

## ***Outreach & Informing: Broad Access to Help & Info***

### Key Elements:

- PEI: Apps and websites (au.reachout.com), MHFA, school linked services, cyber bullying, drugs and alcohol, dating violence, etc.
- Screening tools for children youth and parents
- Internet availability of resources to broaden resources
- Warm Line; 24/7, threshold languages, MHFA, mobile and or CTS dispatch
- Outreach& Informing; education: schools, community, law enforcement, families; Warm handoff when needed
- Training for teachers and school staff
- Know The Signs; crisis support lines/warm line, tech services, suicide prevention, MHFA, law enforcement sensitivity training
- Broader outreach crisis plan: ability to communicate between social, community, and medical community
- Access for all, widely communicated and understood in the community, integrated into service systems
- Training for pediatricians and primary care
- Dispense information through school districts
- Access to help: research best practices, develop awareness message, disseminate message, build structure and capacity to serve the need
- Set minimum standards for penetration rate
- ESP for every zip code, community
- Natural supports chosen by child and/or family
- Broad access should include kids in the juvenile justice system
- Large and increasing number of kids with MH issues
- Education; parents, youth, teachers, foster parents, student, students in college; ESP/first break; Central crises clearinghouse
- Publicize services, make websites, Facebook/Twitter access, phone numbers, make info available in many languages.
- Training for ER providers
- Use technology

### Challenges

- How to reach populations that aren't looking for help
- Bill private insurance
- Sufficient threshold language capacity 24/7
- Participation from child welfare
- Participation from large health plans like Kaiser who are also responsible for providing crisis services to kids
- Lack of data
- Capacity funding
- Current criteria to access services

- Silos of care and funding
- Make info available in many languages
- Make info available to people who may not have access or even be interested in common communication methods.
- Coordination among child serving agencies
- Different rules, access and funding for different insurance and/or legal status
- Differences between counties and agencies
- Measureable outcomes
- Data and age range definition needs to be defined in a consistent manner
- Resources/time to think/develop and build
- Care coordination-getting different services providers to work together (social services, education, MH, etc)
- Great disparities across counties

### ***Safety Plan That Includes Crisis Plan***

#### Key Elements:

- Crisis plan should be developed by the child and family team
- Therapeutic Foster Care in rural areas with no CSU
- Coordination with law enforcement with a youth is experiencing a mental health crisis
- Safety First; Seeking Safety Program; local crisis protocol; service plan expansion
- Proactive/Reactive Safety Plan; stabilization plan; Child Family Team with any current open providers
- Crisis plan should be both proactive and reactive with full youth/parent voice, choice and preference.
- Include natural supports chosen by child and family
- As much as possible, keep students at home and enrolled in their school
- Respond to symptoms before the crisis
- Ask youth, child, caregiver what would work
- Drop in centers
- Leverage existing plans to develop a template / Incorporate safety plan into treatment planning process
- Community Transition Services (CTS): 24/7, home and community based, WRAP principles, domain plan, functional behavior assessment, positive behavioral plan, parent coaching
- Proactive/reactive safety plan
- Need to collaborate with other systems (kids in JJ, courts, human services, education, DA, PD, probation, MH)
- Screening and assessment included as appropriate
- Clear, concise, and understood by all, accessible by all, concrete (resources clearly spelled out) includes natural supports and ecology (community resources)
- Family to family support
- Includes entire family – have a family plan

- Crisis plan that everyone understands, everyone on the child's team knows the plan, ability for youth/parent to implement, youth/family centered

#### Challenges:

- Funding streams: limited access to health insurance and undocumented youth
- Quality/poor plan not child family responsive
- Gutted WRAP funding
- Underfunded FSP
- Silos
- Sharing of youth plan with all necessary providers
- Increasing continuity between providers (school, therapist, social workers, etc)
- Lack of data
- Silos of care and funding
- Documentation standards
- Funding
- Consistency of services statewide
- Resources/Additional workload
- Do we do for all children/youth or only for those who are "at risk" as defined by specified criteria
- Coordination among child serving agencies
- Different requirements per county or agency around safety planning
- Different community and crisis resources per county
- Safety plan for everyone who might need one is a big challenge, expensive. Who decides which person gets a plan?
- Define crisis plan

#### ***Service Array***

##### Key Elements

- Mobile: 24/7, Joint response with PD, 5150 assessment, proactive/reactive safety planning, basic needs resourcing, warm linkage to transition services
- Mental Health providers in ED
- Crisis Stabilization Unit/CSU: 23.59 hours, locked and unlocked centers, full family involvement, 5150 hold lift, transition team full participation
- Crisis Residential: short term, Family involvement, WRAP based, FBA and PBIS
- Mental health drop in crisis centers
- Parent support, mobile crisis, in home services
- Include natural supports chosen by child and family
- Respite access with trained respite providers, flex funds, include known providers for mobile response
- Educating parent and family on child's triggers and disorders
- No wrong door

- Drop in centers
- Central database
- Of course when we try to avoid hospitalization but when it is necessary, the lack of beds is extraordinarily common and a significant problem
- Services needed to be provided in the home and community
- Response times need to be short ;services need to be available for as long as it takes
- Fully integrated one stop shop for services
- Array should go from least invasive (a friendly shoulder) to intensive outpatient (FSP)
- Specialty mental health services
- Community innovations
- Regional services
- Planned providers understanding crisis plan
- Understanding services available and choosing the right service for the need
- Language access
- Statewide services should be the same regardless of location and pay source
- Peer support services
- Whenever appropriate, keep the school involved and informed
- Easily accessible, flexible, adaptive, individualized, culturally responsive/reflective, community based, and in home when possible (least restrictive)
- Sustainable stabilization in a system that communicates effectively and efficiently
- Mobile response
- Law enforcement response to calls with a clinician
- Crisis stabilization unit
- Hospital alternatives, crisis residential, partial hospitalization, assessment and diagnostic, step down/diversion

## Challenges

- Scope: number of kids? Money?
- What is the population we are talking about
- Different sources provide different numbers
- Limitation on duration
- Use technology
- Uneven aces county to county
- Time limitations
- Lack of data
- Silos of care and funding
- Lack of integration in care
- Funding streams
- Coordination among child serving agencies
- Finding provides that are sufficiently “strength based” to really deliver the services
- Flexible funding
- Regulations
- Standards of care

- Regulatory barriers (ie comingle of services for children, adolescents, and adults)

#### Values

- Recognizing the continuum of life (arc of life)
- Avoid and/or minimize trauma
- Thinking of long term impact
- Child and/or family voice
- Children can be kept safe at home
- Parents and the community can remain grounded and responsive
- Parents, siblings, and others can and want to learn how to de-escalate their child/loved one
- Children can get their needs met without going into crisis
- Trauma endemic to kids in the juvenile justice system