



Top-rated education and mental health services for children and teens for nearly 65 years

Wellness Partnership Project

Funded by Sand Hill Foundation

Needs Assessment & Potential Opportunities

EXECUTIVE SUMMARY | May 31, 2019



Project History

CHC has provided mental health support to the Ravenswood community since 2014:

- Established trusting partnerships with schools and after school programs; developed an effective workshop and consultation model, led by a team of dedicated bilingual clinicians; worked with all of the adults in a child's life so parents, teachers and staff can better support their kids

What's missing:

- Through its work, CHC has learned from community members that there are **barriers to accessing local, well coordinated direct mental health services** (evaluation and therapy) for youth in Ravenswood

This study was launched to:

- Understand in more detail the mental health needs of the community, and
- Identify how local partnerships might support a more coordinated system of mental health care for Ravenswood youth



Wellness Partnership Project Overview

Wellness Partnership Project Quest:

Sand Hill Foundation designed this new grant opportunity to improve the coordination of prevention and early intervention efforts among local organizations that support young people.

Our Project Title: Planning for a Coordinated System of Mental Health Care for Youth and Families in Ravenswood, includes East Palo Alto and Belle Haven

Project Goal: To increase access to culturally relevant and responsive mental health and wellness services for youth in East Palo Alto and Belle Haven—supporting the whole child, whole community, and leading to earlier intervention and better outcomes for underserved youth.

Project Vision: We believe all children, teens, and young adults deserve access to mental health care. We imagine a system of care where no child in the Ravenswood community falls through the cracks due to an emerging or pre-emerging mental health issue that may impact their learning and/or ability to be happy, healthy, and successful.



Project Objectives

Objectives:

- Gain insight into the available mental health supports for Ravenswood youth (early childhood to young adult)
- Understand how families find/access mental health resources for their children, and any barriers they encounter
- Identify successful examples of coordinated mental health care models in communities with similar demographics and risk factors
- Through a community workgroup, determine the feasibility of creating well-resourced and coordinated direct mental health services for Ravenswood youth



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Project Partners



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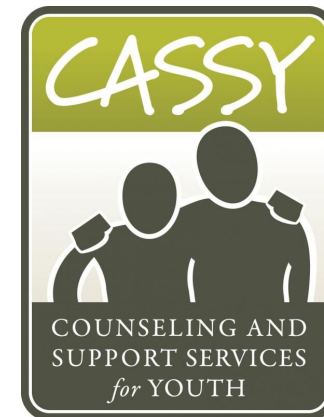
**California
Children's
Trust**



Stanford
Children's Health



**EAST
PALO
ALTO**



BOYS & GIRLS CLUBS
OF THE PENINSULA



Research Approach:

150+ hours of research and analysis, including:

- Interviews with 40+ experts and families in the Ravenswood community
- Review of relevant data, literature, and local resources
- Examination of best practices and models of coordinated mental health care in communities with similar profiles
- Validation of findings with several community organizations and leaders



Summary of Findings



The Big Picture

- **The Ravenswood Community has many social services in place...**
 - A strongly committed group of philanthropic and nonprofit supporters
 - Counseling services in all RCSD schools, some after-school programs
 - Partnerships that strengthen existing supports in the community
- **... yet families experience significant challenges in accessing direct mental health services**
 - Shortage of mental health providers (esp. bilingual) in Ravenswood - particularly for ongoing treatment of mild to moderate cases
 - Few options for family therapy
 - Barriers to accessing mental health providers
 - Cultural barriers, stigma and fear
 - Despite free “Lyft” services, traffic/logistics are often prohibitive

“We’ve never been in this position before - where every school has a counselor onsite”

“Barriers [to access] are really high... stigma, finding a therapist that speaks Spanish... relying on parents to call a number and go somewhere they’re not comfortable...”



What's Working – Great Collaboration

- Local nonprofit and school providers are going beyond the call of duty to help families get the support and resources they need.
- Collaboration is happening inside the community already:
 - There is a high level of awareness regarding needs for the community, which lends itself to progress and movement
 - There is a strong sense of collective support within the community already in place; a mentality of “we have to help each other out” because “it’s required”
- Dedicated funders, parents, school staff
 - Every school at RCSD now has a counselor onsite

“The level of awareness is there... it opens up a huge flow for progress and movement.”

“People are really trying to come together.”



