Mobile Support Team

A program of Amador County Behavioral Health

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Why the program was developed?

To address the lack of sufficient crisis support and services for high risk individuals living in Amador County.

The Need:

Not enough support and/or services for individuals experiencing or at risk of mental health crises

- □ Data used to identify the area of need:
 - -Hospitalization & Re-hospitalization Data
 - -Crisis Services vs. Routine Services
 - -Crisis Residential vs. Community Support Model
- Stakeholder Process:
 - -FY 2014-2017 Three Year Program Planning Process
 - -FY 2015-16 Annual Update Program Planning Process
 - -Amador County Behavioral Health Advisory Board
 - -MHSA Steering Committee/Other Stakeholder groups

What did Amador hope to accomplish?

- ☐ Reduce hospitalizations and re-hospitalizations
- ☐ Increase and create alternative supportive services to high risk individuals and their families by meeting people where they are at!
- Create support for pre and post crisis follow up for ANY individual experiencing mental health challenges in Amador County.



Program Description:

The Mobile Support Team provides field based supportive services to individuals in Amador County who have been discharged from a psychiatric facility or are under a safety plan in order to prevent hospitalization. The team also offers supportive services in order to prevent hospitalizations and offers assessments & community supports to reduce barriers in accessing services.

■ Who pays?

- Community Services & Supports (CSS) component of the MHSA
- Some medi-cal reimbursement

■ Who is served?

Individuals who are at-risk of crisis, in crisis, or coming out of a crisis.

■ Who is the team and what do they do?

- 1 full time Crisis Services Counselor (LCSW) and a full time Peer Personal Services Coordinator/Advocate
- Fully equipped team
- Referrals via Crisis Coordinator; After-hours crisis calls
- Follow Up, Access & Linkage

■ How do we know the program is working?

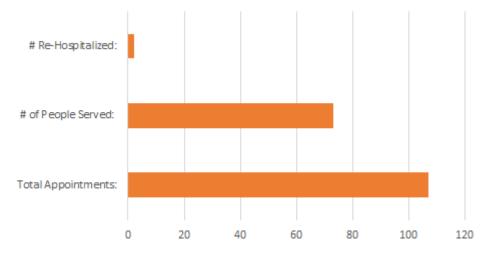
- Quarterly data captures hospitalization & re-hospitalization rates to measure program effectiveness
- Feedback from program participants, staff and community
- Report successes and challenges at community meetings and stakeholder groups



Outcomes

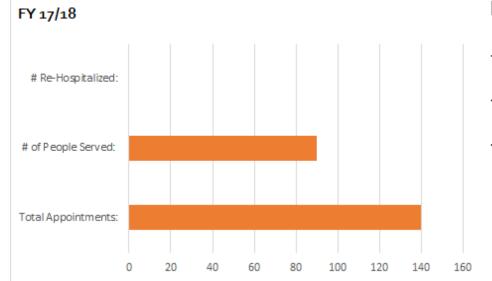
- Re-hospitalizations
 DECREASED
- Safety Plans INCREASED
- Hospitalizations
 DECREASED

FY 16/17



FY 16/17:

- -107 appointments
- -73 people served
- -2 re-hospitalized



FY 17/18:

- -140 appointments
- -90 people served
- -0 re-hospitalized



Lessons Learned

The role of the Mobile Support Team has changed and transformed over the years as we learn and expand our services to meet the needs of Amador County.

Lessons Learned....

- ☐ Mobile Crisis Team vs. Mobile Support Team
- ☐ Safety First
- Peer Role is Essential
- ☐ Non-Traditional Hours vs. Traditional Hours
- Flexibility
- Community Engagement—Be honest & transparent!
- ☐ Stakeholder Involvement
- ☐ The Future...
 - Applying the 'mobile' model to other programs for rural communities
 - Outreach and engagement

Time for Questions and Answers

