

Child Crisis Triage Grant Specs

The proposed program primarily addresses the main needs assessed in the previous section, the lack of specialty for handling youth-related crises, and the greater need for a community crisis response. This proposal 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. The County has identified this as the primary need to be addressed in this grant proposal.

Secondarily, the additional triage personnel with youth specialty will be able to address the issue identified in the needs assessment that the current crisis response system for children and youth is complicated. The youth triage clinicians and specialists attached to the mobile crisis response system will develop a streamlined, well-known and trained protocol for first-crisis-responders. This will include developing a singular phone system, a coordinated effort amongst the variety of therapists and other responders, including the PHF.

In addition, the grant-supported triage personnel will help the County address the need for more coordination and collaboration between hospital emergency departments (EDs) and youth crisis responders by having the additional personnel build improvements for communication between youth crisis responders (including schools, clinics, etc.) and local hospitals. This will be done in parallel with the additional, primary, service provision.

The goal of the SLO Crisis and Connections program is to add youth-specialist capacity to the community's mental health crisis system.

Intended Outcomes:

1. Improve crisis response to schools and hospitals when youth are identified as suffering from severe emotional duress.

Objective 1: Increase on-site mental health evaluations by the mobile crisis response system by 20% over baseline by June 30, 2019 and each year after. This will be measured by crisis responder logs and electronic health records (Anazasi).

Objective 2: Improve satisfaction rates for schools and emergency departments who work with the mobile crisis response personnel by 20% over baseline by June 30, 2019 and each year after. This will be measured by contract monitoring surveys conducted by the County quarterly.

2. Reduce the number of youth in need of placement in psychiatric inpatient hospitals.

Objective 1: Reduce number of 5585 holds written locally by 10% over baseline by June 30, 2019 and each year after. This will be measured by crisis responder logs and electronic health records (Anazasi).

Objective 2: Increase youth engaged in ongoing, local outpatient treatment post-crisis by 10% over baseline by June 30, 2019 and each year after. This will be measured by crisis responder logs and electronic health records (Anazasi).

The minimum outputs for the SLO Crisis and Connections grant program team will be:

Year 1 (10 months): 325 Year 2: 390 Year 3: 390

Staffing

1. **Youth Crisis Lead Triage Clinician:** The lead clinician in the project will be the primary triage personnel to respond to mobile crisis issues for youth. The Lead 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 Lead Clinician will also develop a system assessment and design any fixes necessary to streamline countywide youth crisis response.

2. Youth Crisis Associate Triage Clinician: The clinical associate in the project will also provide triage when responding to mobile crisis issues for youth. The 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 Triage Clinician will support the develop of a system assessment and implement any fixes designed to streamline countywide youth crisis response.

3. Youth Crisis Triage Specialist: This Specialist, with lived mental health consumer or parent partner experience, will backup triage responders and system navigators for those youth and their families (and other supports) in crisis situations. This Specialist will focus on family resources to provide team member's with current listings and 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.

4. Youth Crisis Triage Specialist: This Specialist (who may also have lived experience as noted above) will perform as a backup triage responder and system navigator for youth and their families (and other supports) in crisis situations. This Specialist will help train school and EDs in new crisis response protocols, help case manage youth crisis clients to ensure connections to community resources and support wellness and recovery.

Triage personnel, including the Youth Crisis Lead Triage Clinician, will primarily be based in San Luis Obispo (SLO), the city at the geographic center of the county. The Youth Crisis Triage Associate Clinician will be primarily based in San Luis Obispo, but have rotations in clinics and field sites in the north, central and south regions of the county.

After-hours staffing may include on-call hours when Youth Crisis Triage Specialists would be available from home bases outside of the City of SLO. It is planned to have the Youth Crisis Triage Clinicians deployed as part of the current mobile crisis response system. Calls emanating from schools, EDs, or community sites where youth are in crisis and need of evaluation, will be routed to the current mobile crisis Mental Health Evaluation Team. That centralized dispatch will be able to immediately connect the Youth Crisis Triage Clinicians to the caller and site.

The Youth Crisis Lead Triage Clinician will keep a weekly schedule, likely Monday through Friday, and available to hours when schools are in session (likely 8-5pm). The Associate's hours will flex to include some weekend and evening coverage. The Youth Crisis Triage Specialists in support of the clinicians will be available in hours which overlap with the end of the school day, and over Saturdays – which is the day most hospitals report youth crises visits – and Sundays. The needs assessment yielded several examples of school crisis calls which occurred at late hours (e.g. 4:00p.m. on Friday). This program would provide capacity for crisis response to be available to manage a situation when school personnel are unable to remain on site.

It is also the plan for this grant program to make crisis resources available for youth outside of San Luis Obispo. This includes the North County hospital site (Twin Cities, in Templeton, CA); and the South County regional hospital (Arroyo Grande, CA). By staffing Youth Crisis Triage Clinicians and Specialists who can be on-call in the north and south regions, dispatch will remain within the county standard of a 30-minute (maximum) response. Most every city in the county is within 30 minutes of the SLO hub. However, some rural schools are beyond 45 minutes and an hour of driving.