruption in placement, experience of trauma or loss, or change in medication). Next, staff and the family collaboratively determine whether the situation may be stabilized by creating a plan to safely manage the crisis in the home or community setting, or if the youth requires further assessment and intervention. If the youth and family are able to stabilize, staff facilitate a conversation with the family to gain insights regarding what could deter future crises, including de-escalation strategies (e.g. taking space, communication styles, setting behavioral expectations) and identification of family strengths and/or resources (e.g. calling specific natural or formal supports). Before departing, the staff explain to the family that their assigned service provider or a member of the mobile response team will follow up with them the next day, via a phone check-in.

b. Identifying underlying causes and precursors that led to instability.

Upon arriving at the home or other community location, mobile crisis staff typically first engage with the youth and caregiver separately when appropriate. This provides an opportunity for each to share their perspective of what is happening without exacerbating the situation or any conflicts that may exist. Mobile response staff engage both the youth and caregiver with non-judgmental curiosity, asking questions to better understand each's perception of the crisis as well as its underlying causes and precursors. A mobile response clinician will also use the CANS CAT to further assess the situation and possible underlying causes or precursors that may have contributed to instability (e.g. mental health or substance use concerns, history of trauma or loss, recent changes in medication).

c. Identifying the caregiver interventions attempted.

As part of the initial engagement and assessment of the situation, mobile response staff ask the caregiver questions to better understand what interventions have been attempted, and how the youth has responded to each. Gathering this information gives staff a better understanding of the overall situation, what has already been tried, and what has or has not been helpful. Mobile response staff can then tailor the interventions they utilize to build on this important information. Doing so minimizes mobile crisis staff suggesting strategies that have already been tried or have not been successful, which can be frustrating for caregivers. It also creates an opportunity for staff to coach caregivers on their implementation of interventions, which could enhance the caregivers' skills or understanding of how to best address the youth's needs. Exploring what the caregiver has already attempted to implement also helps empower the caregiver, centering the caregiver as an expert in their own home and reinforcing their competency as a resource parent.

d. Observing the child and caregiver interaction.

When mobile response staff have determined that both the youth and caregiver are stable, have had an opportunity to express their perspective, and are ready to engage with one another, the team brings everyone back together. Engaging the youth and caregiver together helps to facilitate reconciliation and reconnection when relational repair is needed and allows an opportunity to collaboratively explore next steps. It also creates an opportunity for mobile response staff to observe the child and caregiver's interactions. The mobile response team can then use this information to better assess and understand the family's needs, adapt plans for next steps, and tailor their interventions. Mobile response staff can also provide in-the-moment coaching to both the child and caregiver in response to the communication and dynamics observed, directly intervening in interactions that could perpetuate the current crisis or lead to further instability.

e. Defusing the immediate situation.

Seneca mobile response staff recognize the sensitive dynamic presented by strangers approaching individuals in crisis and offering help. Often, youth and families who have contacted the mobile response hotline are in one of the most volatile, vulnerable moments of their lives. Staff are trained to approach the situation with both empathy and urgency. Mobile responders first validate the experience of the youth and caregiver, using curiosity and open-ended questions to explore the nature of the crisis and understand the factors that precipitated the crisis event. While one mobile responder provides de-escalation interventions to the youth, the other typically approaches the caregiver separately, also providing validation and support since the caregiver may be feeling angry, frustrated or confused about the situation or about how to work with new providers. Staff work to empower the caregiver to become an active participant in the crisis intervention process, returning a sense of control within an unpredictable situation. When the time is right, the team bring the youth and caregiver back together, highlighting the importance of shared decision-making and ensuring that each person's perspective is heard and treated with importance.

f. Coaching to maintain the current living situation or to create a healthy transition plan, if necessary.

Seneca's mobile response team's primary goal when responding to crises is to stabilize the youth and caregiver to support the current living situation and minimize risk for placement disruption. To do this, mobile response staff provide supportive coaching and interventions for both the youth and their caregiver, including:

• Skills Coaching: Mobile response staff work with the youth to help them identify and practice functional skills such as self-care, self-regulation, self-expression, and other adaptive behaviors that will decrease or replace target behaviors contributing to the crisis situation. Understanding the unmet need and the function of the presenting behavior, and then identifying equally effective alternatives to manage the presenting behavior, allows for safe and more effective skills to be taught, cued, and reinforced, ultimately replacing unsafe crisis behaviors.
• Behavior Plan Creation: Teaching the youth new skills is only one part of the process; these new skills must be reinforced if they are to remain as persistent and sustainable tools in the young person's behavioral

g. Establishing connections to community-based supports including, but not limited to, linkage to additional trauma-informed and culturally and linguistically responsive family supportive services and youth and family wellness resources.

