



# Be Well

ORANGE COUNTY

**TRANSITION AGE YOUTH WORKGROUP**

**Result Area 2, Prevent & Act Early**

**Friday, June 26, 2020**



INTRODUCTIONS

REFLECTION

REVIEW OF LAST MEETING

WHO'S MISSING?

EXISTING EFFORTS

EARLY WINS

NEXT STEPS & THANK YOU

# AGENDA



# INTRODUCTIONS

1. Name
2. Organization
3. Reflecting back on this week, what gives you the most satisfaction?



# REFLECTION (JAIME)

# REVIEW OF LAST MEETING

# White Board Activity

## 04-29-2020

Why are you here today?

What change do you want to make happen in regards to TAY mental health prevention & early intervention?

What considerations is the current COVID-19 experience revealing for TAY mental health prevention & early intervention?

Support youth to be who they are meant to be

Prepare youth for success in school & career

Increase youth knowledge of & access to services & supports to reach their goals

Create a youth movement around mental health

Build up a community around youth

Increase opportunities for youth to grow & develop SEL mindset & skills

Equip youth with tools to become more resilient

Stop the pattern by leveraging trauma lens & emotional intelligence

Support the youth's community of support

Support providers to be connected & impactful

Create a tiered system of swift response

Increase opportunities for youth & equip them with knowledge on how to optimize these to be successful adults

Create direct access to mental health & support services for homeless & other vulnerable youth populations

Equip youth with tools to overcome adversity, & to empower them to do so

Configure systems of primary care to communicate more effectively with each other & other systems

# What themes are revealed?

## Build Natural Supports

- Cultivate PEERS, FAMILY, & TRUSTED ADULTS to be ...
  - knowledge brokers
  - care navigators
  - healers
- Integrate the use of an assessment tool in schools to identify act early opportunities
- Strengthen youth's family/social support & other protective factors
- Strengthen youth's resilience

## Rebuild Current Care Delivery Systems

- Diversify modalities of care delivery such as through increased use of peers & paraprofessionals
- Expand care access points & modalities
- Integrate behavioral health & primary care
- [The Crisis of Youth Mental Health](#), Stanford Social Innovation Review, Spring 2019

## Result # 2: Overarching Strategies and Sub-Populations

1. Promote Resilience, protective factors, and positive support of social determinants of health

2. Improve early detection and diagnosis of mental health illnesses and substance use disorders across care settings

3. Increase outreach, education, and engagement for community families, behavioral health and primary care providers, and allied professionals

Prenatal to 5 years old

School-Aged Children

Transitional Age Youth

Older Adults



# TAY Mental Health – Vulnerabilities & Opportunities

offer the right care, at the right place, at the right time	the current service-delivery model—individual psychotherapy and medication—is ineffective in reaching the vast majority of kids	develop service-delivery models other than individual therapy and medication	consider scalability, affordability, and acceptability	task shift - delegate tasks, when appropriate, to less specialized health workers - professionalization of lay counselors into “peer specialists”, train laypersons to treat mental health needs, such as depression and anxiety
leverage digital self-help technology	include service-delivery models which do not rely of the person needing services to take the first steps - go to where they are, engage, build trust, etc.	integrate behavioral health and primary care – FQHC	address the social determinants of health - accountable communities for health	evidence-based treatments as they are currently delivered are not affordable
while there is considerable scientific support for evidence-based psychosocial interventions for children’s mental health problems, this research is based primarily on studies of non-Hispanic white children	<b>at least 85 percent of those in need of treatment do not get it</b>	<b>more than half of mental illness emerges before age 14</b>	<b>suicide is now the second leading cause of death for those between ages 10 and 34.2</b>	Be Well

# WHAT'S MISSING? WHO'S MISSING?

TAY NGOs: Olive Crest, Seneca, Western Youth Services, Covenant House, Orangewood Foundation, Boys & Girls Club of Laguna Beach, & Connect-OC Coalition

City of Santa Ana

Schools – AUSD, PYLUSD, SAUSD, OCDE, SVUSD & IUSD

OC Social Services Agency

CalOptima

OC Women's Health Project

CA State Council on Developmental Disabilities

?

# EXISTING TAY EFFORTS: JAMBOARD BREAKOUT

What are some of the existing TAY mental health related efforts this workgroup needs to coordinate, align, and leverage with?

[https://jamboard.google.com/d/1UjIM5fAS2g3s3wG9Q5DfSL8nuHHLVg5ty\\_ZaeL\\_S5FM/edit?usp=sharing](https://jamboard.google.com/d/1UjIM5fAS2g3s3wG9Q5DfSL8nuHHLVg5ty_ZaeL_S5FM/edit?usp=sharing)

# EXISTING TAY EFFORTS: DISCUSSION

How can we go about coordinating, aligning, and leveraging the efforts identified?

# EARLY WINS: JAMBOARD

What are some early wins you'd like to see from this workgroup?

# NEXT STEPS & THANK YOU

Next Meeting: July 24, 1-2:30 PM (4<sup>th</sup> Friday of the Month)

# Result # 2: Prevent and Act Early-School Aged Children

## Strategies and Activities

### 1. Promote Resilience, Protective Factors, and Positive Support of Social Determinants of Health

- 1.1 Support the development of one-stop drop-in wellness center (“Chill Zone”)
- 1.2 Identify successful school-based evidence-based mindfulness and meditation curriculum
- 1.3 Identify and support trainings to school and “Out of School Time” staff in different approaches for building protective factors

### 2. Improve Early Detection and Diagnosis of Mental Health Illnesses and Substance Use Disorders Across Care Settings

- 2.1 Explore and understand barriers to implementation of universal screenings for each population and culture sub-group
- 2.2 Identify list of evidence-based MH/SUD screenings for each population and culture sub-group
- 2.3 Develop triaging tool(s) such as referral flowcharts for districts and decision-making tree for schools

### 3. Increase Outreach, Education, and Engagement for Community, Families, Behavioral Health and Primary Care Providers, and Allied Professionals

- 3.1 Develop a coordinated access point/pathway (e.g. one phone number) to request for trainings related to MH/SUD via recent MHSA BH training funding allocation
- 3.2 Expand “NAMI on campus” and other MH focused clubs
- 3.3 Work with PTAs to host panel discussions and MH/SUD related film screenings

## Short Term Outcomes

One stop drop-in wellness center created

School employees trained on mindfulness/meditation practices

School employees trained on protective factors

Increased number of youth with MH/SUD identified

Increased access to appropriate MH/SUD services

Identified barriers to universal screenings

Increased awareness of parents, teachers, students, and administrators about MH/SUD

Increased positive and “mental health friendly” school campuses

Increased willingness to discuss MH/SUD topics on campuses

## Long Term Outcome

Effective prevention and early intervention available to all OC residents.