



# SB-82/833 TRIAGE PROGRAM DESCRIPTIONS

## CONTENTS

- Alameda Adult/TAY .....2
- City of Berkeley Adult/TAY .....2
- City of Berkeley Children .....2
- Butte Adult/TAY .....3
- CAHELP/SAn Bernardino .....3
- Calaveras Adult/TAY .....4
- Calaveras Children .....5
- Humboldt Adult/TAY .....5
- Humboldt Children .....6
- Humboldt School-County .....7
- Los Angeles Adult/TAY .....8
- Merced Adult/TAY .....9
- Placer Adult/TAY .....10
- Placer Children .....11
- Placer School-County .....12
- Riverside Children .....13
- Sacramento Adult/TAY .....14
- Sacramento Children .....15
- San Francisco Adult/TAY .....16
- San Luis Obispo Children .....16
- Santa Barbara Children .....17
- Sonoma Adult/TAY .....17
- Stanislaus Adult/TAY .....18
- Stanislaus Children .....18
- Tulare School/County .....19
- Tuolumne Adult/TAY .....19
- Ventura Adult/TAY .....20
- Yolo Adult/TAY .....21

#### ALAMEDA ADULT/TAY

The Post Crisis Connection Teams expand the Alameda County behavioral health care system's capacity to provide appropriate, effective, and timely crisis and post crisis services to all county residents. Given the diversity of need, the Alameda County Behavioral Health Care Services (BHCS) SB 82 Adult/TAY Triage Grant will establish the following program: Post Crisis Follow Up Team - Follow up services provided by a team made up of peer providers to follow up with individuals who recently experienced a mental health crisis and link them with additional crisis services or planned mental health services.

#### CITY OF BERKELEY ADULT/TAY

Staff the Crisis, Assessment, and Triage (CAT) Line to provide clinical, non-law enforcement staffing to answer and respond to requests for services from Mobile Crisis to provide non-law enforcement response to mental health crisis, reduce avoidable and unnecessary calls to 911, and increase capacity to respond to mental health crises. CAT Line hours from 11:30am-4:00pm, M-F.

#### CITY OF BERKELEY CHILDREN

The School-Based Crisis Intervention program is staffed by one licensed clinician, who is a member of a larger mental health team at the high school health center. This team is comprised of one Clinical Supervisor, two other licensed clinicians, and a cohort of graduate level trainees. As a team, they respond to the mental health needs of students at Berkeley High School. The Crisis Clinician is providing youth-centric, crisis assessment/intervention services, and post-crisis follow-up care/referrals. The Crisis Counselor is a licensed clinician who is providing on-site crisis assessment/intervention services and making collaborative determinations about support services to meet the needs of clients/families. The Crisis Counselor is also providing support to educators and school staff on how to connect students to mental health services. This program is responding to student crisis in order to: Provide an alternative to law enforcement response to mental health crisis; Provide increased capacity to respond to mental health crises; provide a continuum of school-based, youth friendly, mental health services.

#### BUTTE ADULT/TAY

The Butte County Mobile Crisis Team (MCT) collaborates with law enforcement to provide crisis-related outreach and engagement, as well as respond to 911 requests regarding possible psychiatric or emotional crisis in the community. The MCT operates with the goal of reducing the use of involuntary psychiatric hospitalization by providing consultation, crisis assessment, and engagement of the individual in need. They seek alternative treatment resources, when appropriate, including referrals to voluntary psychiatric services as available. The MCT is comprised of formally trained counselors and peer support specialists that partner together on calls and connect with individuals in crisis on both a therapeutic and personal level. Peer support specialists also provide follow up calls to consumers after a crisis to assist in providing resources and support with follow through and engagement with services. Butte County Behavioral Health (BCBH) chose to support the initial Mobile Crisis Team pilot program through local Mental Health Services Act (MHSA) funds. Stakeholder feedback relayed the need for more crisis intervention support in the community and support for law enforcement. Community members clearly indicated that BCBH needed to collaborate with and support law enforcement in their efforts to mitigate crisis situations. This initial pilot program began with a partnership with the Chico Police Department. SB82 grant funds allowed for the expansion of the MCT program to the Butte County Sheriff's Office. This allowed for two teams (North and South) to respond to law enforcement calls, transportation and coverage over a large distance.

#### CAHELP/SAN BERNARDINO

Run by CAHELP, grant funds will be used to leverage 20 years of formal agreements between fifteen school districts that house 141 school sites, ten state preschools, and with at least nine other County and community based organizations to hire 15 triage personnel that will provide triage services to children and youth on school sites who might be experiencing or are at risk for a mental health crisis. The grant will allow triage staff to provide multi-tiered system of prevention, intervention, and triage supports including: preventative supports, early identification, crisis interventions, crisis stabilization, mobile crisis support, intensive case management and linkages to services for those children and youth at the School. The staff will also provide trainings to parents/caregivers to provide prevention, early intervention and triage support to children and youth, including those at risk for or who are experiencing a mental health crisis. The triage staff and collaborative district, site, and community teams will provide prevention and early identification supports and interventions, conduct risk assessments, screen and link those children and youth who are at risk of a mental health crisis to obtain the mental health care needed. The triage team and collaborative partners will be trained to provide crisis stabilization to those children and youth who are experiencing a mental health crisis. Triage staff will work on enhancing and building on current partnerships between education and community mental health agencies, and coordinate and deliver wellness services to children in the high desert region. The grant also will allow the organization to incorporate Community Services Assistants (peer advisors, parent partners) to the team which will be an integral part of the program for peer and parent supports for those caregivers and families who have a child/youth in crisis or experiencing first episode of a mental health issue.

