

PROGRAM INFORMATION:

<p>Program Title: Rural Triage- East & West</p> <p>Program Description: Prevention & Early Intervention Crisis Field Clinician (LCSW) serves as active liaison with law enforcement in the County to provide training, outreach, and direct field response to clients with mental illness in the community, specifically in the metro area. Evaluations for 5150's and recurrent calls from law enforcement are a primary focus. Enhancement included in this program is the Rural Triage component, operated by Kings View, providing parallel services to the rural communities of Fresno County. This program falls under DBH's Work Plan of Behavioral Health Integrated Access (BHIA).</p> <p>Age Group Served 1: ADULT</p> <p>Age Group Served 2: CHILDREN</p> <p>Funding Source 1: Prevention (MHSA)</p> <p>Funding Source 2: Early Intervention (MHSA)</p>	<p>Provider: Kings View Behavioral Health Corporation</p> <p>MHP Work Plan: 1–Behavioral Health Integrated Access</p> <p>Dates Of Operation: July 1, 2015 - Current</p> <p>Reporting Period: July 1, 2015 - June 30, 2016</p> <p>Funding Source 3: Medical FFP</p> <p>Other Funding: SB 82 Funding; Public Safety Realignment</p>
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FISCAL INFORMATION:

Program Budget Amount: \$2,208,853	Program Actual Amount: \$1,306,658.52
Number of Unique Clients Served During Time Period: 782	
Number of Services Rendered During Time Period:	Total Contacts: 1,316
Actual Cost Per Client: East: \$1,423.95; West: \$2,267.30	
Program Budget Amount: East: \$1,300,431; West: \$908,422	
Program Actual Amount: East: \$787,446.30; West: \$519,212.22	
Number of Unique Clients Served During Time Period: East: 553; West: 229	

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	Outpatient
Contract Term:	3 years	For Other:	Crisis Co-Responders
		Renewal Date:	July 1, 2018

Level of Care Information Age 18 & Over: Choose an item.

Level of Care Information Age 0- 17: Choose an item.

Services, including de-escalation and evaluations for 5150s, are provided as crisis calls come in from law enforcement.

TARGET POPULATION INFORMATION:

Target Population: Rural Triage Services may include, but are not limited to: crisis assessment, crisis intervention, community referrals and linkages, and short-term/brief case management. In addition, time permitting, services shall also include community outreach, engagement, education, and prevention to those potentially in need of services for mental illness and/or co-occurring substance use disorders as well as to the general public, emergency first responders and other community agencies. Rural Triage Services shall be provided in collaboration with first responders primarily in the field where client interaction with law enforcement and emergency services personnel (first responders) typically occurs and where triage services are most beneficial.

MHSA CORE CONCEPTS:

Please select MHSA core concepts embedded in services/ program:

(May select more than one)

- Community Collaboration
- Integrated Service Experience
- Recovery/Resiliency Orientation
- Cultural Competence Orientation

Please describe how the selected concept (s) embedded :

Community Collaboration: Once a community member has been assessed and it is determined that they would benefit from linkage to a local resource, we will work with the client/family (for adults with their prior permission) and community agencies. By collaborating with other agencies such as Turning Point, WestCare, Valley Health Team, United Health Centers, Exodus Recovery, Housing Authority, Room and Board and Board and Care facilities, Social Security, and local law enforcement, etc. we can work together to provide the best support and services needed for our client/families' wellness and recovery.

Integrated Services Experience: We provide wellness and recovery based co-occurring disorder integrated clinical/case management services to the community members and families of rural Fresno County. We are committed to using appropriate evidence-based approaches to meet their needs. We do not exclude anyone based on race, religion, culture, gender, their belief system or ability to pay for services. Every effort is made to engage in the community member/family's wellness and recovery at their pace, assisting them to manage the challenges that they identify, and to lead healthy, productive lives in their community.

Recovery Resiliency Orientation: From the beginning of the client/family experience, we will meet them where they are. Knowing that resiliency is innate and cross cultural, we assist the client/family in identifying, nurturing and building on their own resiliency. The focus is on supporting them to manage their behavioral health challenges which affect their daily living in their community. We use evidence-based models and approaches in our resiliency/recovery focused services.

