



*Be the one to help*



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

**Open to the public!** Join behavioral health advocates, providers and clients to develop prevention and early intervention recommendations for youth ages 0-25 years.

- Join us for a time-limited special taskforce with the goal of developing recommendations for prevention and early intervention programming for children, youth, and transitional age youth, a prioritized component of MHSA.
- Hear from current MHSA prevention and early intervention programs for youth age 0-25 and provide your input on best practices and gaps.
- Provide your expertise and recommendations on key strategies and programming moving forward.
  - ❖ **Stipends** are available for consumers/clients
  - ❖ **Language interpretation** is provided as needed\*
  - ❖ **Childcare** is provided as needed\*
  - ❖ Refreshments will be provided

\*please reserve these services 2 weeks in advance of the meeting by contacting Hillary Chu at (650) 372-6157 or hcchu@smcgov.org

## DATES

- Friday, October 27th, 12 pm - 2 pm**
- Friday, November 17th, 2 pm - 4pm**
- Friday, December 8th, 2 pm - 4 pm**

Human Services Agency, Jupiter Room  
264 Harbor Boulevard, Building A  
Belmont, CA 94002

**Contact:**  
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(650)573-2889, mhsa@smcgov.org

[www.smchealth.org/MHSA](http://www.smchealth.org/MHSA)

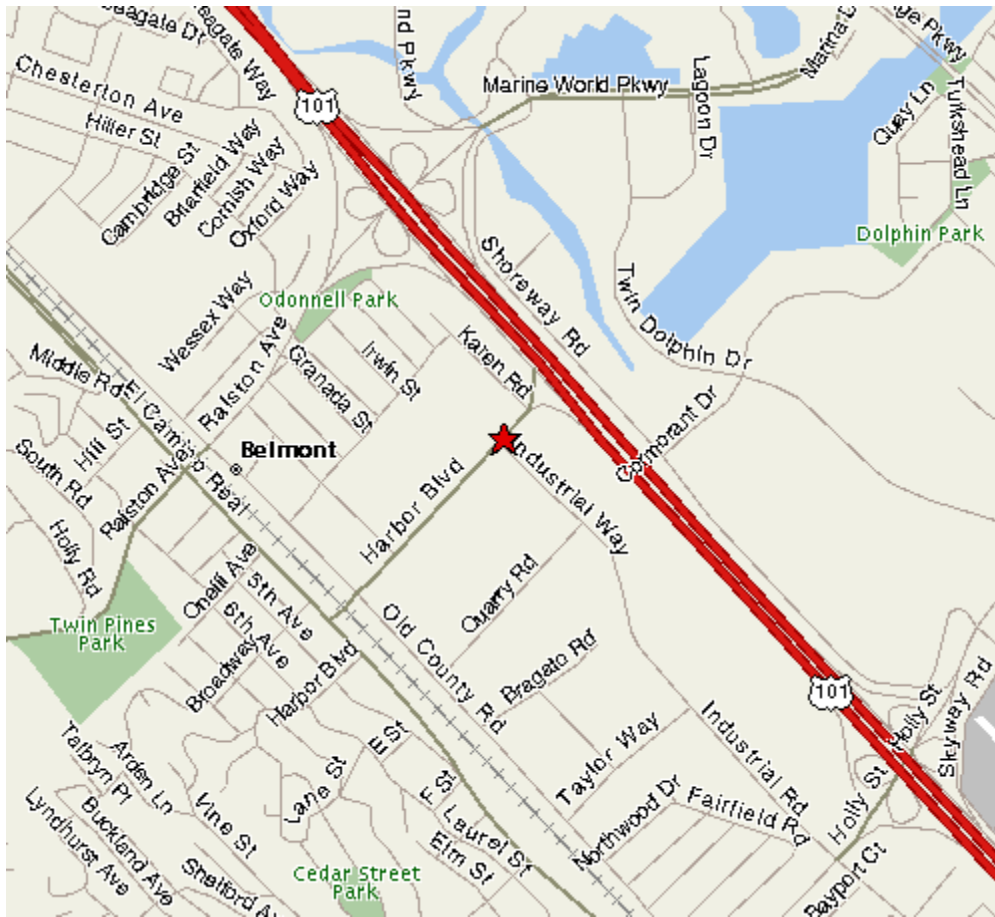


**COUNTY OF SAN MATEO**  
**HEALTH SYSTEM**  
BEHAVIORAL HEALTH  
& RECOVERY SERVICES

MHSA provides a dedicated source of funding in California for mental health services by imposing a 1% tax on personal income in excess of \$1 million.