## CALAVERAS ADULT/TAY

BHS will hire and train one full time BHS Triage Case Manager as part of the new BHS Crisis and Outreach Team Unit, whose services include outreach in the community to provide crisis intervention and stabilization services and linkages to services, which may include Medi-Cal reimbursable targeted case management for individuals in the community with mental health illness. The BHS Triage Case Manager primary location will be at the BHS Mental Health Clinic with a secondary location at the Sheriff Office in San Andreas next to the dispatchers' station. This position will work non-traditional hours, noon to 9pm, Monday through Friday, (as the highest volume of after-hour crisis calls is between 5-8 pm) covering the critical hours and providing crisis intervention and crisis stabilization during the afternoon hours when calls may be coming in through the 911 line rather than the mental health crisis line. It is expected that the Triage Case Manager will be able to stabilize the majority crisis situations in a therapeutic, recovery-focused manner, thereby avoiding a 5150 evaluation. The BHS Triage Case Manager will immediately address the service gaps in the evening (5pm to 9pm) for mentally ill residents in crisis. In addition, by joining behavioral health services staff with law enforcement, both by secondary co-location and a collaborative service design, the BHS Triage Case Manager will be able to bridge the large cultural divide that has existed between BHS and law enforcement personnel in understanding and responding to mentally ill consumers. Having a BHS Triage Case Manager located half time at the law enforcement center near the dispatchers' station will reduce both the response time to crisis calls, and the time that law enforcement officers spend on 5150 evaluations and repeat crisis calls. This is especially important in light of the fact that there are very few field deputies to cover a large geographic area, a situation common to small rural counties. If a deputy is at the ER dealing with a crisis mental health situation, they are not available for other calls for a number of hours. The BHS Triage Case Manager will make follow-up phone calls and house visits to check the progress and whether a client successfully accessed services. Where confidentiality protocol allows, the case manager will be able to verify this access with county services. Ongoing follow-up phone calls will be performed to check in on the status of clients and to provide encouragement to access services. Clients will be connected to additional outreach and peer support programs such as the Wellness and Recovery Peer Center and NAMI, who will also provide a level of monitoring.

## CALAVERAS CHILDREN

As part of the new BHS Crisis and Outreach Team, BHS will hire and train one full-time BHS Children's Triage Case Manager and one full-time Peer Support Specialist to provide crisis intervention and parent engagement services exclusively to persons 0-21 and their families, where the crisis intervention is needed, and will provide important linkages between crisis intervention entities serving this specific population so that follow up after crisis is consistently addressed; as well as provide outreach in the community for crisis intervention and stabilization services in the community. Services include: BHS staff dedicated solely to crisis support for youth and families; Increased staff hours available to complete for out of county treatment options including finding beds in hospitals or group homes providing treatment for persons 0-21 who have severe mental health issues; Increased participation in mental health, crisis de-escalation and suicide prevention trainings for teachers, aides, non-classified school staff, law enforcement, emergency room staff and others involved when mental health crisis occurs for persons 0-21. Increased parent engagement through increased follow up with families, ensuring first steps have been taken towards accessing support treatments, therapies and wraparound services; Outreach to Spanish speaking persons in need of mental health services increased through written materials translated into Spanish; Strengthened linkages between county entities providing crisis support for persons 0-21 to coordinate and ensure consistent follow up; Crisis triage support provided where needed for youth and their families.

## HUMBOLDT ADULT/TAY

Humboldt County's SB82 Triage Grant significantly expands their current Mobile Response Team. The expanded Mobile Response Team will be available to respond by calling a 24-hour crisis number. The Team can be dispatched by: Local area EDs requesting assessment of a person on a 5150 hold; Local Community Clinics; Law Enforcement requesting a co-response to a crisis situation; Paramedic/EMT request; Waterfront Recovery Services; Clients and families when they are known persons, if unknown or if there are safety issues, Law Enforcement must accompany. The Mobile Response Team aims to address the need for more comprehensive, field-based triage and intervention to take place to decrease the impacts of 5150 holds for involuntary treatment across the system of care and in the community. Stigma and trauma will be reduced by providing Mental Health engagement and support from the onset of a crisis, before the person proceeds to the CSU. Humboldt County's pilot experience showed that in many cases, with the ability to dispatch Mobile Response, they are able to resolve the crisis in the field without a 5150 being necessary. The program also hopes to provide additional options for less restrictive care through early intervention, case management, clinical care, and peer support, and hopes to reduce rates of recidivism by working with clients to develop a WRAP and Mental Health Crisis Plan, and through conducting post psychiatric crisis follow-ups and peer support.

