



## Strategy Development – All Input Session Notes

Prioritized Needs	Stakeholder Groups
<p><b>Youth/Children/Transition Age Youth:</b></p> <ol style="list-style-type: none"> <li>1. Mental Health Crisis</li> <li>2. Suicide/Suicidal Ideation</li> <li>3. Homelessness/Housing</li> <li>4. Trauma</li> </ol> <p><b>Adults/Older Adults:</b></p> <ol style="list-style-type: none"> <li>1. Homelessness/Housing</li> <li>2. Mental Health Crisis</li> <li>3. Trauma</li> <li>4. Complex Cases</li> </ol> <p><b>Priority populations:</b></p> <ol style="list-style-type: none"> <li>1. Immigrants</li> <li>2. Homeless</li> <li>3. Transition-Age Youth</li> </ol> <p><b>Barriers to accessing services:</b></p> <ol style="list-style-type: none"> <li>1. Stigma</li> <li>2. Lack of Information</li> <li>3. Social Determinants</li> </ol>	<ul style="list-style-type: none"> <li>• AOD Treatment Providers</li> <li>• Contractor Association</li> <li>• Housing Operations and Policy (HOP) Committee</li> <li>• Peer Recovery Collaborative (PRC)</li> <li>• Lived Experience Education Workgroup (LEEW)</li> <li>• Immigrant Parents/Families</li> <li>• Transition Age Youth (TAY)</li> <li>• Veterans</li> <li>• Coastside Collaborative</li> <li>• East Palo Alto Community Service Area (EPA CSA)</li> <li>• North County Outreach Collaborative (NCOC)</li> <li>• Diversity and Equity Council (DEC)</li> <li>• Health Equity Initiatives (HEI)             <ul style="list-style-type: none"> <li>○ African American Community Initiative (AACI)</li> <li>○ Chinese Health Initiative (CHI)</li> <li>○ Filipino Mental Health Initiative (FMHI)</li> <li>○ Latino Collaborative (LC)</li> <li>○ Native and Indigenous People Initiative (NIPI)</li> <li>○ Pacific Islander Initiative (PII)</li> <li>○ PRIDE Initiative (PRIDE)</li> <li>○ Spirituality Initiative (SI)</li> </ul> </li> <li>• MHSARC Older Adult</li> <li>• MHSARC Adult Committee</li> <li>• MHSARC Child and Youth Committee</li> <li>• Northwest School Based Mental Health Collaborative</li> <li>• Northeast School Based Mental Health Collaborative</li> <li>• Ravenswood/South School Collaborative</li> </ul>

Prioritized Need	Strategies - Direct Service (black), Prevention (green) and Workforce Education and Training (aqua)	Prioritized Strategy Ideas
Mental Health Crisis	<p><b>Chinese Health Initiative</b></p> <ul style="list-style-type: none"> <li>• Agencies providing peer support, support services for clients and welcoming environments - MHA Friendship, Caminar, Clubhouse</li> <li>• Vocational Rehab Services including job coaching - Caminar</li> <li>• Comprehensive health/social care for elderly- On Lok Self-Help (1)</li> <li>• PERT program, CIT monthly meetings</li> <li>• Enhanced crisis intervention – Star Vista</li> <li>• Suicide prevention hotline - StarVista (2)</li> <li>• Health initiative for youth focused on addressing stressors, developing leadership (3)</li> <li>• MANA for Chinese community</li> <li>• Culturally/linguistically appropriate services across all services (1)</li> <li>• Suicide prevention efforts - Suicide Prevention Committee</li> <li>• Youth leadership efforts – Mills/CHI, HAP-Y</li> <li>• Anti-stigma advocacy</li> <li>• Client and family member support groups and education – NAMI (4)</li> </ul>	Increased client and family member support groups and educational workshops
	<p><b>Steering Committee Break out Groups</b></p> <ul style="list-style-type: none"> <li>• Crisis services by peers- trained peers such as NAMI peer pal (5)</li> <li>• WRAP expansion, more trainers, more classes, included in treatment plan, customize to AOD, MH, Trauma (1)</li> <li>• MH relapse prevention, supports after treatment, include wellness in treatment plan</li> <li>• Peer support after business hours and weekends (3)</li> <li>• Respite homes in more locations (1)</li> <li>• Warm line 24/7 (1)</li> <li>• Expanding family access to crisis prevention tools/resources</li> <li>• Community training, training for parents – Parent Project (2)</li> <li>• Increase access to CBT/DBT</li> <li>• Train peer and family as crisis responders, de-escalation practices (1)</li> </ul>	Crisis support services provided by trained peers across a continuum of crisis diversion services (warm-line, emergency department and hospital diversion and ongoing supports)

