

i.	<p>The name of the proposed triage program:</p> <p>Transition Age Youth – Mobile 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 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.</p> <p>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.</p> <p>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.</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 TAY in a moment of crisis, the main goals of the program are to connect TAY in crisis to ongoing services; provide peer follow-up to ensure TAY 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="170 1155 1469 1967"> <thead> <tr> <th data-bbox="170 1155 535 1192">Goal</th> <th data-bbox="535 1155 941 1192">Outcome</th> <th data-bbox="941 1155 1250 1192">Measurement</th> <th data-bbox="1250 1155 1469 1192">Timeframe</th> </tr> </thead> <tbody> <tr> <td data-bbox="170 1192 535 1297">Connect TAY in crisis to ongoing services</td> <td data-bbox="535 1192 941 1297">Improve linkage to services</td> <td data-bbox="941 1192 1250 1297">Number of TAY connected to services</td> <td data-bbox="1250 1192 1469 1297">Year 1</td> </tr> <tr> <td data-bbox="170 1297 535 1465">Provide crisis services and peer follow-up to ensure TAY engage in services</td> <td data-bbox="535 1297 941 1465">Increase utilization of planned mental health services that promote recovery and decrease risk of crisis</td> <td data-bbox="941 1297 1250 1465">Service usage among TAY who access triage services</td> <td data-bbox="1250 1297 1469 1465">Year 1</td> </tr> <tr> <td data-bbox="170 1465 535 1665">Provide TAY with crisis de-escalation services before reliance on emergency services</td> <td data-bbox="535 1465 941 1665">Decreased reliance on emergency resources</td> <td data-bbox="941 1465 1250 1665">Reduction in 911 calls; Reduction in amount of time law enforcement spends on crises for TAY</td> <td data-bbox="1250 1465 1469 1665">Years 1-3</td> </tr> <tr> <td data-bbox="170 1665 535 1801">Provide TAY with crisis de-escalation services to avoid unnecessary hospitalization services</td> <td data-bbox="535 1665 941 1801">Reduce avoidable hospitalizations</td> <td data-bbox="941 1665 1250 1801">Reduction in the number of hospitalizations for TAY</td> <td data-bbox="1250 1665 1469 1801">Years 1-3</td> </tr> <tr> <td data-bbox="170 1801 535 1967">Provide TAY with crisis de-escalation services before behaviors escalate and result in avoidable incarceration</td> <td data-bbox="535 1801 941 1967">Reduce avoidable incarceration</td> <td data-bbox="941 1801 1250 1967">Reduction in the number of incarcerations for TAY</td> <td data-bbox="1250 1801 1469 1967">Years 1-3</td> </tr> </tbody> </table>	Goal	Outcome	Measurement	Timeframe	Connect TAY in crisis to ongoing services	Improve linkage to services	Number of TAY connected to services	Year 1	Provide crisis services and peer follow-up to ensure TAY engage in services	Increase utilization of planned mental health services that promote recovery and decrease risk of crisis	Service usage among TAY who access triage services	Year 1	Provide TAY 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 spends on crises for TAY	Years 1-3	Provide TAY with crisis de-escalation services to avoid unnecessary hospitalization services	Reduce avoidable hospitalizations	Reduction in the number of hospitalizations for TAY	Years 1-3	Provide TAY with crisis de-escalation services before behaviors escalate and result in avoidable incarceration	Reduce avoidable incarceration	Reduction in the number of incarcerations for TAY	Years 1-3
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iv	<p>The number of triage personnel needed for the proposed program: 1.0 FTE Clinician I (40 hours/week)</p>
v	<p>The target population of the proposed programs: TAY age 16-25(expansion ages 26-29) who are in crisis or at risk of being in crisis.</p>
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>Multiple existing programs currently serving the TAY population will benefit from the triage funds providing services specific to crisis intervention with the youth. For example, the MHUC Clinicians' time will be available to support adults and older adults in mental health crises, as the TAY Clinicians' time is targeted to youth-specific interventions. This will allow both teams an increase in dedicated time and attention to the target population. In addition, the TIP and First Episode Psychosis (FEP) programs will benefit from the Triage staff intervening in early crises of TAY, and working to stabilize the TAY linkage to these teams who are further trained in specialty, evidence-based care models.</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: 85 youth will be served each year of the grant.</p> <p>Yolo County is proposing to fund approximately 39% of a 5-day per week TAY crisis outreach service using the SB82 funds.</p> <p>In FY 16/17, Yolo County saw 128 TAY clients hospitalized across 192 duplicated admissions, at a per client cost of \$8,310. Towards decreasing these admissions, we are proposing to serve 85 TAY per year (or 7 per month; 94% of last year's hospitalized total count) with intensive outreach and crisis intervention, to stabilize linkage to outpatient services. Our proposed grant funds of \$207,908 will utilize \$2445 per month across 7 TAY, for a per client monthly grant expense of \$349.</p>
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 competency, drawing from the Substance Abuse and Mental Health Services (SAMHSA) 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 practices reflect 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 are which are county staff:

All triage personnel will be county 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 youth are most likely to experience mental health crises. Triage personnel funded through this grant will be licensed clinicians skilled at engaging transition age youth who are in crisis, in a stabilizing, therapeutic, recovery-focused manner.

As shown in the diagram below, when a call is routed through an access point 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 youth dependent on their needs.



- The assessment aims to determine level of crisis and safety concerns by determining the following:
- Can the youth be stabilized over the phone and return for an appointment to connect to ongoing services?
 - Can the youth come to the mental health urgent care now for immediate services?
 - 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?

