1. What is currently happening in your community when a youth is experiencing a mental health crisis?

- They suffer in silence
- They talk to, or text message, a peer or other natural support person
- Where available they may go to a School Based Health Center
- Their parents recognize that they are in crisis and arrange for them to be seen by a local behavioral health provider. In rural and frontier areas this access is severely limited as such services are often only one or two days per week. In a crisis, this equates to no service availability
- They or someone else calls law enforcement and the officer tries to talk them down
- Parents often call emergency services to respond to crises especially in instances when their child has never previously established a relationship with a Core Service Agency provider
- Parents of children who do receive services from a Core Service Agency provider have a 24/7 crisis number to call for assistance
- They kill themselves or attempt to do so.

2. What works and what does not work in response to mental health crises for youth?

- Establishing a school based referral process with community mental health providers works
- Limited access to services does not work
- Provision of services via telehealth works
- At the time of emergency admission, providing mental health crisis assessment and/or brief screening at the hospital works, but not all hospital emergency rooms have staff trained and skilled in doing so
- Providing law enforcement and emergency personnel education and training to serve the mentally ill works
- Hospitals and inpatient facilities that develop discharge and follow-up protocols with a community mental health provider and family works

3. What recommendations would you have for the panel regarding mental health crisis response?

- Parent and teacher education about mental health and substance abuse issues as a prevention program
- Education of law enforcement and EMS about resources for youth
- Formal peer mentoring programs in school districts
- School based health centers with a behavioral health component in all school districts
• Use of the YRRS administration biennially to provoke discussion of risks, risky behaviors, mental health problems, suicide, etc. rather than just giving it as a test or survey
• A New Mexico Teen Helpline with the number in every school locker (either given to students as a sticker or magnet or posted by staff). This could also include local resource information
• A designated person in every school who is the "go to" person for troubled youth and their peers who are concerned about them. This should be information provided at the start of school and reinforced regularly, posted in schools, and a culture of helping one another created
• Anti-bullying, anti-stigma, and suicide prevention programs in every school
• Discussion of suicide at every gun safety class, hunter education class, and concealed carry class focusing on how to prevent "your" firearms from being used in a suicide.
• Programs at every gun club to reinforce information about gun safety in relationship to suicide
• A safety plan known to all law enforcement officials to get a youth to services on an emergent basis when needed (not relying on what the youth wants or what the parents may or may not want or do).
• Insistence that everyone released from jail, detention, or inpatient psychiatric services receive suicide prevention education and information about crisis planning
• Regular mental health screening at Well Child visits and as part of sports physicals
• Identification of "safe houses" in each county where a young person could have a "time out" from their stressors at home with supervision and counseling available
• More engaged presence around mental health issues by juvenile probation and parole and more support programs for youth on probation
• Require the Core Service Agency to develop a plan for services for all youth in the County, to create a timeline for bringing those services to the County, and provide a youth-oriented crisis plan that can be taught to every law officer, teacher, EMT, youth worker, pastor, and others who have contact with youth
• Be sure that staff at all youth programs have suicide prevention training
• Provide a mechanism/catalyst for communities to develop their local system of care that would include crisis response protocols.