What's Not Working – The Gaps (high level)

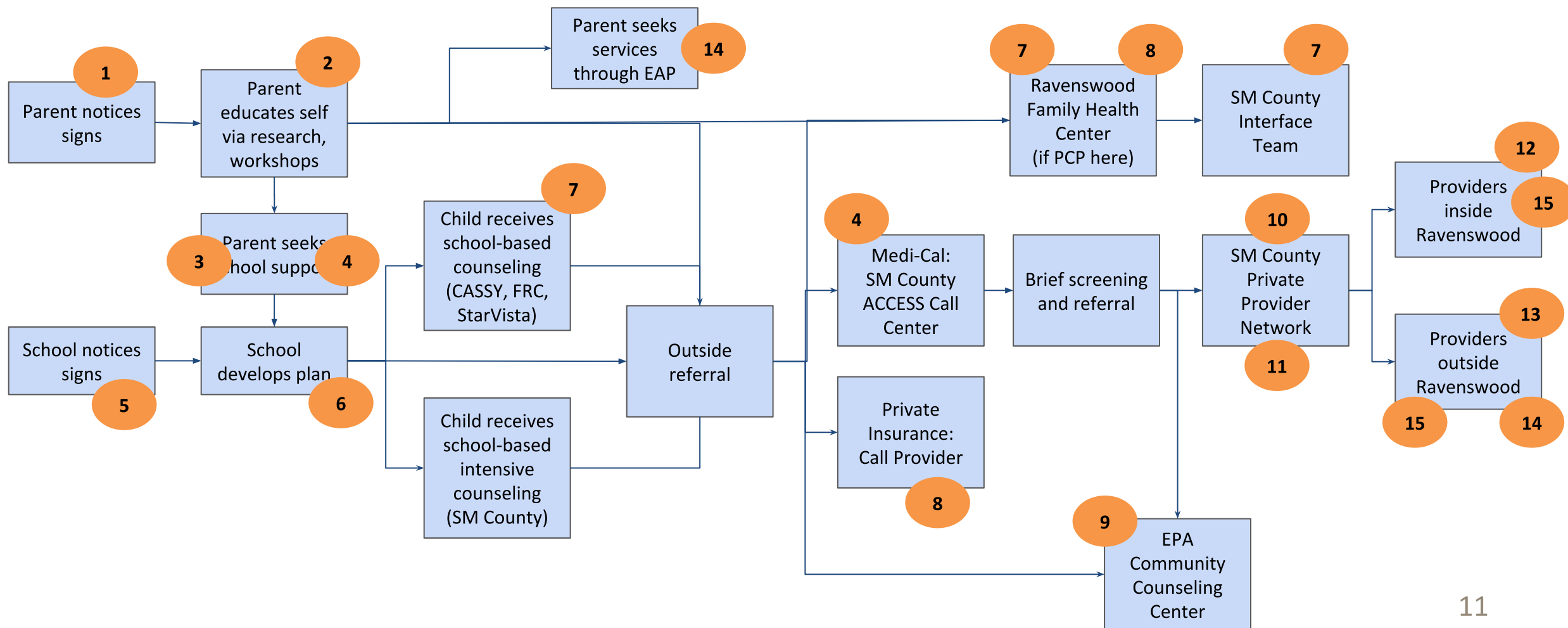
- **Mental health services are limited for youth in Ravenswood**
 - Biggest gap is in the ongoing treatment of mild to moderate cases
 - Shortage of youth mental health providers (esp. bilingual); results in long wait times for accessing services
 - Services at schools are limited, some not available during the summer
 - Few options for family therapy
- **Cultural barriers, fear, and stigma** inhibit families from seeking the mental health support they need
- **Lack of knowledge around the impacts of trauma** on youth mental health
 - Challenge for parents and staff working with kids who have experienced trauma
- **Mental health may not be a priority for families** struggling to get their basic needs met (shelter, food, jobs) and “keep their heads above water”

“Not a lot is going well mental health-wise, with the whole gentrification and lack of housing issue. This is a community of stress.”

“I was going to call [referral]... but I haven't yet.”



Representative journey through MH system in Ravenswood





Barriers along journey through MH system in Ravenswood

- 1 Lack of education, awareness may delay problem recognition
- 2 Parent may not know where to begin looking for help
- 3 School may not qualify/accept child for services
- 4 Stigma, fear, language barriers may limit reaching out for help
- 5 School may not notice signs if no behavior or academic issues
- 6 Time delays, accommodations not always followed
- 7 Therapy is limited: brief, short term, individual only (no family)
- 8 Copays, sliding scale may be unaffordable for some Ravenswood families
- 9 EPA Community Counseling Center is limited to severe cases
- 10 Very few providers in Ravenswood; provider quality is minimally vetted
- 11 Very few bilingual / bicultural providers
- 12 HealthRIGHT 360 (sole agency) serves ages 12+ only; only 1 private local therapist
- 13 Transportation/logistical issues getting outside Ravenswood
- 14 Waitlists, requires persistent calling
- 15 Inconvenient appointment times (few evenings, weekends)



Best Practices: Building Trusting Relationships is Key

- **Factors for success:**

- Cultural/language competence
- Being at the level of the client; “people aren’t supposed to understand clinical terms”; removing stigma
- Strong relationships with the schools - working together a long time, building a level of trust - allows more opportunities to present themselves
- Warm handoffs from trusted individuals (e.g. church elders, community leaders, PCPs) to MH care providers

- **Barriers to success:**

- High staff/teacher/school counselor turnover; “compassion fatigue”; the need to rebuild relationships
- Translation may miss cultural connection around immigration, etc.; client may feel vulnerable, power imbalance

“They have been burned before by well-intentioned folks that come in to do research, collect data, and go... they feel taken advantage of.”

