

Zorro Summit– March 1, 2013 – Residential & Inpatient Providers

Flip Chart Notes:

What do inpatient and residential providers do well?

- (1) diagnostics/assessment process
- (2) Provide for Safety
- (3) Provide structure and routine

Recommendations for better coordination between systems:

- (1) Gain access to the KIDS database so that upon admission of custody youth docs know medical history of child, current medication, current diagnosis
- (2) Improve communication between outpatient provider system and hospital for information about treatment prior to admission
- (3) Develop a Coalition of Providers to include both inpatient and outpatient providers and family members and youth for ongoing improvement of the system
- (4) Develop a database so that hospital social work staff know how to access informal supports back in the child's home community such as SOC teams, NAMI groups, Federation of Families groups, etc. to set up informal supports prior to discharge
- (5) Develop a case management system in which the child is followed whether in outpatient or inpatient

Recommendations for systems improvement:

- (1) Review the active treatment components, is this what every child needs?
- (2) Increase number of acute beds and acute LOS to allow for stabilization prior to step down to residential
- (3) Develop respite beds
- (4) Develop training for parent/caregiver to help them understand the illness and provide better medication management and care at home
- (5) Training in Collaborative Problem Solving
- (6) Reduce stigma of mental health diagnosis and the notion that the child is ill due to bad parenting
- (7) Establish a family team while child is still in the hospital to help with transition back to community
- (8) Staff trained in BBI principles