**HOUSING AUTHORITY OF THE COUNTY OF SAN MATEO**  
264 HARBOR BOULEVARD • BUILDING A • BELMONT, CA 94002-4017

**DIRECTIONS TO OUR OFFICE**



**FROM SAN FRANCISCO**

**Take US-101 South**

1. **Ralston Ave/Harbor Blvd** double exit. Take the left lane of the exit ramp. That leads you to the **Harbor Blvd** turn off.
2. Do not take the Ralston Ave. (the right) lanes of the exit, keep driving (like you are going to get back on the freeway) underneath the Ralston overpass.
3. After the over pass, get into right lane to exit onto **Harbor Blvd**.
4. It is a sharp right turn to **Harbor Blvd**.
5. Turn right at first traffic light into parking lot.

**FROM SAN JOSE**

**Take US-101 North**

1. Exit **Holly Ave.** towards **San Carlos**
2. Merge into center lane; follow overpass to **Holly Ave.**
3. Turn right at traffic signal onto **Industrial Rd.**
4. Get in right lane on **Industrial Rd.**
5. Go straight at **Quarry Road** traffic signal
6. Go straight at traffic signal for **Harbor Blvd.** into parking lot



# Mental Health Services Act (MHSA)

Prevention and Early Intervention (PEI) Task Force

**Meeting 1 of 3**  
**October 27, 2017**



San Mateo County Health System  
Behavioral Health and Recovery Services  
[www.smchealth.org/mhsa](http://www.smchealth.org/mhsa)



# Why a Taskforce on PEI

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- New PEI Guidelines
- PEI requires evidence-based practices, promising practices and/or community-based evidence
- Last taskforce convened in 2006 prior to the disbursement of funds; learnings and best practices have emerged, context and environment have shifted.
- MHSA guidelines require 20% of funds be allocated to PEI and at least 51% of that allocation to programs for children, youth and transition-age youth.

# Meeting Objectives

Participation is key!



## OCTOBER

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

## NOVEMBER

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

## DECEMBER

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						



Background &  
Information



Strategy  
Development



Prioritization and  
Implementation Considerations

# Today's Agenda

1



## Expectations

- Statement of Purpose
- Participant Roles
- Objectives and Process

2



## Background

- MHSA and Prevention
- Current State
- Priorities and Gaps

3



## Group Discussion

- Additional information needed
- Improving the process

# Expectations & Roles

Let's get on the same page

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- 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
- Recommendations to MHSARC

# Statement of Purpose

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





# MHSA – Prop 63

Transforming our behavioral health care system



## Community Services & Supports (CSS)

CSS provides direct treatment and recovery services to individuals of all ages living with serious mental illness or emotional disturbance



## Prevention & Early Intervention (PEI)

PEI targets individuals of all ages prior to the onset of mental illness, with the exception of early onset of psychotic disorders



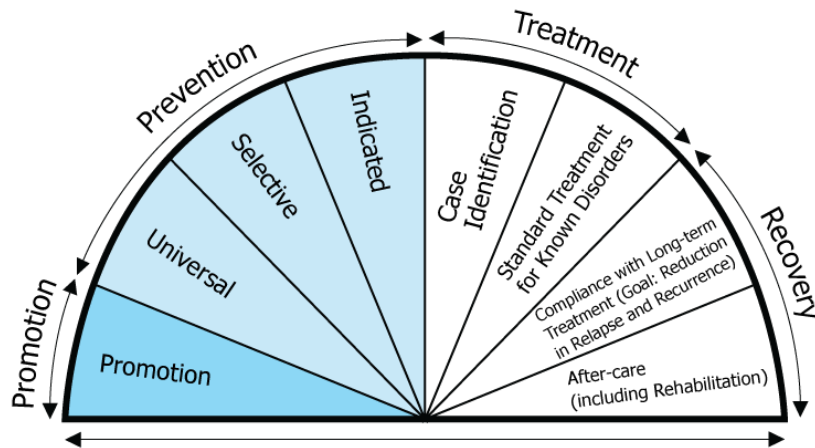
## Innovation (INN)

