Mental Health Services
Oversight & Accountability Commission

Meeting Summary: Triage Listening Session

September 28, 2021

Question 1 - Funding opportunities

What are some potential target populations to consider in Round 3?

- Older Adults and Rural Areas
- Young Children 0-5, focus is really on parents
- Crisis intervention services for older adults
- TAY that have recently graduated from school and still experiencing instability
- BIPOC and LGBTQ populations should be focus
- Hispanic people and persons with disabilities
- Rural areas that have been impacted by natural disasters
- Persons who are undocumented

Question 2 – Implementation – Hiring and Retention

What are some strategies to consider for hiring and retaining staff?

- -Peers need to be working in the system and training needs to be provided
- -Look at marginalized communities for staffing, focus on understanding communities being served
- -Train in what peers roles are and tools need to be provided for success
- -Culturally competent training needs to be provided across the board especially people answering phone – first contact
- -Multi-County collaborative to ease geographic travel for employees
- -Full time supervisor for program, part time staff leaves employees isolated
- -Retain staff by having employee wellness and self-care
- -Self-awareness for job related trauma

Question 3 – Implementation – Communities Served

What strategies should be considered to promote the hiring of staff that reflect the race and culture of those served in the community?

- Partnership with CBOs
- Individuals who are incarcerated have difficulty transitioning back
- Representation of community served
- Developmental disability and dual diagnosis, staffing needed here
- Bilingual radio and television ads

Question 4 – Access Points to be considered

Which crisis intervention service locations would provide strategic access to individuals who are experiencing a mental health crisis?

- Police departments to collaborate with Behavioral Health Departments and Mental Health
- Police have no use for medical emergencies which is what a mental health crisis is, Fire Dept to collaborate is better
- Religious centers and not Law Enforcement involvement, some non-profits do not want law enforcement involved (CPEHN)
- Wellness recovery centers

Question 5 – Key Components

What are the key components of crisis continuum of care?

- Effective crisis intervention components
- More peer respite centers need funding
- Interchangeable positions, work in center and in community
- Sending people far away for services is ineffective
- Keeping people out of hospital as it can further traumatize sometimes
- Decriminalize mental health crisis, don't involve law enforcement
- Keep services on a small local level, within the community, this ensures coverage in neighborhoods

Questions posed by participants:

-Will you have specific services for people with disabilities?

-Will funds be available for Peer Respite Centers?

-Call center and children in foster care line – will there be collaboration, by region possibly?

-If triage is for personnel, how can it help with the new 988 call system?

-Will there be multiple RFAs like last time?

Quarterly Triage Collaboration Meeting

November 4, 2021

Does your county provide services for children 0-5 and if so what factors should be considered when providing these services?

-Humboldt has program, key is getting in very early into treatment

-Sacramento has program, targeting foster care and probation youth is key. MH crisis services and Supportive Parenting are different, levels of crisis is critical to assess.

-CAHELP has services for 0-5. Working with preschools, 3-5 age group, clinicians are involved and have specialty working with children in general (parent-child interaction therapy)

-Humboldt – has 0-8 collaborative, child parent psychotherapy training, prevention is key

Does your county provide services for older adults and if so what are special considerations when providing these crisis services?

-Humboldt – yes, people who've never had services - importance is understanding age related decline like dementia, elder abuse also

Which diversion services are available to provide brief support other than emergency dept?

-Sacramento – Respite program developed for everyone to help avoid hospitalization, crisis residential for higher level of care that is required 24/7 care

-Humboldt – Has 'Same day services' people can provide de-escalation and wrap around services to avoid hospitalization, has co-response with law enforcement, 4 days a week coverage currently

-Sacramento – MH urgent care clinic, anyone can drop in, pre-service to hospitalization to avoid emergency room visit, partner with law enforcement to bring clinician along to avoid hospitalization

-Melissa – Full-service partnership is utilized; more funding is needed as they help with diversion

Is there adequate capacity or is there need for more space in the diversion programs?

-Christina – Staffing is issue, not necessarily the infrastructure to provide diversion, having beds available is a need but staff is needed to manage beds

-Brock - Tuolumne same issue as above, staffing is issue

-Stanislaus – shortage of placement options, transitional placement, beds, and staffing issues

How do you track the capacity of diversion programs?

-No information provided.