## HUMBOLDT CHILDREN

Humboldt County is expanding and enhancing its crisis support system by adding four new staff positions to the Mobile Response Team. The positions that will be funded by this triage grant include one Supervising Mental Health Clinician, one Mental Health Clinician I/II and two Mental Health Case Managers. These staff would join the existing Mobile Response Team staff in responding to individuals' urgent needs before situations escalate and require restrictive interventions such as arrests, jail time, or psychiatric hospitalizations. The expansion of the Mobile Response Team will provide much needed resources for personnel to deploy to various locations and resolve a crisis in the field without a 5150/5585 being necessary. Greater availability of Mobile Response Team staff would provide additional options for less restrictive care through early intervention, case management, clinical care, and peer support. The Mobile Response Team staff will work to reduce rates of recidivism by working with clients to develop a mental health crisis plan, and through post psychiatric crisis follow ups. Finally, the program aims to address TAY and young adults by deploying Mobile Response Team personnel to the TAY drop-in clinic and schools to provide crisis and post crisis support. Mobile Response Team staff will work with family members/natural supports, and law enforcement to provide training and education that includes but is not limited to: psychoeducation, crisis identification, and techniques to alleviate crisis. Mobile Response Team personnel will be located almost entirely in the field, circulating among locations such as schools, the TAY drop-in center, hospital emergency departments, Tribal communities, probation department, and the locked juvenile facility. Triage staff can intervene at the onset of a crisis to avoid escalation, provide supports and linkages to additional services, remain involved in cases when inpatient services are required, and provide support and linkage for a warm handoff following the discharge from either a hospital or locked facility. The mobility of the staff will help to decentralize mental health crisis services and enable crisis intervention to be provided to remote and unserved/underserved areas. Individuals in crisis aged 21 and under will no longer need to travel hours by car to seek crisis intervention and stabilization services. The expansion of the Mobile Response Team will help meet the growing demand for crisis services identified by mental health providers, education stakeholders, teachers, and community member in the needs assessment.

## HUMBOLDT SCHOOL-COUNTY

The Humboldt Bridge to Success (HBTS) Collaboration includes 45 collaborative partners, encompasses 31 independent school districts in Humboldt County, Humboldt Del Norte SELPA, County Office of Education, Law Enforcement and local tribal entities. Over 27 years of collaborative relationships will be leveraged in this grant and include the Humboldt County Department of Health and Human Services (DHHS), Humboldt County Mental Health (HCMH), the Pre School Collaborative (PSC), and the K-12 schools (K-12s), and many other local family services organizations. The grant will fund 17 staff to provide services to specifically serve children and youth in the schools. Clinicians and school district employees will be based at the schools and will directly serve children and youth in schools (and other settings when directly working with preschoolers and families). The program seeks to support children and students (ages 0-9) to help them succeed in school and avoid unnecessary placement in Special Education services. The program is also tailored to meet the mental health/behavioral health needs of students in middle and high school. The goal is to provide support to students, struggling with mental health issues, that may interfere with academic success and overall wellness. HBTS staff will work alongside other school personnel to identify students in need of support, determine and provide an appropriate limited duration treatment or treatments for the child over a limited number of weeks/months, determine if the treatment was successful, if successful, slowly discontinue the treatment and continue to monitor the child, or if not successful, access a more intensive, longer duration, clinician-delivered intervention. Humboldt Bridges to Success works with students, families, schools, providers, Social Services and others to promote holistic individual wellness and identify and employ solutions that keep students in school and reduce dropouts.

The Outreach Triage Teams (OTT) project will address the gaps, as they are identified, and pertain to: Transition Aged Youth (TAY) and adult crisis triage services for individuals sixteen (16) years and above, timeliness of response, follow through with clients in crisis who do not meet criteria for involuntary hospitalization, the addition of peers to mobile response teams, and improving the adequacy and consistency of crisis response services. An important need for these crisis triage personnel is to intervene at the earliest moment possible, responding out into the field to support and take action on client and family needs. If the teams are able to address an urgent crisis and begin to provide services, supports and linkage, emergent crises and involuntary hospitalization can be averted thus achieving decreased trauma on the clients and families and decreased inpatient costs for the County. These teams will also assist with improving response times for Psychiatric Mobile Response Teams (PMRT), as they will respond to emergent needs and clients more than likely in need of hospitalization. As long as it is clinically warranted, the crisis triage teams will respond to clients and families with the position of attempting to keep the client out of the hospital and providing ongoing support and linkage to services. Peer support (staff with lived experience), members of each team, creates an additional level of trust from the clients and allows for strong relationships to develop between the crisis triage staff and clients. The primary goal of the program is to engage those referred clients who are in crisis, but do not presently meet criteria for hospitalization, connecting them to services and supports and averting hospitalizations. Secondary realized goals will be improved PMRT response times, as they will be responding only to those clients who are truly in need of hospitalization and a decrease Psychiatric in repeat PMRT visits to clients who previously did not meet criteria. Emergency rooms will be decompressed, as the team will provide intervention and transportation for clients who are not in need of admission. There should be a decrease in clients arrested, due to receiving mental health supportive and transitional interventions not previously offered, based on the availability and capabilities of the team. The goal of the Outreach Triage Teams is to assist individuals with mental illness to access services that can lead to a productive and healthier life. The team will do this through triage and engagement; intensive case management; crisis management; rehabilitation services; and collaboration with public and private agencies to coordinate available resources. To accomplish this, the team will utilize the person-centered approach which the Substance Abuse and Mental Health Services Administration (SAMHSA) defines as a comprehensive approach that is respectful and responsive to the cultural, linguistic, and other social and environmental needs of the individual. This approach takes into consideration various factors including the individual's history (including trauma history), needs, vulnerabilities and strengths as well as the individual's preferences and goals. It is important to highlight that while the person-centered approach is respectful and responsive to the needs of the individual, it also occurs within the professional responsibilities of providers and care teams. These teams will be multidisciplinary in nature and will address the current issue of disenfranchised individuals who are currently disengaged from treatment and/or not receiving any assistance at all. By having access to these types of teams, the contractor will bridge the gap between individuals who need to be connected or reconnected to services and the available community resources. Thus, decreasing the utilization of emergency services and the number of re-hospitalizations.



