Reaching the WHOLE CHILD

COMPASS CONVENING SERIES

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Department of Youth and Community Development's (DYCD)

COMPASS
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OUR MISSION

Reaching the Whole Child

Every young person in a COMPASS program deserves to feel safe, supported, and able to grow.

This convening is for the leaders responsible for building organizations that make that possible.

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OUR GOALS

Reaching the Whole Child

- Build genuine understanding across key areas in the new COMPASS RFP
- Create space for EDs and PDs to **assess where their organizations stand** across areas: what they know, what they have in place, and what they need to build
- Solicit **candid feedback from the field** that will directly inform how TA providers design ongoing capacity-building support
- Understand and catalog the **distinct needs** of new providers launching COMPASS for the first time, organizations scaling to additional sites, and established providers navigating new requirements
- **Open the door to the peer learning and TA relationships** that will carry leaders through implementation

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SUCCESS INDICATORS

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By the end of the week, we hope to support you by...

- Improving your understanding across the key areas
- Improving your understanding of the requirements for your specific organization
- Providing clarification on at least one concrete next step for your organization
- Helping you feel less alone in the work by hearing from peers and TA Providers
- Introducing our plan for ongoing capacity building support being designed for the year
- Hearing your feedback to best support you beyond this week's convening

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Crisis Navigation: Pressure-Testing the Plan

June 25, 2026 | 3:00PM - 4:30PM | Krystalyn Kass & Raven Blue

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Goals

- Learn what information is required in the Crisis Navigation Plan
- Understand how the COMPASS Crisis Navigation Plan works in real-world situations
- Discover gaps for your specific program/organization in the Plan
- Adapt the Crisis Navigation Plan so that it works realistically for your program/organization

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Time	Segment
3:00 – 3:15 PM	Welcome and Framing
3:15 – 3:30 PM	Scenario One: Acute Crisis
3:30 – 3:45 PM	Debrief Scenario One
3:45 – 4:10 PM	Scenario Two: Staff at the Edge
4:10 – 4:20 PM	Debrief Scenario Two
4:20 – 4:30 PM	Revision & Take-Back

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Introduce Yourselves In the Chat!

Name	**Title**
Program/Site	**One thing you're looking forward to this weekend**

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Community Norms

- Warm, brave space
- Confidentiality: What is said here stays here; what is learned is taken away
- Purpose of discussion
- Respect other’s perspectives and opinions
- Share the air and be mindful of time
- Remain present
- Camera on (if possible), Mic off
- Ask questions via chat box

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Understanding the Crisis Navigation Plan

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Share Out

Out loud or in the chat:

What is an example of a mental health crisis you have witnessed or managed during your time at COMPASS?

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What is in a Crisis Navigation Plan?

1. Opening Statement
2. Sources of Support
3. Safety Assessment of Physical Space
4. Communication Protocols
5. De-escalation Techniques
6. Internal Resources
7. Emergency Resources

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Step 1: Opening Statement

- Please indicate the types of situations that would trigger the implementation of a crisis navigation plan (e.g. participant is shouting and pacing around a specific place without provocation, throwing things)

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Step 2: Identifying Sources of Mental Health Support

SCHOOL-BASED PROGRAMS

Leverage your School Principal for Resources!

- Start by identifying sources of mental health support within your organization. Select the types of mental health support that exists within your organization:

  - Director of Social Work
  - Director of Social Services
  - Social Worker
  - Mental Health Counselor
  - Crisis Specialist
  - Nurse
  - Behavioral Health Specialist
  - Other _____

If you have identified a source of support above, record their name, contact number, email, and preferred contact method during a crisis.

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Step 3: Conduct Assessment of Physical Space

- Conduct a safety assessment of the physical apace in which the mental health crisis or incident is unfurling (e.g., identify whether the space has sharp objects, open windows, or items that could present unsafe situations for the participants or staff. Identify whether others in the room may be at risk of getting hurt and ensure safety. How can the space be adapted to increase safety?).

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Step 4: Establish Communication Protocols

- Recommend the communication strategies that your staff should use with the person exhibiting mental health distress (e.g., all staff should be able to apply the LEAP strategy).

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Step 5: Name De - escalation Techniques

- Use the techniques and resources that staff should apply to support the person and de-escalate the situation (e.g., all staff should be able to implement breathing techniques).

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Step 6: Determin e Internal Resources

- Identify stakeholder that should be engaged if a person is in crisis, and the order in which they should be alerted (e.g. staff should first alert their immediate supervisor, if the supervisor is not available, they should alert the site assistant director).

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Step 7: Identify Appropriate Emergency Support

- List the mental health support services within the organization or community that you are aware of, in addition to emergency resources that can be mobilized. If a person is in imminent danger to themselves or others, or needs immediate medical attention, call 911.

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What is on your program's plan now?

1. How does your program define crisis?
2. What steps do you take when a participant is in crisis?
3. Do you have an escalation and de-escalation plan?
4. How do you feel about enacting the plan in the moment of a crisis?
5. What have you found missing from the plan?

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Crisis Navigation in Practice

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Breakout: Scenario One

- Walk through a realistic acute scenario according to your program's Crisis Navigation Plan
- Discuss together: Identify the steps in the plan you would have to navigate
- Get specific: name what that step would look like for your specific site/school

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Scenario: “Not Going Home”

It's 4:07 PM on a Tuesday at a mixed-age COMPASS site. Your Program Director left early for an off-site meeting and has her phone on silent. Your Mental Health Oversight Designee, Carla, is the senior person on site. Destiny, a 7th grader, asked to use the bathroom twenty minutes ago and didn't come back. A group leader checked and found her sitting on the floor of a stall, crying. When Carla arrived and gently got the door open, Destiny disclosed that she had been thinking about hurting herself the night before — she didn't act on it, but she had thought about a method. She is calm now but tearful, and she has asked Carla not to call her mother. Carla tries to reach the Program Director: no answer. She tries the backup contact listed in the plan: voicemail. It is 4:19 PM, the site has 93 other students in the building, and Carla is standing in a hallway making decisions your plan may or may not have prepared her for.

Breakout: Scenario Two

- Consider what happens when one of your own staff is burnt out and on the edge
- Examine how your plan addresses:
  - Who takes over when the primary staff member is compromised?
  - What does handoff look like?
  - What does the plan say about support after a crisis?
  - Who supervises the supervisor if the PD is compromised?

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Staff at the Edge

It's a Wednesday afternoon, third week of the new COMPASS contract cycle. Marcus, one of your strongest group leaders — three years at the site, kids love him, rarely misses a day — has been off for about two weeks. Quieter than usual, short with co-workers in ways that aren't like him, once visibly tearing up during a staff debrief before quickly recovering and saying he was fine. Today, a co-worker pulled your Program Director aside before program started and said she's worried: Marcus told her last night over text that he's been having a hard time at home and that some days he doesn't see the point. She wasn't sure if that meant anything serious, but it stayed with her and she felt she had to say something. Marcus is currently in the gym running afternoon activity, on his own with 22 kids, and loudly directing them looking erratic and visibly distressed. The program doesn't end for another two hours.

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Making Plans Work for You

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Making Plans Work for You

Identified Revisions to the Crisis Navigation Plan

What is the single most important edit you've identified for your program's Crisis Navigation Plan?

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Establishing Protocols

Draft a short protocol for facilitating the same scenario walk-throughs with site staff.

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Finding Patterns

At which points in the plan did you find yourself hesitating?

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Final Reflection: Poll

How confident do you feel implementing the Crisis Navigation Plan today?

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Thank You

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