	<ul style="list-style-type: none"> <li>• Train AOD providers to recognize MH issues better</li> <li>• Create structured trainings for family/peers for crisis (5)</li> </ul>	
<p><b>Mental Health Crisis (cont'd)</b></p>	<p><b>Lived Experience Education Workgroup</b></p> <ul style="list-style-type: none"> <li>• More post-acute beds – Cordilleras</li> <li>• More transitional/supportive housing</li> <li>• Peer respite center – Serenity House criteria is too restrictive*</li> <li>• More Board and Cares</li> <li>• Pre-crisis – walk-ins for emergency situations</li> <li>• Same day service is not happening as intended, delayed appointments, PES turns people away, message that don't matter</li> <li>• Supportive services and communities – aging caregivers will need supports for SMI children, prevent housing loss, support relapse*</li> <li>• Supports for frail older adults</li> <li>• Substance use residential to support reintegration, day treatment for AOD/MH – prevents recidivism/relapse</li> <li>• Youth crisis response - FAST</li> <li>• Peer Support services for millennials - are isolated and suffer from depression</li> <li>• Community drop-in center for mental health days</li> <li>• Expand EAP for those in the workforce</li> <li>• Trauma-informed care training to prevent re-traumatization*</li> </ul>	<p>WET: Trauma-informed care training to prevent re-traumatization</p>
	<p><b>Filipino Mental Health Initiative</b></p> <ul style="list-style-type: none"> <li>• Non-police community response for crisis, accompanied by social workers, differential response, crisis stabilization unit expand SMART, train police (1)</li> <li>• Screening for mental health and services for children/adults with special needs</li> <li>• Psychoeducation and outreach for marginalized groups and communities (3)</li> <li>• Increased staffing capacity in the HEIs</li> <li>• Expansion of psychological first aid for all providers, contractors</li> <li>• Psychoeducation for the crisis hotline and when folks should call</li> </ul>	<p>Increase the capacity of culturally focused collaboratives to provide ongoing, consistent support groups, education and outreach for marginalized communities.</p>

	<ul style="list-style-type: none"> <li>• More EAP supports for providers</li> <li>• Psychoeducation/resiliency for unemployed folks due to COVID19</li> <li>• LGBTQ+ (SOGI) training for police officers, providers, teachers, parents</li> </ul>	
<b>Mental Health Crisis (cont'd)</b>	<p><b>Pride Initiative</b></p> <ul style="list-style-type: none"> <li>• Satellite sites with co-location of services (6)</li> <li>• Medical and mental health services specific to LGBTQ services, misgendered, treated aggressively, long intense training, LGBTQ+ affirming professionals sprinkled in the system (2)</li> <li>• Police being trained on mental health first aid, special unit, also a unit that is non police emergency response (3)</li> <li>• LGBTQ+ family services for heads of households</li> <li>• More concerted effort to provide LGBTQ+ services for parents (1)</li> </ul>	Satellite mental health clinics across San Mateo County co-located with community and social service agencies
	<p><b>Native Indigenous People Initiative</b></p> <ul style="list-style-type: none"> <li>• Co-occurring groups for folks with substance use issues, creating affinity groups</li> <li>• Domestic violence groups and psychoeducation</li> <li>• Suicide prevention for youth- MHFA, tailored for Native and Indigenous folks</li> <li>• Wellness prevention- support groups for mothers with incentives where they learn wellness practices including digital storytelling</li> <li>• Sweat lodge in the phoenix gardens</li> <li>• Partner with NMT to provide clinical training in working with youth and adults - integrate MH treatment in a culturally appropriate way and link to direct service (2)</li> <li>• Trainings on traditional healing practices, trauma informed, culturally appropriate</li> </ul>	WET: NMT clinical training to support working with youth and adults in a culturally responsive manner
<b>Ideas from Strategic Plans Reviewed</b>	<p>California's Public Mental Health Services: how are older adults being served?</p> <ul style="list-style-type: none"> <li>• Peer services and social support groups for older adults</li> <li>• "One-Stop Shopping" Services – co-locating mental health and substance use services in aging services locations and primary care locations</li> </ul>	



