Permanent Connections & Social and Emotional Well-Being

Workgroup Responsibility --Ensure that all youth in PGC are supported in developing and fostering permanent connections, include ongoing attachments to chosen families, communities, schools, and other positive social networks

Special focus #1: Establishing permanent connections, including through discharge and exit planning, for systems-connected youth - child welfare and juvenile justice) AND Ensure that all youth in PGC are supported in the development of key competencies, attitudes, and behaviors that equip a young person to succeed across multiple domains of daily life, including school, work, relationships, and community

Special focus #2: Addressing the physical and behavioral health needs of youth at risk of and experiencing homelessness).

Adult Chair(s):   Christina Druschel (Main); Ann Marie Binsner (Special Focus #1); Shirelle Wright (Special Focus #2)
Youth Chair(s):   TBD (Main); TBD (Special Focus #1); Rico Singletary (Special Focus #2)
Technical Advisor(s):   Nia West-Bey

Overall Goals:
  ➢ Youth are equipped with the necessary supports for healthy transition to a stable and thriving adulthood
  ➢ All youth are healthy, strong, safe, stable, connected and thriving

Somatic and Behavioral Health Sub-Goal: All youth and young adults have immediate access to developmentally appropriate somatic and behavioral health resources
Systems Connections Sub-Goal: No youth is discharged from any public system into homelessness

Health-Behavioral Health Project ideas

- ✔ Drop-in centers that serve as a judgement free zone where a youth who is battling with mental health can express themselves freely without being afraid (YHDP, SOC)
- ✔ medical shelter beds (YHDP)
- ✔ Parental engagement/support programs with a prevention focus for young children (YHDP)
- ✔ BH Peer Navigators (SOC)
- ✔ County-wide mental health first aid training (SOC/School-Based MH Expansion)
- ✔ Innovative technology pilots for BH screening and treatment (SOC, School-based Mental Health)
- ✔ Children's PRP (SOC)
- ✔ Expanded mobile support to include pop-up mobile units, mobile behavioral health support (crisis response, stabilization), and physical health (medical, optical, prescriptions) (SOC)
- ✔ Children's Psychiatric Rehabilitation Services (SOC)
- ✔ Create a public-facing provider quality dashboard (SOC)
- ✔ Suicide Prevention Programs (School-based MH Expansion)
- ✔ Expand school-based health services with community providers (School-based MH Expansion)
- ✔ Identify high schools with high mental health need/risk (violence, aggression, overdose, death) to host youth symposiums focused on mental health (School-Based MH Expansion)
- ✔ Establish a children/youth psychiatric hospital in the county (TBD)
- ✔ Children's Partial Hospitalization Program (Medicaid)

SOMATIC & BEHAVIORAL HEALTH

Need	Identify Any Special Populations Affected	Objectives	Action Steps (with timeline)	Responsible Parties
Authentic Youth Engagement in the health and behavioral health systems		Enact local policies that mandate youth guided input, services integration and coordination, cultural and linguistic competence, and linkage to health care reform to improve accessibility and availability of services for TAY	• Propose regulatory or legislative change to the appropriate parties *(December 2020)*	SOC Core Team
		Design and begin to implement a cross sector, system wide youth engagement strategy focused on system capacity to address social determinants of health	• Youth advisory group to develop action recommendations *(June 2020)* • Figure out a sustainable compensation strategy for Youth Board *(June 2020)*	CLASP/YAB Renee Ensor-Pope Daejanae Day
		100% of youth serving providers in the county increase their capacity to competently and authentically engage youth.	• All youth serving providers in the county participate in mandatory authentic youth engagement training • Build adult support to assist youth through the process	Gena Greenhood Contracted provider TBD
		Health/Behavioral Health Spaces are Safe Spaces for Youth	• Identify organizations with expertise and experience in successful youth engagement strategies • Ensure all SOC and YHDP participants/leadership are	YAB SOC Core Team Renee Ensor-Pope Gena Greenhood Jacqueline Duval-Harvey

