Mental Health Services Act (MHSA)
Prevention and Early Intervention (PEI) Task Force

Meeting 3 of 3
December 8, 2017

San Mateo County Health System
Behavioral Health and Recovery Services
www.smchealth.org/mhsa

Today's Agenda

1 ❯ **Overview**
- Goals and Participant Expectations
- Meeting #1/2 Review

2 ❯ **Strategy Proposals**
- Considerations – Fist to 5 agreements

3 ❯ **Priority Matrix Activity**
- Reactions

4 ❯ **Next Steps**
- Public Comment

Taskforce Goal & Objectives

GOAL: Provide recommendations for funding and prioritization of prevention and early intervention strategies and programs for children, youth and transition age youth.

Meeting #1
October 27, 2017

Background & Information

Meeting #2
November 17, 2017

Strategy Development

Meeting #3
December 8, 2017

Prioritization and Implementation Considerations

Expectations & Roles

Let's get on the same page

- Ground Rules (at each table)

- Consider all information provided along with your personal experiences and needs

- Provide your best thinking and ideas for programs

- We will follow up with any EBP recommendations as needed and or information you would like to have as part of the process

- Decision points – majority vote, fist to 5

- Recommendations to MHSARC

Meeting #1 & 2 - Review

- "Lay of the land" – funding, current program landscape

- Shared findings from input process and dialogue on BHRS/MHSA values/priorities

- Requests for additional info, data, etc.

- Current program presentations

- Strategy development

Proposed Strategies

➢ Presentations

➢ Implementation Considerations:

  ➢ What are important things to consider for successful implementation? Key partnerships, stakeholders to engage, other similar efforts, related initiatives, political or external factors, etc.

  ➢ Youth and parent group input

FIST TO FIVE

No Way!
Lots of changes needed

Reservation
Some changes needed

Not Bad
Minor issues to discuss first

Good Enough
I can live with it
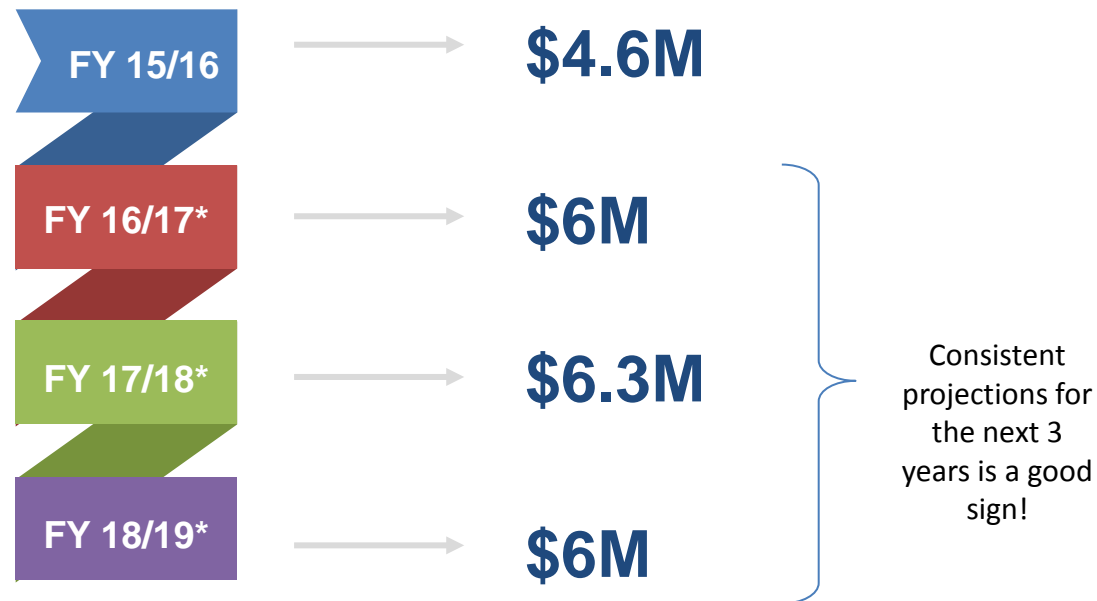
Good Idea
I support it as is

Love it!
Wildly enthusiastic about it

Prioritizing PEI Strategies

➢ Why?

  ➢ Planning for next 3 fiscal years 16/17 – 18/19

  ➢ MHSA Funding / Current expenditures: ~$4M

FY 15/16	**$4.6M**
FY 16/17*	**$6M**
FY 17/18*	**$6.3M**
FY 18/19*	**$6M**

Consistent projections for the next 3 years is a good sign!

* Projections based on information from State Department of Finance, analyses provided by the California Behavioral Health Director's Association and internal analysis. Counties receive monthly MHSA allocations based on actual accrual of tax revenue.

