

KIDCONNECTIONS COMMUNITY CONVENING MEETING

October 1, 2019

LOCATION: FIRST 5 Santa Clara County

PRESENTER: JENNIFER PHAM, LCSW

FACILITATOR: KATE WELTY

This community convening was the second of two sessions in Santa Clara County regarding the proposed services for KidConnections, funded through Santa Clara County Behavioral Health and FIRST 5 Santa Clara County. The convening included a Power Point Presentation and facilitated discussion to gather input from the community.

Goals of Community Convening

- Inform community of proposed KidConnections services in Santa Clara County.
- Gather feedback and answer questions from the community about the proposed plans.

Power Point Presentation Highlights

- Timeline of events reviewed (see slide 4). Fall RFP will be released. Summer 2020 launching services, including trainings, education, public services announcements, and other outreach efforts to promote the proposed system of care.
- Background of KidConnections Services (see slide 5). Since 2006, FIRST 5 Santa Clara County and the Behavioral Health Services Department have partnered to provide high quality, trans-disciplinary screening and assessment, home visitation and therapeutic services for children under 6 years of age.
- KidConnections Continuum of Care, including call center triage (see slide 6 and 7) reviewed.
 - We have various referral sources that go to a centralized call center
 - Then the call center determines appropriate services to link to.
 - Then an initial assessment for intervention occurs and consideration of what ongoing services are needed for the family.
 - What services and resources might be helpful, such as school district services, Early Start or FIRST 5 resources, such as the Family Resource Center.
 - KidConnections is under the umbrella of our outpatient services.
- Children, Youth, Transition Age Youth, and Family System of Care (see slide 8)
 - KidConnections is under the umbrella of outpatient services.
 - In the system of care, it is a step up from prevention and early intervention services and crisis services are available across the entire continuum.
- Department of Health Care Services Requirements (see slide 9)
- Timely Access Standard (see slide 10)
 - For outpatient mental health services, which is what KidConnections falls under, the requirement is 10 business days from initial request to appointment.
 - Currently in our system of care, we have not reached that State's current identified goal of 70%.
- Provider Beneficiary Ratio (see slide 11)

- For children youth and family services DHCS identifies staff to beneficiary ration of 1:30. KCN’s current ratio is 1 provider to 12-14 in terms of caseloads, which is less than required.
- Proposed Services (slide 12)
 - The three pillars, cultural humility and equity, thinks about how we support the families that we serve.
 - Services are for them (the family), we value their expertise and their understanding of what is best.
 - Equity – everyone gets services that are appropriate for their individual needs.
 - Proposed services will include a centralize call center and a centralized assessment process with ongoing services imbedded in the community to support key geographic locations in the county (North, Central and South). All to support the provision of timely access.

Community Discussion

TOPIC	Notes
1. Proposed Plan/Services	<ul style="list-style-type: none"> ● Per KCN CBO, the plan feels it fits well for her and her team
2. Feedback	<ul style="list-style-type: none"> ● <No Comment>
3. Increase Timeliness	<ul style="list-style-type: none"> ● Delays in access occur when families do not answer their phone or when Social Workers do not get consent in a timely manner.
4. Centralized Assessment Process	<ul style="list-style-type: none"> ● Per KCN CBO, it could help with timely access. ● Question by facilitator: Geographical teams – does this sound like a good plan? -Per KCN CBO, “Sounds like it”
5. KCN Strengths (that you do not want to see change)	<ul style="list-style-type: none"> ● Open communication ● Good Continuous Quality Improvement; not waiting years to make an adjustment ● Open feedback by providers (i.e. forms)
7. Areas of Improvement/Challenges with the current system	<ul style="list-style-type: none"> ● <No Comment>

Questions and Answers

Question	Answer
1. How to make referrals?	1. Referral information and resources are available on website (1) FIRST 5, (2) BHSD

2. Teams embedded in the community – what does that look like?	2. Per BHSD, Team in the community, accessible and reachable for families, within 30 minutes and 15 miles.
3. What would “centralized” mean?	3. Centralized means that it will be a centralized process. Centralized assessment would be similar process to centralized referral. Referrals will receive an assessment through a centralized process and triaged to a provider for ongoing services.

Closing

- Appreciate your time and thanks for the feedback.
- You have offered great things for us to consider.
- Please contact Jennifer Pham if you have any other feedback.