

KIDCONNECTIONS COMMUNITY CONVENING MEETING

SEPTEMBER 30, 2019

LOCATION: GILROY HIGH SCHOOL

PRESENTER: JENNIFER PHAM, LCSW

FACILITATOR: KATE WELTY

This community convening was the first of two sessions in Santa Clara County regarding the proposed services for KidConnections (KCN), 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, the DHCS identifies staff to beneficiary ratio 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, think 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 centralized 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

Strengths	Areas of Growth	Ideas
<ul style="list-style-type: none"> ● Rich collaboration that happens across the providers and network. We can transfer/refer clients and share resources and consult with one another. ● The idea of KCN. KCN providers collaborate with each other. We work together, not in silos. We have the same mission. ● We support the “littles” and their families, including developmental and mental health needs. 	<ul style="list-style-type: none"> ● Core trainings/professional development be available for CBOs. Trainings are available but fill quickly. The breadth of training is there, but increased access is desired. ● Training academy from a couple a years ago was helpful, and staff and enjoyed it. Add this opportunity for providers. ● Supervisors training that was held in the past was helpful and beneficial. Add this opportunity for providers. ● Some obstacles for timeliness access are coordination with social workers who may not respond quickly with consent forms. We often need to get assistance from SW supervisors. ● Families do not respond immediately or opt for a later date beyond the 10 days, impacting timeliness to access measures. During the summer families opt to be seen later due to vacations. 	<ul style="list-style-type: none"> ● Coordination and emphasis on running CFTs to support coordination of care. ● Adding family partners to the program would be helpful in support of case management and resourcing with the families. ● Suggest reporting capacity by u-code, rather than combined u-codes as a way to extract necessary data. ● More funding for resources for our families is needed, families have intense needs such as children with autism, caregiver substance abuse needs and traumatic experience. ● Grow programs, bring on more staff. ● Provide training to address working with higher acuity families. As providers, we don’t always have the training and we are making do. We are piecing things together, particularly when we are working with issues related to substance use and recovery.

	<ul style="list-style-type: none"> • Providers provide case management while KidScope TDA services are pending. • Limited capacity for ABA services. • Limited capacity for many other FIRST 5 services. • The population has been showing a higher level of acuity, more intense. 	<ul style="list-style-type: none"> • Consider additional referral sources. • Support mechanisms to transfer across programs, for example referral to Katie A. Identify the processes to refer with an agency continuum of care.
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Questions and Answers

Question	Answer
1. Many times, families cannot come to an appointment within 10 days, what can we do about this?	1. DHCS hears this concern also. Currently, we have a report that allows tracking of appointment offer date, and reason that appointments may be extended out.
2. For new RFP are we looking at changing the model? Rebekah's in pilot with one U-Code? Would this be extended to all CBO's?	2. We are open to suggestions (noted above in ideas).
3. Will there be different referral sources, and can we transfer across programs?	4. We are open to suggestions (noted above in ideas).

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.