



Creating Community Solutions - D.C.: A Community-based Mental Health Action Plan for the District's Youth and Young Adults

Final Plan Presented to Mayor Vincent C. Gray

March 6, 2014



Creating Community Solutions

Part of the National Dialogue on Mental Health

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Executive Summary

On June 3, 2013, President Obama hosted a White House Conference on Mental Health in which he challenged Americans to hold a national conversation to increase understanding and awareness about mental health. He maintained that it was time to

- Get Americans talking about mental health to break down misperceptions and promote recovery and healthy communities;
- Find innovative community-based solutions to mental health needs, with a focus on helping young people; and
- Develop clear action steps for communities to move forward in a way that complements existing local activities.

A Citywide Summit on Mental Health

This past fall, the District of Columbia became one of six major cities – the others were Albuquerque, Birmingham, Columbus, Kansas City, and Sacramento - to answer the president's call by convening a large scale dialogue and committing to a robust action planning process, part of a national effort called Creating Community Solutions. On October 12, 2013, Mayor Vincent C. Gray held a Citywide Discussion on Mental Health, Creating Community Solutions which brought together 400 diverse participants from across the District, more than 100 of which were young people.

At this Summit, participants established twelve priority recommendations – seven that focused on youth ages 12-17 and five that focused on young adults ages 18-24 – to be incorporated into a Community-based Mental Health Action Plan for the District's Youth and Young Adults.

Action Planning Process

From August through the weeks immediately after the October summit, the executive committee from Creating Community Solutions D.C. recruited 50 individuals from across District agencies, non-profits, service providers, and youth groups to join a 4 ½ month action planning process to translate the key priorities from the summit into action initiatives and policy recommendations.

The larger action planning team organized into five work teams that incorporated all 12 priorities into the teams' work.

Key Aims of the Plan

- Better Support **Early Identification and Prevention** for Youth & Families
- Significantly **Increase Community Awareness** About Mental Health to **Reduce Stigma**
- Genuinely Empower and **Engage Youth to Take Charge of Their Mental Health**
- **Expand Mental Health Curricula** to Non Mental Health Providers
- Effectively **Support Transition Aged Youth (TAY)** toward Greater Economic Independence

As a result of the extensive deliberations of these five volunteer teams, and after an in-depth review of a draft action plan by dozens of citizens in February, the Creating Community Solutions D.C. Action Planning Team recommendations are presented in brief below:

Early Identification and Prevention Team

Purpose:

Explore ways to more effectively educate youth and families about identifying signs & symptoms early, with an emphasis on children under 12 to intervene early and prevent exacerbation of problems.

Initiative 1 - Training Gatekeepers in Early Identification:

Ensure all youth/family service providers are equipped to identify possible mental health concerns and respond effectively to families and youth.

Initiative 2 - Public Mental Health Awareness Campaign:

Create public mental health awareness campaign aimed at normalizing the concept of mental health and mental illness in children.

Community Awareness Team

Initiative 3 – Mixed Media Contest to Reduce Stigma:

Build a city-wide, youth-driven campaign, including use of social marketing and media, to overcome stigma around mental health, which builds upon and incorporates criteria being utilized by the Department of Behavioral Health's System of Care. This campaign will target all District residents, but especially its' youth.

Youth Engagement Team

Initiative 4 – Youth Advocacy & Youth-2-Youth Dialogue:

To empower youth to take charge of their mental health and emotional well-being, by building the capacity of youth with lived experience to facilitate critical dialogue and conversations with other youth (ages 12-24). Identify organizations doing good peer to peer work and their best practices, and then create a plan to expand the number of youth engaged in such programs.

Mental Health Curricula and Programs Team

Both initiatives below are for non-mental health providers.

Initiative 5 – Mental Health Education and Wellness Curriculum:

To educate and expand mental health knowledge among those who suffer with mental illness to link them to services needed to support recovery.

