

i.	<p>The name of the proposed triage program: Children and Youth (C&Y) –Access and Crisis Response</p>																				
ii	<p>The need the proposed program aims to fill and traced back to each gap identified in the needs assessment. For those gaps that are not addressed in the proposed program, provide explanation as to why that need was not addressed in the application:</p> <p>As mentioned above, Yolo County is already in the process of addressing a number of gaps identified in the needs assessment through the use of a new Mental Health Urgent Care and a TAY Wellness Center. However, while the County has made improvements in several areas, triage response for C&Y is still a need. The needs assessment revealed that C&Y 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 TAYs; while this will be an important new resource to meet the needs of a population that is underutilizing services, it is not targeted to reach children who are at-risk of a crisis.</p> <p>Without triage personnel directly engaging with children and youth, they will not connect to services until a crisis resulting in an overreliance on 911 and other emergency services.</p> <p>These triage staff will be able to augment existing services and create linkages, which will serve to get C&Y access to services, provide stabilization, and avoid unnecessary hospitalization or incarceration. Additionally, this is an ideal time to bring in triage staff for C&Y 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 C&Y to new services to meet their needs, which will in turn reduce the reliance on emergency services.</p>																				
iii	<p>List the goals and intended outcomes of the proposed triage programs, how they will be measured and the timeframe for accomplishing the goals and outcomes:</p> <p>In addition to stabilizing C&Y in the moment of crisis, the main goals of the program are to connect C&Y in crisis to ongoing services; provide follow-up to ensure C&Y engage in services; and provide crisis, de-escalation services to prevent avoidable usage of emergency services, hospitalization, and incarceration. The table below outlines how each goal of the program is aligned with an intended outcome, how the outcome will be measured, and the timeline.</p> <table border="1" data-bbox="267 1323 1421 1969"> <thead> <tr> <th data-bbox="267 1323 604 1365">Goal</th> <th data-bbox="604 1323 938 1365">Outcome</th> <th data-bbox="938 1323 1226 1365">Measurement</th> <th data-bbox="1226 1323 1421 1365">Timeframe</th> </tr> </thead> <tbody> <tr> <td data-bbox="267 1365 604 1465">Connect C&Y in crisis to ongoing services</td> <td data-bbox="604 1365 938 1465">Improve linkage to services</td> <td data-bbox="938 1365 1226 1465">Number of C&Y connected to services</td> <td data-bbox="1226 1365 1421 1465">Year 1</td> </tr> <tr> <td data-bbox="267 1465 604 1633">Provide crisis services and follow-up to ensure C&Y engage in services</td> <td data-bbox="604 1465 938 1633">Increase utilization of planned mental health services that promote recovers and decrease risk of crisis</td> <td data-bbox="938 1465 1226 1633">Service usage among C&Y to access triage services</td> <td data-bbox="1226 1465 1421 1633">Year 1</td> </tr> <tr> <td data-bbox="267 1633 604 1837">Provide C&Y with crisis de-escalation services before reliance on emergency services</td> <td data-bbox="604 1633 938 1837">Decreased reliance on emergency resources</td> <td data-bbox="938 1633 1226 1837">Reduction in 911 calls; Reduction in amount of time law enforcement sends on crises for C&Y</td> <td data-bbox="1226 1633 1421 1837">Years 1-3</td> </tr> <tr> <td data-bbox="267 1837 604 1969">Provide C&Y with crisis de-escalation services to avoid unnecessary hospitalization services</td> <td data-bbox="604 1837 938 1969">Reduce avoidable hospitalizations</td> <td data-bbox="938 1837 1226 1969">Reduction in the number of hospitalizations for C&Y</td> <td data-bbox="1226 1837 1421 1969">Years 1-3</td> </tr> </tbody> </table>	Goal	Outcome	Measurement	Timeframe	Connect C&Y in crisis to ongoing services	Improve linkage to services	Number of C&Y connected to services	Year 1	Provide crisis services and follow-up to ensure C&Y engage in services	Increase utilization of planned mental health services that promote recovers and decrease risk of crisis	Service usage among C&Y to access triage services	Year 1	Provide C&Y with crisis de-escalation services before reliance on emergency services	Decreased reliance on emergency resources	Reduction in 911 calls; Reduction in amount of time law enforcement sends on crises for C&Y	Years 1-3	Provide C&Y with crisis de-escalation services to avoid unnecessary hospitalization services	Reduce avoidable hospitalizations	Reduction in the number of hospitalizations for C&Y	Years 1-3
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iv	The number of triage personnel needed for the proposed program: 1 staff (Staffing for 40 hours/week)			
v	The target population of the proposed programs: Children and Youth age 0-21 who are in crisis or at risk of being in crisis.			
vi	<p>If triage funds will be used to augment existing PEI programs, FSPs, INN programs, a CHFFA grant, etc., clearly identify what is being augmented:</p> <ul style="list-style-type: none"> • Include how each existing program will benefit from the triage funds, and how those triage funds will be leveraged. <p>Current PEI, FSPs, INN, and CHFFA programs will not be augmented with triage funds.</p>			
vii	<p>An estimate of how many individuals in crisis will be served in each year of the grant; and an explanation on how the estimate was determined:</p> <p>An average of 60 children</p> <p>Estimate is determined by the following:</p> <ol style="list-style-type: none"> 1. Amount of C&Y who newly entered the Child Welfare system 2. Amount of children who newly entered the mental health system through psychiatric hospitalizations 3. Amount of C&Y who newly entered the Juvenile Probation system 4. Amount of C&Y identified at the schools to require more intensive mental health services 			
viii	<p>How the program will demonstrate cultural competence as outlined in the National CLAS Standards:</p> <p>The County will follow standard best practices in cultural competence drawing from the Substance Abuse and Mental Health Services (SAMHA) Treatment Improvement Protocol (TIP) #59, which is a publication that outlines best practices for Cultural Competence. Special attention will be focused on ensuring services can be provided in Spanish and Russian, the County's threshold languages.</p> <p>Additionally, Yolo County Health and Human Services has outlined the following steps to ensuring the County practice reflects their commitment to the implementation of the CLAS standards:</p> <ol style="list-style-type: none"> 1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. 2. Recruit, promote, and support a culturally and linguistically diverse leadership and workforce that are responsive to the populations in Yolo County. 3. Provide appropriate cultural and linguistic appropriate training to the leadership and workforce on an on-going basis. 4. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided. 5. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in Yolo County. 			