PROGRAM OUTCOME GOALS:

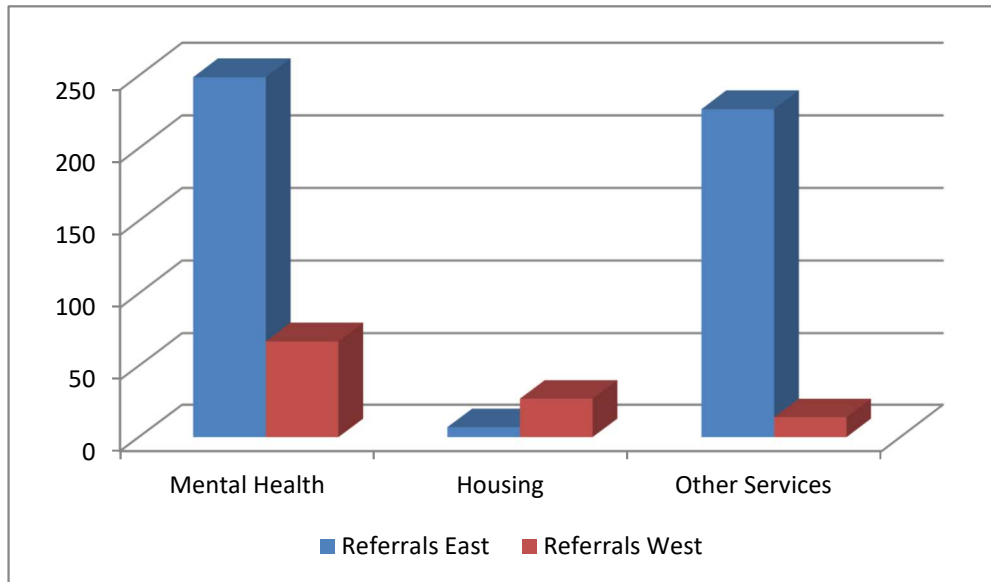
- The goal of this project is to provide rural crisis triage staff consultation services to the East Fresno County Cities of Selma, Sanger, Kingsburg, Fowler, Reedley, Orange Cove, and Parlier as well as the West Fresno County Cities of Kerman, San Joaquin, Mendota, Firebaugh, Huron and Coalinga in a means that has never been provided. These services shall be provided by interagency coordination between behavioral health and law enforcement to identify, triage, assess, and link or reconnect community member/families to behavioral health direct services and support. By doing this we will mitigate unnecessary expenditures of law enforcement agencies' staff time, resources and funds.
- Rural Crisis Triage Services staff placement and participation with local law enforcement agencies will increase available finite criminal justice system resources for response to safety and criminal behavior calls/needs by reducing their time spent on behavioral health issues.
- Rural Crisis Triage Services staff will be on-site for rapid response and behavioral health triage and assessment as subject matter experts providing timely and appropriate interventions and/or linkages with follow-up.
- Community member/families living with psychiatric and/or substance use challenges who engage with local law enforcement will have more efficient access to crisis services, will receive treatment more sensitive to their behavioral health issues, experience fewer legal concerns and costs related to encounters with law enforcement, have improved safety, and experience less discrimination/stigmatization due to their challenges.

Increase time for law enforcement agencies to respond to safety and criminal behavior calls/needs by reducing mental health crisis calls.

Calls that resulted in 5150 hold placed by Rural City Police Departments and Sheriff's Office.	PD Calendar Year 2014	PD FY 15-16	% Change	SO Calendar Year 2014	SO FY 15-16	% Change
<i>East Cities:</i>						
FOWLER	29	30	3.45%	9	11	22.22%
KINGSBURG	26	18	30.77%	5	1	-80.00%
ORANGE COVE	18	18	0.00%	0	0	0.00%
PARLIER	43	32	25.58%	4	5	25.00%
REEDLEY	103	151	46.60%	13	7	-46.15%
SANGER	153	116	24.18%	24	19	-20.83%
SELMA	169	142	15.98%	17	14	-17.65%
Total	541	507	-6.28%	578	686	18.69%
<i>West Cities:</i>						
COALINGA	32	63	96.88%	1	1	0.00%
FIREBAUGH	30	16	46.67%	1	1	0.00%
HURON	0	0	0.00%	1	0	100.00%
KERMAN	74	70	-5.41%	19	5	-73.68%
MENDOTA	27	24	11.11%	1	1	0.00%
SAN JOAQUIN	0	0	0.00%	8	12	50.00%
Total	163	173	6.13%	31	20	-35.48%