INN funds projects to introduce new approaches or community-drive best practices that have not been proven to be effective

# Prevention Frameworks

Crash Course ☺

## Behavioral Health Continuum of Care Model

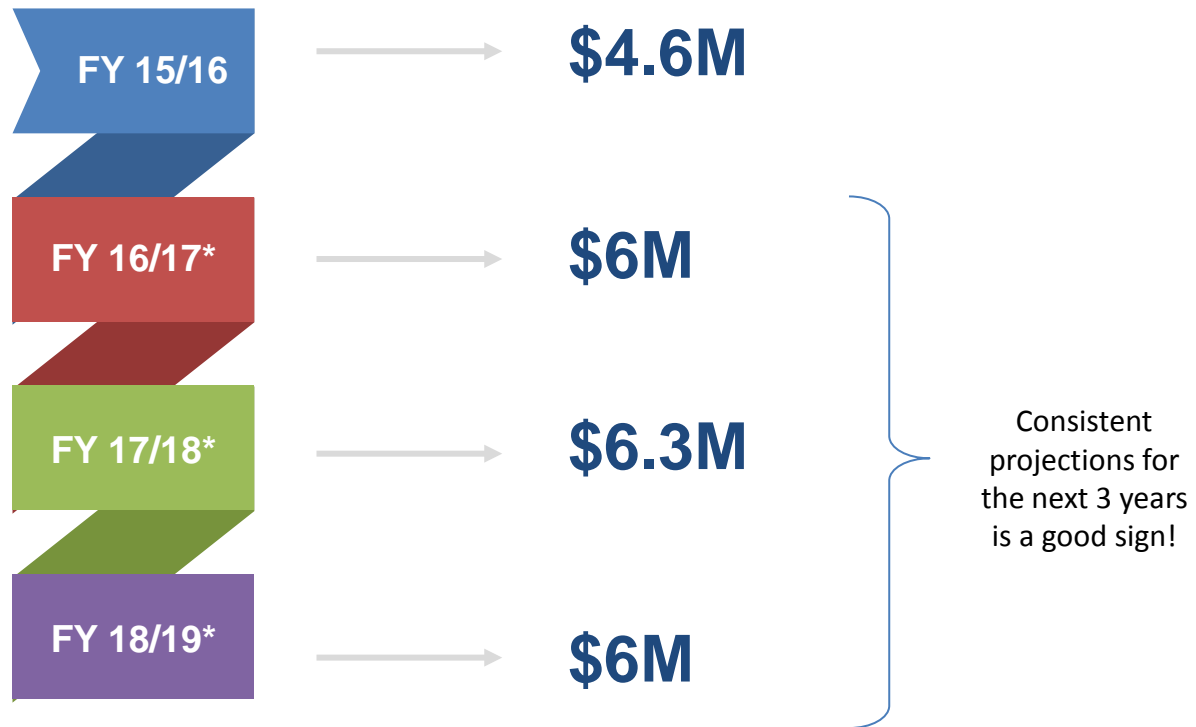


## BHRM/MHSA Prevention Framework



# PEI Revenue & Expenses

(see expense handout)



\* 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.

# MHSA PEI Programs & Strategies

Prioritizing our values – discussion and decision point

MHSA PEI Programs (ages 0-25)*	Prevention	Early Intervention	Access and Linkage to Tx**	Timely Access**	Stigma and Discrimination**	At-risk Communities**	Impact of Trauma	Juvenile Justice Involvement	Co-occurring MH/SU
Early Childhood Community Team		Blue	Blue	Blue	Blue	Blue	Blue		Blue
Teaching Pro-Social Skills (served ages 6-9)		Red			Red	Red	Red		
Project SUCCESS (served ages 5-18)	Red	Red	Red	Red	Red	Red	Red		Red
Seeking Safety (served ages 15-25)		Green			Green	Green	Green	Green	Green
Crisis Hotline and Intervention Team	Purple	Purple	Purple	Purple	Purple	Purple			

\*see summary handouts

\*\*new requirements for all MHSA PEI programs

Universal	Selective	Indicated
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Early Childhood	Transition Age
School Age	All children and youth

# MHSA Three-Year Plan

Gaps in services in order of how often they were mentioned

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## School Crisis Response Services