- 6. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in Yolo County.
- 7. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
- 8. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

State whether the county intends to use contract providers, county staff, or both. Specify which triage personnel are contracted and which are county staff:
 All triage personnel will be County employed staff.

List the activities to be performed by each mental health triage personnel to be hired through this grant:

The goal of the grant is to place crisis triage staff where children and youth are most likely to experience mental health crises. Triage personnel funded through this grant will be licensed clinicians skilled at engaging children and youth who are in crisis, in a stabilizing, therapeutic, recovery-focused manner. Triage personnel will be highly trained on Integrated Core Practice Model principles and values which focuses on best practice for children with behavioral health needs and involvement in child welfare and/or probation.

As shown in the diagram below, when a call is routed through the MHUC to the triage staff the first step of the process is for the licensed triage staff to conduct an assessment over the phone to determine a response and then to provide services to the child or youth dependent on their needs.



The assessment aims to determine level of crisis and safety concerns by determining the following:

1. Can the child or youth be stabilized over the phone and return for an appointment to connect to ongoing services?
2. Can the child or youth come to the mental health urgent care now for immediate services?
3. Does the child or youth need immediate assistance in the environment they are in?
 - o Is it safe for the triage staff to travel to the youth or is a police accompaniment necessary?
 - o Is the youth at risk of harming themselves or others?

Depending on the results of the phone assessment, the triage staff person may provide a variety of responses:

- Staff may provide crisis intervention services over the phone to stabilize the child or youth and schedule a follow-up appointment.
- Staff may request the child or youth meet at the MHUC for in-person services.

- Staff may meet the child or youth onsite at their home, a community setting, a hospital, or any other setting as needed and deemed safe and appropriate.
- Staff may conduct a joint crisis response with law enforcement, if needed.

Triage clinicians provide crisis intervention services as well as a mental health evaluation and assessment to identify the child or youth's specific needs and help them de-escalate crises with the goal of remaining in the community. During the phone or in-person meeting, the triage staff provides assessment, crisis intervention, psycho-education, referral, and linkage services to the youth experiencing a mental health crisis. As part of the assessment, triage staff obtain collateral history from family and significant others, whenever possible and as permitted by existing privacy laws. Staff will assist the family and caregiver on means to best support the child or youth such as through psycho-education. Staff will assist with implementation of a self-care plan, identify and problem-solve any barriers to accessing outpatient services and other recovery supports, and facilitate the linkages and warm handoff to ongoing service providers. Additionally, triage staff aim to minimize distress for the consumer and their family, prevent avoidable escalation of the consumer, and maximize opportunities to access services in non-institutional settings. Due to their training and knowledge of the mental health system, the triage Staff will work with consumers and their caregivers to ensure access and linkage to the appropriate level of care.

Follow-up: While this grant will not pay for family partners because Yolo County has already made a substantial investment in a family partners program, existing family partner navigators will be leveraged to provide peer support to this program. Thus, the family partner provider component of this program will be an in-kind service.