Establishing connections to community-based supports through case management and linkage to trauma-informed, culturally and linguistically responsive services is integral to the mobile crisis team's ability to stabilize and support families in crisis. Youth and family needs are identified by mobile crisis staff through observations, interactions, and the youth or caregiver's report. Case management by the Seneca mobile crisis team will focus on linking families to community-based resources that address identified needs and increase family stability, particularly those that reduce the risk for future placement disruption. To ensure that the linkage process is family-driven, mobile crisis staff will involve the family in the entire process. This may include modeling and coaching to build a caregiver's skills in exploring local resources, providing resource lists for the caregiver to explore, or jointly calling a resource with the caregiver. As part of their aftercare following crisis support, the mobile response team will share any linkages, referrals, or needs for additional resources with the youth's CFT so that they can follow up with the family to explore if the linkage is being utilized, if it is addressing the identified need, and if any needs remain.

Seneca's mobile crisis team's case management and linkage process is meant to be collaborative and

h. Follow up response for up to 72 hours. (What method(s) will the Mobile Response System use to provide follow-up?)

Regardless of the result of initial services, mobile response staff or the client's primary mental health service provider follow up with the family the next day to check in, address any concerns, remind the family of their safety plan and natural supports as existing resources, and offer a follow-up appointment. If the youth is returning from hospitalization or other restrictive placement, staff will work with the family to identify further supports that will prevent future disruption. The client will stay open for up to 30 days after the initial call in order to provide follow-up linkage services for youth and family members to ensure youth and family are connected to longer-term mental health services. Staff will coordinate with the Child and Family Team to share any pertinent new information and to offer additional support if needed. Before closing the enrollment, staff relay information about the nature and duration of the engagement, including demographic information, outcome, and any further follow-up needed to the county. The family is reminded that they may call again to access support at any time in the future.

i. Identifying additional support needs and making a plan for, or referral to, appropriate youth and family supportive services within the county.

Underlying and unmet youth and family needs will be assessed during the initial in-person interaction with a youth and family. As part of the aftercare services provided for all youth and caregivers who access FURS mobile response in Contra Costa County, clients remain open for up to 30 days for follow up support. During this time, mobile response staff can engage with the youth and family to follow up on identified needs, assess for additional needs, and provide linkage to accessible, trauma-informed supportive services in the county. As a longtime provider in Contra Costa, Seneca has a deep understanding of available resources and services in the county that can meet a broad range of youth and family needs, including mental health services, educational supports, positive activities to build youth and family strengths, and services to meet resource needs such as housing or food instability.

C. DATA: TRACKING AND REPORTING

1. How will the county or region of counties track and monitor communications?

Seneca's current protocols track and monitor all communications to/from MRT staff, and will continue to do so for FURS callers. Seneca uses iCarol as its data collection platform, which tracks data on all calls received and initiated. As noted below, Seneca's data collection protocols using iCarol support the collection of communication related data such as:

- Total calls received including call volume over time to allow for reporting on peak call volumes
- Time from Incoming Call to In-Field Visit
- Number and Frequency of Repeat Calls from Families
- Location of calls/caller by region of the county

The full range of data collected by Seneca related to incoming/outgoing MRT communications are outlined further below.

2. How will the county or region of counties collect and maintain data, including, at a minimum, data required to be reported to the State for aggregate reporting?

Seneca's current mobile response programs provide monthly reports to county staff that can be easily shared with the State and include the following information:
• Total Calls Received (including caller type, such as family, group home, school, or county agency)
• Presenting Issue for Each Call (such as psychosis, panic attack, aggression, or self-harm)
• Outcome of Each Call (such as team dispatched, phone stabilization, emergency services referral, or declined services)
• Time from Incoming Call to In-Field Visit
• Outcome of In-Field Crisis Assessments (such as stabilization, hospitalization, or client not present)
• Rate of Hospital Diversion
• Intervention Site (such as family home, school, hospital, or group home)
• Client Demographics (including gender, age, and ethnicity)
• County Region of Each Crisis Assessment

a. What data does the county plan to collect to help monitor the effectiveness of services and supports and outcomes?

As noted above, Seneca collects data related to interventions provided, rate of hospital diversion, number and frequency of repeat calls from families, and follow-up services provided. The key indicator of program success and effectiveness for short-term mobile response programs is ability to divert from more restrictive interventions (e.g. hospitalization or law enforcement involvement) and the ability to support families in addressing their own needs independently without relying on MRT (e.g. frequency of repeat calls).

b. How will the data be collected and stored?