“A mobile crisis team for you in schools and for after 3pm at homes to help with triage, counseling on-site, services regardless of insurance and navigate crisis and link families to services”

## Peer and Family Integration

“Peer and Family partners as part of mobile crisis teams, honoring lived-experience “

## Co-Occurring Integration

“Substance abuse and prevention education and referral services in schools. Schools can't keep suspending kids”

## Staff Training Support

“Subsidize substitutes to allow teachers to attend important mental health and stigma reduction trainings”

## Support Services for TAY

“College prep, emerging leaders program, career opportunities, mentoring and empowerment”

## School-Based MH Education

“Stigma reduction programs, parenting, MHFA and other suicide prevention specifically for students and their families”

## Bilingual, Bicultural Capacity

“Bilingual, bicultural school resources workers, peer workers or teams to help prevent burnout to help with language and cultural capacity”

## Low to Moderate MH Resources

“For students that don't meet the clinic criteria of SMI and/or insurance”

# Mental Health & Substance Abuse Recovery Commission

Identified gaps in MH services for youth

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## Services in schools, for children ages 5-12

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“We do partner well the school districts but we need something after school hours that would include the families. The vision for BHRS is to have an anti-stigma campaign where young kids and the school system can learn more about mental health issues and try to start to address stigma at a very early age.”

## Community Crisis Support for Youth

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“There are a lot more kids going to Psychiatric Emergency and maybe something like FAST where the situation could be handled in the community would be better for the youth. When people aren’t trained or they aren’t comfortable with the situation they opt to take the youth to Psychiatric Emergency.”



# Group Discussion

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**Today's objective** was to provide you with the information needed to make informed recommendations and decisions



**Background &  
Information**

- **What additional information might you need?**
  - Specific data
  - Evidence-based, community best practice strategy background information
  - Map out PEI mental health services beyond MHSA
  - Other needs assessments
  - Missing partners at the table
  - Hear priorities of current funded program providers
  - Other?

# Input

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- Feedback: Suggestions for improving process, meeting structure, and effectiveness
- Questions
- Public Comments





# Thank you!



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## MHSA Prevention and Early Intervention Terms



Definitions from PEI Regulations, Effective Oct. 6, 2015

### **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 and youth 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.



San Mateo County Health System, Behavioral Health and Recovery Services  
**Mental Health Services Act (MHSA)**



**Prevention and Early Intervention Programs and Funding**

Required Service Category	Programs	FY 15/16 Amount
<b>Prevention &amp; Early Intervention (Ages 0 - 25)</b>	• Early Childhood Community Team	\$389,384
	• Project SUCCESS	\$269,088
	• Seeking Safety	\$163,000
	• Teaching Pro-Social Skills	\$200,000
	• Crisis Hotline, Youth Outreach and Intervention	\$112,551
	• Prevention and Recovery in Early Psychosis, 70%	\$456,066
	• Office of Diversity and Equity - Prevention, Stigma Discrimination and Suicide Prevention, 50%	\$400,611
	<b>TOTAL - Ages 0-25</b>	<b>\$1,990,700 (50%)</b>
<b>Early Intervention</b>	• Prevention and Recovery in Early Psychosis, 30%	\$195,457
	• Primary Care Interface	\$975,347
	• SMC Mental Assessment and Referral Team (SMART)	\$145,000
<b>Prevention</b>	Office of Diversity and Equity (ODE), 50%	\$400,611
	• Health Equity Initiatives • Health Ambassador Program	
<b>Stigma Discrimination and Suicide Prevention</b>	• Digital Storytelling and Photovoice • Be the ONE Campaign • San Mateo County Suicide Prevention Committee	
<b>Recognition of Early Signs of MI</b>	• Adult Mental Health First Aid	\$22,130
<b>Access and Linkage to Treatment</b>	• Ravenswood Family Health Center (60%PEI, 40%CSS)	\$106,000
	• Senior Peer Counseling (50%PEI, 50%CSS)	\$141,570
	<b>Total - Adults</b>	<b>\$1,985,115 (50%)</b>
	<b>Grand Total - All PEI</b>	<b>\$3,976,815</b>