Initiative 6 – Curriculum on Safety planning for Prevention and Crisis Intervention:

To recognize and identify various triggers that may lead to mental health deterioration and crisis, develop a plan that prevents, manages, & treats further crisis, and recognize when crises need more immediate intervention.

Transition Age Youth (TAY) Team

Initiative 7 - Educate TAY to capitalize on the insurance and mental health services available to them

Policy Recommendations:

1. **Create a TAY System of Care** similar to the one for younger children
2. **Improve Access to Care for TAY** especially access to providers that specialize in TAY services.
3. **Affordable and Supportive Housing:** Make TAY a priority population in providing opportunities for more affordable housing and develop a continuum of housing options that enables TAY to move toward greater independence with the necessary supports and supervision.
4. **Supported Employment:** Create more TAY jobs through DBH/DOES/RSA partnership; mandate government contractors to designate jobs & training for TAY; expand DBH's existing supported employment program.
5. **Sustain and Expand the Transition to Independence Process (TIP) Model for TAY**

Next Steps

The executive committee will continue to meet over the next month to finalize appropriate ‘homes’ for each initiative and to continue to secure organizational commitments for full implementation.

The Action Planning Team estimates that if full implementation were to occur, it would take place over a 12-24 month period at a rough cost estimate of at least \$1 million, probably more. While some recommendations in the plan can be integrated, potentially, into current District initiatives, full implementation would necessitate additional resources, whether from public or private sources or a combination.

Some initiatives warrant an investment of one-time only funds; for other initiatives, ongoing funds, or a combination of one-time start up and ongoing funds would be needed. Other initiatives may be funded through use of federal grant funding, if secured. The level of implementation and amount of funding devoted to initiatives from the Community-based Mental Health Action Plan for the District’s Youth and Young Adults will be determined within the context of funds that become available or are raised.



Introduction

A year ago, President Obama stood in the White House and issued a call to action to communities across the country. He called on our nation to elevate the conversation on mental health, to combat stigmas, to educate our communities and to increase access to mental health treatment. Soon after, a coalition of national deliberative democracy organizations formed a national platform for such a discussion called **Creating Community Solutions**.

The goals of this discussion were to:

- a. Get Americans talking about mental health to break down barriers and promote recovery and healthy communities
- b. Find innovative community-based solutions to mental health needs, with a focus on helping young people
- c. Develop clear steps for communities to move forward in a way that complements existing local initiatives and activities

"Stop the Stigma: Live Wisely, Live Longer."

"If you see something, say something, don't wait."

"No Health without Mental Health."

"DC Youth Say: Mental Health ... We Got This!"

Quotes from Participant Tables

at the Mayor's October 12 Summit

Mayor's Summit on Mental Health.

On October 12th, Mayor Vincent C. Gray held a Citywide Discussion on Mental Health, making the District of Columbia among the first local jurisdictions in the country to answer President Obama's call, and to embrace Creating Community Solutions. A highly diverse audience of 400 participants, 30% (more than 100) of whom were youth ages 14-24, came together to have a frank conversation about a difficult topic: mental health and mental illness.

The most challenging conversations can often be the most rewarding. Participants spent a full day discussing ways to break through barriers and develop recommendations to improve mental health in our community – especially for the youth of the District. Over the past few months, a volunteer community action planning team has worked diligently refining these recommendations into an actionable plan to reduce the stigma associated with, and increase openness to, mental-health care in the District of Columbia. These community-based and community-supported efforts have created the **Creating Community Solutions – DC: A Community-based Mental Health Action Plan**.

Translating Priorities from October 12 to Action Plan Initiatives

The core charge for the Community Action Planning Team was to integrate the top recommendations from- the October 12th Summit into initiatives for implementation by a range of government, not for profit, and community stakeholders.

Priority Recommendations from October 12th

At the Summit, participants discussed the best ways to help our District youth in two primary age bands: 12-17; and 18-24. After each discussion, participants prioritized the top themes that had emerged.