This program fills the need for timely crisis assessments and intervention, and facilitation of admission to hospitals, should that be deemed appropriate for a client. This will address the need to meet the demands of psychiatric emergencies in the community, improve follow-up care, and help to reduce law enforcement costs. A gap in services will also be addressed with the inclusion of a Mental Health Worker as a member of the MTT. This particular role will specifically be responsible for the coordination of care. Resource limitations and uncontrollable circumstances have been an ongoing factor in filling gaps by offering the MTT program, BHRS would be able to respond to concerns and questions posed by the community, provide education to the community organizations and partnerships established, and identify further gaps and needs encountered in the community, which can be brought back to the BRHS leadership team to continue with quality improvement efforts. The MTT will also be able to provide information to community members they have interactions with during a crisis response. The ability to improve communication flow by offering a direct team of behavioral health professionals to respond to the community will address the gaps regarding training needs of law enforcement officials, and help to improve the knowledge of community members regarding the services available. To help address linguistic barriers, BHRS trains its staff on interpretive services guidelines and offers tools to improve communication. Another potential benefit to the community, is to augment beneficial interactions between law enforcement and the youth population via direct collaboration between MTT and law enforcement and via indirect communication via on-going scheduled meetings between BHRS and law enforcement agencies.

## PLACER ADULT/TAY

The Physical and Behavioral Health Mobile Crisis Team (P/B MCT) program will allow the County to provide appropriate behavioral health crisis intervention and assessment in the community, with the added benefit of providing physical health care triage services. The P/B MCT response team will be comprised of a mental health clinician and nurse. With a qualified nurse on scene as part of the P/B MCT team, consumers will be able to have their physical health needs triaged in the field. This will also mean that medical clearance requirements for various treatment facilities could be completed in the comfort of a consumer's home, rather than an emergency department. This innovative practice will allow consumers experiencing a mental health crisis to avoid the added burden of being treated in an impacted, chaotic, medically-focused facility. Of course, if a consumer requires emergency medical treatment, the P/B MCT team will activate transfer to the emergency department immediately. If a consumer has an acute physical health issue beyond the ability of the P/B MCT nurse to treat in the field, the P/B MCT team will have the ability to support the consumer throughout the emergency room or urgent care clinic triage process. The P/B MCT team will continue to triage the mental health crisis while the medical staff triage the physical health issue. The P/B MCT team will be deployed in much the same way that the current MCT Teams are; at the request of law enforcement partners, direct requests from consumers and their natural supports, at the request of County and community treatment providers, and at the request of community members. Requests will primarily be made to Adult Intake, the County's contracted 24/7 centralized call center that manages requests for various County services. Adult Intake staff are skilled at processing requests for service quickly and conveying the request to the appropriate MCT Team member. The Mental Health/911 Direct Diversion component of the program will link County residents experiencing mental health crises directly to telephone crisis counselors, rather than law enforcement personnel. The Mental Health/911 Direct Diversion team will partner with Placer County Sheriff's Office to safely transfer callers experiencing mental health crises to trained telephone crisis triage staff. This will further reduce the strain on law enforcement personnel while simultaneously providing targeted, timely and need-appropriate services to consumers. Instead of the current process, in which consumers experiencing a mental health crisis call 911, wait for law enforcement to be dispatched and arrive at the consumer's location, then potentially wait for a mental health professional to be subsequently dispatched, a caller will be quickly transferred to a skilled crisis counselor so that mental health crisis triage services can begin immediately. This service will be available 24/7. The hope is that the dated practice of telling consumers "if you're experiencing a mental health crisis, please call 911 or go to your nearest hospital" is replaced with a more nuanced message that there are options for interventions and services that are tailored to their current needs. The Mental Health/911 Direct Diversion Telephone Crisis Counselor will receive transferred calls from Placer County Sheriff's Office 911 emergency dispatch and Adult Intake. During the first fiscal year of the grant, staff covering this centralized phone number will be an existing County Client Services Practitioner on Monday-Friday, 8 am-5 pm, and a contracted Adult Intake staff during the after-hours, weekends and County holidays. During the second and third fiscal years, Adult Intake staff will provide coverage 24/7. The County Client Services Practitioner will be stationed at the Roseville campus, and the Adult Intake staff member will be stationed at their facility in Nevada City.

## PLACER CHILDREN

The Family Mobile Crisis Team (FMCT) program is a pilot program in partnership with the city of Roseville Police Department and will respond to children and youth's mental health and family crises in the Roseville community. The response will be youth and family focused and trauma sensitive. The more immediate response in the field will accelerate the capacity to address the youth and family issues, reduce trauma, and short-term follow-up and case management services can begin immediately to begin the healing process. There will be two teams of responders; each team will have a master's level mental health professional and one Parent/Family Partner with lived experience. The master's level mental health practitioner will use their skills and training to mitigate the crisis and identify the on-going services best suited to assist the youth and family to resolve the crisis and identify needed follow-up services, after the crisis is resolved. Additionally, if the youth does need inpatient hospitalization, the practitioner will work with the existing Children's System of Care (CSOC) mental health crisis team to facilitate a "warm hand-off" to ensure an easy transition and reduced trauma. The Parent/Family Partner will offer the crucial support to the family during the crisis, explain what is happening and discuss processes that are not typically encountered by a family, such as if an inpatient hospitalization becomes necessary, and encourage the parent and family to participate in follow-up services through more personal engagement from their own personal histories or experience with formal system services. Also, on the greater team will be a Youth Advocate with lived experience who will engage with youth following the crisis to assist the youth in identifying and accessing services that the youth believes to be the most relevant to their issue. Having Parent/Family Partners and Youth Advocates on the team is critical to ensuring early family engagement during the crisis and in providing follow-up services. The Youth Advocate will provide ongoing support and linkage to service at are relevant to the youth. They will also serve as a mentor to engage and provide support, in a welcoming and youth-friendly manner. This team support will potentially assist the entire family in learning strategies to cope and avoid future major problems. The FMT will respond in conjunction with Roseville Police Department to crisis calls regarding mental health and potential trauma crisis situations involving children and families. Such responses will involve calls requesting assistance for a child and youth's mental health crisis but may also involve calls for assistance with a youth who is out of parental control, alcohol and/or drug use, domestic violence involving children and other family conflict.