Priority Matrix Score Sheet

A = Centralized and coordinated system of care for children age birth-5

B = Drop-in supportive services for high-risk TAY

C = Support Service for TAY involved in Juvenile Justice or Foster Care System

D = Mobile mental health crisis support for youth

E = Community Schools for school and community connectedness

	Alignment Principle	A	B	C	D	E
IMPACT	Upstream Prevention					
	Research-Driven (need, promising practice)					
	MHSA Requirements					
	SMC MHSA Values					
	TOTAL					
EFFORT	Diverse Agencies Involved					
	Momentum - current initiatives, investments					
	High Stakeholder Support					
	Low Cost/Resources					
	TOTAL					

Upstream Prevention
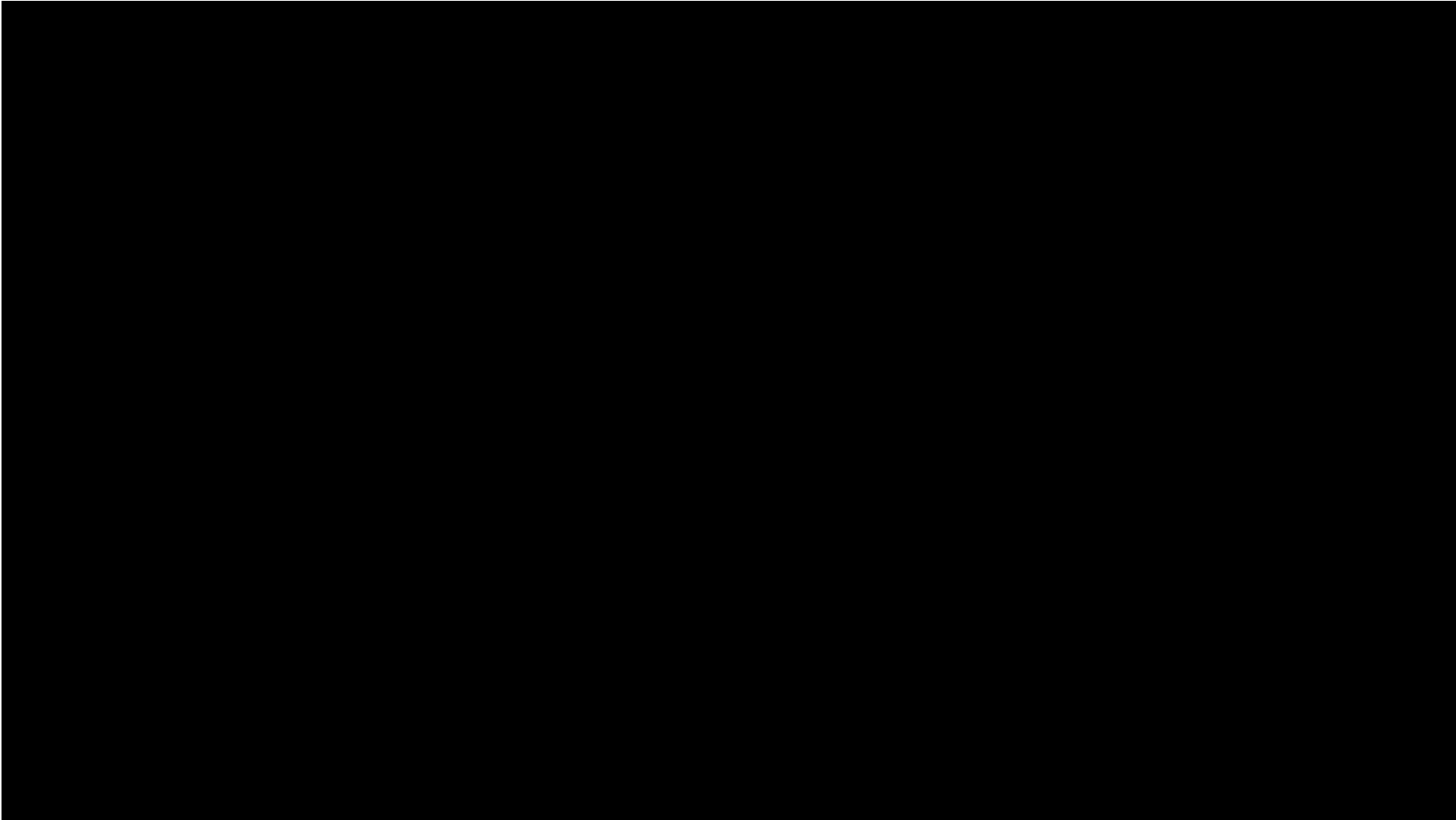
MHSA PEI Program Requirements