			- competent in engaging youth - Provide training to interested providers in building youth engagement competency	
		100% increase over baseline in the involvement of TAY in the development and design of services that target them	- Recruit youth to be involved/lead the process - Partner with schools on recruitment	SOC Core Team
Improve Continuity of Care	hospitalized youth	Universal discharge planning	- Create an internal process for systems connected youth to transition to adult safety net services that eliminate the gap for those youth likely to require services - Ensure that hospitals and other clinical settings identify service providers in the community where clients prefer	
		Align eligibility criteria and definitions across the child and adult systems to reduce gaps and cliffs for TAY currently accessing services	- Engage Stakeholders in Process of Refining recommendations *(April 2020)* - Identify where policy changes are needed *(April 2020)* - Develop final policy statements/leg changes *(June 2020)* - Explore service contracts across the DC-MD line	CLASP Gena Greenhood PGHD/LBHA Barbara Wiggins Prince George's Healthcare Alliance

		Increase provider to provider communication	• Increase provider communication over state lines • Navigators/Community Health Workers to assist with Behavioral Health, Medical, and SDOH coordination and support services	
Trust between youth and providers		Grow the number of trusted, high quality providers by 200%	• Youth identify strong providers who should serve as models • Identify providers with a track record of youth returning for a second visit • Pursue Medicaid waiver to allow medical billing for peer support staff time in medical centers • Identify multilingual staff to serve clients for whom English is not their first language	SOC Core Team Andrea Zawatsky, Mary Center
		All behavioral health providers provide excellent customer service and high-quality care	• All youth serving providers in the county participate in mandatory authentic youth engagement training • Create quality standards for providers	Gena Greenhood PGHD/LBHA Shirelle Wright Therapist

		Enhance capacity of behavioral, health, education and social services providers to address the needs of TAY in a comprehensive, culturally and linguistically competent manner	• Deliver training and technical assistance to local behavioral health, education, and social service providers to enhance county-wide capacity to address TAY needs in a culturally and linguistically competent, and developmentally appropriate manner
			  ○ Cultural competence
			  ○ Trauma-informed care
			• Create dialogue between youth and providers
				CLASP
				
				Jacqueline Duval-Harvey
				
				SOC Core Team

		Daily check-ins from a caring adult for all youth and young adults	• School counselor's frequently talk to classes so students know who they are before they are needed • Peer support group facilitated by a provider • text line • emotion regulation scale 2x/day with counselors • After school lunch groups with peers and a provider that rotates between students	Monica Grey-Coker, Mobile Crisis
Integrated physical health-behavioral health		Mental health is a part of every health interaction	• Make mental health assessment a part of every provider visit • Navigators to empower youth to advocate for themselves	

services / Physical health-mental health parity		Free basic access to basic physical health services (medical, dental, optical, & prescriptions)	● Create mobile options for medical, optical, prescriptions	
		Increase availability of integrated physical-behavioral health services	● Explore replicating Mt. Sinai Adolescent Center (NY) ● Co-locate health-behavioral health services using the collaborative care model ● identify ways to incentivize primary care providers to have co-located behavioral health services	
		Create the ability to enforce parity violations through sanctions		
		Increase facilitation and utilization of current benefits	● Remove barriers to use of current benefits ● Ensure that there are strong networks for both physical and behavioral health within payers	
Affordable Care (Large number of young people in the county are not eligible for Medicaid)		Provision of services is driven by need, not funding	● Flexible funding to allow equitable access to care for young people who are uninsured ● Minimal co-pays for visits/prescriptions	
		Balanced payer mix for behavioral health services across the TAY age-span	● Increase the number of providers who accept commercial insurance	

		Eliminate gaps in insurance coverage for TAY because of age cut offs and moves across the DC-MD line	- increase the number of Medicaid providers serving youth across the TAY age span (over and under 21) - Improve continuity of care across the DC-MD line and the TAY age-span - Educate youth about insurance (selection, premiums, importance) - Explore dual Medicaid eligibility for DC-MD - Explore reciprocity agreement with DC	
		Free mental health for youth ages 10-25	- Identify potential outcomes of providing free mental health care to children and youth ages 10-25 - Explore partnering with a clinical/counseling training program in the DMV to provide free care	Rita Mattison, DFS?
		Safety net to address gaps in service for TAY	- Partner with organizations already engaging in advocacy around the safety net to ensure dollars are requested for BH - Work together to identify the number of youth who need care but go without because of cost	