PEI Average (FY 15/16 - FY 18/19) Annual Estimated Revenue: **\$5,749,712**



# MHSA Funded PEI Program Summary #1

## Early Childhood Community Team (ECCT)

Provider: **StarVista**

# Clients served

FY 14-15: **75**

FY 13-14: **83**

**Background** – Early Childhood Community Team (ECCT) incorporates three service components that build on current models already operative in San Mateo County. The three service modalities are: 1) Clinical Services, 2) Case management services, and 3) Mental health consultations with childcare and early child development project staff and parents served by these centers. In addition, the ECCT team conducts extensive outreach in the community to build a more collaborative, interdisciplinary system of services for infants,

toddlers and families. The ECCT is designed to support the healthy social emotional development of young children. ECCT is comprised of a community outreach worker, an early childhood mental health consultant, and a licensed clinician. BHRS PEI funding is supporting one Coastside team located in Half Moon Bay and providing funding for the clinical treatment component of a North Coast ECCT (First 5 and private funding support the other components).

### Client Served Demographics

Demographics	2013-2014		2014-2015	
Total enrollment	83		75	
Ethnicity	#	%	#	%
Latino	73	90%	66	88%
Caucasian	4	5%	2	2.6%
Mixed Race	3	3.6%	3	4%
Middle Eastern	1	<1%	0	0%
African American	1	<1%	2	2.6%
Other	1	<1%	2	2.6%

	2013-2014		2014-2015	
Primary Language	#	%	#	%
Spanish	62	75%	61	80%
English	16	19%	13	17.3%
Bilingual	3	3.6%	0	0%
Other	2	2.4%	2	2.6%

### Fiscal Year 2014-2015 Evaluation Summary

#### Impact

ECCT engaged relatively high numbers of high-risk, difficult to engage families, served under-served populations (2013-14: 90% Latino, 75% Spanish-speaking; 2014-15: 88% Latino, 80% Spanish-speaking) and provided the range of services identified in the contract. Pre-post assessments strongly suggests that the ECCT is having a positive impact on the children, teachers, and families being served. Qualitative data collected in 2014-15 from the Program Manager support this. Satisfaction surveys indicate that both parents and teachers are highly satisfied with ECCT.

#### Challenges and Recommendations

- Staff retention: training for new staff on managing challenging behaviors.
- Lack of clarity around ECCT’s role and responsibilities in Kick-Off to Kindergarten: the school district and ECCT could identify a local child development specialist to facilitate a conversation about concerns from both sides, and develop a shared understanding of how the program should operate.
- Data collection: use a tickler system to notify clinical staff to schedule post-tests, develop a database system that aligns participation with assessment data, expand use of satisfaction surveys, and create data reports.
- North County engagement/penetration: clarify purpose and North County engagement strategies, add funding for consultation and a part-time clinical team to round out the North County team and enhance collaboration in this region (these steps were undertaken throughout 2013-15).



# MHSA Funded PEI Program Summary #2

## Teaching Pro-Social Skills (TPS)

Provider: **HSA**  
 # Clients served  
 FY 14-15: **37**  
 FY 13-14: **38**  
 # sites  
 FY 14-15: **10**  
 FY 13-14: **5**

**Background** – Since 2007, HSA has operated Teaching Pro-social Skills (TPS) groups in San Mateo County public elementary schools where HSA Family Resource Centers are located. These schools generally receive referrals from teachers for students with classroom behavioral issues. TPS addresses the social skill needs of students who display aggression, immaturity, withdrawal, or other problem behaviors. Students are at risk due to issues such as growing up poor; peer rejection; low quality child care and preschool experiences; afterschool care with poor supervision; school failure, among others. Teaching Pro-social Skills is based on Aggression Replacement Training (ART). ART is an evidence-based program broadly utilized. Social skills training, anger control, and moral reasoning are the main components of both ART and TPS. While originally designed for older youth with

juvenile justice involvement, TPS and ART have been utilized in dozens of health and human service contexts including with: nurses, home attendant care providers, undergraduate students, military personnel, counselors, teachers, and with youth beginning as early as Kindergarten. TPS training is provided by the California Institute of Mental Health using the TPS curriculum developed by Skillstreaming. Skillstreaming for Elementary School children employs a four-part training approach—modeling, role-playing, performance feedback, and generalization—to teach essential prosocial skills to elementary school students.