- ➤ Access & Linkage to Treatment

- ➤ Timeline Access

- ➤ Non-Stigmatizing and Non-Discriminatory

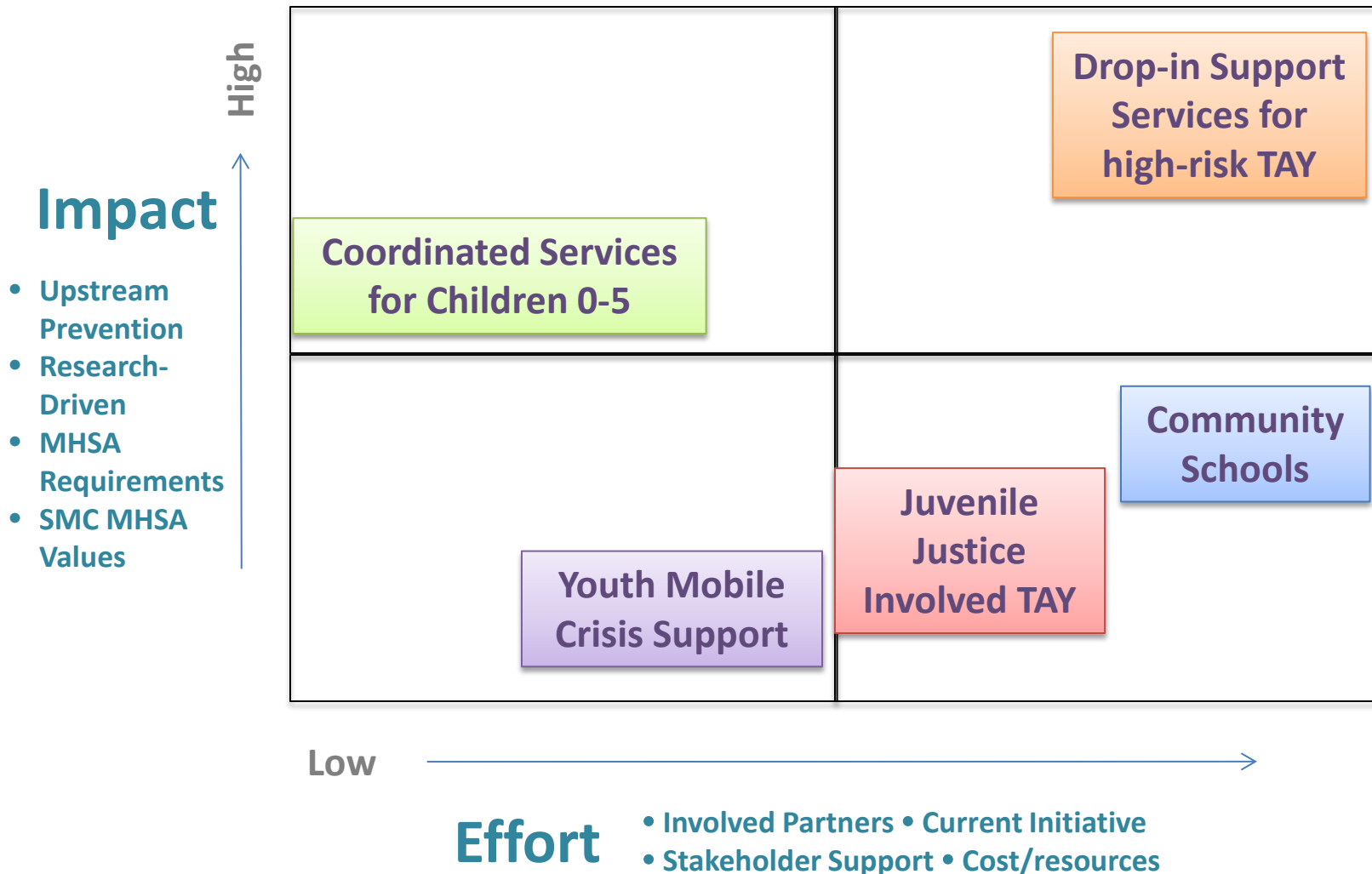- ➤ At Risk Communities

San Mateo County MHSA Priorities

➢ Values across all programming

  ➢ **Impact of Trauma** – does the proposed strategy serve high-risk youth in a trauma informed manner, focused on empowerment and healing

  ➢ **Mental Health and Substance Use Integration** – does the proposed strategy address behavioral health issues

  ➢ **Family and Peer Partner Integration –** does the proposed strategy engage family and peers in the service delivery

  ➢ **System Continuity –** does the proposed strategy allow for continuity of services for children/youth from one developmental stage to the next

  ➢ **Geographic Diversity** – does the proposed strategy allow us to reach geographic communities not served

➢ Target Community

  ➢ Juvenile Justice Involved Youth

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	TOTAL					

PEI Taskforce
Strategy Priority Matrix

Impact

- **Upstream Prevention**
- **Research-Driven**
- **MHSA Requirements**
- **SMC MHSA Values**

High

Coordinated Services for Children 0-5

Drop-in Support Services for high-risk TAY

Community Schools

Youth Mobile Crisis Support

Juvenile Justice Involved TAY

Low

Effort • Involved Partners • Current Initiative
• Stakeholder Support • Cost/resources

Next Steps

➤ Presentation to the MHSARC

- Target date February 7, 2018 / 30-day public comment and hearing
- To Board of Supervisors for final approval

➤ RFP and implementation to follow

Thank you!

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Prevention:
Reduce risk factors for developing a potentially serious mental illness and to build protective factors for individuals and members of groups or populations whose risk of developing a serious mental illness is greater than average and, as applicable, their parents, caregivers, and other family members. Risk factors include, but are not limited to, biological including family history and neurological, behavioral, social/economic, and environmental.

Early Intervention:
Treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the applicable negative outcomes that may result from untreated mental illness.

