

# Prevention and Intervention Planning Process Report on School Based Programs

August 21, 2018

#### Introduction

The Prevention and Intervention services planning group for school-based programs met on August 21, 2018. The group discussed the following overarching ideas and identified six community needs. The following tables summarize the ideas discussed for consideration for each identified community need, the potential gaps and identified possible action steps. The table also lists the known services being provided by the County and in the community at large, though it does not provide details of the services or their ability to meet the current need.

#### **Overarching Ideas**:

- Technology-based interventions/education for students and their parents
- School districts should complete a comprehensive needs assessment
- Peer support model for parents and students
- Consider using time- limited funds for open-ended grant-type funding
- Family Resource Centers (FRC) type model of services (Wellness Centers) in schools that offer comprehensive support services

#### **Identified Community Needs for School-Based Programs**

- 1. Training and education to children/youth, and their families, school staff and others serving youth
- 2. Early Intervention Services at schools
- 3. Behavioral health support services at Wellness Centers in schools
- 4. Resource Inventory of school-based services
- 5. Improvement in Service Navigation
- 6. Networking and collaborating opportunities

## 1. Identified Community Need: Training and education to children/youth, their families, school staff and others serving youth

Ideas for consideration presented by group	What is already available as far as we know	Potential Gaps
	HCA/Behavioral Health Training Services (BHTS) offers numerous trauma-focused trainings related to substance use.	Training for parents whose kids are on probation.  Training of trainers to become certified to train youth and be competent to stand trial.  POSSIBLE ACTION I Consider possible service expansion of existing parent education.  Trauma-informed training to providers on impact of the opioid crisis on children.  POSSIBLE ACTION II BHTS to provide specific trauma-informed training to address impact of the opioid crisis.

- 3. Training for school staff in the following topics:
  - a. Mental health first aid
  - b. Stress reduction program
  - c. Mindfulness training
  - d. Recognizing signs and symptoms to identify youth that need to be linked.
  - e. Domestic violence and impact on youth and families

- OCDE's School-Based Stress Management Services including mindfulness training to teachers in OC schools who, in turn, implement these techniques in the classroom.
- Outreach and Engagement Collaborative program provides workshops in various topics including mental health first aid, recognizing signs and symptoms, domestic violence and its impact on youth and families.
- School Based Behavioral Health Intervention will be assessing students in ACE's and address factors including domestic violence and its impact on families.
- A variety of trainings including Violence Prevention Education which includes Bullying, Cyber danger, Safe from the Start, Restorative Practices, and Crisis Response.
- Other trainings are available from OCDE including Mental health first aid Mindfulness training
   Recognizing signs and symptoms to identify youth that need to be linked Domestic violence and impact on youth and families
   Safe dating/ teen relationships
   Suicide Prevention
- SSA trainings

Unsure of the Gaps.

#### **POSSIBLE ACTION II**

Consider possible service expansion but will depend on already existing resources.

#### **POSSIBLE ACTION III**

Idea to be shared with OCDE

4. Funding for substitute teachers so teachers could be trained.

5. Educate the faith-based community in mental health.	<ul> <li>Some Faith based community organizations host workshops in the community</li> <li>MHSA Innovation program for Religious Leaders</li> <li>Waymakers Project Faith Program</li> </ul>	
6. Prevention education to children and youth at risk/need:  a. Safe Dates (teen relationships)  b. Substance abuse prevention  c. Suicide prevention	<ul> <li>Violence Prevention Education addresses some suicide prevention and also has a restorative practices component that addresses teen relationships.</li> <li>School Based Behavioral Health Intervention and Support Services, School based Mental Health Program, and the Outreach and Engagement Program</li> </ul>	POSSIBLE ACTION IV Possible Expansion of existing services
7. Expansion of prevention services especially for TAY (program similar to Human Options).	<ul> <li>addresses teen relationships via program curriculum</li> <li>Alcohol and Drug Programs address substance use prevention</li> <li>Suicide prevention provided by various PEI programs and CalMHSA Directing Change</li> <li>Human Options</li> <li>Outreach and Engagement Collaborative services</li> <li>OCDE program for Foster youth</li> </ul>	

