

Stepped Triage to Care:
Supporting Students in the Aftermath of
Crisis/Disaster



Introduction

Stepped Triage to Care

Crisis/Disaster > Triage Tool (PsySTART) > Analyze/Identify > Allocate resources/supports

PsySTART

An evidence-based, rapid triage tool, available online that helps identify exposure-based risk & prioritize limited resources in the wake of an acute school & community emergency

- Includes disasters (wildfires, floods) and crises (school-based violence)
- Helps identify crisis response needs & allocation of school-based resources
- Enables prioritization of students/staff/families by impact/risk
- Real-time situational awareness: risk types, levels, locations, & resource gaps
- Geo-coded information "risk mapping"
- Potential for linkage across child serving systems





How we have used PsySTART

SAMHSA Grant: After Floods and Fires

Students in 9 West Sonoma County school districts with exposure to the 2019 floods, 2017 & 2019 fires, and/or COVID19

Project SERV Grant

Students in 13 Sonoma County school districts that were directly impacted by the three September & October 2020 wildfires.

Evidenced-Based Care Approach

- Use PsySTART to identify disaster-related risk in the impacted areas
- Assess high risk students for trauma-related symptoms
- Provide 4-sessions of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) resilience skills to students with trauma symptoms and their parents/caregivers
- Provide full TF-CBT model to all students and their parents/caregivers who do not respond to resiliency skills alone



Pediatric Acute Trauma Risk, Resilience and Care Input Triage Batch Entry **Pediatric Stepped Triage to Care Model** Incident Report Case List Acute **Danger** Range = 20-40% **50-90% = Transitory New Incidence Distress** ("symptoms") Disorder: (ex: Insomnia, PTSD, PGD, Fears of recurrence) **Depression** "Green" Resilience "RED" Risk pathway Pathway Prior Trauma SED, SDOH/ (ACES)

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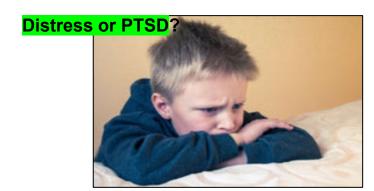
PsySTART Rapid Triage Assumptions

From Distress to Risk

PsySTART not a symptom-based screener: uses **QUIET QUESTIONS**

Instead, its severe/extreme stressors not initial upset/distress "Outside your head, not in" – does not require "feelings"

Validation on acutely traumatized children (and adults) and predicts clinical PTSD and Depression (JAMA. 2006 Aug 2;296(5):549-59) in disasters/traumatic injury





How is PsySTART Different?

From distress to evidence-based risk markers

"Outside your head not in"

Does not require direct questioning of child:

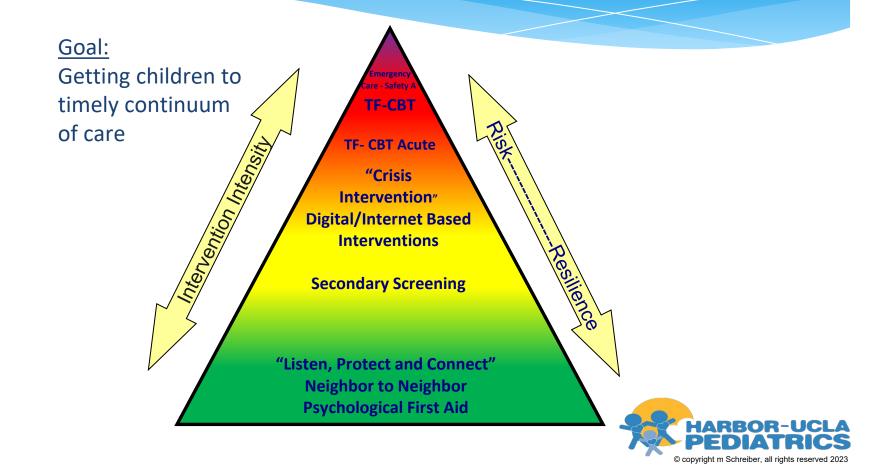
- > Trapped,
- Saw/heard serious injuries, cries of others or dead
- > Thought they would die
- > Family members injured or killed
- Unaccompanied children
- Home loss
- Social Support displacement
- Social determinants / trauma/ MH by history
- Timely triage of high risk to continuum of mental health resources
- Common operating picture across children's systems of care