## PLACER SCHOOL-COUNTY

Grant funds will be used to leverage 30 years of collaborative relationships between nine local entities and a robust Governance Group called the System Management Advocacy Resource Team (SMART). Collaborative partners include the Presiding Juvenile Court Judge, Chief Probation Office, County Office of Education Superintendent, Director, Health and Human Services, Children's System of Care, Director of Family Partnerships, Roseville City School District, and Roseville Joint Union High School District. The grant funds will be used to hire school-based mental health staff to provide a continuum of integrated mental health services in six schools serving students in Transitional Kindergarten through grade twelve in Roseville, California. Of these six schools, two will be elementary schools that serve students in Transitional Kindergarten through grade 5; one will be a middle school serving students in grades 6 through 8; three will be high schools serving students in grades 9 through 12. These staff will include Marriage and Family Therapists or Clinical Social Workers and Family/Youth/Community Liaisons. Funding and hiring for these positions will be shared between Placer County and the Placer County Office of Education. Due to the school-based nature of the grant program, all of the staff will be funded through and hired by PCOE with funds passed on from the County. PCOE will hire a Project Coordinator and the County will hire a Clinical Supervisor. The clinicians and Family/Youth/Community Liaisons will be based at each of the six schools. These staff will form a team, along with existing school based mental health professionals, to create school-based Wellness Centers. These new mental health staff will be integrated into the school climate and culture, while working toward the development of a school-level system of care collaboration. The intention of this integration at the school site is to deepen the existing county-wide education, mental health, child welfare, probation, and community partnerships. Services will be provided across a multi-tiered framework with a focus on prevention, intervention, crisis and postvention services.

## RIVERSIDE CHILDREN

The Resilient Outcomes in the Community for Kids and Youth (ROCKY) program will develop and refine youth triage crisis services by expanding the capacity of existing RUHS-BH community-based crisis intervention response with the addition of teams that specialize in youth services. The ROCKY program will be available Monday- Friday; 9:00AM to 5:30 PM, and will provide specialized crisis resolution services and supports in elementary, middle and high schools. Additionally, teams will respond to community colleges, youth shelters and foster family homes, as well as other community locations. In order to intervene early in the cycle of crisis, the ROCKY program will utilize TAY Peer Specialists to provide preventative engagement and supports to youth in high school that have been identified by school personnel as "high risk" for having a mental health crisis. These Transition Age Youth (TAY) Peer Support Specialists will be knowledgeable about the array of TAY services and programs offered by RUHSBH, as well as community providers in order to connect them with the appropriate level of care. The youth will also be encouraged to call the TAY Peer Support Specialists prior to a mental health crisis in order to engage them in the use of appropriate coping skills and to access needed supports. A Clinical Therapist will provide field-based clinical assessments, crisis intervention, and follow-up planning with youth and/or their parents/caregivers. They will provide clinical consultation and support to school, shelter and foster family agency personnel regarding crisis related supports and resources and assist with problem solving to insure the youth have access to needed services. They also involve youth, their families/caregivers, collaborative partners and other RUHS-BH programs in developing a recovery and resilience focus coordination and follow-up plan. A Parent Partner Peer Support Specialist, a family member with experience as a parent or caregiver of a youth with serious mental health disorders, will either join the clinical therapist during the field response or in consultation with the clinician provide outreach to the parent/caregivers of the youth. Their role is critical to engage and provide parent education and support. They will seek to link the parent/caregiver to the network of parent support educational and support groups available through RUHS-BH and/or NAMI throughout the county. During school breaks (summer/holidays) they will maintain contact with parents of students being actively served and monitored in order to strengthen engagement and support resilience.

## SACRAMENTO ADULT/TAY

Based on needs assessment of Sacramento County's Transition Age Youth (TAY), ages 16-25, crisis services, there are gaps in the existing service continuum for TAY experiencing a mental health crisis that is exacerbated by life circumstances such as abuse, homelessness, and conflict or confusion regarding sexual orientation, gender identity and gender expression. The societal and developmental pressures faced by these TAY often trigger crises which are met with barriers to accessing services. The barriers to accessing services include: (1) difficulties in understanding how to access and navigate services; (2) accessing mental health services is a time intensive process; (3) services are not conveniently located where TAY congregate; (4) services not offered at times convenient to TAY; (5) outreach and engagement strategies and interventions that do not address TAY in way that is responsive to their cultural norms or perspectives. The needs assessment identified the following populations as being unserved and underserved: LGBTQ TAY, homeless TAY, TAY served by Child Welfare, Commercially Sexually Exploited Children/Youth (CSEC), and immigrant TAY. In an effort to reduce or remove barriers, Youth Help Network (YHN) staff will provide a combination of street outreach and co-location at organizational sites that serve affected TAY. Five two-person YHN street teams, consisting of a Youth Advocate/Mental Health Worker (MHW) and a Senior Mental Health Worker (SrMHW) or two Youth Advocates/MHWs will provide outreach and crisis support to areas where TAY are known to congregate. Street Outreach teams will have designated and consistent office hours at sites throughout the county to support walk-in needs and to create a dependable presence. YHN site based staff and street teams will provide on- demand crisis intervention. The staff will help demystify and destigmatize mental health services, educate TAY on managing their own mental health crisis, and teach them how to help a friend in crisis. This level of support will help reduce geographic barriers, improve timeliness to services via linkage based on urgency and assessment, and expand technological resources that TAY find useful. After the immediate crisis is resolved, if a YHN Counselor determines a need for linkage to a Sacramento County Mental Health Plan (MHP) Provider and the TAY is interested, the YHN Counselor will complete a Service Request for admission to a program nearest where the TAY resides or sleeps or most appropriate to the TAY's needs (example: Transcultural Wellness Center for immigrant identified TAY, TAY FSP for TAY experiencing housing instability or in extended foster care). Once the Service Request is complete, the YHN staff will then accompany TAY to the program to receive services. In the event this occurs after program business hours, the YHN staff will make arrangements to meet and accompany the TAY the next business day at a rendezvous location that is chosen by the TAY.