Seneca uses iCarol to collect data on current MRT clients and will continue to use iCarol for future FURS callers. iCarol functions as a Customer Relationship Manager (CRM) that allows Seneca to record and store client information and automatically pull up existing client records using key identifiers such as name and date of birth. In addition to iCarol, Seneca enters data into its Electronic Health Record (EHR) system to support Medi-Cal billing for the program. Data entered into Seneca's EHR is stored on secure servers with nightly automatic back-up protocols. Seneca's IT and Quality Assurance departments work together to develop and implement agency-wide policies that protect sensitive client information and meet all Health Insurance Portability and Accountability Act (HIPAA) guidelines.

3. How will the Mobile Response System report data back to the Statewide Hotline?

All mobile response data will be shared with the hotline provider within 24 hours of the call or in-person response. If the hotline provider uses iCarol as the CRM for the hotline, the integration of data sharing between Seneca's CCC MRT program and the hotline will be seamless and automated. In the event that the hotline provider is not using iCarol but is using a different data collection system, Seneca will collaborate directly with the hotline provider to arrange for HIPAA-compliant transfer of data by email or other protected electronic means.

4. How will the Mobile Response System report data back to the CDSS?

Seneca will report all data to Contra Costa County EHSD and BHS on a monthly basis or as frequently as requested by county partners. In addition to existing and standard reports requested by the county, Seneca's existing data team supports programs in creating reporting documents for county and state partners. The data team can create new dashboards to help illuminate program successes or challenges and inform future program changes. For example, Seneca's Contra Costa mobile response program recently asked the data team to create a dashboard that demonstrates the number and frequency of calls coming from different regions of the county. Leaders are currently tracking this data point to determine where teams can best be located to maximize call response time.

D. Coordination with Existing Providers

1. How will the Mobile Response System communicate with the county of jurisdiction of a child or youth who is a current foster youth regarding the service needs of the child or youth and caregiver?

The FURS hotline with CDSS' Child Welfare Services / Case Management System (CWS-CARES) Snapshot system will help ensure that Seneca has additional information about FURS callers who are referred to local MRT from the hotline. If the hotline staff are able to inform local MRT about the caller's county of jurisdiction and/or who the callers social worker is, then Seneca staff can follow up by phone and email within 24 hours to alert the social worker that we had contact with their client. For families that contact Seneca's existing MRT hotline, Seneca is establishing a new protocol for obtaining this info from the caller or from Contra Costa County representatives as not all callers may know the information about their county of jurisdiction or existing support team.

a. How will the Mobile Response System communicate with the county behavioral health agency regarding the service needs of the child or youth and caregiver?

Contra Costa County has Child and Family Services/Mental Health Liaisons in each of the county's 3 regions. After serving a FURS client, Seneca would inform the liaison about the contact and any service needs. These liaisons will help Seneca identify which, if any, behavioral health services the youth may have already been screened for or referred to. Another potential option for communication revolves around Contra Costa BHS's new and under-development "CBO Portal," where providers can actually see what other providers are serving a particular youth (if the youth has Medi-Cal and are being seen by providers in the BHS system). The CBO Portal could be an excellent tool to help identify any existing behavioral health providers currently serving the youth and allow Seneca to proactively reach out to these providers and the county regarding the service needs of the child or youth and caregiver.

2. How will the Mobile Response System identify if the child or youth has an existing Child and Family Team?

As noted above, Seneca will work with its county partners to identify a plan for accessing any information that is currently county-held data (e.g. if the child and youth has an existing CFT). A CCC CFS contact will be identified who will provide and/or verify data for the Mobile Response Team as needed. Staff will coordinate with the CFT, when one exists, to share any pertinent new information and offer additional support.

a. How will the Mobile Response System coordinate with Child and Family Teams to address instability, and plan for ongoing care to support the relationship in a trusting and healing environment?

As noted above, Seneca will work with its county partners to identify a plan for accessing any information that is currently county-held data (e.g. if the child and youth has an existing CFT). A CCC CFS contact will be identified who will provide and/or verify data for the Mobile Response Team as needed. Staff will coordinate with the CFT, when one exists, to share any pertinent new information and offer additional support.

3. How will the Mobile Response System identify if the child or youth has an existing behavioral health treatment plan or placement preservation strategy?

Seneca mobile response teams will communicate with the mental health liaison, county partners, and the Child and Family Team to identify any existing treatment or placement preservation plans. Staff will coordinate with the Child and Family Team to share any pertinent new information and to offer additional support if needed. Regardless of the result of initial services, mobile response staff or the client's primary mental health service provider follow up with the family the next day to check in, address any concerns, remind the family of their safety plan and natural supports as existing resources, and offer a follow-up appointment. Before closing the enrollment, staff relay information about the nature and duration of the engagement, including demographic information, outcome, and any further follow-up needed to the county.

a. How will the Mobile Response System coordinate services consistent with that plan or strategy?