<b>Suicide/Suicidal Ideation</b>	<p><b>Steering Committee Break out Groups</b></p> <ul style="list-style-type: none"> <li>• Peer to peer training in schools</li> <li>• Case management</li> <li>• Warmline</li> <li>• Wellness center for connectivity (1)</li> <li>• Pride Center- more wellness programs</li> <li>• Outreach to schools, Junior High - Public education about suicide (4)</li> <li>• Peer support</li> <li>• Anti-bullying program</li> <li>• Screenings</li> <li>• WRAP/ wellness tools</li> <li>• Public education for older adults</li> <li>• SRS screening</li> <li>• Community inclusion training (WRAP, CBT, Trauma Informed, Psycho-emotional training) potentially week-long event</li> <li>• Peer support training for clinicians</li> <li>• Harm reduction training</li> <li>• Educating on trauma informed language (1)</li> <li>• Cultural competency/ different cultures define suicide differently</li> </ul>	<p>School-based peer outreach, suicide education and prevention services</p>
	<p><b>South School Collaborative</b></p> <ul style="list-style-type: none"> <li>• School based counseling services (6)</li> <li>• Co-locating mental health/substance use services at community centers</li> <li>• Family resource centers with therapists on site, parent supports, case management, link families to food and other core services, referrals, hub for trainings, cafecitos</li> <li>• Mental health and substance use prevention and psycho education for parents and students (7) - Kognito, Sandy Hook Promise</li> <li>• Youth mental health awareness and leadership development as ambassadors of mental health -HAP-Y</li> <li>• Universal Screeners</li> <li>• Youth mobile crisis (6)</li> </ul>	

	<ul style="list-style-type: none"> <li>ASIST, QPR, YMHFA trainings for school personnel</li> </ul>	
<b>Homelessness/ Housing</b>	<p><b>Housing Operations and Policy Committee (Adults/Older Adults)</b></p> <ul style="list-style-type: none"> <li>Clinical staff on the field providing mental health assessments and treatment -Homeless Engagement and Linkages (HEAL) program (1)</li> <li>Incentives for sustainability of board and care homes (subsidies, support renovations/upgrades) (2)</li> <li>Mental health clinicians at Core Service Agencies during coordinated entry assessment - Samaritan House program</li> <li>Increase housing supportive services (rental subsidies, rep pay services)</li> <li>Permanent supportive housing development (brick and mortar) (1)</li> <li>Trauma-informed de-escalating training for providers</li> <li>Increase AOD certified counselors and case managers</li> </ul>	Incentives for sustainability of board and care homes (subsidies, support renovations/upgrades)
	<p><b>MHSARC Youth Committee (Transition Age Youth)</b></p> <ul style="list-style-type: none"> <li>Mobile mental health workers on the field providing mental health assessments and treatment (HEAL program) (5)</li> <li>Ongoing support groups on maintaining housing, resource navigation, WRAP, HSA economic self-sufficiency programs and other housing supports (South County housing group) at Drop-In Center, Clubhouse day for TAY, and other spaces for TAY (1)</li> <li>TAY peer support worker at Adult Clinics to provide linkages/support</li> <li>Training for Adult services staff on what questions to ask, how to work with TAY, establish relationships</li> </ul>	Mobile mental health workers on the field providing mental health assessments and treatment
	<p><b>Coastside Collaborative (Adults)</b></p> <ul style="list-style-type: none"> <li>Expand funding for rental assistance services provided by various agencies on the Coast (ALAS, Coastside Hope, Puente, St. Vincent)</li> <li>MediCal insurance and housing strategies for undocumented (1)</li> <li>More affordable housing (brick and mortar)</li> <li>Employment support services for the homeless (Abundance Grace)</li> <li>Entrepreneurship workshops/training for immigrant community (Renaissance in EPA, Rancho San Bernardino Co-Op) to develop self-sufficiency (4)</li> </ul>	Entrepreneurship workshops/training for immigrant community