Existing family partner navigators may be people with lived experience or family members. Family partner navigators will follow-up with the youth after the crisis event to provide support to the individual to access the services identified in the self-care plan as well as support the development of a WRAP plan, if the person does not already have one. Family partner navigators will also work with the individual to identify and problem-solve any barriers to accessing recovery services, like transportation. This could include support with benefits assistance, navigating the service system, including access to CBO services, as well as the development of a WRAP plan to address the recovery needs to prevent another crisis. The family partner navigators will stay involved long enough to support the person in connecting to other outpatient services.

Describe specifically where and how triage personnel will be deployed. Indicate the hours triage personnel will be available and any primary and secondary locations:

Yolo County opened a Mental Health Urgent Care (MHUC). Consumers with a mental health need that do not meet criteria for a psychiatric hold and who are willing to accept voluntary support will have access to the MHUC, where they could receive assistance to de-escalate and receive a variety of other supportive services. First responders and loved ones will have the option to bring a consumer to the mental health urgent care center instead of the emergency department. Consumers themselves can also utilize services on a walk-in basis.

To facilitate ease of coordination and expedite response times, triage staff will not operate out of the MHUC, but will have the ability to meet the child or youth wherever they are at. This grant is not intended to be a hotline or mobile crisis. Instead the triage person is available during the hours of Monday, Tuesday, Thursday and Friday 9:00 am to 7:30 pm (9 1/2 hour days with a one-hour lunch). The goal is to provide access and crisis services to children and youth that might be unnecessarily hospitalized or have an escalated crisis without an intervention.

As mentioned above, how the triage personnel will be deployed is entirely dependent on the findings of the assessment. The staff person may provide all support over the phone, accompany Child Welfare Services Social Worker on an investigation to de-escalate a crisis and provide linkage, meet the youth at the MHUC, or meet the youth at another location. If safety is a concern, the triage staff may be accompanied by law enforcement.

	<p>Describe how individuals will access triage services. Clearly state the access points for the triage program. Provide addresses where available:</p> <p>Individuals will access the triage staff through the phone line that is routed through the MHUC. The triage staff will work collaboratively with all entities that interact with C&Y in or at-risk of crisis to ensure that the triage line is well-known. This includes law enforcement, emergency room staff, parents or family members or others.</p> <p>Additionally, Yolo County currently operates a Children/Youth Multidisciplinary Team that meets weekly and is composed of staff from multiple departments including mental health, juvenile justice, and child welfare. The triage staff would join the Children/Youth Multidisciplinary Team once a month or as needed which would allow for greater collaboration. At each meeting of the multidisciplinary team, the triage staff will provide a debrief of any youth who experienced crises the previous week as well as hear from partner agencies about any C&Y who may be at-risk of experiencing a crisis.</p>
	<p>Describe the program's ability and expectation for obtaining federal Medi-Cal reimbursement, when applicable:</p> <p>In the first-year, program staff will assess the extent to which services meet Medi-Cal billing requirements. Staff will bill any clear Medi-Cal eligible services. Using data from the first year of operation, the program staff will set billing expectations for years two and three with the goal of becoming as sustainable as possible by the end of year three.</p> <p>The County will seek Medi-Cal reimbursement for all eligible crisis and follow-up services provided. All triage staff will use Yolo County HHSA's electronic health record system, Avatar, to track encounters and document services according to Medi-Cal regulations.</p>
	<p>Describe any training that will be provided to triage personnel for Medi-Cal billing and billing codes:</p> <p>Triage staff will receive standard training during orientation in accordance with the <i>State of California-Health and Human Services Agency, Mental Health Services Division, Medi-Cal Billing Manual</i>.¹</p> <p>In addition, Yolo County has developed the 2016 Yolo County Health and Human Services, Clinical Documentation Guide to provide guidance to staff. This guide reflects the current requirements for direct services reimbursed by Medi-Cal Specialty Mental Health Services (Division 1, Title 9, California Code of Regulations (CCR)) and serves as the basis for all documentation and claiming by HHSA, regardless of payer source. All staff in County Units, contracted agencies, and contracted providers are expected to abide by the information found in this guide.</p> <p>Yolo County HHSA has also adopted a Compliance Unit based on guidance and standards established by the Office of Inspector General, U.S. Department of Health and Human Services. The compliance unit provides oversight and supports the integrity of all health data submissions, as evidenced by accuracy, reliability, validity, and timeliness. The unit ensures that all services submitted for reimbursement are based on accurate, complete, and timely documentation.</p>

¹ http://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/Mental%20Health%20Medi-Cal%20Billing%20Manual_POSTED_1_28_14doc.pdf

Describe the supports included for all triage personnel for mentoring, training, continuing education, up to date resource availability, and strategies to prevent burn-out. Specifically, describe the trainings that will be offered to peer providers. If certification is required prior to utilizing peers, describe peer certification requirements and what steps the Applicant will take to ensure peer certification can happen in a timely manner:

Triage Staff: The triage staff will receive a number of supports to assist with training, mentoring, and engagement in their new position. Every new employee receives a new employee orientation that lasts for the first two days of employment with Yolo County. A supervisor or manager will also review an onboarding checklist to walk the new employee through the onboarding process. This provides an opportunity for questions, ideas and discussion throughout the process. During this time, the supervisor will determine any additional training opportunities that would be needed for the triage staff.