			● Providers jointly testify at budget hearings to ask for funding	
Strengthen the continuum of care to increase the availability of middle and high-level services		Increase the number of providers in the county that offer partial hospitalization, inpatient treatment, mobile treatment, mobile crisis, and peer support services	● Workforce development-loan repayment for recruitment/retention ● Encourage influential community representatives who may be interested in becoming community health workers/behavioral health providers with financial services/support ● Increase funding for providers who treat the child/adult population ● Increase the use of technology for mid/high level providers ● Identify gap funding	Adventist? Doctor's Hospital?
Reduce stigma around mental health		Increase mental health education	● Educate communities ● Mentorship to increase understanding of Mental Health ● Identify key messengers in arts, culture, and entertainment ● Non-famous people testimonials ● County-wide mental health first aid training ● Develop marketing materials that use non-mental health (peer) language	NAMI PGC SOC Core Team PGPCS? Denis Mendizabal, YAB/LAYC

		Start conversations about behavioral health and its importance as early as possible in an age appropriate way	• Outreach events for mental health (food, games, prizes) • Stigma reduction for parents • school-based stigma reduction program	NAMI PGC Jacqueline Duval-Harvey
		Focus on substance abuse disorder stigma	• Youth-led stigma reduction program	Denis Mendizabal, YAB/LAYC Other youth-serving organizations?

Immediate Access to health and mental health care		Increase timely, on-demand, convenient access to a broad array of health and behavioral health services in a range of youth friendly settings	• Partnership with libraries, community-based organization, and other non-mental health providers to offer behavioral health services
			• Expanded community access to school-based health/ mental health centers
			• Increase access to existing telehealth services and loosen restrictions that currently bar therapy by phone and text
			   ○ Develop real-time app and text based mobile treatment options for TAY
			   ○ Expand state telehealth access options (currently limited to video)
			• Expand eligibility for mobile crisis and stabilization services to age 25
				SOC Core Team
				School-based MH expansion

			- Expand SOAR to create a SOAR TAY initiative - Make TAY with significant behavioral health needs a state and local priority for RRP beds - Increase the number of RRP beds available for TAY in the County by 500% - Develop TAY specific medical necessity criteria for mobile treatment services - Extend adult tiered case rate structure for PRP to include 16 & 17 year olds - Establish ACT and TCM teams for youth - Increase the workforce of specialty trained providers	
		Increase behavioral health providers that can effectively serve immigrant communities	- Grow the number of providers that can provide trusted, high-quality services to immigrant communities in the county - Look to bring effective models and needed service types for serving immigrant communities from DC	Mary Center Maryland Multicultural Center? Casa de Maryland? La Clinica del Pueblo?
		Available services are located close to where young people are in the county geographically	- Geomap existing providers in relation to where young people live/places they frequent	YAB?

		Increase awareness among Young people about available services	• Obtain county-level data about usage of the national crisis text line • Expand marketing strategies for existing text line and telehealth services • Targeted messaging campaign • School-based outreach	SOC Core Team
		20% increase over baseline in the number of TAY that receive developmentally appropriate behavioral health and wrap-around services	• Develop additional funding sources • Increase the use of technology for service coordination/delivery • Expand developmentally appropriate crisis programs • Outreach to schools, churches, and other community agencies to identify at-risk youth	SOC Core Team
Behavioral Health Prevention	Pregnant and parenting youth	Target low income communities for prevention and intervention	• Identify funding opportunities • Drop-in Centers • Suicide prevention program • Voucher assist program • Parental engagement/support programs with a prevention focus for parents of young children	SOC Core Team PGPCS
	DJS	Prevent involvement in the criminal justice system	• ACE interface trauma and resiliency training • Partner with DJS to ensure youth are diverted and connected to services	DJS PGPCS NAMI

		Early assessment and treatment for mental health and substance abuse	● mobile support services	
		Emphasize wellness	● Wellness (steps) challenge ● meal swap program (swap healthy food for unhealthy food) ● mindfulness groups	Parks and Rec NAMI PGPCS Community-based youth groups
		Increase effective school-wide (tier 1) mental health interventions and educational support to prevent behavioral health consequences of educational problems	● Implement Sources of Strength suicide prevention program in middle and high schools ● Evidence-based social emotional learning program for elementary school age youth ● "Safe Talk" suicide prevention training for staff and parents in schools	PGPCS