### Client Served Demographics

Demographics	2013-2014		2014-2015	
Total enrollment	38		37	
Ethnicity	#	%	#	%
Latino	Data not collected		25	68%
African American			6	14%
Asian			4	11%
Caucasian			1	3%
Pacific Islander			1	3%

	2013-2014		2014-2015	
Age	#	%	#	%
Six	Data not collected		6	14%
Seven			13	35%
Eight			7	19%
Nine			11	32%

### Fiscal Year 2014-2015 Evaluation Summary

#### Impact

The evidence from data available is that TPS has a strong positive impact, but teacher post-test completion is inconsistent. At each site where TPS was offered, the program successfully targeted and served the students at highest risk of social emotional problems, as determined by the teachers, who are best able to make this assessment.

#### Challenges and Recommendations

- Impact of personnel changes: TPS was not delivered consistently at all sites in 2014-15 due to the loss of the TPS director resulted in inconsistent management of sites throughout the 2014-15 year.
- Insufficient communication with teachers and parents: a clear protocol for teachers to complete the post-test is needed to ensure a more valid assessment of impact services. Teacher and parent satisfaction surveys should also be administered.
- TPS struggled with getting students to turn in their TPS “homework”: facilitators could make a greater effort to engage parents. One example is to send home a monthly bulletin describing the skills being worked on and how parents can reinforce what is being learned. This should enhance student learning, as well as increase parental understanding of the program. A similar monthly bulletin can be provided to teachers.

Gibson & Associates conducted an evaluation of 10 PEI projects, the full report is available on [www.smchealth.org](http://www.smchealth.org)



# MHSA Funded PEI Program Summary #3

## Project SUCCESS

Provider: **Puente de la Costa Sur**

# Clients served  
 FY 14-15: **46 in groups, 7 in individual services**  
 FY 13-14: **27 in groups, 14 in individual services**

# sites  
 FY 14-15: **4**  
 FY 13-14: **3**

**Background** – Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students), is a SAMHSA model program that prevents and reduces substance use and abuse and associated behavioral issues among high risk, multi-problem adolescents. It works by placing highly trained professionals in the schools to provide a full range of prevention and early intervention services. Project SUCCESS counselors strategies include: information dissemination, normative and prevention education, problem identification and referral, community-based process and environmental approaches. In addition, resistance and social competency skills, such as communication, decision making, stress and anger management, problem solving, and resisting peer pressure are taught. Puente de la Costa Sur delivered Project SUCCESS services at La Honda Elementary, Pescadero Middle School and Pescadero High School, and in 2014-15 added a fourth site,

Pescadero Elementary. Puente also delivers a range of educational and prevention services in large, school-wide presentations, particularly at the high school. The SUCCESS groups and the school-wide presentations serve as a point-of-entry to counseling available at all schools.

### Client Served Demographics

Demographics	2013-2014		2014-2015	
	Groups	Individual Treatment	Groups	Individual Treatment
Total enrollment	27	14	46	7
La Honda ES	12	6	12	2
Pescadero ES	N/A		14	3
Pescader MS	5	2	6	0
Pescadero HS	10	6	14	2

### Fiscal Year 2014-2015 Evaluation Summary

#### Impact

The demographic profiles of the schools served are consistent with the County’s priority of serving populations that are historically under-served. The San Mateo South Coast has also been identified in numerous County reports as being an under-served community. In 2013-14, Puente used the Hemingway Connectedness Subscale to assess students’ declines and gains. Only 15 students from La Honda ES completed this assessment. Statistically significant gains were found in self-esteem and students’ view of their future, while statistically significant declines were found in student relationships with the neighborhood and siblings. In 2014-15, Puente used the DAP, and a total of 35 students representing all schools responded. Internal assets, social competencies, and positive values were entirely positive, with 77-86% of students making gains. In 2014-15, 12 middle and high school students representing 60% of Project SUCCESS participants responded with a very high level of satisfaction with the groups.

#### Challenges and Recommendations

- In 2013-14, Project SUCCESS had very low enrollment. Sustained negotiations with the district and sites resulted in accommodations that resulted in almost doubling the number of students served.
- Satisfaction surveys: It was recommended that satisfaction data be collected at the last session of groups and last individual session at all sites, from teachers at all sites, and parents participating in parent groups.
- Recommendations: increase services to middle school students; continue outreach to elementary school parent; increase numbers served across all ages, and increase the percentage of students completing pre and post DAP assessments.

