Updated
03.05.2026

Who We Serve and How We Keep Our Community Safe

CSU

Program Duration

Short-Stay Program
24/7
Voluntary
up to 24 hours

Services Provided

Clinical and basic needs assessments
Psychiatric and medication support (where indicated)
Stabilization
Structured Therapeutic Environment:
Individual case management
Individual and group counseling
Safety Planning
Connection to ongoing services and longer term supports

Staff

Registered Nurses (RNs)
Licenced Clinicians (LCSW, LMFT, LPCC, PsyD)
Case Managers
Peer Counselors
Psychiatrist/Psychiatric Nurse Practitioner
24/7 Coverage and supervisory oversight

Who can be a client?

18+
Alameda County
Mental Health Crisis
In need of short term clinical support

How?

Referral Based: Crisis Lines, Mobile Crisis Teams,Hospitals, or County Behavioral Health Pathways

CRT

Program Duration

Short-Term Residential Program
24/7
Voluntary
10–14 days

Services Provided

Clinical and basic needs assessments
Psychiatric and medication support (where indicated)
Stabilization
Structured Therapeutic Environment
Individual case management
Individual and group counseling
Safety & Recovery planning
Connection to ongoing services and longer term supports

Staff

Registered Nurses (RNs)
Licenced Clinicians (LCSW, LMFT, LPCC, PsyD)
Case Managers
Peer Counselors
Psychiatrist/Psychiatric Nurse Practitioner
24/7 Coverage and supervisory oversight

Who can be a client?

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Together we're helping families heal, grow, and thrive.

LA FAMILIA

Who We Serve and How We Keep Our Community Safe

This is not:

- Homeless shelter
- Drop-in center
- “Halfway house” aka sober living environment
- Long-term rehabilitation facility
- Does not offer the same services as programming at the St. Regis.

What would prevent someone from being admitted?

- Needing hospital-level medical care
- Meeting criteria for a mandatory hold
- Present violent or aggressive behavior

Next Steps if not admitted:

- People are provided an appropriate clinical referral to the right-matched level of care indicated
- People are transported to that service provider with a “door to door” care approach.

Night/Street Discharging:

- Discharge is typically planned between 9 am and 5 pm day time hours
- Discharge is planned, coordinated, and connected to care planning!
- Discharges are planned and coordinated to prioritize safety and appropriate timing.
- Individuals leave with a discharge plan, linkage to services, and transportation planning as a part of “door to door” care approach.
- If someone is ready to leave late at night, which is not typical, the program ensures a safe plan and appropriate transportation to a safe destination.

Alameda County’s Plans:

- Strengthen the crisis continuum by expanding upstream community-based crisis services
  - Reduce unnecessary emergency-room use
  - Avoid preventable hospitalizations
  - Reduce reliance on law enforcement responses

- Help fill long-standing gaps:
  - Limited crisis stabilization capacity
  - Overuse of emergency rooms for crises
  - Limited short-term residential options for people who want help in southern Alameda

Background Checks:

- No Background Checks
  - This is a health-care program, not a criminal-justice program.
- Every individual is clinically screened to confirm the CSU/CRT is the appropriate level of care, and that the person can be safely served in a voluntary setting.

Who We Serve and How We Keep Our Community Safe

A day at the CSU:

Upon Arrival:

- Intake and assessment
- Psychiatric care & medication support (as needed)
- Individualized crisis planning
- Individual therapy
- Group support and therapy

What to expect:

- Connection with your clinical team
- Rest
- 1:1 with therapist, psychiatrist, nurse, case manager or peer support specialist
- Writing/ journaling
- Reading
- Arts and crafts & other soothing activities
- Taking time outside

Additional Support:

- 1:1 Peer support
- 1:1 Case management -linkages to basic needs, housing, transportation, a primary care home, insurance enrollment, and longer term mental health supports and community resources.

A day at the CRT:

Upon Arrival:

- Intake and assessment
- Psychiatric care & medication support (as needed)
- Individualized crisis planning
- Individual therapy
- Group support and therapy

What to expect:

- Connection with your clinical team
- Rest and a calming ambiance
- 1:1 with therapist, psychiatrist, nurse, case manager or peer support specialist
- Group sessions
- Writing/ journaling
- Reading
- Developing/ practicing adaptive and relevant coping skills
- Visits with loved ones
- Taking time outside
- Arts & crafts, soothing activities

Additional Support:

- 1:1 Peer support
- 1:1 Case management -linkages to basic needs, housing, transportation, a primary care home, insurance enrollment, and longer term mental health supports and community resources.

History at Mocine!

La Familia has provided behavioral health services at this location for 4 decades!

** Outpatient Care **
** Medication Management **
** Support for people with higher needs **

Why Mocine?

** An already established health and behavioral-health location **

** Community members are familiar with reliable & human-centered care at this location **

** Renovations support the reuse and improvement of an existing facility **

** Facility is accessible to hospitals and emergency responders **

** Supports strengthening of services in a place where La Familia has long-standing relationships **