*“You need trust and goodwill. This is **really** important and has to be built over time... people who stick it out... agencies and organizations that show up and are flexible.”*



Best Practices: Examples (in and outside Ravenswood)

- **Meeting families where they're at: Mental Health services in the schools**
 - School districts integrating MH programs/services into MTSS/RTI (e.g. Alhambra Unified, Desert Mtn.)
 - Strong school partnerships with service agencies (e.g. EBAC/East Bay, Hathaway-Sycamores/Los Angeles)
 - Integrated school/mental health programs (e.g. Momentous Institute, The Primary School)
- **Removing barriers to mental health access**
 - Therapists come to the clients (e.g. SMC YTAC program; SCC "home" visits; teletherapy/telepsychiatry)
 - Free transportation to appointments (e.g. Lyft services thru Health Plan of San Mateo)
- **Training, education, and support to families and school staff**
 - Parent/teacher/staff education around trauma, ACEs, mental health (e.g. EBAC/Trauma Transformed)
 - Resiliency groups - teachers create/lead their own to prevent burn-out (e.g. Brentwood Academy)
 - Cultural navigators - for education, stigma reduction, support (e.g. SMC Health Equity Initiatives)
- **Coordination of community resources**
 - Collaboration and coordination of local entities (e.g. BHRS monthly EPA CSA Advisory Committee meetings; RCSD School Based Mental Health Collaborative meetings; OneEPA/BHAGAT meetings)



Potential Opportunities: **Increase Service Capacity**

- **More services in the schools** - meet families and youth where they're at by increasing the number of counselors/therapists in the schools providing individual, family and group therapy; year-round availability; teacher and parent education programs; trauma-informed trainings; restorative justice; MH integration with MTSS/RTI; more PEI
 - **Family Resource Centers** - to ensure families have material needs met (e.g. job, eye glasses, immigration law) and linkage to other services (e.g. other agencies, in-home family support, access to meds); a family “navigator” or case manager
- **More services in after-school programs** - increase availability of counselors/therapists during after-school (and after-work) hours; parent education programs
- **More services at RFHC and Kaiser** - increase number of therapists in clinics, as families are already going there and trust their PCPs; warm-handoffs help with comfort/trust factor; integration of BH and primary care; task shifting; offer family therapy
- **More group therapy** - could be “very effective”, bigger bang for the buck; logistical challenges could include getting everyone there on time, grouping everyone by age and BH issue area
- **More training and education around trauma-informed care** – in schools, clinics, community orgs; for families
- **More prevention & early intervention** – peer-to-peer networks; mentorship programs; monitoring of at-risk students along the way; proactive steps before a student would end up with an IEP



Potential Opportunities: Increase Access to Services

- **Home visits** - to address barriers to access; challenges include lack of privacy, providers don't always feel safe, traffic limits # of patients seen. (Note: several agencies in Santa Clara County make home visits).
- **Teletherapy** - to increase access to Spanish-speaking providers, accommodate busy schedules, avoid commute (***See Teletherapy detail in appendix**)
- **Increase awareness of Lyft services** - free/efficient transportation to appointments (if Medi-Cal eligible)
- **Trauma clinic** - specialty clinic in Ravenswood for youth/families with focus on trauma, depression, behavior issues, family therapy; training for the next generation of therapists (****See Trauma Clinic Detail in appendix**)
- **Navigation services** - a live service that schools/families in the community can call for navigating local mental health services (*****See Navigation Detail in appendix**)
- **Community ambassadors** - reduce stigma and build trust through trusted/respected community partners (e.g. church elders, community leaders) via education, warm handoffs

*"It feels like the **capacity** issue everyone knows about and is trying to address... the **access** issue I haven't heard anyone trying to address."*



Vision for the Future

“My hope is that an organization ... is able to build a staff of culturally-relevant providers that match the community on language and cultural background, and that accessibility becomes easier and easier and they are actually in the community. We need to find a way so there’s not just therapy for the kids but the whole family... finding partnerships to co-locate - like RFHC, YMCA, the library ... meet families where they already are so it starts to be more seamless rather than siloed... How can we structure services to kids before the diagnoses are there?”



Thank you!

“There is immense power when a group of people with similar interests gets together to work toward the same goals.”

- Idowu Koyenikan