Gibson & Associates conducted an evaluation of 10 PEI projects, the full report is available on [www.smchealth.org](http://www.smchealth.org)



# MHSA Funded PEI Program Summary #4

## Seeking Safety

Providers: **El Centro**

# Clients served

FY 14-15: **33**

FY 13-14: **40**

**\$43,000 (total)**

**Background** – Seeking Safety is an approach to help people attain safety from trauma/PTSD and substance abuse. Seeking Safety is a manualized intervention (also available in Spanish), providing both client handouts and guidance for clinicians. It is conducted in group and individual format; with diverse populations. The key principles of Seeking Safety are: 1. Safety as the overarching goal (helping clients attain safety in their relationships, thinking, behavior, and emotions); 2. Integrated treatment (working on both PTSD and substance abuse at the same time); 3. A focus on ideals to counteract the loss of ideals in both PTSD and substance abuse; 4. Four content areas: cognitive, behavioral, interpersonal, case management; and 5. Clinician processes (helping clinicians work on countertransference, self-care, and other issues).

Since 2011 El Centro delivers weekly Seeking Safety group sessions at El Centro’s Redwood City clinic and in Half Moon Bay. El Centro named its Seeking Safety program the AC-OK Program to convey a more positive image. El Centro’s AC-OK Seeking Safety program targets Transition Age Youth and young adults, the vast majority of whom were referred by the Department of Probation.

### Client Served Demographics

Demographics	2013-2014*		2014-2015	
Total enrollment	40		33	
Ethnicity	#	%	#	%
Latino	17	51.5%	25	75.8%
Caucasian	13	39.4%	6	18.2%
African American	2	6.1%	1	3.0%
Pacific Islander	2	6.1%	1	3.0%
Multi	0	0	0	0
Asian	0	0	0	0
Native American	0	0	0	0
Other	6	18.2%	0	0
Age at Intake	#	%	#	%
15-17	0	0	0	0
18-20	15	37.5%	10	30.3%
21-23	15	37.5%	8	24.2%
23+	10	25%	15	45.4%
Gender	#	%	#	%
Male	28	70%	1	81.8%
Female	12	30%	1	19.2%
Transgender	0	0	0	0
Referral Source	#	%	#	%
Probation	33	82.5%	31	93.94%
Other	7	17.5%	2	6.06%

\*The demographic data presented were reported as part of a 2015 evaluation of PEI programs. A later review of El Centro’s files as part of another contract revealed errors in data collection that dramatically impacted this reporting. This later report showed that 86 individuals were enrolled in FY 2013-14, 68 in Redwood City and 18 in Half Moon Bay.

Gibson & Associates conducted an evaluation of 10 PEI projects, the full report is available on [www.smchealth.org](http://www.smchealth.org)

## *Fiscal Year 2014-2015 Evaluation Summary*

### **Impact**

El Centro was able to sustain participation in groups held in Redwood City between 2013-14 and 2014-15. However, despite significant outreach, they were unable to engage enough clients to hold any groups in Half Moon Bay in FY 2014-15. El Centro did hold individual counseling sessions for TAY in Half Moon Bay.

To assess AC-OK clients' reductions in stress, depression, anxiety, and problems with family and peers, El Centro administered the Addiction Severity Index (ASI). Results suggested that the AC-OK groups have a positive but inconsistent impact on clients managing modest levels of alcohol and drug use and family and peer conflict. However, only 11% of clients took both the pre and post-test, making it hard to attribute much validity to these findings. In 2013-14, clients were extremely satisfied with services across all items. In 2014-15, no satisfaction data was collected.

### **Challenges and Recommendations**

In 2011 Caminar was also contracted to implement the YES! Program to deliver Seeking Safety groups at six discrete locations serving transition age youth. Caminar's YES! Program targetted Transition Age Youth through its contacts with community-based organizations. Caminar did not seek continuing funds for this program, recommendations below are addressed to BHRS and contracted agencies operating Seeking Safety groups in 2015-16 and beyond:

- Communication with host agencies (schools, mental health clinics, juvenile facilities, etc.) is important to extending the impact of the program and enabling host staff to discuss the groups with participants in a more informed manner;
- Participants indicated that they did not feel that the groups were having a significant impact upon their ability to manage drugs or conflict with families. It would be worthwhile for BHRS leadership to consult to monitor outcomes related to the areas where groups did not achieve their goals. If it is found that the new Seeking Safety groups are equally challenged, then it would be worthwhile consulting the literature and making adjustments or augmentations to program design to address this challenge; and
- Consistency in attendance correlated highly with better outcomes. Caminar was working with a population that faced significant barriers in maintaining consistent attendance, yet improved in this regard in 2014-15. Future contracts should contain requirements to collect and share data *at the client level*.