	<ul style="list-style-type: none"> <li>Expand local educational opportunities (computer, English, tutors for non-native speakers)</li> </ul>	
Homelessness/ Housing (cont'd)	<p><b>Peer Recovery Collaborative (Adults)</b></p> <ul style="list-style-type: none"> <li>Transitional program/halfway house for supporting individuals when released from hospitalization, emergency services and incarceration (1)</li> <li>Housing for women and children out of treatment (5)</li> <li>Peer liaisons supporting individuals to maintain housing, and other independent living skills (6)</li> <li>BHRS housing support program for second chances (30-day grace period) before being evicted for drugs</li> <li>Promote additional housing options and community integration, roommate options where ppl open up their homes – Hip Housing</li> <li>DOH getting involved with property manager (1)</li> <li>Supported employment, career advancement opportunities and supports for peers (13)</li> </ul>	Supported employment and career advancement opportunities and supports for peers
	<p><b>Diversity and Equity Committee</b></p> <ul style="list-style-type: none"> <li>Advocates for those facing eviction due to MH (case management)</li> <li>Emergency rental assistance expansion</li> <li>Expansion of shelter services- strengthen the sober living environments (SLE) to permanent housing relationship</li> <li>Tuff sheds/Tiny homes investment</li> <li>Expansion to TAY housing</li> <li>Change requirement that MH housing is just for singles and not families (1)</li> <li>Collaboration with HIP housing to create a housing steam that gets folks into homes, frees up shelter spaces and homeless into shelters</li> <li>Co-location of social workers and MH providers in housing as well as occupational therapists to teach daily living skills</li> <li>Caseworkers in shelters to reduce recidivism</li> <li>IMAT connection to parole through referrals</li> </ul>	Street outreach workers (peers) as system navigators, providing warm handoffs, WRAP groups for housing



	<ul style="list-style-type: none"> <li>• Integration of peers to workforce and other providers with lived experience (3)</li> <li>• System transformation for those coming out of jail- currently have no shelter, no access to food stamps and other resources</li> <li>• PES training to make right referrals for aftercare</li> <li>• Revisit the SLE structure- very restrictive</li> <li>• Peer to peer program to help with housing</li> <li>• Require a higher percentage of apartments in new developments to be affordable housing</li> <li>• Expansion of ODE stigma program to address homelessness</li> <li>• Insurance navigators for Medi-cal enrollment of homeless folks</li> <li>• Street outreach including system navigators, warm handoffs, WRAP for housing, peer outreach (5)</li> <li>• Youth HEI</li> <li>• Training first responders, jail guards, police on mental health</li> <li>• Training on the types of homelessness, and how to ask questions and connect to resources</li> </ul>	
<p><b>Homelessness/ Housing (cont'd)</b></p>	<p><b>Spirituality Initiative</b></p> <ul style="list-style-type: none"> <li>• Subsidized housing, shared housing with subsidy</li> <li>• California Clubhouse expansion</li> <li>• Heart and Soul expansion of seeing through stigma and increase storytelling program of how folks overcame homelessness</li> <li>• Peer support workers used more thoughtfully as system navigators, enhancement of program and responsibilities (3)</li> <li>• Expansion of VOR program for recently released from jail</li> <li>• Case managers- to make sure for recently housed bills are paid, can alert someone if they have a crisis etc.</li> <li>• More doctors, look at ratio of patients to doctors</li> <li>• Increase the number of groups being offered</li> <li>• Street outreach- bringing outreach materials, and bringing people in for warm handoffs (1)</li> </ul>	<p>Peer support workers used more thoughtfully as system navigators, enhancement of program and responsibilities</p>

