

September 9, 2014

Group #6 (Dane): Focus on Children Services

1. In looking at the key need and gap areas that have been identified so far, are there any, from your perspective, that are missing? If so, what are they?

- Children without Medi-cal
- Robust access point, regardless of payer source
- Mobile crisis capability
- Over medicated –meds should be last resort
- Educate primary care providers
- Group therapy- social skills and process groups
- Stigma around mental health; have a club (such as “lets.org”) wellness stigma reduction
- Teachers have to ask questions, pay attention and notice children’s issues
- Some mental health providers only allow limited sessions and have restrictions
- Some insurances have such large deductibles; they are not affordable.
- Range of services from inpatient to outpatient and in between
- Mental health providers in schools
- Psychiatric care for kids
- Accessing mental health services; hard to get to Emeline
- Provide help accessing mental health services (navigating)
- Co-occurring disorders
- Services accessible
- Serve parents needs
- LGBT kids who are pushed out of families and are on the streets
- Respite for parents so they can attend trainings
- Drug awareness forums in the community
- Drug/alcohol treatment for youth not ready to stop using
- Prevention and awareness education for drug/alcohol issues
- Pro-social engagement activities for youth
- Peer support
- Crisis center for youth; new physical space, wait time is too long
- Early psychosis, wrap around approach, “Prep” program
- Family advocate intertwined with services

2. Which need or gap areas are most important?

- Pro-social groups
- Train private care practitioners
- Access and capacity
- Parent education
- Navigation

3. Which need or gap areas should we focus on working on first?

- Improved **ACCESS/Navigation** for community calls regarding how/where to seek services (**especially for non-MediCal clients**, families with insurance or no coverage)
- Increased **Service Capacity and Array**—particularly **if County can collaborate with insurance companies to help develop “mid-level” services** for families without MediCal that need a more robust range of supports between hospitalization, and, weekly out-patient (eg., intensive community based supports).
- Improved **Crisis Response** and **Hospital Psychiatric Evaluation**—in the field, as well as at the PHF/CSP and the hospital emergency rooms.
- More extensive **Pro-Social and Wellness activities** for children, youth and families to **reduce stigma and improve pathways to community involvement**

4. Are there specific need or gap areas that may be unique or different for South County.

This group wants to work on all of these! Regarding South County, there was acknowledgment that these four areas applied equally across the county and that the Watsonville area in particular needs particular attention.