## SACRAMENTO CHILDREN

Based on Sacramento County's Children and Youth Crisis Service Needs Assessment, there are gaps in the existing service continuum on school campuses for students between the ages of 11 and 14. These gaps include a lack of awareness of mental health issues for children and related mental health and crisis services, and a lack of qualified mental health staff at schools. The needs assessment also identified that bullying (e.g., harassment, discrimination, and including through social media), dealing with abuse, and relationship issues faced by these students often trigger crises which are met with barriers to addressing the concerns. Factors that contribute to the barriers include: 1) school staff lack understanding of the link between behaviors, mental health, and trauma; 2) staff and parents lack mental health awareness training; 3) students' confusion about their feelings; 4) students feeling unsafe at school and/or home; 5) students' uncertainty of other students who may be supportive; and 6) outreach and interventions do not address students in a way that is responsive to their cultural norms or perspectives. In an effort to reduce or remove barriers, Safe Zone Squad (SZS) teams will provide grassroots campus outreach and be co-located at school campuses that serve these affected students. Three two-person SZS teams, consisting of a Youth Advocate/Mental Health Worker (YA) and a Mental Health Counselor called Student Support Center (SSC) Coordinators, will have designated and consistent office hours at three targeted middle school campuses (Albert Einstein, Sam Brannan, Martin Luther King Jr. Tech Academy), to support walk-in crisis needs and to create a dependable presence. Each campus will have a dedicated team so that students see the same team members each day and a dedicated team that is able to provide timely response to stressors/crises. The team will help demystify and destigmatize getting help. They will also educate students on managing their own escalating stress and learning how to help someone who is distressed through "Safe Zone Mentorship." Starting with pre-existing campus clubs and student body class leaders, the YA will offer listening circles where students can feel safe in discussing worries, such as fear of gun violence or bullying, as an outlet to prevent escalating stress. The YA will use this platform to teach students to develop plans, tools, and skills to manage their stress/crisis. Interested students will be taught additional skills on how to identify a stress/crisis, how to listen to a person experiencing a stress/crisis, and how to respond. These students will become Safe Zone Mentors. They will be identifiable or recognizable by a method determined by the school given the current setting of virtual learning, and can discretely offer an informational pocket card to students who may be showing signs of worry or stress so they know who they can turn to if they decide to seek help. Currently, the schools have emerging Safe Zone Mentoring programs that are in different phases of implementation. Albert Einstein utilizes their Mental Health Awareness club, where students who participate in the club are taking on leadership roles, learning additional skills of identifying/managing stress/crisis, as well as providing outreach to other youth. Sam Brannan utilizes the curriculum with Safe School Schools for their Peer Mentoring program, in which Peer Mentors would introduce themselves in all Physical Education classes. This school will be creating an engagement committee where Peer Mentors will support the needs of dis-engaged students. Each school is continuing to modify their programs to meet the current needs of students.

#### SAN FRANCISCO ADULT/TAY

San Francisco Behavioral Health Services (BHS) is using Triage Crisis funding through the California Mental Health Services Oversight and Accountability Commission (MHSOAC) to create a multidisciplinary, integrated crisis triage intervention and support program specifically for Transition Age Youth (TAY) ages 16 to 25. This program has created a critically needed new layer of youth-specific, developmentally appropriate crisis intervention and stabilization services that has both augmented and complemented the city's existing crisis intervention programs. The program will provide intensive support and stabilization services for TAY youth over a three-year project period from April 10, 2019 to November 30, 2021.

#### SAN LUIS OBISPO CHILDREN

The SLO Crisis and Connections program will add triage personnel to the existing mobile crisis response system who have specific training, knowledge, and experience working with youth, families, and the youth system of care, in order to better support and manage field-based crises. This will primarily target schools and EDs, where most youth crisis issues are best handled. A Youth Crisis Lead Triage Clinician and Associate Triage Clinician will perform on-site and telephone consultations, crisis response, triage, assessment, and coordination of response and recovery plans; coordinating the various people and providers surrounding the youth in crisis. This includes school personnel, families, therapists, law enforcement, medical staff, etc. The Youth Crisis Lead Triage Clinician will also develop a system assessment and design any fixes necessary to streamline countywide youth crisis response. A Youth Crisis Triage Specialist, with lived mental health consumer or parent experience, will backup triage responders for youth and their families (and other supports) in crisis situations. This Specialist will provide team members with current family resource options to provide to families with a child experiencing crisis. The peer/family member's experience will be critical in helping youth and their families feel understood and help reduce anxiety. The Youth Crisis Lead Triage Clinician, Associate Triage Clinician and Specialist will also help train school and EDs in new crisis response protocols, and provide case management for youth crisis clients to ensure connections to community resources and to support wellness and recovery.