	<ul style="list-style-type: none"><li>• Partnering faith communities with collaboration with county to house folks (1)</li><li>• Groups on spirituality for workforce and clients</li><li>• Training for clinicians on homelessness and working with this population</li></ul>	
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<p><b>Homelessness/ Housing (cont'd)</b></p>	<p><b>Steering Committee Break out session</b></p> <ul style="list-style-type: none"> <li>• Permanent supportive housing</li> <li>• Change restrictions of no living with family in supported housing (1)</li> <li>• Cedar St. Housing- enhance support offered as there are changes of status among those living with mental health</li> <li>• Create more single-family affordable housing</li> <li>• Inclusionary housing with onsite support (developmentally disabled)</li> <li>• Samaritan house- expand help with rent and deposit</li> <li>• Mobile MH services (1)</li> <li>• Support core agencies that help financially and have them teach financial health</li> <li>• St. Vincent De Paul Women's center- enhancement</li> <li>• Transitional housing- less restrictive housing, study variety of environments/structures (1)</li> <li>• Rehab housing transition, healthy supportive env for co-occurring</li> <li>• Drop-in centers, programs for those recently released from rehab/correctional facilities- navigation centers, case management, job training, place to shower, hygiene products</li> <li>• More peers, mental health, outreach, case managers- all providing core services and being paid accordingly</li> <li>• RAMP re-entry enhancement of program</li> <li>• Barrier removal for those previously incarcerated</li> <li>• Safe parking programs linked to core services (1)</li> <li>• Intentional outreach- Education for police</li> <li>• Study to understand why we have such a high attrition rate (end services early for substance use)</li> <li>• 5-year program for housing that includes job training</li> <li>• Screening for SDOH by providers</li> <li>• <a href="#">Training on issue of homelessness and how to provide/refer to appropriate services – for schools, primary care physicians, students (psych, MSW, MFT), mental health staff, police, homeless service providers, first responders. (3)</a></li> </ul>	<p>Training by peers on the issue of homelessness and how to provide/refer to appropriate services – for schools, primary care physicians, students (psych, MSW, MFT), mental health staff, police, homeless service providers, first responders</p>
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	<ul style="list-style-type: none"> <li>• Trained by those with lived experience</li> <li>• CIT training</li> </ul>	
<b>Ideas from Strategic Plans Reviewed</b>	<p>2013 Community Health Needs Assessment</p> <ul style="list-style-type: none"> <li>• Affordable housing policy</li> </ul> <p>Agricultural Worker Housing Needs Assessment</p> <ul style="list-style-type: none"> <li>• Creation of new housing units that are affordable</li> <li>• Subsidized housing paid for by the county</li> </ul>	
<b>Trauma</b>	<p>African American Community Initiative</p> <ul style="list-style-type: none"> <li>• More support groups (NAMI, VOICES)</li> <li>• Sister Circles- for women who are experiencing trauma</li> <li>• Mediation of traumatized victims of crime- restorative justice</li> <li>• Panel discussion involving the police department to address racism as trauma</li> <li>• Partnership with community programs for young people and faith-based organizations to address trauma</li> <li>• Groups and workshops for young black males, education and empowerment to learn historical trauma</li> <li>• Trainings for providers, first responders and police officers on the intersection of trauma and racism historically as well as racism as trauma</li> <li>• Expansion of WRAP programming</li> <li>• Eye movement desensitization reprocessing (EMDR) as a therapeutic intervention and training</li> <li>• LGBTQ+ trauma informed training</li> <li>• Expand the GARE trainings for all workforce and all departments</li> <li>• Trainings for teachers to respond to traumatized students, restorative justice practices</li> </ul>	<p>Trainings for providers, first responders and police officers on the intersection of trauma and racism historically as well as racism as trauma</p>
	<p>Northwest School Collaborative</p> <ul style="list-style-type: none"> <li>• Support with unaccompanied minors turning 18</li> <li>• Family resource center</li> <li>• Full system support that includes: culturally appropriate programming, lawyers, case management, stipend programs for career exploration and technological careers</li> </ul>	<p>Hub of family resources that includes culturally appropriate programming, legal resources, case management, stipend programs for career exploration and technological careers</p>

	<ul style="list-style-type: none"> <li>• Partnering with community-based services during breaks</li> <li>• Educational trainings for trauma screenings</li> <li>• Increase TAY services housing</li> <li>• Inclusivity trainings</li> <li>• Therapy- ALAS wrap around model with cultural component</li> <li>• Academics- wrap around with academia, one on one tutors, accredited mentorships</li> <li>• Restorative justice</li> <li>• System navigators for parents</li> <li>• Somatic- pleasing activities and experiences</li> <li>• Trauma-informed curriculum</li> <li>• SAL and PAL</li> <li>• Collaboration between BHRS, CPS and probation</li> <li>• Trauma informed system 101- available for all staff, hire substitute teachers to deliver training</li> <li>• Support group for teachers</li> <li>• First responder trauma care</li> </ul>	
<p><b>Trauma (cont'd)</b></p>	<p>Northeast School Collaborative</p> <ul style="list-style-type: none"> <li>• Need resources for families, in-home supports for families (5)</li> <li>• Need trauma informed summer program to support kids outside of school</li> <li>• Youth Court programming pilot - prevention, leadership, catching youth early</li> <li>• Afterschool activities (arts, sports, etc.) and programming that are trauma-informed and support children with social emotional or behavioral issues and trauma</li> <li>• StarVista needs more mental health clinicians to support counseling services in the summer</li> <li>• Mobile crisis team for youth can outreach to homes and schools in a safe way and partner with law enforcement for an appropriate response (3)</li> <li>• Domestic violence – supports for school personnel on their role as mandated reporters and their response</li> </ul>	<p>Family-focused resources and supports for families</p>