Access and Linkage to Treatment:
Connecting children, youth and adults and seniors with severe mental illness, as early in the onset of these conditions as practicable, to medically necessary care and treatment, including but not limited to care provided by county mental health programs.

Timely Access:
Increase the extent to which an individual or family from an underserved population who needs mental health services because of risk or presence of a mental illness receives appropriate services as early in the onset as practicable, through accessibility, cultural and language appropriateness, transportation, family focus, hours available, and cost of services.

Non-stigmatizing and non-discriminatory:
Promoting, designing, and implementing programs in ways that reduce and circumvent stigma, including self-stigma, and discrimination related to being diagnosed with a mental illness, having a mental illness or seeking mental health services, and making services accessible, welcoming, and positive.

Evidence-Based Practice (EBP):
Activities for which there is scientific evidence consistently showing improved mental health outcomes for the intended population, including, but not limited to, scientific peer-reviewed research using randomized clinical trials.

Promising Practice:
Programs and activities for which there is research demonstrating effectiveness, including strong quantitative and qualitative data showing positive outcomes, but the research does not meet the standards used to establish evidence-based practices and does not have enough research or replication to support generalizable positive public health outcomes.

Community and/or Practice-Based Evidence:
Community and or practice-based evidence means a set of practices that communities have used and determined to yield positive results by community consensus over time, which may or may not have been measured empirically. Community and or practice-defined evidence takes a number of factors into consideration, including worldview, historical, and social contexts of a given population or community, which are culturally rooted.

MHSA PEI Priority Issue: Responding to youth mental health emergencies

Recommendation:
Expansion of mobile mental health crisis support for youth during school hours and after school in the community and including evidence-based mental health crisis prevention efforts such as training of youth, parents and school staff on identifying signs of mental illness, reducing stigma and supporting youth mental health and knowledge of available local resources (e.g. Question Persuade Refer training). **Cost: $600,000/year**

Outcomes:
Decreased psychiatric emergency services youth visits
Decreased hospitalization for self-inflicted injury /mental health issues
Decreased emergency calls to law enforcement for youth in crisis
Decreased juvenile detention due to mental health needs
Improved individual level outcomes (recognizing symptoms, confidence to help/refer youth, etc.)

Research/Data:
Kidsdata.org:

	Suicidal Ideation (2011-13) % of 9 and 11th graders	Self-Inflicted Injury Hospitalizations (2014) Rate per 100,000	Hospitalization for MH Issues (2015) Rate per 1,000	Depression-Related Feelings (2011-13) % of 7,9, 11th graders
San Mateo	19.9%	71.2*	6.1	30.7%
California	18.5%	43.1	5.1	30%

*SMC has the highest rate per 100,000 youth compared to neighboring counties (has been increasing each year)

San Mateo County BoS Adolescent Report (2014-15):
- 70% of school students sampled reporting being depressed, anxious, or emotionally stressed.
- 38% of females and 23% of males reported having suicidal thoughts
- Stigma - youth who have mental health problems are more likely to have felt discriminated against than youth who have no mental health problems.

From Providers:
- Suicidal thoughts, emotional health concerns are on the rise and starting at a younger age
- StarVista reported an over triple increase crisis intervention services from FY15-16 to FY 16-17 with no added resources and funding cuts to the youth-focused crisis hotline
- In 2015, estimated 743 unique youth psychiatric emergency service visits (almost 1,000 total visits)
- 13.6% of calls to SMART units were from schools

Promising practices:
- **Youth mobile crisis response services** -
    - Safe Alternatives for Treating Youth (SAFTY)[1] from Santa Barbara County provides services to youth in collaboration with Crisis and Recovery Emergency Services. SAFTY provides crisis intervention, in-home support and linkage to services. The goal is to decrease psychiatric hospitalization and use of emergency rooms, juvenile detention and law enforcement for mental health crisis.

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[1] https://www.casapacifica.org/programs_services/santa_barbara_county/Safe_Alternatives_for_Treating_Youth_SAFTY

- **Evidence-based Trainings for prevention and stigma reduction-**
  - Applied Suicide Intervention Skills Training (ASIST) [2] is a 2- day training that provides families, friends, and other community members and those in formal helping roles with skills to ensure that they are prepared to provide suicide first aid to help a person at risk stay safe and seek further help.
  - Youth Mental Health First Aid (YMHFA)[3] is an 8-hour training designed for adults who regularly interact with youth ages 12-18 to teach them how to help an adolescent who is experiencing a mental health or addictions challenge or is in crisis.
  - Question, Persuade, and Refer (QPR)[4] is a 1-3 hour adaptable training providing innovative, practical and proven suicide prevention tools. How to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help.

  - Evidence-based trainings in San Mateo County, FY 2016-17

	# Trainings/yr	# Individuals Trained	Audience
YMHFA	20	420	40% CBOs/Community, 33% School staff, 8% Probation/AOD, 14% Parents
ASIST	2	45	60% CBO's, 32% BHRS, 8% School staff

  - Other trainings such as Suicide is Preventable, Know the Signs, etc.