## SANTA BARBARA CHILDREN

The SB82 Triage grant will fund Children's Crisis Triage Teams to assist the preexisting SAFTY (Safe Alternatives for Treating Youth) Mobile Crisis Response teams. If appropriate, when a child is taken to one of the three hospitals local to Santa Barbara County (Cottage Hospital, South County; Lompoc Valley Medical Center, West/Central County; and Marian Medical Center, North County), SAFTY or hospital staff will notify the Children's Crisis Triage Team that a child in crisis is in the emergency department and a team will immediately be deployed. When triage staff encounter a Santa Barbara County Department of Behavioral Wellness client, they will communicate with the client's clinic/treatment team so that treating staff are aware of the crisis event. Individuals who are not clients and who are not admitted to a psychiatric inpatient unit will be referred to SAFTY Children's Mobile Crisis Team for continued in-home support and linkages to county mental health or other appropriate assistance. Mental Health Practitioners will provide crisis intervention, rapid assessment, and reassessment using culturally sensitive, strengths-based wellness and recovery models to youth in emergency departments. They will also coordinate placement services, provide targeted case management, and determine client needs, appropriate referrals and linkage of services for client upon discharge from hospital. A Parent Partner Recovery Assistant will provide support, education, outreach, engagement and follow-up services to parents and families of clients from a lived experience perspective and provide community resource information and linkage for families.

## SONOMA ADULT/TAY

Sonoma County's Mobile Support Team (MST) is a partnership with the Santa Rosa Police Department, Rohnert Park Police Department, Cotati Police Department, Petaluma Police Department, Sebastopol Police Department, and the Sonoma County Sheriff's Office. It provides field-based support to requesting law enforcement officers responding to a behavioral health crisis. The MST previously only operated in cities of Windsor, Santa Rosa, Rohnert Park, Cotati, and Petaluma. This SB82 Triage Grant will provide an expansion of MST to the West County, specifically the cities of Sebastopol, Forestville, and Guerneville. Mobile Support Teams are staffed by licensed mental health clinicians, certified substance abuse specialists, post-graduate registered interns, and mental health consumers and family member peers. They will respond to requests from law enforcement in the field, where they will conduct crisis, suicide risk and violence risk assessments, when needed. MST will also create a crisis response and referral plan, provide referrals to needed resources, and conduct follow-up phone calls to individuals assessed in the field to ensure the crisis response plan is in place.

## STANISLAUS ADULT/TAY

The Triage and Engagement Program will provide a wide range of triage services to adults and TAY with mental illness or emotional disorders requiring crisis intervention in Stanislaus County, including those who are homeless or at risk of homelessness and those that are assessed as 5150, but don't meet the level of care for hospitalization. TST also seeks to improve services to underserved populations requiring crisis intervention, including Assyrian, Hmong, Latino/a, LGBTQ, and others. Triage personnel will be co-located with the Crisis Emergency Response Team (CERT) at the Stanislaus Recovery Center in Ceres and will respond to the CSU, DBHC, and Hospital Emergency Departments at the request of the CERT when it is determined that the client does not meet the 5150 criteria. Peer navigators will provide support and assistance with systems navigation and referral and linkage to appropriate supports and services in the community for triage clients. Navigators will assist triage clients and their families in gaining access to primary preventative and specialty health care services, including specialty mental health services. Peer Support Specialists will provide follow-up outreach and engagement, short term case management, and self-care planning. Peer Support Specialists will assist triage clients in accessing necessary services and resources that promote their recovery and help prevent future crises. The Peer Support Specialist will perform a wide range of duties related to safety and peer support for triage clients including suicide prevention and community referrals. Specific assistance with medication management, housing, counseling, support and advocacy will be provided as needed. These services provided by a Peers are a set of non-clinical activities that engage, educate, and offer support to individuals, their family members, and caregivers in order to successfully connect them to culturally relevant services including prevention, diagnosis, timely treatment, recovery management, and follow-up.

## STANISLAUS CHILDREN

The new Triage-funded Triage, Linkage, and Coordination (TLC) team will address the averted population needs by providing support and linkage for youth and children, both insured and those with Medi-Cal, that are assessed for 5150, but don't meet the level of care for hospitalization. Out of an average of 400 children averted to family each year, at least 75% receive crisis assessments at a single hospital emergency room (Doctors Medical Center). The TLC team will augment and be co-located with the CIP across the street from the Doctors Medical Center Emergency Room department and participate in joint response with CERT on all of these assessments during the peak hours of 3:00 p.m. to 11:00 p.m., Monday through Friday. The county anticipates serving at least serving 225 youth annually with TLC services who would otherwise be underserved and receive no other services or support at the time of being averted.

#### TULARE SCHOOL/COUNTY

The grant funds will create the Mental Wellness Services program within the Tulare County Office of Education, in active collaboration with the Tulare County Health and Human Services, Mental Health Department and our respective partners. All districts supported and served by TCOE will be offered a Triage Social Worker to provide collaborative social work services to a targeted school site within each respective district for a minimum of one day per week at 24 schools sites for two two-year cycles. In addition to the student and family intervention, linkage, and referral to services that are provided by the Triage Social Worker, Peer Support Specialists will play a valuable role as they will also be trained on mindfulness curriculum to implement with students and be given opportunities to share their unique perspective and make powerful contributions to optimize the school/county collaborative. Training of Mental Wellness Services staff and contracted trainers will occur to broaden the number of trained individuals that can provide an assortment of relevant mental health trainings to diverse audiences throughout the county that addresses the needs of students and their families. These trainers include mental health professionals, peer partners, and community/cultural brokers. Trainers will provide county-wide quality, evidence-based trainings to a variety of audiences, all with the intention of benefiting children and adolescents and preventing social, emotional, and behavioral problems.

