



For more information about the Psychiatric Navigation Project, please contact:

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The Psychiatric Navigation Project (PNP) is a pilot project that focuses on improving the quality and coordination of care received by Transition Age Youth (TAY) with complex health and mental health needs.

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## Overview

The TAY population are faced with multiple stressors related to their specific stage(s) of development. This population experiences vulnerability and disparities in mental health and health due to the critical life changes they are enduring surrounding employment, career, school, independence, relationships, etc.

TAY youth experience disproportionately high rates of suicide, homelessness, depression and involvement with the criminal justice system.

TAY dually diagnosed populations have compounded and complex issues that often create such distress in their lives that psychiatric hospitalization is necessary for stabilization.



Through the utilization and training of Transition to Independence Process (TIP) model guidelines, providers will establish a person-centered and relationship development approach to engaging TAY dually diagnosed youth in treatment. These approaches will target eliminating barriers through the tailoring of services and supports, ensuring client safety through harm-reduction techniques, as well as involving multiple systems levels (individual, family, community, program, etc.) that influence these youth's lives.

## Goals & Objectives

### GOAL 1:

To improve the treatment of TAY populations in emergency and psychiatric settings through targeted navigation activities.

#### Objectives:

- To decrease PNP client psychiatric hospitalizations and/or lengths of stay.
- To develop two toolkits (Home-To-Hospital and Hospital-To-Home) throughout the project, which will provide comprehensive continuity of care before, during and after psychiatric hospitalizations.
- To increase education and available resources for emergency psychiatric staff members for the TAY dually diagnosed population.
- To integrate clients into existing community resources, through effective discharge planning.

### GOAL 2:

To improve the continuity of care and ongoing community tenure of TAY populations in psychiatric settings.

#### Objectives:

- To reduce TAY dually diagnosed residential changes.
- To provide quality, coordinated intake and discharge planning.

## Q & A

### Who is involved in this project and why?

The Department of Developmental Services (DDS) has provided funding from the Mental Health Services Act (MHSA) to the San Diego Regional Center (SDRC). SDRC has partnered with Fred Finch Youth Center (FFYC) to execute the project. Both SDRC and FFYC have a history of being committed to providing quality mental health services to the populations they serve.

### What age range is considered to be included in the TAY population?

Individuals who are considered a part of the TAY population are 14 to 25 years old.

### What is the Transition to Independence Process (TIP) Model and how will it be used?

This is a model successfully developed and tested nationwide, focusing on helping to increase TAY capacity for effective decision-making, self-determination, independent functioning, and goal setting abilities. The TIP model will be a core competency of the curriculum developed for the training component of the project as well as being the core practice used.

### What are the core values of this project?

Community Collaboration; Cultural Competence; Client Driven; Family Driven; Wellness, Recovery, and Resilience Focused and Integrated Services Approach.

