

**Mobile Response and Stabilization
Community Meeting Notes
Location: Franklin-McKinley School District
September 12, 2019**

As part of a series of community convenings throughout the County of Santa Clara regarding proposed services for the Children and Youth Mobile Response and Stabilization Services, Behavioral Health Services Department staff shared a Power Point presentation with the community in Saratoga. The proposed services for Mobile Response and Stabilization included three main areas:

1. Centralize into one 24/7 access phone number for all Child and Youth mobile response - Coordinated seamless entry for youth mobile response services. Currently, there are 4 providers and 4 phone numbers.
2. Increase overall capacity and staff for mobile response and post mobile response services.
3. Create teams located in key geographic locations in the County. South and North County based teams will be embedded in those communities and able to respond quickly

Below are ideas, comments, questions and concerns from the community participants for each of the three proposed areas:

Centralized 24/7 access phone line

- It does make sense to have a central number.
- Consider a CBO to run the number.
- Immigration could be potentially a barrier/unintended consequence. Less threatening to call a nonprofit than a government number.
- Fear is that people won't call. Fear of not calling 911 and with a CBO there is more trust established. There is a face/name that they might feel comfortable.
- Person who takes call is person who goes out to crisis. Engagement starts with the first call. Staff have engagement from the start. Rapport is there from beginning.
- Someone made comparison to San Bernardino County crisis services who have NASW award/award program. County has ability to call the ambulance and save money. Coming in a county car vs a police car. It's a good model.
- How to engage with a trusting phone number? Always start with school districts. Make it clear that it's confidential when someone calls/friendly reminder. Inform all the CBOs as well; hand out cards, social media, text line.

- What about an app? San Francisco has an app. SF sends out clinicians.
- Who is going to decide what cases are appropriate? Who will answer the phone lines? Clinicians? Who will be creating the screening tools? There should be some collaboration and get input. Uplift is happy to share the one they have.
- Building the trust; decrease the number of people family must tell story to.
- Screeners should be ones responding. Screening should be geographical also. Police know to call this one number/region. A comparison was made to San Bernardino County who is the largest county geographically in California.

Increase Capacity for Mobile Response and Stabilization

- What about post crisis services?
- Barriers are that families are not interested in post crisis services or they are already receiving services from another provider. They want some sense of normalcy back.
- Have different regions and staff assigned to different regions. Screeners would know. If you want to minimize how many times an individual repeats their story, then the screener can respond.
- 11 FTE at Uplift and taking 3500 calls a year. Recommend evaluating the current resource and needs based on data and numbers.
- Don't go too quickly on building the model. Ensure sustainability.
- Look at peak times.
- How much of the data is being looked at?
- Risk -need to decrease staff in summer – analyze trends. Trend is that summer is slower; it follows the school year.
- Last 2 weeks of December is also low and same for other school breaks.
- What does increase mean? Increase for behavioral crisis or MH ones? Consider clinicians vs paraprofessional level. Have adequate professionals
- Some folks call for resources - 4 calls today of people just looking for services.
- There are different kinds of levels of need. How do we prioritize calls?
- When addressing school behavior, focus on preventative work/program at the school. Have teams at schools do this. Get in early so level of crisis is less.
- Is there data on who are calling most?
- How about calls for serving autistic youth? More complex population. Capacity for this specific group of kids because it requires specialized education and training.
- What kind of staffing? Paraprofessionals? Clinicians?
- One of the most benign calls ARCC thought they were going out on was a child who jumped out of a 6-story building. You never know what you are going to get. Lesson is training is there for who is taking the calls/screeners on the phone.
- Is there specialized training? Assist, MH first aid, universal. They don't teach in grad school.
- Paraprofessionals are valuable but MSE must be done by someone with masters. Evaluate if it is worth b/c we can put paraprofessionals in a "bad" situation unintentionally.

- Ideal world: clinician with paraprofessional. Most calls at Uplift are with 2 clinicians—1 person with parent, 1 with youth. Rare to have clinician alone.
- Paraprofessional helps with support family.
- Safer in teams of 2.

Geographic teams

- Quick access model
- Having hubs during the day but 3rd shift overnight is responding from homes. Will that change or improve access? Unless you are stationing people in North County.
- Overnight shifts should be considered by region as well.
- Will there be flexibility to dispatch across regions? I.e.-staff is in San Jose, but need is in Gilroy. Ensure flexibility b/w regions.

Other Comments and Questions

- Can you borrow from adult mobile crisis?
- Adult mobile clinicians can work with the parents.
- Stanislaus County share the teams and they are floaters. Smaller population though.
- Have floaters go between adult and child.
- Is there going to be any follow up community meetings? Sherri Terao indicated there will be as part of RFP process and bidders conference opportunity for question and answer.

Post Crisis Response

- Hard time visualizing what is changing.
- CTS is current for 40 kids. Recommendation for post stabilization is increasing the amount from 40. We have so many with private insurance but limited in services for them.
- What is County thinking of the structure? Which way is County leading towards?
- There is a system of care with SOS Aftercare. That money is not put into crisis so what's happening with those 250 kids? What happens to the clients after June 2020? SOS Aftercare is not same as a crisis program. Concern is for those who are in Aftercare currently. What happens to them?
- Currently SOS Aftercare gets referrals from school districts so what supports are the schools getting if no more SOS Aftercare?
- What's the game plan for Aftercare? Seems like Aftercare is a different group/different program. I don't know if the community really knows the difference.
- We are talking about an additional 300 kids so are other programs going to expand i.e. SLS, outpatient?
- Fall is coming quickly for the RFP release. There's a system in place and we are fine with it the way it is right now. Let's hold off for another year. We should take our time to ensure it's the right model.