Youth Aged 12-17 Living with Mental Health Issues

1. **Educate, youth and adults to identify signs, symptoms and how to respond**
2. **Encourage youth to talk about their problems-** provide opportunities for them to express themselves
3. **Teach kids about their own mental health** in a variety of places where youth already are
4. **Provide services & support sooner -** "Start early, 12-17 years is too late"
5. **Conduct outreach to youth to connect them with programs** – a caring adult, peer mentors, peer groups
6. **Help overcome stigma** – bring it out of the darkness
7. **Provide services in different ways -** social media, pop culture, etc.

Young Adults Aged 18-24 Living with Mental Health Issues

1. **Encourage economic independence** through job training, vocational skills, financial education, preparation for higher education, etc.
2. **Make more peer support and mentoring programs available**
3. Make it easier to apply for and **access affordable health insurance**
4. **Teach responsible behavior** - sex education, parenting skills
5. **Provide housing support**

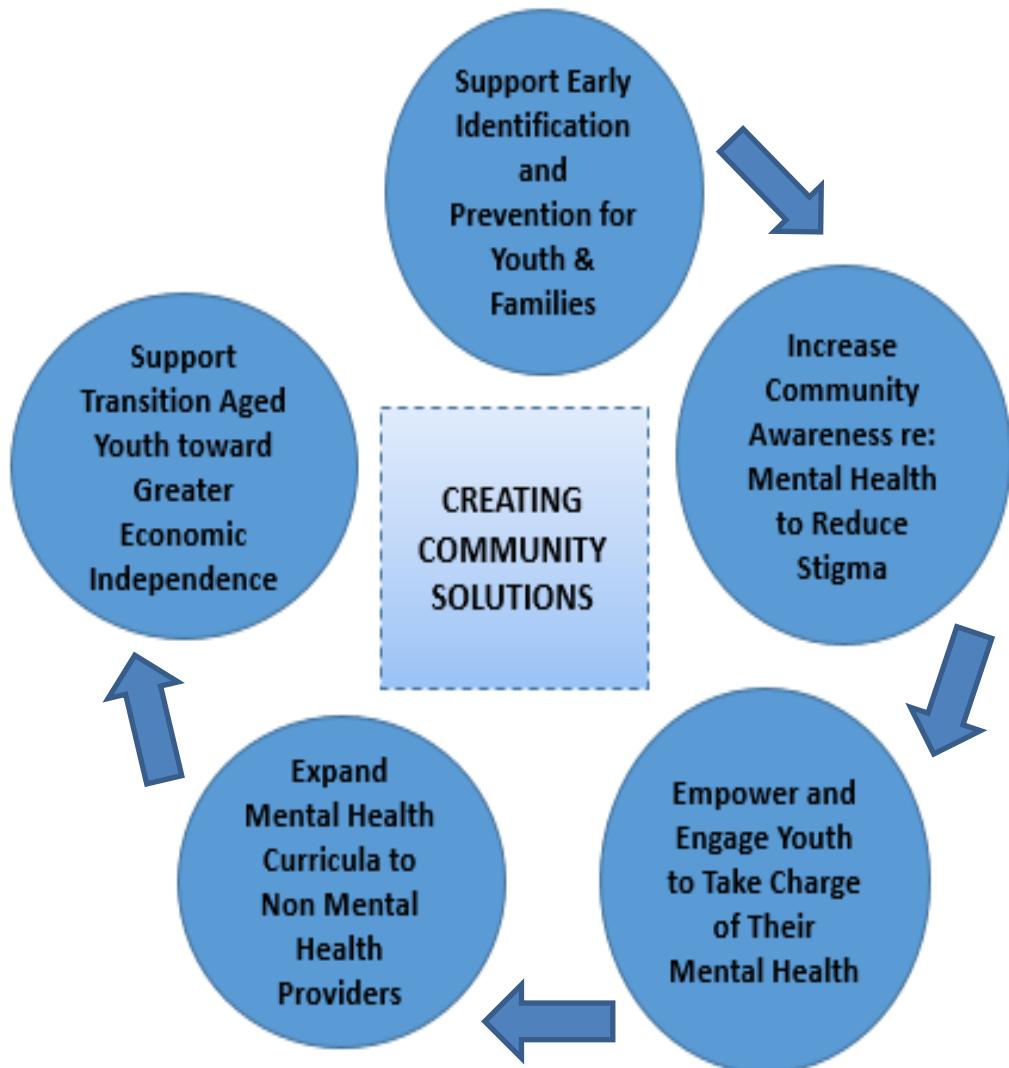
Action Planning Framework

In late October, the Community Action Planning Team incorporated the recommendations from the October 12th meeting in a set of initiatives that could enrich the mental health of youth in the District of Columbia over the next 24 months.

The formulation of the initiatives was grounded in the following criteria:

- Aligns with the recommendations of the October 12th Summit
- It builds upon and/or complements existing work and has some potential for scalability or expansion
- There is an opportunity to achieve success within the next 12 to 24 months
- There is local commitment to support further development of the initiative

An analysis of the priorities enabled the action team to find five overarching themes (shown in the diagram below), all interconnected, that created the action team's framework for creating teams.



Working within that framework, the action planning team worked to make sure that all 12 priorities were included within one of work teams detailed below.

1. Early Identification and Prevention Work Team:

- **Educate to Identify Signs/Symptoms:** Educate, youth and adults (parents, school staff, caregivers) to identify signs, symptoms and how to respond (from recommendations for 12-17)
- **Services Earlier than 12:** Provide services & support sooner - "Start early, 12-17 years is too late" (from recommendations for 12-17)

2. Community Awareness Work Team:

- **Overcome Stigma:** Help overcome stigma – bring it out of the darkness for adults so they can support their kids, and kids to seek help (from recommendations for 12-17)

3. Youth Engagement Work Team:

- **Encourage Youth to Talk:** Encourage them to talk about their problems- "talk to youth, listen to youth, provide opportunities for them to express themselves" (from recommendations for 12-17)
- **Mentor & Peer Programs:** Conduct outreach to youth to connect them with programs – a caring adult, peer mentors, peer groups (from recommendations for 12-17)
- **Peer Support & Mentoring Programs:** Make more peer support and mentoring programs available (from recommendations for 12-17)

4. Mental Health Curricula and Programming Work Team

- **Teach Re: Mental Health in Many Youth-oriented Settings:** Teach kids about their own mental health in a variety of places where youth already are -schools, rec centers, etc. (from recommendations for 12-17)
- **Teach Responsible Behavior:** Teach responsible behavior - sex education, parenting skills (from recommendations for 18-24)

5. Transition Aged Youth Work Team:

- **Encourage Economic Independence:** Encourage economic independence through job training, vocational skills, financial education, preparation for higher education, etc. (from recommendations for 18-24)
- **Accessible/Affordable Insurance:** Make it easier to apply for and access affordable health insurance (from recommendations for 18-24)
- **Housing Support:** Provide housing support (from recommendations for 18-24)
- **New Ways to Provide Services:** Provide services in different ways – social media, pop culture, etc. (from recommendations for 18-24)

How the Plan Builds upon Existing Work in the District

One of the central criteria for developing new initiatives required that the teams work was complementary to the existing work, focus, and priorities in the District, whether the focus was mental health-related (#1-6 below) or youth-related (#7 below). Below are seven areas of current and ongoing work that were integral in the development of the initiatives.

1. Evidence-based treatment for children and youth

Evidence-based programs include treatment for parents, children and youth who experience violence and trauma, therapy that focuses on improving the quality of the parent-child relationship, and psychotherapy that addresses the unique needs of children with depression, behavior problems and other difficulties related to traumatic life experiences. In 2010, just five mental health clinicians were available to deliver only one evidence-based practice. Today, more than 100 clinicians deliver eight evidence-based services at 17 community mental health clinics. The Department of Mental Health also has increased the number of children who can enroll in these special services to more than 1300. These therapeutic practices improve functioning in the home, school or community.