	# Trainings/yr	# Individuals Trained	Audience
BHRS (Crisis Coordinator)	67	1860	51% Schools, 24% Law Enforcement, 13% Parents, 6% BHRS, 5% CBO
StarVista	76	4638 yth, 973 adults	70% Schools, 21% CBO, 5% Parents, 4% Other

- **School crisis response plans–**
  - SMCOE Suicide Prevention Protocol[5] outlines administrative procedures for intervening with suicidal and self-injurious students and guidelines to school crisis teams after a student death by suicide
  - SFUSD School Crisis Response Manual[6] - guidelines for school crisis response teams and the roles of its members; protocols for delivering crisis intervention services; and protocols for notifying team members, school staff, students, parents, and the community of information about a crisis.

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[2] https://www.sprc.org/resources-programs/applied-suicide-intervention-skills-training-asist
[3] https://www.mentalhealthfirstaid.org
[4] https://www.qprinstitute.com/about-qpr
[5] San Mateo County Office of Education (2017), San Mateo County Schools Suicide Prevention Protocol
[6] https://www.sccoe.org/depts/schoolhealth/PublishingImages/Pages/Student-Wellness/SFUSD%20Crisis%20Response%20Manual.pdf

Priority Issue: Improving school and community connectedness

Recommendation:
Support Community School development, school sites as hubs for collaboration and services, supports, linkages and opportunities for children, youth, families and communities in high need, high utilization neighborhoods.
Cost: minimum $550,000/year for 1 school site total.

* Diversified funding strategy is recommended for Community Schools model. Economies of scale can be accomplished with a district-wide priority.

Outcomes:
- Increased family participation in school decision-making – representation on school boards, parent/teacher conferences
- Positive adult and peer relationships
- Diverse students, staff, and families feel safe and welcomed
- Decreased incidents of bullying
- Increased early mental health identification
- Academic success – grades, graduation, dropouts

From Research/Data:
- School connectedness is the strongest protective to decrease substance use, school absenteeism, early sexual initiation, violence, and risk of unintentional injury.
- School connectedness is second in importance, after family connectedness, as a protective factor against emotional distress, disordered eating, and suicidal ideation and attempts. [1]
- Victims of bullying are at risk of depression, anxiety, suicidal behavior, physical health problems, low academic achievement, and poor social and school adjustment.[2] 34% of all public school students in San Mateo County surveyed reported being bullied or harassed at school in the past year.[3]
- There are distinct neighborhoods in the San Mateo Foster City School District (11,977 students and 20 schools) and San Bruno Park Elementary School District (2, 727 students, 8 schools that have high concentration of children and youth who enter Juvenile Probation, BHRS and Child Welfare systems and other indicators of need and have low readiness based on community assets (Big Lift districts, community collaboratives and organizations and resource agencies).[4]

Kidsdata.org:
- Connectedness indicators for San Mateo County youth are overall positive compared to neighboring counties and California yet, there are disparities by race specifically for African American (AA), Hispanic/Latino (H/L) and Pacific Islander (PI) youth.

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[1] Resnick MD, Bearman PS, Blum RW, et al. (1998) Protecting adolescents from harm. Findings from the National Longitudinal Study on Adolescent Health
[2] American Educational Research Association. (2013). Prevention of bullying in schools, colleges, and universities: Research report and recommendations.
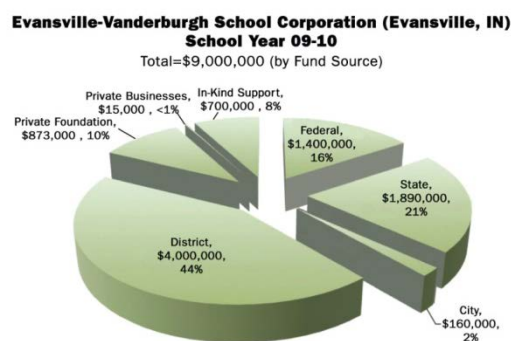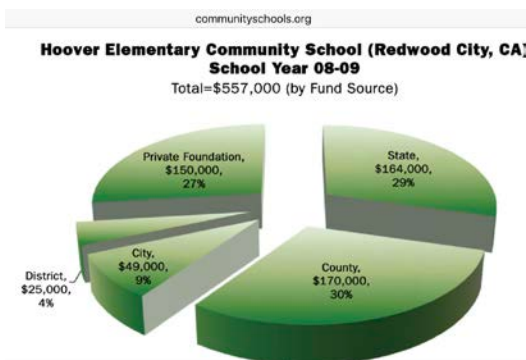[3] Kidsdata.org (2011-13)
[4] *In Progress, not yet published:* San Mateo County Health System, Human Services Agency, Probation, Office of Education and First Five of San Mateo County (2017). Community Collaboration for Children's Success Analysis of Community Need and Planning Readiness in San Mateo County.