#### TUOLUMNE ADULT/TAY

Tuolumne County's Mobile Triage Response Team under SB82 serve as a crisis response team to law enforcement, including Tuolumne County Sheriff's Office, Sonora Police Department, other law enforcement jurisdictions, and schools, as well as Columbia College. These staff are available work with law enforcement to provide immediate in-person field response to an individual experiencing a mental health crisis. Sheriff's Dispatch, Sonora Police Department Dispatch, and other law enforcement jurisdictions participating can divert emergency mental health crisis calls to a BH Law Enforcement Liaison to make immediate contact with the individual and begin a crisis intervention. One of the BH Peer Specialists focusses on the Transition Age Youth (TAY) population (ages 16-25), and the other BH Peer Specialist serves any individual aged 22 years and above. The BH Law Enforcement Liaisons provide crisis assessment services to individuals and provide follow up to those individuals as appropriate. The Crisis Triage Response team is mobile, meeting with consumers in the community, at schools, or other field locations. While the BH Law Enforcement Liaisons provides the crisis assessment services, the Peer Specialists assists them by coordination and development of local support services, linking clients to appropriate community resources, and advocating for the clients as necessary. Through early contact with law enforcement, the goal is to divert individuals in mental health crisis from going to the hospital emergency department.

## VENTURA ADULT/TAY

The SB82 Triage Grant will add two teams to Ventura County's preexisting RISE program. These teams will be a Law Enforcement Partner Team and a Transition Age Youth (TAY) Engager Team. These teams will provide community-based intensive/targeted case management and outreach to those hard-to-reach persons and high utilizers to assure that they are provided with needed interventions, treatment, and support services. The teams provide the clients with their initial crisis risk assessment and treatment plan, help to get clients to VCBH clinics, as needed, for a full psychosocial assessment by the Behavioral Health Clinician, and help clients access needed services, such as shelter services, health care, etc. The teams also provide outreach to high-risk individuals identified in the community and facilitate referral and access to brief treatment, ancillary, and community support services to reduce their risk of hospitalization. Teams will also provide intensive case management services until clients are stabilized in the community. The services will include accessing services according to their Brief Services Plan, monitoring consistency in adherence to prescribed medications, and connecting clients to a permanent VCBH case manager. The Law Enforcement Partner Team is designed to create collaborative mental health and law enforcement activities to impact the escalation of crises among the highest-risk populations in each city/area where the teams are deployed. Community Services Coordinators (CSCs) will "ride-along" with dedicated police officers in police vehicles to provide field-based assessment, interventions, treatment planning, and case management. This strategy will provide outreach to clients who are at risk of a mental health crisis, currently experiencing, or at risk of re-experiencing, a mental health crisis. The intended clients will be those persons who are identified on the police Person of Concern lists as high utilizers based on the number of police calls, incarcerations, hospitalizations, and ER visits, because of mental health crises. Difficult-to-reach and service resistant persons are often identified, making frequent outreach and intensive targeted case management a key component of this strategy. The TAY Engager Team services include outreach and engagement, risk assessment, safety planning, mental health treatment, intensive/targeted case management, linkage to VCBH services (or lower level of care as determined by the clinician), and rehabilitation services. Teams made up of a Clinician, CSC, and Peer Recovery Coach provide field-based services within homes, schools, colleges, community-based settings, and the TAY Wellness and Recovery Center. TAY will be stabilized and linked to VCBH treatment and specialized TAY programs, including the TAY Tunnel for temporary emergency housing, health coordination, and mental health services. This expansion will provide enough staffing for a West County and East County team, replacing a single team that serves the entire county, thus increasing services to a greater number of TAY currently served through outreach each year. Teams will foster closer partnerships with community agencies to serve TAY and expand access points, and Peer Recovery Coaches will engage TAY while in custody at the jail/juvenile facility, Crisis Stabilization Unit, and Psychiatric Inpatient Unit. TAY Engager team CSCs enhance care coordination by working with VCBH's Youth and Family Services clinics to ensure that TAY who are aging out of Youth and Family services are successfully connected to TAY clinics. Peer Recovery Coaches will continue outreach after discharge, in order to help with transportation, coordination, and decreasing barriers by connecting them back with their home clinic to further stabilization and enable them to keep their appointments, and continue treatment.

## YOLO ADULT/TAY

Yolo County is in the process of addressing a number of gaps identified in its needs assessment through the use of a new Mental Health Urgent Care (MHUC) and TAY Wellness Centers. However, while the County has made improvements in several areas, triage response for TAY is still a need. The needs assessment revealed that TAY have low service engagement and are reluctant to seek out services for a variety of reasons. The most recent MHSA update includes a new Wellness Center for TAY; while this will be an important new resource to meet the needs of a population that is underutilizing services, it may not reach youth who are at-risk of a crisis. Without triage personnel directly engaging with TAY, they often will not connect to services

until a crisis, resulting in an overreliance on 911 and other emergency services. These triage staff will be able to augment existing services and create linkages, which will serve to get TAY access to services, provide stabilization, and avoid unnecessary hospitalization or incarceration. Additionally, this is an ideal time to bring in triage staff for TAY who may not be aware of the new services in the County, such as the MHUC and Wellness Center. This provides an opportunity to connect TAY to new services to meet their needs, which will in turn reduce the reliance on emergency services.