2. An integrated System of Care for children and youth

District agencies, led by the Department of Behavioral Health, are building an enhanced System of Care infrastructure to increase capacity for effective mental health services for children and youth that are family driven and youth guided. Services include prevention, trauma-informed practice, public awareness, and timely access to individualized, city wide adoption of one single functional assessment tool, culturally and linguistically-competent mental health treatment and recovery support services.

3. School based Mental Health Services

DBH mental health clinicians are located in 52 public and public charter schools and are expanding to 71 this school year. Along with DCPS, DBH is establishing a behavioral health training program for teachers, principals and licensed staff at child development centers to identify youth with behavioral health needs and refer them to appropriate services. In addition, several community partners and DBH are working with its partners to develop a Blueprint for Mental Health Services that would create school-wide, sustainable systems in all DC public schools that increase awareness of the importance of addressing the behavioral health needs of students within the school environment and equip all school stakeholders with the knowledge and skills to meet the varying behavioral health needs of students.

4. Early Identification and Prevention

The District has been actively engaged in several programs to enhance prevention, early identification, and access to services for young children. Specific initiatives include:

- **Parent Child Infant Early Childhood Program** to support social and emotional functioning for children up to six years old.
- **Healthy Futures Program** to provide family- centered consultation services in Child Development Centers in the District.
- **DC Collaborative for Mental Health in Pediatric Primary Care** to improve a pediatric provider's ability to identify and address mental health concerns at an early stage for patients in their care.

- **Behavioral Health Screenings** for youth within 30 days of their involvement in key youth-serving District agencies with comprehensive assessments and follow-up if needed.

5. Youth Mental Health First Aid

Youth Mental Health First Aid teaches how to recognize the signs and symptoms of mental illness and how to help. It is intended for a wide range of audiences including friends and family of individuals with mental illness, faith communities, front line professionals, recreational centers (such as, human resource directors and primary health care workers), or anyone interested in learning more about mental illness. Mental Health First Aid has been shown to save lives, improve the mental health of the individual receiving care as well as the one administering it, and expand the knowledge of mental illnesses and their treatments.

6. Transitional Youth Supportive Employment

The Transitional Age Youth Initiative uses the Transition to Independence Process (TIP) to support youth and young adults 14-29 with serious emotional and behavioral challenges to develop the independence skills necessary to achieve a smooth transition to adulthood and bypass long term stay in the adult system and be categorized as a severe and persistent mentally ill (SPMI) individual. This initiative launched a TAY specific supportive employment program to support the youth and young adult employment opportunities and career development.

7. One City Youth Initiative and Raise DC

The One City Youth Initiative (OCYI), involving over 30 DC government agencies and community-based organizations, supports year-round programming that engages youth, families, and communities, and provides enhanced programming in targeted neighborhood. All work is centered on a comprehensive framework of youth goals and outcomes in the areas of workforce development, academic achievement, health, safety, and family strengthening. Through this initiative, several youth engagement and community-embedded outreach strategies have evolved that provide natural points of connection to and an existing collaborative infrastructure for many of the mental health initiatives.

Raise DC connects leaders from across sectors to drive improvements in academic and workforce outcomes for children and youth along each part of the cradle-to-career continuum. The outcomes it tracks from year to year include increasing the percent of youth who graduate from high school within 4 years, college/career ready and increasing the percent of young adults who are employed. There is a strong focus on reconnecting disconnected youth and moving TAY to successful adulthood.