	<p>Steering Committee Break out session</p> <ul style="list-style-type: none"> <li>• Work closer with human trafficking efforts to support trauma services</li> <li>• Trauma informed therapists listed, and info provided by ACCESS</li> <li>• More support during early stages of recovery services LMFT trauma groups at residential treatment</li> <li>• 24/7 availability of MH services at all residential services</li> <li>• Male services (CORA) relationship abuse</li> <li>• LEA work/Healing process</li> <li>• Peer support</li> <li>• WRAP- 3x a week after residential services</li> <li>• Women’s group - HEI (1)</li> <li>• Generational support (ACES) direct or indirect trauma at early age within school system (1)</li> <li>• Helping new parents establish a healthy routine</li> <li>• Photovoice for broader population</li> <li>• Clinical referrals to pipeline to leadership (HAP)</li> <li>• Trauma informed care (SDA process)- workforce that is trained (ACE) including frontline staff (ACCESS) (2)</li> </ul>	<p>WET: Trauma informed systems training for all BHRS staff</p>
<p><b>Trauma (cont’d)</b></p>	<p>Pacific Islander Initiative</p> <ul style="list-style-type: none"> <li>• Homelessness and changing community service areas, making services more inclusive not area based</li> <li>• Friendship line expansion to languages to include PI languages</li> <li>• Ngatuvi- A pop up senior center, gather and socialize over food- expansion to other large PI populations including EPA</li> <li>• Central place for money, community advisory board that makes decisions on funding</li> <li>• Making the outreach worker positions permanent</li> <li>• Prevention and wrap around strategy: Culturally appropriate, oral history project, heal and paint, workshops, pipeline to direct services from community events (4)</li> <li>• Building trust with law enforcement</li> <li>• Workshops for community on finding funding, how to write a grant</li> </ul>	<p>Prevention, outreach and engagement services for the NHPI community that leads to linkages and warm-handoff to BHRS services</p>

	<ul style="list-style-type: none"> <li>• HEI Co-Chairs as job positions</li> <li>• Trainings to providers around PI communities, systemic not anthropological, with a historical context</li> </ul>	
<b>Complex Cases</b>	<p>Contractors Association (Adults/Older Adults)</p> <ul style="list-style-type: none"> <li>• Court ordered assisted outpatient treatment (currently not court-ordered in San Mateo County) (2)</li> <li>• Multi-disciplinary teams across behavioral and social service sectors to discuss and support complex cases (3)</li> <li>• Same day access to residential treatment (2)</li> <li>• Strengthen continuum of care services for clients that includes transition supports</li> <li>• Sobering centers</li> <li>• Specialized training for providers (personality disorders, setting boundaries) (1)</li> <li>• Retention strategies for residential counselors (stipends, increase pay rate, resiliency and self-care supports, etc.) (3)</li> </ul>	<p>Multi-disciplinary teams across behavioral and social service sectors to discuss and support complex cases</p> <p>WET: Retention strategies for residential counselors (stipends, increase pay rate, resiliency and self-care supports, etc.)</p>
	<p>AOD Treatment Providers (Adults)</p> <ul style="list-style-type: none"> <li>• Enhanced outpatient recovery engagement strategies for clients with complex needs - specialized case management, incentives, etc. (2)</li> <li>• Expanded care navigators to provide integrated care management including housing resources and other supported services</li> <li>• Enhanced support services focused on high Emergency Department users - housing supports, linkages (1)</li> <li>• More Sober Living Environment (SLE) beds to support long-term recovery</li> <li>• After-care services for clients out of residential treatment to provide ongoing case management supports (2)</li> <li>• Ongoing intensive case management for co-occurring clients with serious mental illness served by regional clinics (1)</li> <li>• Full scope Dialectical Behavior Therapy (DBT) program focused on high-risk, tough-to-treat patients with complex needs.</li> </ul>	<p>Enhanced outpatient recovery engagement strategies for clients with complex needs - specialized case management, incentives, etc.</p> <p>After-care services for clients out of residential treatment to provide ongoing case management supports</p>
	Latino Collaborative	