Seneca mobile response teams will communicate with the mental health liaison, county partners, and the Child and Family Team to identify any existing treatment or placement preservation plans. Staff will coordinate with the Child and Family Team to share any pertinent new information and to offer additional support if needed. Regardless of the result of initial services, mobile response staff or the client's primary mental health service provider follow up with the family the next day to check in, address any concerns, remind the family of their safety plan and natural supports as existing resources, and offer a follow-up appointment. Before closing the enrollment, staff relay information about the nature and duration of the engagement, including demographic information, outcome, and any further follow-up needed to the county.

E. FOLLOW-UP

1. Describe how the Mobile Response System will transition youth and families from mobile response and stabilization services to ongoing services.

As noted above, underlying and unmet youth and family needs will be assessed during the initial in-person interaction with a youth and family. Regardless of the result of initial MRT services, the MRT staff or the client's service provider will follow up with the family the next day to check in, address any concerns, remind the family of their Safety Plan as a resource, and offer a follow-up appointment. The client will stay open for 30 days after the initial call in order to provide follow-up linkage services for youth and family members to ensure youth and family connections with longer-term mental health services if needed. The family is reminded that they may call again to access MRT support at any time in the future. During this time, mobile response staff can engage with the youth and family to follow up on identified needs, assess for additional needs, and provide linkage to accessible, trauma-informed supportive services in the county.

As a longtime provider in Contra Costa, Seneca has a deep understanding of available resources and services in the county that can meet a broad range of youth and family needs, including mental health

2. What services will the Mobile Response System utilize to support the mobile response efforts and stabilization services?

One of the benefits of utilizing Seneca as the mobile response providers is the ability to leverage Seneca's broad spectrum of existing services in Contra Costa County to support each FURS youth and family as needed and clinically indicated. Seneca's behavioral health and social service contracts with CCBHS and Contra Costa County Children and Family Services (CFS) include Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), Wraparound, Family Finding and Engagement (FFE), Therapeutic Behavioral Services (TBS), and Outpatient Mental Health Services.

Because no single agency can provide comprehensive treatment, Seneca builds collaborative relationships with other organizations that are based in the communities where youth and families live. These relationships allow Seneca to link families to community resources that can follow the youth to new placements and will be sustainable long after treatment with Seneca ends. The MRT crisis clinicians support caregivers and youth to connect with clinically- and culturally-appropriate community resources, including providing warm hand-offs and facilitated linkage whenever helpful. The clinician can also train the caregiver around how to explain the youth's needs to staff from other agencies in an affirming and supportive way. Seneca prioritizes multiple avenues for building a robust support network around the youth that can support them through the achievement of permanency and beyond.

a. Outreach & Advertisement:

1. How will the Mobile Response System message information in conjunction with information disseminated about the hotline and FURS broadly to the community and to caregivers, youth, and children?

Contra Costa is prepared to collaborate closely with the awarded hotline provider and statewide FURS infrastructure to ensure robust integration of and coordination across all outreach and advertising efforts. This will be particularly important as Contra Costa has an existing, long-standing and well-known crisis MRT number that should remain active for families that know that resources and choose to utilize it. We think of this as a "no wrong door" opportunity, but one that absolutely requires close coordination with all partner entities.

Seneca's current MRT program already engages in strategic outreach to raise awareness of the existing mobile response program. The goal of outreach activities is to help ensure families are aware of the resource, know the phone number to call and the types of situations the program can help address, and to help generate referrals from public system partners. As the FURS hotline is implemented, this outreach will

F. Adapting to COVID-19 Impacts

1. Although counties must develop a single, coordinated plan that explains how their Mobile Response Systems will meet the requirements of AB 79, these systems can be temporarily adapted to address circumstances associated with COVID-19, consistent with the Governor's Proclamation of a State of Emergency, issued on March 4, 2020. What temporary adaptations does the Mobile Response System anticipate needing during the COVID state of emergency?

Seneca's existing MRT program has adjusted to COVID-19 by transitioning services to primarily telehealth and virtual service provision. The MRT team provides triage, de-escalation, assessment, crisis counseling and case management/linkage services by phone, and has been able to obtain verbal consents for services to allow for Medi-Cal billing where possible. During the remainder of the public health emergency, Seneca will continue to provide virtual services where possible and in-person services in the community where public health and safety orders can be properly maintained (e.g. outside, with appropriate PPE, etc.). Seneca's MRT staff are working remotely, but still maintain regular shifts and have adapted to providing remote services. Because Contra Costa already has this existing MRT infrastructure and highly-trained team, there is no anticipated fundamental disruption in services due to COVID-19. Contra Costa County and Seneca Family of Agencies will continue to evaluate and adapt as necessary to coordinate and cooperate with state and county health orders and mandates as they are introduced.

Signature (Lead Representative):

Please see plan introduction letter for signatures from Contra Costa County's Behavioral Health, Child Welfare, and Probation Department.

Dated: 1/15/2021