	Caring Adults in the Community Low level of agreement	High Expectations from Teachers and Others Low level of agreement	School Connectedness Low level of agreement	Caring Adults at School Low level of agreement	Meaningful Participation at School Low level of agreement
San Mateo County	All – 6.8% AA – 10.8% H/L – 8.1% PI – 8.2%	All – 5.1% AA – 12.0% H/L – 6.4% PI – 5.3%	All – 7.8% AA – 12.4% H/L – 10.3% PI – 8.4%	All – 7.7% AA – 14.0% H/L – 9.8% PI – 9.4%	All – 27.8% AA – 35.1% H/L – 34.7% PI – 25.0%
California	8.9%	7.6%	11.6%	12.1%	33.9%

Promising practices:
- Full Service Schools provide integrated, comprehensive, and intensive services to children and their families. Students in a full-service schools gained access to services-particularly mental health services-faster. [5] In schools with school-based health clinics, fewer students reported considering suicide compared to national statistics.[6]

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    o Family Resource Centers[7] are on school sites and offer parent support and education groups, crisis intervention, health workshops, mental health counseling, linkages to resources and services, access to food, medical, housing, and cash aid services. FRC's are located in Daly City, Pacifica, San Mateo/Foster City, Redwood City, East Menlo Park, East Palo Alto and Pescadero/La Honda.

    o Community Schools[8] offer wrap-around services and opportunities such as physical and mental healthcare, parenting education, legal support, afterschool programming, emergency food, and other safety nets. There are six community schools in the Redwood City School District.

communityschools.org
Hoover Elementary Community School (Redwood City, CA)
School Year 08-09
Total=$557,000 (by Fund Source)

Private Foundation, $150,000, 27%
State, $164,000, 29%
City, $49,000, 9%
County, $170,000, 30%
District, $25,000, 4%

Evansville-Vanderburgh School Corporation (Evansville, IN)
School Year 09-10
Total=$9,000,000 (by Fund Source)

Private Businesses, $15,000, <1%
In-Kind Support, $700,000, 8%
Private Foundation, $873,000, 10%
Federal, $1,400,000, 16%
State, $1,890,000, 21%
District, $4,000,000, 44%
City, $160,000, 2%

- Hoover Elementary Community School in Redwood City (747 students) received diversified funding from the School District, City, County, State and Private Foundations.
- Evansville-Vanderburgh School Corporation accomplished economies of scale by prioritizing Community Schools for 22,000 students in 38 schools.

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[5] Flaherty, Weist, & Warner (1996). School-based mental health services in the United States: history, current models and needs.
[6] Kisker & Brown (1996)Do school-based health centers improve adolescents' access to health care, health status, and risk-taking behavior?
[7] http://hsa.smcgov.org/family-resource-centers
[8] http://www.communityschools.org

Priority Issue: Prevention, early identification and treatment for children age birth-5

Recommendation:
Strengthen the development of Help Me Grow, a centralized access, outreach and provider/system network to promote cross-sector collaboration and amongst early childhood support services, identification and screening and treatment providers. **Cost: $300,000/year**

Outcomes:
Increased parent/community connectedness
Increased parent mental health screening
Increased universal screening of children
Increased early mental health identification

From Research/Data:
- High quality birth-to-five programs can deliver a 13% return on investment. The earlier the investment, the higher the return.[1]
- 90% of a child's brain development happens before age 5. Attention to supporting the early years can change lifetime trajectory. [2]
- Only 53% of parents report being asked to complete a questionnaire about their specific concerns or observations about their child's development, communication, or social behaviors.[3]

Silicon Valley Community Foundation Center for Early Learning
- Only 29% of pediatricians universally screen at 6 months visits, 69% at 18 months, 36% at 30 month visit
- 36% of parents reported chronic sadness or depression that interfered with their daily lives at some point within the previous year. Of which, 45% of low-income parents compared with 34% of middle-to-high-income parents reported these symptoms
- Parent/community connectedness: low-income families report less support in times of need, lower enrollment in preschool, less satisfaction with elementary schools, lower participation in enrichment activities, and less enrollment in formalized child care

Promising practices[4]:
- Family Supports -
  - Home visiting programs connect mothers with health insurance, education/employment and community resources, develop parenting skills and often include case management. Nurse Family Partnerships[5], Early Head Start[6], Parents as Teachers[7] home visiting model, Mental Health Home Visiting, Family Connections[8] provide home visiting services in San Mateo County. Over a 5 year period, 947 parents and 843 children in San Mateo County ages birth-5 were referred to behavioral health services by home visiting programs.[9]

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[1] www.heckmanequation.org. Invest in quality early childhood development.
[2] https://developingchild.harvard.edu/
[3] Childhealthdata.org (2010)
[4] First 5 San Mateo County (2017) Developing Systems to Serve the Mental Health Needs of Children 0-5 in SMC: A Landscape Scan
[5] https://www.nursefamilypartnership.org
[6] http://www.ihsdinc.org/early-head-start/
[7] https://parentsasteachers.org/evidence-based-model/
[8] http://www.familyconnections.org/
[9] https://www.childrennow.org/files/8015/0179/3314/CN-HV-San-Mateo-8-03-17_noref.pdf

December 8, 2017/ Meeting #3 of 3- Strategy Implementation Considerations

- o Other programs that provide education and support services (case management, skill development, and other services) such as the Early Childhood Community Team (ECCT)[10] and Prenatal to Three.[11]
  - o BHRS family partners host Friday Cafes and Parent Cafes[12] as support systems for families.