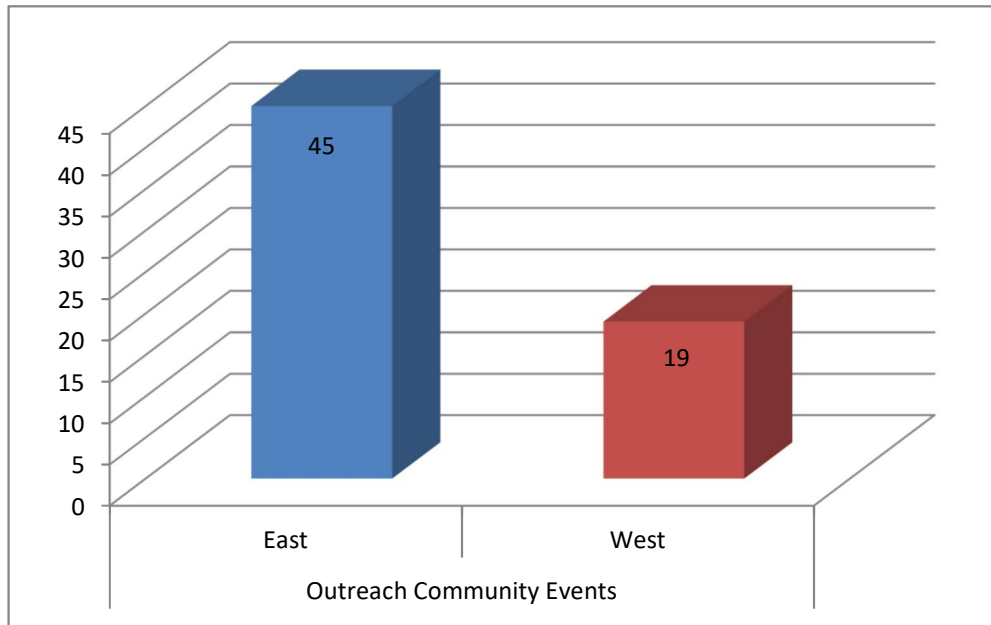
*PD (Police Department); SO (Sheriff Office).

Referrals to local treatment, prevention and support services by triage staff.



*Of the referrals made enrollment into Mental Health Services are as follows: East 572; West 92

Crisis mental health and sensitivity training to first responders and community.



PROGRAM OUTCOME DATA/INDICATORS:

1. Kings View’s Rural Triage East & West teams consist of 7 full time crisis co-responders who work 4 (10) hour shifts. Coverage is 7 days a week from 6am to 12am.
2. Co-Responders being readily available to take over the mental health crisis calls will decrease the need/demand for officer’s time allowing them to respond to other public safety related calls. Once an officer has cleared the scene and determined it is safe, they will release it over as “TOT” to the crisis co-responder thus allowing the community member and their family to be assisted with the behavioral health issues affecting them.
3. Crisis Co-Responders are co-located with law enforcement in the cities of Selma and Reedley, making them readily available to respond to any crisis calls within the identified cities as well as provide follow up and linkage services for up to thirty days post crisis.
4. Crisis Co-Responders respond with local law enforcement to assist with assessing and triaging the behavioral health needs of community members/families in crisis. Crisis Co-Responders work with law enforcement to reduce the number of 5150 applications initiated or community members incarcerated due to mismanagement of their symptoms and/or behaviors. Much of this will occur as the Crisis Co-Responder provides psycho-education to everyone involved as well as works collaboratively to put a wellness and recovery based safety plan in place.

Success Stories

1.

