

Youth and Young Adult Rapid Response to Trauma Community Meeting - January 24, 2017

Adverse Childhood Experience summary provided by Susan.

Healthy Youth Survey shows council district 3 has more hospitalizations related to self-injury than any other part of the county.

1. What types of trauma most impact youth and young adults in your community?
 - a. DV
 - b. OD (drugs or alcohol)
 - c. Suicides/suicide attempts
 - d. Mental health issues of parents
 - e. Child abuse
 - f. SID syndrome witnessing
 - g. Murder incidents
 - h. Homelessness and exploitation associated with poverty and homelessness (have lots of youth migrate to east side b/c perceived as safer for homeless youth)
2. What types of behaviors do you see most in your community due to the trauma?
 - a. Acting out/causing problems at school due to inability to process trauma they've experienced or witnessed (school district unable to manage or determine underlying issues so labeled as problematic child)
 - b. Isolation, refusing to go to school and self-harm behaviors
 - c. Depression and anxiety
 - d. Drug and alcohol abuse
 - e. Interpersonal group violence (peer violence)
 - f. Violence against parents or siblings
 - g. Youth step in to parent or provide emotional support to family
3. What resources and community specific needs do we need to be considered in developing a youth and young adult crisis trauma response? Who else needs to be here?
 - a. Law enforcement, schools, affordable housing providers
 - b. Need more training around trauma-informed care (especially since parents often have high ACE score)
 - c. Need to know what services are already available and what the gaps are (e.g., finding detox or MH inpatient is tough to get for youth; have some services and these are super important; should consider expansion)
 - d. Need 24 hour/day, 7 days/wk services available to provide response to youth who are in crisis or have witnessed trauma
 - e. More safe shelters for youth and affordable housing, as well as short term respite for kids who need short term break (Friends of Youth shelter is small and can't take many youth so need a larger shelter especially with influx of homeless youth coming to East side of KC)
 - f. Training for law enforcement/first responders
4. What type of services and supports should be included in a Youth and Young Adult Crisis Trauma Response?
 - a. Friends of Youth and outreach program
 - b. Children's Crisis Outreach Response System (CCORS)

- c. Victim Support Services responds to people who need help with courtroom support, advocacy, emotional support long-term and connection with behavioral health services (only 1 person doing this work in KC)
- d. Need funding to expand these programs
 - i. With money, would have respite network come out and assess the situation and ensure they are safe (safety first and then assessment of needs with connection and how long support needed—continuity of care critical)
 - ii. First responders and community need feedback on what happens when intervention takes place
 - iii. Immediate response necessary and need back-up for interventionists b/c provider experiences secondary trauma
 - 1. Timeframe to response may depend on the type of crisis
 - 2. Possible timeframe may be within 15-30 minutes of incident
 - iv. Someone to provide ongoing support beyond the emergency/crisis situation
 - v. Database that updates services available, program eligibility, program capacity/vacancy, point of contacts, etc. in real time so that outreach workers can get info that is accurate
 - vi. Someone to manage and support housing partnerships so that outreach workers can access and navigate the housing resources
 - vii. Resources to ensure that service doesn't become unavailable at specific time of month or year due to funding running out or staff shortage, etc.
 - 1. Wait for services can be 1-6 months for individuals to obtain services if on Medicaid (particularly true for those waiting for inpatient SUD tx)
 - 2. 3 month wait at SMH for intake on youth
 - viii. Transportation for individuals to access services or home-based services
 - ix. Flex funds for those providing wraparound/navigation services to support individuals accessing necessary social and behavioral health services
 - x. What is the best way to inform the public about resources? Pamphlets (addresses those who don't have internet/computer/phone access); schools can relay information; faith communities; youth centers; law enforcement; libraries/librarians (in particular children's/teen librarians); community centers
 - xi. Kirkland Youth Council puts out one PSA/year (this year on heroin); Can we have a PSA that targets older kids so they know help is available and how to access the help
 - 1. May involve peers in campaign so relatable, safe, relevant
 - xii. State of the Mind Program – Issaquah school Foundation: committee run by kids to create educational campaigns that address issues relevant to kids
 - xiii. Social media developed by youth/young adults to target kids; apps created by youth that have relevant resources (this info would need to be updated in real time)
 - xiv. Networking is key: must engage local businesses and providers
 - 1. Have homeless outreach specialist in Redmond and coordination with this person is critical to stabilization of youth
 - 2. Have domestic abuse response team in Kirkland and coordination with this team has been very successful
 - xv. Implement address confidentiality program in your region

- xvi. Law enforcement, paramedics, firefighters, social work – everyone needs to be in the same room to collaborate and develop a plan to address those individuals who are experiencing chronic crises
 - 1. Regular meetings to discuss/staff familiar faces
 - 2. BOLO (be on the lookout) concept for coordinated response program
 - xvii. MH professional, paramedic and police officer dispatched together to respond to crisis as a team
 - 1. Similar to CARE program and chaplaincy program in other KC communities
 - xviii. 5 dispatch systems currently makes communication challenging; if could coordinate communication, would be easier to have a collaborated and efficient response in the moment and plan for future incidents
 - xix. CPS needs to be more involved and needs resources to be able to ensure effective assessments of risk/issues and ability to respond appropriately to crisis to include ongoing follow-up (If CPS isn't the answer, community needs a back-up plan to address identified concerns when CPS needs to move on to other case)
 - xx. Snohomish County is developing trauma informed school kits for kids so KC should investigate what they are doing so we don't reinvent the wheel if not necessary
 - xxi. AP Computer Science classes could be really helpful in development of app and would allow youth to take ownership and have a voice in intervention (Microsoft could be a potential partner)
 - xxii. Digipen-another potential resource for app building
 - xxiii. **Summary:** Data, collaboration, efficient use of resources (right service provided at the right time)
- e. **What would response and service parameters look like?**
- i. Length of response needs to be flexible and based on the needs of the individual
 - ii. Need first responder for initial contact and another person to be able to hand off to (hard for first responder to also be the crisis response and case manager)
 - iii. Chaplain program is very helpful; learned that what appears to be appropriate and necessary in the moment of the crisis may not be what ends up appropriate 2-3 weeks down the road, so ongoing assessment of need is important (trauma response may not present in the moment)
 - iv. Follow-up call back list so that we provide periodic check-ins with individuals who have witnessed or experienced trauma
 - v. Someone to help access behavioral health services (navigator and case manager)
- f. **How can we increase partnership with the community?**
- i. Provide trainings
 - ii. Sharing info/increasing communication related to available services
 - iii. Facilitate staffings on familiar faces