El Centro:

- Data collection: Data provided for the evaluation was not representative during either evaluation year. The evaluator recommended that BHRS meet with the CEO, Clinical Supervisor and Program Manager to develop a reporting schedule through which BHRS would receive interim reports that demonstrate the collection of data. As a follow up, El Centro upgraded their server/network hardware in 2016, so data reporting should be improved moving forward.
- Participation levels: In 2014-15, El Centro served 20% fewer clients than in the previous FY. The evaluator recommended that during the above meeting, El Centro leadership and BHRS managers also develop a set of benchmarks as indicators of improved service delivery (and data collection).
- Lack of services at Half Moon Bay: El Centro and BHRS should discuss the viability of continued El Centro service to HMB. For whatever reasons, El Centro has not been able to address the unmet need in HMB, and it may be that reallocating the funds supporting El Centro's HMB operation to another agency OR relocating El Centro's AC-OK services to another community in the peninsula may make sense, with one possible community being East Palo Alto.





# MHSA Funded PEI Program Summary #5

## Crisis Hotline, Youth Outreach Team

**Background** – StarVista operates the Crisis Intervention and Suicide Prevention Center, a program comprised of a 24-hour phone Hotline, teen chat room, and a Youth Intervention Team that works primarily through schools countywide offering both crisis intervention services when a student is in crisis, training for school personnel and prevention education for thousands of middle and high school students.

As part of this contract, StarVista also operates a Youth Intervention Team housed at the Crisis Intervention and Suicide Prevention Center. The Team is led by the Prevention Program Director and Prevention Center Clinical Supervisor and supported by an unlicensed intern. The team responds to requests from schools, providing crisis intervention services to youth (which can include short-term counseling for youth in crisis), consultation and training to school staff, and provision of referrals for youth and families as clinically indicated.

### Client Served Demographics

	2013-2014	2014-2015
Total number of crisis calls	14,965	14,237
One-hour presentations	61	123
Students served	2494	3617
Schools served	14	11
School districts served	9	6
Youth Outreach Team consultations	21	31

### Fiscal Year 2014-2015 Evaluation Summary

#### Impact

Data from the American Association of Suicidology’s 2015 accreditation report, Crisis Line volunteer survey, Teen Chat Line survey, survey and structured interviews of school personnel served by the Youth Intervention Team, and the California Network of Suicide Prevention survey of hotline callers demonstrate that StarVista’s hotline, chat, crisis intervention, and suicide prevention services are having a very positive impact upon the individuals and school targeted by their services.

Results of the survey and structured interviews of school personnel served by the Youth Intervention Team and the California Network of Suicide Prevention survey of hotline callers indicate that clients are highly satisfied with both the hotline and Youth Intervention Team services. The large number of positive comments about staff support, training and volunteer camaraderie in expressed in the Crisis Line and Teen Chat Line volunteer surveys are indicative of a well-managed program that, despite operating in extremely stressful contexts, has achieved a very positive moral among the volunteers. Additionally, volunteers felt well-trained and callers felt that they were heard and supported by those volunteers.

#### Challenges and Recommendations

- Language: StarVista volunteers have the capability to transfer callers to crisis lines that offer services in different languages. MHSA also funds a Spanish-speaking clinician, which has been difficult to fill.
- Out-of-date referral information/lack of automation or easy access to information and/or outside support: StarVista incorporated a FileMakerPro database in 2014-15; the Director of Wellness and Recovery Services identified the need for support from staff to continuously update it.
- Data collection: at the end of a school crisis intervention, the primary school contact should complete a brief online survey; utilize a crisis intervention incident report to capture demographic data of students served, services delivered, and a brief summary of the nature of the crisis and outcome; establish a data entry procedure.

Gibson & Associates conducted an evaluation of 10 PEI projects, the full report is available on [www.smchealth.org](http://www.smchealth.org)