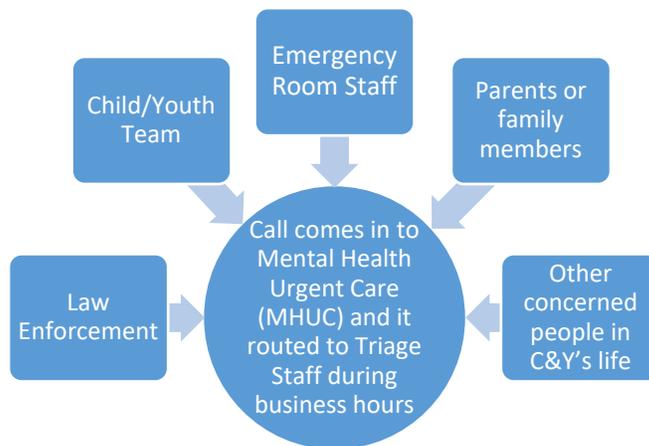
Additionally, to provide mentoring, Yolo County pairs each new employee with a mentor/current staff during the onboarding process to shadow that employee throughout the duties of their day including consumer visits, Medi-Cal billing, current meetings and scheduling for the day/week. This welcomes the new employee into the current agency culture.

Family Partner Navigators: While this grant will not pay for family partner providers because Yolo County has already made a substantial investment in a Family Partner Navigator program, existing family partner navigators will be leveraged to provide peer support to this program. Thus, the family partner provider component of this program will be an in-kind service.

Describe specific supports for collaborative partners including any crisis intervention training:

The County currently has a Crisis Intervention Team (CIT) modeled after a nationally recognized, evidence-based program known as the CIT Memphis Model, which focuses on training law enforcement personnel and other first responders to recognize the signs of mental illness when responding to a person experiencing a mental health crisis. The course is approved by the local Peace Officers Standards and Training (POST) agency and provides materials plus 32 hours of training at no cost to the participating agency or individual. The course trains on the signs and symptoms of mental illness and coaches on how to respond appropriately and compassionately to individuals or families in crisis. This project responds to needs identified through the CPP process that include enhanced services to individuals in crisis and increased opportunities for diversion from the criminal justice system. CIT Training has increased its reach since inception and is intended to reach all law enforcement agencies in Yolo County, including local municipal police departments, the Yolo County Sheriff's Office, California Highway Patrol, Yolo County, and Creek Casino (Tribal) Security. The delivered two days per week over for a total of four full training days.

Additionally, the triage personnel will outreach trainings to relevant such as police departments, and rooms staff to alert them to the new and how to contact the triage staff. trainings will include in-person with the triage staff to inform collaborative partners of 1) how to triage staff through the new C&Y 2) hours of operation for the new what types of situations are for a referral to the triage staff; 4) services collaborative partners can expect to receive after calling the triage line; and 5) what to expect in terms of Family Partner follow-up and linkage services.



Cache training is two weeks, conduct partners, emergency services, These meetings contact the triage line; services; 3) appropriate types of

Describe the crisis assessment tools that will be used. If new tools will be developed, describe the steps taken to develop them:

The triage staff will all be licensed clinician's adept at rapid assessments. Additionally, they will follow standard assessments for safety and suicidality.

As mentioned above, the triage clinician will conduct an assessment to determine level of crisis and assess any safety concerns by determining the following:

1. Can the youth be stabilized over the phone and return for an appointment to connect to ongoing services?
2. Can the youth come to the mental health urgent care now for immediate services?
3. Does the youth need immediate assistance in the environment they are in?
 - Is it safe for the triage staff to travel to the youth or is a police accompaniment necessary?
 - Is the youth at risk of harming themselves or others?
 - Has the youth ever considered hurting themselves or others?
 - Do they have a history of hurting themselves or others?
 - Do they have the means to hurt themselves or others?
 - Have they ingested any substances?

Based on the clinician's assessment, the youth will receive services tailored to their specific situation.

Once connected to services, several assessment tools will be utilized such as the CANS, UCLA PTSD Index, Youth Outcome Questionnaire, Parental Stress Index, Pediatric Symptom Checklist (PSC-35), Hotline tool, Structured Decision Making (SDM), Strength and Needs assessment and SUD assessments to better determine level of care and array of services needed.