- Provider training –
  - o The Teaching Pyramid[13] approach is a provider training that help prevent challenging behaviors in the classroom. ECCT also provides consultation to early childhood providers.
  - o Trauma informed system of care and ACES Connection[14] – to prevent, bring awareness and educate providers about the impact and care of adverse childhood experiences (neglect, abuse, divorce, etc).

- Parenting curriculum-based education –
  - o Triple P[15] helps build protective factors and reduce risk; Parent Project[16] helps parents learn and practice parenting skills and get information about resources and other support available in their communities.

- Routine screening (parental depression and of children)
  - o Indiana's Medicaid authority and mental health programs standardization of health and behavioral health screenings for prenatal and postpartum women

- Cross-sector collaboration and coordination
  - o Help Me Grow[17] - an evidence-based model that works to promote cross-sector collaboration in order to build efficient and effective early childhood systems. Help Me Grow is not a stand-alone program, but rather a system model that utilizes and builds on things already in place in order to develop and enhance a comprehensive approach to early childhood system building in any given community. Core components:
    - ▪ Centralized Access Point: assists families and professionals in connecting children to appropriate community-based programs and services (often a telephone access point or warm-line)
    - ▪ Family & Community Outreach: supports education to advance developmental promotion, and also grows awareness of the system and the services that it offers to families and community-facing providers
    - ▪ Child Health Care Provider Outreach: supports early detection and intervention, and loops the medical home into the system
    - ▪ Data Collection: supports evaluation, helps identify systemic gaps, bolsters advocacy efforts, and guides quality improvement so the system is constantly becoming better.

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[10] http://www.star-vista.org/whatwedo_services/education/children/early_childhood_community_team.html
[11] http://www.smchealth.org/pre3
[12] http://www.bestrongfamilies.net/build-protective-factors/parent-cafes/
[13] https://cainclusion.org/teachingpyramid/
[14] http://www.acesconnection.com/
[15] https://parentsplace.jfcs.org/find-help/learn/triple-p-program/
[16] http://www.smchealth.org/parentproject
[17] https://helpmegrownational.org/

MHSA PEI Priority Issue: Supportive services for high-risk Transition Age Youth (TAY)

Recommendation #1:
Neighborhood specific drop-in services for high-risk TAY located in community identified as high need, high utilization that offer support services including educational, vocational, mindfulness and other skill development, linkages, peer-to-peer supports and provision of a trained adult mentor. **Cost: $450,000/year**

Recommendation #2:
Support services for TAY involved in juvenile justice and foster care that would start before transitioning out and continue as re-entry/aftercare service to provide educational, vocational mindfulness and other skill development, linkages, peer-to-peer supports and provision of a trained adult mentor. **Cost: $200,000/year**

Outcomes:
Increased linkages to mental health services
Decreased recidivism
Increased self-sufficiency (vocational, educational achievements, housing)
Improved individual level outcomes (stable relationships, skill development)
Community rates of substance abuse and other behavioral problems

From Research/Data:
- Most vulnerable TAY[1]:
  - Youth who are impoverished and racial and ethnic minorities (universal prevention)
  - Youth who transition out of foster care (selective, indicated, system-level)
  - Youth in the juvenile justice system – transition age youth with behavioral health problems are at increased risk for involvement in the justice system compared with their peers. The goal would be to decrease recidivism (selective, indicated, system-level).[2]
- There are distinct neighborhoods in Daly City, South San Francisco, Redwood City/North Fair Oaks, Menlo Park and East Palo Alto that hold high concentration of children and youth who enter Juvenile Probation, BHRS and Child Welfare systems and high planning readiness based on community assets (Big Lift districts, community collaboratives and organizations and resource agencies).[3]

	CA	SM
JUVENILE JUSTICE INVOLVEMENT		
Juvenile arrest rate (per 1,000)	5.3	3.9
Juvenile arrests	21,381	277
Recidivism rate	37.3%	36%
Depression/anxiety among youth on court-ordered probation	40-70%	44.3%
AOD use among youth on court-ordered probation		63.6%
FOSTER CARE SYSTEM INVOLVEMENT		
Foster care rate (per 1,000)	5.8	1.8
Re-entry into foster care	11.8%	18.3%

Sources : CA Dept. of Corrections and Rehabilitation (2016), SMC Juvenile Probation Department (2014), Berkeley Center for Criminal Justice (2010)

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[1] Berzin (2010). Vulnerability in the Transition to Adulthood: Defining Risk Based on Youth Profiles
[2] Zajac, K., Sheidow, A. J., & Davis, M. (2013). Transition age youth with mental health challenges in the juvenile justice system.
[3] *In Progress, not yet published:* San Mateo County Health System, Human Services Agency, Probation, Office of Education and First Five of San Mateo County (2017). Community Collaboration for Children's Success Analysis of Community Need and Planning Readiness in San Mateo County.