If you don't count it—it wont count





Stepped Triage to Care Continuum: TF-CBT Example

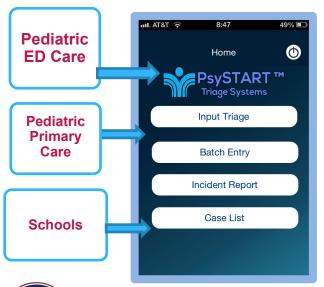


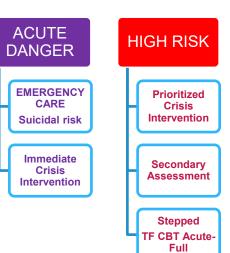
Why PsySTART: Bottom Line Up Front

- Online electronic platform
- Dual use: everyday trauma and larger events with tele-bh model ebt intervention model (17 RCTs)
- Individual case decision support
- Population level risk mapping
 - DEI: rural, underserved : If you don't count it, it wont count"
- Sit awareness at hospital, health systems, disaster systems of care
 - situational awareness for violence and accidents by area
 - Selectable time frames, incidents and geo-code layers
- GIS mapping options for PPN sentinel surveillance for incident management
 – secure special funding from HHS, DoJ, US ED
 - Community youth violence exposure surveillance link to DEI, underserved areas of the community

Multi-gated triage, assessment, care **TRIAGE SCREENING (1)** \bigoplus **Identify High ASSESSMENT** Risk **Distress** Objective Clinical measures **Features Clinical** and evaluation Care functional impact

Stepped Triage to Care Model





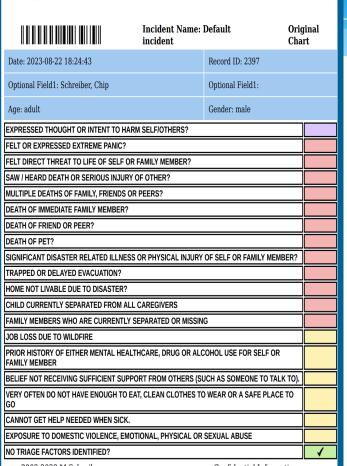














Case List for follow-up services: prioritization order

Optional Field1| Optional Field2| Location| County| Region| Age| Gender| Created_at| Total_Risk|

Rows/page: 10| 50| 100|

ID	LOCATION	COUNTY		OPTIONAL FIELD2		GENDER	INCIDENT	Q1	Q2	Q3	Q4 Q5	Q6 Q	7 Q8 C	Q9 Q10	0 Q11	Q12 Q	13 Q14	Q15 Q1	6 Q17	Q18 Q19	9 Q20	TOTAL_RIS	K CREATED_AT	Action
2078	UCSF Benioff Childrens Hospital - Oakland	Alameda County	ff	ff	0-3	male	Default incident			•	•		(•					4	2023-02-17 03:32:12	
2079	UCSF Benioff Childrens Hospital - Oakland	Alameda County	ff	ff	0-3	male	Default incident		•													1	2023-02-17 03:33:37	
2080	UCSF Benioff Childrens Hospital - Oakland	Alameda County			8-13	male	Default incident	•						•	•	•						4	2023-02-17 03:35:57	
2081	UCSF Benioff Childrens Hospital - Oakland	Alameda County			0-3	female	Default incident										•					1	2023-02-18 10:59:40	
2082	UCSF Benioff Childrens Hospital - Oakland	Alameda County			0-3	male	Default incident													•		1	2023-02-18 11:14:47	
2083	UCSF Benioff Childrens Hospital - Oakland	Alameda County			0-3	male	Default incident						•									1	2023-02-21 05:42:04	
2084	UCSF Benioff Childrens Hospital - Oakland	Alameda County			0-3	female	Default incident				•											1	2023-02-22 11:11:28	
2085	UCSF Benioff Childrens Hospital - Oakland	Alameda County			0-3	male	Default incident									•						1	2023-02-22 11:51:38	
2086	UCSF Benioff Childrens Hospital - Oakland	Alameda County			0-3	male	Default incident			•												1	2023-02-22 14:26:48	
2087	UCSF Benioff Childrens Hospital - Oakland	Alameda County			8-13	male	Practice only														•	0	2023-02-26 19:14:34	