Client has been a resident of Coalinga for about 11 years and has had multiple calls to the police department (PD) for issues related to her mental illness, substance use problem, and her dysfunctional family system. Client has been frequently incarcerated and placed in psychiatric hospitals. The team has been working with her since late December 2015 and she could be identified as the first client in Coalinga. After the Rural Triage team became involved, there were barriers to overcome in efforts to get her linked to services. These included her initial resistance to allow the team to help and her mental instability that led to missed appointments and lack of cooperation with the team. Her living conditions were unsanitary with no running water nor electricity in the home. Her lack of payment for rent and living conditions led to an eviction. Client ended up being homeless which led to increased police involvement. During this time, she had community and family members call the police on her often; at some point, it was up to three times per week which led to further incarcerations and hospitalizations. During her last incarceration, she was provided with support to sign her Plan of Care at Turning Point upon release. Client was subsequently hospitalized and released two days later. She was released with medication and was provided with further assistance to be able to get her medication refilled. On this date, she was given a doctor's appointment as well. Her first appointment with her doctor was in May 2016. Since then, client has been residing with her daughter, has been provided with support to secure housing on her own, and is now provided with intense case management services through Turning Point. The calls to PD have ceased but most importantly so have the reoccurring 5150 hospitalizations.

2.

Minor is a 13 year old bilingual Spanish/English speaking, Hispanic male. He resides with his monolingual Spanish speaking father and mother and a 15 year old brother. At time of service delivery by a Crisis Co-Responder, the minor was attending a charter school and in the 8th grade. When the paternal grandmother died three years ago, the minor began having intrusive and ruminating thoughts about wanting to be with her and at that time made statements of wanting to die. The family was referred to counseling by the charter school. Father reports that follow through was difficult because of the lack of resources within the rural community and perceived professionals telling him that minor just needed to grieve.

The minor was referred to Rural Triage in late February 2016 due to an incident at minor's charter school involving the minor making statements to school staff that 'they should keep their children safe', behaving bizarre and disoriented which led school staff to contact police for evaluation for a 5150 hold. Another Crisis Co-Responder was dispatched to the school as well and it was determined that the minor did not meet criteria for a 5150 hold and was referred to seek medical attention as it was believed that he may have been under the influence of an illicit drug or alcohol due to his presentation.

Minor's case was referred to a Crisis Co-Responder as family was seeking linkage to services and father is a monolingual Spanish speaker. Upon contact with the minor and his father, it was reported that the minor had been medically cleared and that the school was not allowing the minor to return until a mental health assessment had been completed and linked to mental health services. Father reported frustration because the only referral received was for children's mental health in Fresno and he would not be able to be seen for an initial assessment for 4-6 weeks. Father reported that he also contacted Turning Point and that they also informed him that an appointment would not be available for that length of time as well.

The father stated that his concern was that his son would be out of school for a long length of time in spite of the school offering independent studies. The Crisis Co-Responder completed an assessment and determined that the minor was not a danger to himself or others and would benefit from individual therapy to assist with coping skills needed to manage his social anxiety and to encourage skills for improved and appropriate social interactions as he presented with impaired social skills which to others present as odd or bizarre. Father and minor were both receptive towards receiving mental health services; however, access and the families' struggles with advocating for themselves and explaining their needs posed as a barrier.

The Crisis Co Responder met a case manager from United Medical Centers (UMC) during a presentation of Rural Triage's program. The Crisis Co-Responder offered UMC to the family as another way for the minor to receive mental health services and the family was in agreement. The Crisis Co-Responder linked the family with a case manager in Parlier (UMC) to discuss the families' needs. The co-responder also modeled to the family self-advocacy and praised them for their efforts with follow through. Minor was able to get an appointment for assessment and was seen by a psychiatrist 2-3 weeks sooner than being seen in Fresno which would have been difficult for the family to access anyway. It was also discussed that should the minor need longer term services, that a direct referral will be made to Turning Point so that the minor will be able to maintain consistent services. During time of service delivery, the Crisis Co-Responder also collaborated with minor's charter school psychologist as a means of ensuring that they were aware that the father and minor are following through with schools recommendation of minor returning to school. The minor was readmitted to school after being successfully linked to services by the Crisis Co-Responder and the case was closed upon the minor meeting his goal established within the plan of care that he will be able to continue with his education.

DEPARTMENT RECOMMENDATION(S):

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