## 2. Identified Community Need: Early intervention/ direct services at schools

Ideas for consideration presented by group	What is already available as far as we know	Potential Gaps
Direct services at (Elementary/Middle school)  1. Group therapy 2. provide screening /assessment in all schools	<ul> <li>School based Mental Health Services (6<sup>th</sup> – 12<sup>th</sup>grade)</li> <li>County Outpatient Services in schools</li> <li>CHOC</li> <li>A Heads Up Check Up screening tool is being piloted in the community</li> </ul>	Unsure. Will need a comprehensive Resource Inventory to determine gaps.  POSSIBLE ACTION I: Consider public/private Partnership to provide group therapy and universal screening at all OC Schools.
3. Funding for Counselors for the OC Gang Prevention GRIP Case Management,	HCA funds the OC GRIP Partnership	Program identified need for additional counselors.  POSSIBLE ACTION II: Consider Service Expansion

## 3. Identified Community Need: Behavioral health support services at Wellness Centers in schools

Ideas for consideration presented by group	What is already available as far as we know	Potential Gaps
<ol> <li>Peer Support services for parents and students at the Wellness Centers including a faith-based component.</li> <li>Assistance with transitioning anxiety to next grade.</li> <li>Organized activities for youth that focus on mental well-being.</li> <li>Services for Homeless Youth.</li> <li>Services for home-schooled youth</li> <li>Seed money for Start-up costs.</li> <li>Funding for "Train the Trainer" to maintain sustainable programs/services.</li> <li>Support foster care families and other at risk families.</li> </ol>	<ul> <li>School-based Wellness Centers to be opened at middle schools with funding from OCDE in participating schools.</li> <li>Countywide Outreach and Engagement programs and School Based Behavioral Health Intervention programs are able to address anxiety with transitioning to next grade level.</li> <li>FRC's and Wellness centers address organized activities for youth that focus on mental well-being.</li> <li>OCDE's Foster Care program.</li> </ul>	Services for Homeless youth Services for home schooled youth  POSSIBLE ACTION: Form more partnerships with school districts to provide supportive services to students, families and teachers.

## 4. Identified Community Need: Resource Inventory of school-based services

Ideas for consideration presented by group	What is already available as far as we know	Potential Gaps
Resource Inventory of school-based services  1. Database that includes district by district information about existing services related to prevention programs, suicide prevention, mental health treatment.	A Resource Inventory does not exist currently. Be Well, A community Initiative is working on mapping existing metal health resources in collaboration with California State University Fullerton.	A comprehensive Resource Inventory of school-based resources.  POSSIBLE ACTION: Public /private Partnership with CSUF to create a database.

## 5. Identified Community Need: Improvement in service navigation

Ideas for consideration presented by group	What is already available as far as we know	Potential Gaps
<ol> <li>Technology application to link county wide public/non-public resources.</li> <li>Advertise existing resources to school staff.</li> <li>Specifically train Community colleges administration on mental health services available in the community. Transitional Age Youth (TAY).</li> <li>Outreach specifically geared to TAY population especially young men of color, Latino and others, LGBTIQ (TAY).</li> </ol>	<ul> <li>OC Links</li> <li>Outreach and Engagement services</li> <li>OC ACCEPT outreach to LGBTIQ youth</li> <li>Outreach and Engagement services to LGBTIQ youth</li> </ul>	Training on mental health services to College administrators.  POSSIBLE ACTION Provide training through HCA/BHTS to community college administrators

## 6. Identified Community Need: Networking and Collaborating Opportunities

Ideas for consideration presented by group	What is already available as far as we know	Potential Gaps
Networking and collaboration opportunities between HCA, school districts, schools, FRC's, non-profits and community to share available resources and share Success Stories via a newsletter.  Build a relationship at the leadership levels between HCA, school superintendents, FRC's	<ul> <li>OCDE Newsletter</li> <li>FACT Newsletter</li> </ul>	An organized and systematic networking opportunity to share available resources and leverage funding to avoid duplication and to have a wider service area.  POSSIBLE ACTION:
to help eliminate systemic barriers such as time taken for MOU's, permission and access into schools etc.		Partnerships between HCA, school districts, FRC's and non-profits need to be created.