- 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 youth and schedule a follow-up appointment.
 - Staff may request the youth meet at the MHUC for in-person services.
 - Staff may meet the 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 consumers' specific needs and help consumers de-escalate crises with the goal of remaining in the community. During the phone or in-person meeting, the licensed 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 may 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

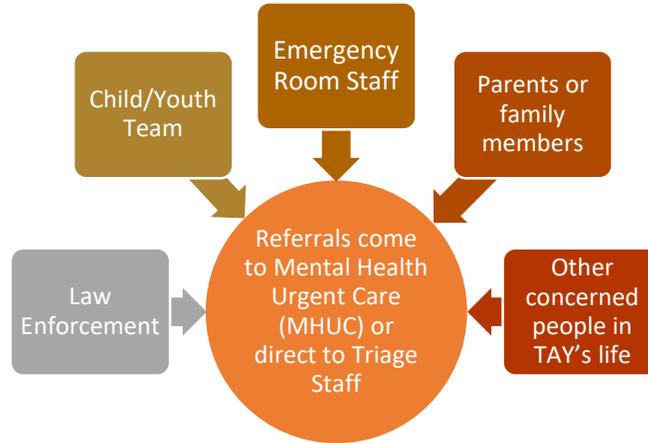
	<p>linkages and warm handoff to ongoing service providers. Additionally, triage staff aim to minimize distress for the consumer and their family, prevent avoidable escalation of the consumer, and maximize opportunities to access services in non-institutional settings. Due to their training and knowledge of the mental health system, the triage Staff work with consumers to ensure access and linkage to the appropriate level of care.</p> <p>Follow-up: While this grant will not pay for peer providers because Yolo County has already made a substantial investment in a Peer Navigator program, existing peer navigators will be leveraged to provide peer support to this program. Thus, the peer provider component of this program will be an in-kind service.</p> <p>Existing peer navigators may be people with lived experience or family members. Peer 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. Peer 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 peer navigators will stay involved long enough to support the person in connecting to other outpatient services.</p> <p>Peer Navigators will be connected to the TAY Wellness Center to provide post-crisis support to the youth who receive triage services.</p>
	<p>Describe specifically where and how triage personnel will be deployed. Indicate the hours triage personnel will be available and any primary and secondary locations:</p> <p>Yolo County recently opened a MHUC. Consumers with a mental health need that do not meet criteria for a psychiatric hold and who are willing to accept help will have access to the MHUC, where they can de-escalate and receive a variety of supportive services. First responders and loved ones will have the option to bring a consumer to the MHUC center instead of the ED. Consumers themselves can also utilize services on a walk-in basis.</p> <p>To facilitate ease of coordination and expedite response times, triage staff will operate out of the MHUC, Woodland office, Davis office and community, and will have the ability to meet youth wherever they are. The triage staff will be available Monday-Friday 9-6. The goal is to provide crisis services to youth that might be unnecessarily hospitalized or have an escalated crisis without an intervention.</p> <p>As mentioned above, how the triage personnel will be deployed is entirely dependent on the findings of the individual assessment. The staff person may provide all support over the phone, 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>
	<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 MHUC telephone line, at 1-855-897-2033, or in-person at the MHUC site, 500 Jefferson Blvd., Bldg B, West Sacramento, CA, 95605. The triage staff can also be reached directly on their own private line as referrals may come from all points of the community. Yolo County HHSA will inform collaborative partners upon award of the Triage funds, sharing written and in-person information on access as well as a full description of TAY triage services provided. This includes informing all entities who interact with TAY in or at risk of crisis, to ensure that the triage line is well known to law enforcement, emergency room staff, parents or family members and others supporting TAY.</p> <p>Additionally, Yolo County currently operates a Children/Youth Multidisciplinary Team that meets daily and is composed of staff from multiple departments including mental health, juvenile justice, and child welfare. The triage staff will join the Children/Youth team which will 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 day as well as hear from partner agencies about any youth 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 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 Avatar to track encounters and document services according to Medi-Cal rules.</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 State of California-Health and Human Services Agency, Mental Health Services Division, Medi-Cal Billing Manual. 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 HHS, 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 HHS 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>
	<p>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:</p> <p>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 are needed for the triage staff.</p> <p>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, medical billing, current meetings and scheduling for the day/week. This welcomes the new employee into the current agency culture.</p> <p>Peer Navigators: While this grant will not pay for peer providers because Yolo County has already made a substantial investment in a Peer Navigator program, existing peer navigators will be leveraged to provide peer support to this program. Thus, the peer provider component of this program will be an in-kind service. Peer Navigators go through new employee orientation, and have on-going training to support their skill building and knowledge. They have individual support as well as a member meeting where they discuss what's working well and what is not. They have access to their supervisor, and staff on the team at all times during their shifts.</p>
	<p>Describe specific supports for collaborative partners including any crisis intervention training:</p>

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

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 Cache Creek Casino (Tribal) Security. The training is delivered two days per week over two weeks, for a total of four full training days.

Additionally, the triage personnel will outreach trainings to relevant partners, police departments, and emergency to alert them to the new services, and contact the triage staff. These trainings in-person meetings with the triage staff collaborative partners of 1) how to TAY triage staff through the MHUC line; operation for the new services; 3) what situations are appropriate for a referral staff; 4) types of services collaborative expect to receive after calling the triage what to expect in terms of peer follow-linkage services.



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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 trained clinicians, who are 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:

- Can the youth be stabilized over the phone and return for an appointment to connect to ongoing services?
- Can the youth come to the MHUC now for immediate services?
- 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, a level of care determinate will be completed using the Level of Care Utilization System (LOCUS)², to assure initial services are aligned to presenting needs.

² Developed by the American Association of Community Psychiatrists. <http://providersearch.mhnet.com/Portals/0/LOCUS.pdf>