	<ul style="list-style-type: none"> <li>• Peer to peer support as system navigators, and expansion of family partners and health ambassador program (1)</li> <li>• Senior peer counseling- expansion, because of long waits</li> <li>• Support for older adults who have an adult child with mental health challenges</li> <li>• Tele-health: less restrictions, as a contractor can't bill for telehealth, diminish barriers (2)</li> <li>• Support technology services</li> <li>• Co-location of services for immigrant services and mental health (3) Photovoice and storytelling workshop</li> <li>• Embed mental health in primary care settings</li> <li>• Standardized needs assessment for targeted case management (2)</li> <li>• Communication campaign- frame stigma, racism, discrimination in MH</li> <li>• Coaching for advocacy, education (1)</li> <li>• Training for those who work at senior centers to refer other places</li> <li>• Culturally sensitive trainings for staff, to be better able to serve diverse clients</li> <li>• Spirituality training for staff and clinical providers</li> </ul>	Co-location of mental health services in immigration service settings/CBOs
	<p>MHSARC Older Adult Committee</p> <ul style="list-style-type: none"> <li>• Whole person level strategies at both behavioral health and primary care entry points with peer support - Total Wellness services (2)</li> <li>• An outreach team of trained peer workers to provide MH101-type trainings to non-behavioral health providers (3)</li> <li>• Supportive housing services to help stabilize clients</li> <li>• Addressing anxiety and isolation is a way to prevent complex cases, connect older adults when not tech savvy, phone lines (warm line)</li> <li>• Older adult, non-behavioral health providers (contractors, community-based agencies) need the skills to address clients with complex needs</li> <li>• Psych testing for clinicians to ensure proper diagnosis of dementia vs. mental health issue - Ron Robinson</li> </ul>	Outreach team of trained peer workers to provide MH101-type trainings to non-behavioral health providers
	MHSARC Adult Committee	



	<ul style="list-style-type: none"> <li>• Trauma is a chronic issue, need more case management supports</li> <li>• Technology for peers to support engagement (smartphones, tablets) and technology education</li> <li>• FSPs need more resources and training to work with difficult to engage clients and specifically, providers including training and support on burnout and high turnover, resilience</li> </ul>	
<b>Other Priority Areas</b>		
<b>Parenting/Family Stress Support</b>	<p>North County Outreach Collaborative</p> <ul style="list-style-type: none"> <li>• Co-location of services at senior centers</li> <li>• Parent and family wellness and supports - expansion of journey to empowerment, includes; safe space for community for culturally specific programming, family liaison, connection to parent project, family outings, financial wellness and family resources (4)</li> <li>• Ngatuvai- older adult program for low impact movement and socializing for isolated folks</li> <li>• Training on telehealth and how to do family sessions and group sessions</li> <li>• Training on how to stay connected with community online including linking to emergency resources, education, easing anxiety</li> </ul>	Parent and family wellness and support services to engage and link families in the northern region of the county to BHRS services.
<b>Priority population: Latino Immigrant Parents</b>	<p>Health Ambassador Program Participants (Key Stakeholder Interviews)</p> <ul style="list-style-type: none"> <li>• Therapeutic Behavioral Services expansion - Cappuccino program in South San Francisco</li> <li>• Edgewood- services are hard to get, but they have a great program</li> <li>• Services for folks with sexual trauma- therapy and groups (2)</li> <li>• Trauma-informed support and/or treatment for cannabis/alcohol use before it gateways into other severe drugs and residential treatment (4)</li> <li>• Classes for adults- social emotional regulation workshops/classes for parents to express their feelings, process trauma and gain tools integrated with meditation and yoga (3)</li> <li>• Parent classes for children of LGBTQ+ youth</li> <li>• Need more culturally relevant classes in Spanish through the county (3)</li> <li>• WRAP, ASIST</li> <li>• Vaping and drugs in schools- workshops and classes for prevention (2)</li> <li>• Art therapy at the schools</li> </ul>	Trauma-informed support and/or treatment for cannabis/alcohol use before it gateways into other severe drugs and residential treatment

