

## Stabilization Center Community Impact

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### SUMMARY:

- Establish intentional processes for warm hand-offs with other agencies and community partners
- Timely access to services is needed, for all of Lane County
- Provide Trauma Informed Services
- Project and planning team ought to consult with community members doing the work
- Prioritize efforts to collaborate with existing resources and avoid duplication

### What do you see as currently missing in crisis resources for our community, that feels like a priority to you?

- Insufficient resources for people experiencing developmental disabilities
- Need pre-crisis space, “to be in the same room as another heart beat” and have a place to sit quietly and share space with other people
- Perception of accessibility; Cottage Grove and Florence to Eugene means the mobile team will be unavailable for 3+hours,
- Bridging transportation needs for rural members- hard when it will take a rural mobile crisis unit 3 hours to transport someone to the center and then return to their community
- More fentanyl and meth treatment
- Space to discuss situations with peer support specialists
- Lack of 1:1 services, more peer support group services needed
- Comprehensive flowchart or matrix for agencies to know which is the most appropriate community resource (up to date list)
- Post-Crisis follow up, with coordination of care between providers
- Ability to connect with basic needs services (shelter, food clothing)
- Competent mental health providers are needed, without barriers such as overly intensive education requirements
- Warm hand-off for housing/shelter and other providers
- Reduce barriers to accessing crisis services (storage for personal belongings, pet kennels, veterinary care)
- A place where families can go where there is support for all parties; separate and safe, where people can reunify
- Larger mobile crisis teams
- Long term care options for people with multiple diagnoses
- Stable housing for all
- Places that are trauma informed where people don’t have to self-harm or OD to get service
- Projects with school age children to counteract the stigma of mental health crisis
- Safe space for anyone regardless of status to receive help without stigmatization
- SUDs crisis treatment -fentanyl and Methamphetamines
  - A dearth of behavioral health services for those folks

- Trauma Informed Crisis Healthcare
  - Sensory places that are quiet and individualized
  - Pre and postvention for crisis
- Transportation options that are accessible for people with mobility limitations
- Lack of one on one services, peer support groups
- A flow chart/matrix to determine the most appropriate community resources.
- A speedy crisis response time, quicker ability to do an involuntary hold
- Warm handoff to service providers for housing/shelter
- Transportation
- Improved working conditions for those providing care
- Trauma Informed places
- Projects with school aged children to counteract mental health stigma
- A safe space for anyone, regardless of class or social status to get care

### **What would it look like for the Stabilization Center to be a good community partner?**

- Low barrier entrance
- Monthly community partner meetings
- Onsite staff doing Front Door Assessments, access to basic needs, connection to resources
- Clear referral process, intake criteria
  - Clarity if there are bans
- Monthly community partner meetings
- A community liaison position

### **Describe how you would see the Stabilization Center bringing together existing resources, programs or services?**

- Community engagement and application of that engagement
- Collective impact
- Funding models have to be cooperative NOT competitive, consortium of services model, braided funding
- Network of communication between resources; crisis connection
- Hold room for agencies to bring people to, for other providers to meet and follow up
- Spearhead a steering committee with representatives from different groups, including community crisis providers
- Connect people to other crisis resources in town
- Education process for staff to understand what services are provided in the community, how that funding is allocated
- Proactive engagement with other agencies, put the MOUs in place in advance
- Provide integrated services (wound care, etc), using other agencies that do it well
- Don't reinvent the wheel, get input from boots on the ground
- Comprehensive assessment map and hub

- Network of resources, communication for what needed
- SC to serve as a resource center
- Concern about overlap of service provision
  - Educate SC staff about existing services so as to not duplicate
- Efforts to staff SC without pulling staff from other providers
- Proactively engage with other agencies
- Don't duplicate services
- Get and take feedback from crisis providers