- Research estimates that among juvenile detainees, 19-29.2% had ever thought about suicide, and 11-15% had ever attempted suicide.[4]
- Adolescents who have been in foster care are nearly 2.5 times more likely to seriously consider suicide than other youth, and nearly four times more likely to have attempted suicide.[5]

Promising practices:
- Educational and Vocational Supports[6] -
    - Check and Connect[7] aims to increase students' educational engagement through systematic monitoring of academic performance; building of individualized problem-solving skills; and provision of a trained mentor who partners with the family, school, and community.
    - John H. Chafee Foster Care Independent Living Program[8] – applicable to both foster care and justice involved youth – activities help youth achieve self-sufficiency and include, but are not limited to, help with education, employment, financial management, housing, emotional support and assured connections to caring adults provides support services.
- Neighborhood Drop-in Centers – can provide educational, vocational supports and social supports and linkages to services.
- Re-entry and aftercare – aimed to reduce recidivism and capacity building (Fresh Lifelines for Youth[9]) – can include support services such as job/skills training, leadership and one-on-one mentoring acquisition of housing *and mental health treatment (not PEI).* Most successful when involving treatment.
- Coordination of Care – often part of re-entry programs (Project Connect[10]) link juvenile probation and mental health, facilitate referrals, screening and training of probation officers.
- Policy Recommendations – Mandatory transition planning in the juvenile justice system, trauma-informed care, coordination

SAMHSA Healthy Transitions[11] program focus on outreach and engagement strategies, including the use of peer-to-peer and family supports, social media, and coordination across care delivery systems, including vocational training and higher education.

Mind Body Awareness (MBA) Project[12] provide classes that foster authentic relationships with youth to develop leadership, relationship building, communication, compassion and empathy, mindfulness practices. MBA is offered at San Mateo County Probation, Camp Glenwood.

Transitional Housing Placement Plus (THP-Plus)[13] for former juvenile justice and foster youth provide affordable housing and comprehensive supportive services for up to 24 months to help former foster care and probation youth ages 18 to 24 make a successful transition from out-of-home placements to independent living. THP-Plus is offered by HSA in SMC

Court Appointed Special Advocate (CASA)[14] in SMC pairs abused and neglected foster youth with one consistent, caring volunteer advocate, trained to address each child's needs in the court and the community.

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[4] National Action Alliance for Suicide Prevention (2013) Suicidal Ideation and Behavior among Youth in Juvenile Justice: A Review of the Literature
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FIST TO FIVE

Proposed Strategy	Your Level of Support for the Proposal
A. Centralized and coordinated system of care for children ages 0-5	
B. Drop-in support services for high-risk TAY	
C. Support services for TAY involved in Juvenile Justice or Foster Care System	
D. Mobile mental health crisis support and prevention for youth	
E. Community Schools for school and community connectedness	

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San Mateo County Behavioral Health & Recovery (BHRS)

BHRS' Prevention Framework prioritizes a continuum of care approach that not only includes traditional programming aimed at individual behavior change and early intervention but also organizational practices and policy change, new partnerships, and taking a comprehensive approach to understanding and addressing the underlying determinants of behavioral health.

Mental Health Services Act (MHSA) PEI Programs & Strategies, 2017

Current PEI Programs (ages 0-25)	Prevention ↑Protective ↓Risk Factors	Early Intervention Tx Early in Emergence	Access and Linkage to Tx	Timely Access	Non-Stigmatizing/Discriminatory	At Risk Communities	Impact of Trauma	MH/Substance Use Integration	Juvenile Justice Involvement	Family and Peer Partner Integration	System Continuity	Geographic Diversity
Early Childhood Community Team (ages 0-5)	Individual & Environmental	●	●	●	●	●	●				●	North County* Coastside
Teaching Pro-Social Skills (ages 6-9)	Individual		●	●	●	●	●					North County Central County South County
Project SUCCESS (ages 5-18)	Individual		●	●	●	●	●	●			●	South Coast
Seeking Safety (ages 15-25)	Individual		●	●	●	●	●	●				North County South County South Coast
Crisis Hotline and Intervention Team	Individual & Environmental	●	●	●	●	●	●			●		County-wide

Required of all PEI Programs — San Mateo County Priorities

*expanded North County and added South County and South Coast with Measure A funds

Legend (left):
- Selective
- Indicated
- Universal

Legend (age groups):
- Early Childhood
- Transition Age
- School Age
- All Children and Youth

2017 PEI Ages 0-25 Taskforce Planning / updated 11.29.

Priority Matrix - Scoring Sheet

For each Alignment Principle, please select a maximum of 2 strategies that BEST align.
Tally the totals for both IMPACT and EFFORT

A = Centralized and coordinated system of care for children age 0-5
B = Drop-in supportive services for high-risk TAY
C = Support service for TAY involved in Juvenile Justice or Foster Care System
D = Mobile mental health crisis support and prevention for youth
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	Alignment Principle	A	B	C	D	E
IMPACT	Upstream Prevention					
	Research-Driven (need, promising practice)					
	MHSA Requirements					
	SMC MHSA Values					
	TOTAL					
EFFORT	Diverse Agencies Involved					
	Momentum - current initiatives, investments					
	High Stakeholder Support					
	Low Cost/Resources					
	TOTAL					