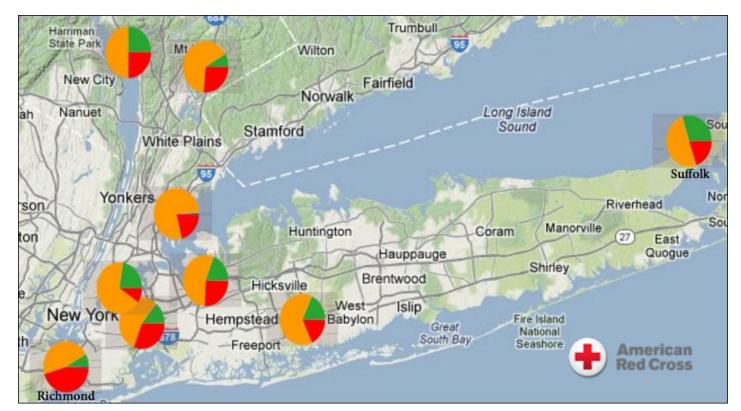
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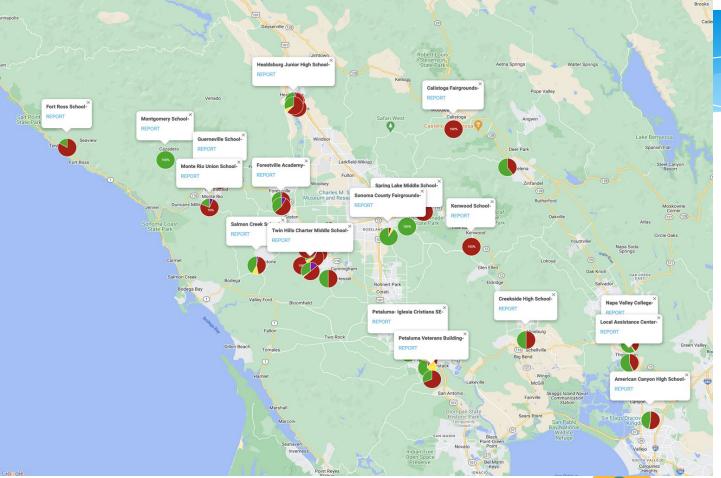
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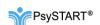


Superstorm Sandy 1st 21 days (NY State)

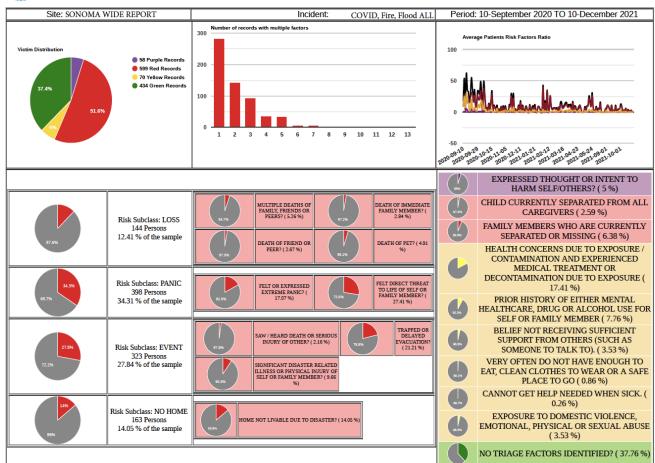








Sonoma Schools risk surveillance: Risk Surveillance(9/20-12/10/21)





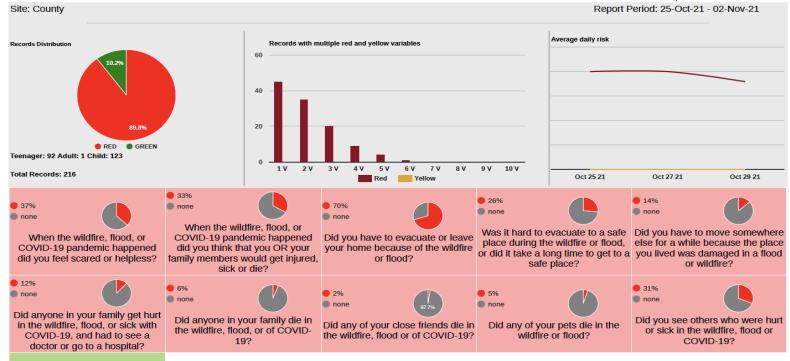




10%none

NONE of these happened to me





Sonoma Model: Stepped Triage to TF-CBT Training

- Triage for trauma exposure and risk: PsySTART
- Referral to: MH provider (school, hospital, o/p)
- Initial assessment: Child PTSD Symptom Scale for DSM-5 (CPSS-5)
- Stepped care trauma treatment: TF-CBT
 Step 1: TF-CBT PRAC components
 Repeat CPSS-5 if clinically indicated
 Step 2: TF-CBT TICE components (full model)
- Tele-Health adaptation
- TF-CBT SAMHSA National Best Practice for Traumatic Stress





Tyson Dickinson
Director of Behavioral Health Department
Sonoma County Office of Education

<u>Tdickinson@scoe.org</u>
(707) 524-8408

Merritt D. Schreiber, Ph.D.
Professor of Clinical Pediatrics
Lundquist Institute
Harbor-UCLA Medical Center
David Geffen School of Medicine at UCLA

<u>mschreiber@ucla.edu</u>

(949) 424-9178

Mandy Corbin
Assistant Superintendent
Sonoma County Office of Education
Mcorbin@scoe.org
(707) 524-2710

Wendy Worms
Project Coordinator, Behavioral Health
Sonoma County Office of Education

<u>Wworms@scoe.org</u>

(707) 522-3147

