



## ROUND 3 Triage Listening Sessions

### September 28, 2021 - Listening Session

#### **Question 1 - Funding opportunities**

##### What other areas or populations have not been funded?

- -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 strategies should be considered 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 staff that are in the community (race/culture)?

- -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**

##### Crisis intervention service locations to be considered

- -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 of crisis continuum**

What are the most 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

Participant questions:

- 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?

### [November 4, 2021 – Quarterly Triage Collaboration Meeting](#)

#### **Does your county provide services for children 0-5?**

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?**

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

**November 10, 2021 - CLCC Meeting**

Committee members provided feedback on the following discussion questions:

1. What should be considered when crafting the Request for Application to ensure that ethnically diverse populations are appropriately served by mental health crisis programs?
  - No feedback was given.
2. What are the crisis mental health needs of children 0-5 and how could they be more effectively served by crisis intervention teams?
  - Include non-traditional family liaisons, Promotores, and cultural ambassadors for racial and ethnic groups.
  - First 5 has good models around cultural communities and linguistic competency. Having a community-defined workforce is effective in bringing about additional mental health services particularly around crisis intervention and triage.
  - DCFS home-based services focusing on early intervention and support the family.

3. What are the crisis mental health needs of older adults and how could they be more effectively served by crisis intervention teams?
  - Include non-traditional family liaisons, promotoras, and cultural ambassadors for racial and ethnic groups.
  - Continued home-based providers for seniors and veterans.
  - Home-based services focusing on early intervention and support the family with similar ethnic backgrounds.
  
4. What crisis intervention service locations should be considered to ensure that people who need the crisis care receive effective and culturally competent crisis care?
  - No feedback was given.

### **Public Comment**

Round 3 funding should not go towards co-responder models that work with law enforcement in crisis situations. Invest in community-based models that do not involve law enforcement. Also, from the first point of contact, individuals should receive services in their primary language without fear of criminalization. Programs that receive the funding should be required to conduct robust culturally and linguistically competent outreach to their local communities to ensure that those communities are aware of the services and are able to utilize them.

Communities of color would like other personnel to be funded or other methods. At the least, train law enforcement personnel about bias and interacting with communities of color differently.

Look at what Sacramento County is rolling out after an extensive involvement with community stakeholders. They are hiring for a team approach that is not police-focused.

It is important to know where triage programs exist in the market today. The handoff between First 5, the MHSA, and SSA must be tightened up to indicate the number of case managers and who is getting what. The speaker asked Commissioners to help guide local advocates about law enforcement protocols in the different counties to better effect change.