	<ul style="list-style-type: none"> <li>• Communication strategy to advertise the classes</li> <li>• Use social media, Facebook</li> <li>• Train the police so that they can work with youth experiencing mental health crisis as well as a class for adults where police present and there is a shared dialogue or a non-police response to mental health crisis</li> </ul>	
<p><b>Priority Population: Transition Age Youth</b></p>	<p>Canyon Oaks TAY (Key Stakeholder Interviews):</p> <ul style="list-style-type: none"> <li>• Strategy around prevention of drugs and alcohol and treatment</li> <li>• Expansion of WRAP services, and linked to services as they leave residential care like Y-tec and Edgewood</li> <li>• Establishing a connection between the youth and services months before they leave so that they are inclined to stay in services</li> <li>• Housing options for TAY, current options have a lot of adults</li> <li>• In school treatment, mobile services that we can provide in schools this way we keep them home in their communities, in school</li> <li>• More AOD services, more prevention and treatment with a youth model</li> <li>• Case managers that parent the kids, instead of letting them choose, they do not have the ability to make the right choices without guidance, they are not adults</li> <li>• Services for LGBTQ+ youth, including housing since many cannot go home</li> <li>• Comprehensive TAY workgroup that follows this population and their outcomes</li> <li>• Use all contracting agencies, housing, DCS</li> <li>• Look at the quality of services being offered to the youth, contract monitoring more closely and looking at outcomes</li> <li>• Train staff in how to work with youth, and how to empower the youth and also show the youth they are in their corner as someone who cares about them as a parent would</li> </ul>	<p>School-based and mobile services for youth to support behavioral health needs in their communities.</p>
	<ul style="list-style-type: none"> <li>• More support towards family including youth and family parent groups to create a support network and understanding, how they can do this together</li> <li>• More support staff rather than therapists</li> <li>• After care and support services after leaving canyon oaks</li> </ul>	<p>Family-focused support groups and therapy to support transition age youth with behavioral health challenges</p>

	<ul style="list-style-type: none"> <li>• Training and community building with police, neighbors, community members around discrimination of youth of color being racially profiled</li> <li>• Flexibility with school schedules, understanding from teachers if students work and learning about their family context</li> <li>• Job training and job support programs to help youth apply to jobs</li> <li>• Host events asking for youth to come together, programs like the boys and girls club, have staff that can relate to youth</li> <li>• Art therapy</li> </ul>	
<p><b>Ideas from Strategic Plans Reviewed</b></p>	<p>Supporting Transition Aged Foster Youth</p> <ul style="list-style-type: none"> <li>• Increase awareness of local resources and facilitate connections to services and supports</li> <li>• Extending eligibility for services and financial resources to students aged 21+ instead of 18</li> <li>• Knowledgeable staff providing specialized support</li> </ul> <p>Creating Results with Youth &amp; their Families Local Action Plan 2016-2020 Landscape of at-risk youth &amp; the services that support them</p> <ul style="list-style-type: none"> <li>• Trauma recovery services - directly addressing complex trauma and youth's recovery through individual or group therapy</li> <li>• Creating trauma-informed systems of care targeting direct service providers</li> <li>• Appropriate mental health services including Cognitive Behavioral Therapy (CBT) and Problem Solving Therapy</li> <li>• Address substance use in youth through evidence-based approaches - Adolescent Community Reinforcement Approach (A-CRA), Motivational Enhancement Theory &amp; Motivational Interviewing, Familias Unidas Preventative Intervention for Latinx adolescents</li> <li>• Juvenile Drug Courts; community-based approach which requires a team that understands the challenges experienced by the youth</li> </ul>	
<p><b>Priority Population: Veterans</b></p>	<p>Key Stakeholder Interviews</p> <ul style="list-style-type: none"> <li>• Case worker for every veteran, once a veteran gets in touch with VRO they are screened on SDOH and checked in on every 6 months to check</li> </ul>	

	<p>mental health and physical health and make referrals and connected to job pipelines</p> <ul style="list-style-type: none"> <li>• Services for military sexual trauma which goes unrecognized</li> <li>• Communication campaign that shows the services and facilities available to veterans</li> <li>• Strong connections with employers and self-sufficiency groups as well as a job training program</li> <li>• Training the workforce on working with veterans; partner with the VA and research organizations</li> </ul>	<p>Case workers for veterans to support their behavioral health, physical health and social service needs</p>
<p><b>Ideas from Strategic Plans Reviewed:</b></p>	<p>SMC Veterans Needs Assessment: Report and Recommendations</p> <ul style="list-style-type: none"> <li>• Homeless prevention for those at risk for losing housing, and permanent supportive housing for those with highest needs</li> <li>• Identifying veterans and providing culturally competent services in public and private health care settings</li> <li>• Veterans treatment courts - Screening for previous military service</li> <li>• Service model: patient-centered, family oriented, wellness health promotion oriented</li> <li>• Partnerships: establish a partnership with the county veteran services office to assist with assessment of benefits eligibility</li> </ul>	