Action Plan: Cross Cutting Themes

Cross-Cutting Themes for the Action Plan

The October Summit emphasized a number of important facts to help participants understand the circumstances we face nationally, and in the District, in addressing mental health and mental illness:

- Mental illness is the number one cause of disability in the U.S.
- Mental health problems are common – about 20% of American adults will have a mental health problem this year – but these problems are not commonly talked about
- Half of the cases of lifelong mental illness begin by age 14, and 3/4 by age 24
- For each youth with a serious mental health problem, nine more struggle with depression and anxiety
- Stigma can cause up to 60% of those with mental illness not to seek treatment
- In the course of the school year, children with mental health problems may miss as many as 18 to 22 days and experience rates of suspension and expulsion three times higher than those of their peers

As teams crafted their plans, the initiatives presented have several cross cutting themes. All of the initiatives include efforts to **combat and overcome stigma** in order to change the way mental health challenges are understood, talked about, and assistance is accessed.

An essential aspect of reducing stigma is **raising awareness about mental health** and mental illness. Several of initiatives proposed provide plans to reach out to new audiences (youth, families, professionals in fields outside of mental health, etc.) to talk about, learn about, or train others around issues of mental health and mental health challenges. Several teams also identified the need for **improved training of staff and adults who work with children**.

During the October meeting, Joe Wright, Chair of the Executive Committee for Creating Community Solutions, shared a parable that provided the action plan work committees with a unique perspective. He told a story of a man at the river's edge who is continually rescuing people who've fallen into the river to save them from drowning. He spends much time pulling many to land. Finally, he runs off, headed up the river. As he's leaving, a bystander asks, "why are you leaving when there are so many people still to be saved," and he replies, "I'm going upstream to find out why people are jumping into the river and get them to stop."

This parable emphasizes the importance of early identification and treatment, or **focusing attention "upstream"** to reduce the number of unattended symptoms or youth that may lead to crisis situations in the future. Although one team explicitly focused on early identification and prevention, the other action plan work groups also incorporate approaches that stress the value of learning more about mental wellness, early recognition of symptoms, and strategies to treat early indications of mental health challenges.

Community Action Plan:

Proposed Initiatives & Policies

Early Identification and Prevention Work Team

Overall Team Purpose

This team was charged with improving the early identification and prevention of mental and behavioral health problems in the District, particularly among children under 12 years of age, by focusing on improving the capacity of youth, adults and caregivers to recognize signs and symptoms of emerging problems and respond effectively when concerns arise. To address its charge, the team proposes the expansion and support of two existing city initiatives, the adoption by city leaders of three policy recommendations, and the implementation of two new initiatives.



Existing city initiatives recommended for support and expansion are underway in the two settings that children most regularly access – their schools (the Blueprint for School Mental Health project) and their pediatrician's office (The DC Collaborative for Mental Health in Pediatric Primary Care). A description of these activities that are especially relevant to the team's purpose is as follows:

- a. *The DC Collaborative for Mental Health in Pediatric Primary Care:* This project aims to improve the integration of mental health in pediatric primary care through culturally competent, family-focused initiatives and advocacy work that supports primary care providers/clinics and families. Examples of this work include the implementation of a quality improvement learning collaborative aimed at improving mental health screening practices in primary care, and development of a DC child mental health consultation program to improve pediatric providers' ability to identify and address mental health concerns.
- b. *The Blueprint for School Mental Health Project:* This project aims to promote the behavioral health of children and youth through the creation of a comprehensive system of strategies and services in DC schools to teach self-management and social skills, increase student resilience, and increase the capacity of all school stakeholders to identify and address the behavioral health needs of students.

The team's **three policy recommendations** are as follows:

Recommendation #1: Build upon DBH's efforts to expand the DC Access Helpline. Expand the role and increase staffing levels to accommodate the increase in volume of requests due to the campaign, and develop the capacity to respond to the public via phone calls, mobile apps and the internet. Helpline workers should also develop the skills and knowledge to field a greater diversity of calls regarding children of all ages. In addition to their more typical calls for crisis assistance and treatment services, workers should be trained to handle queries for general information and support on normal child development and assist families to access prevention and early intervention services.

Recommendation #2: Create an interactive website, text message service, and/or smartphone app for youth and families to access information in a convenient, confidential manner. DBH is in the process of developing an online, interactive resource guide that will be accessible from mobile apps in order to

enable youth to find services without the need to disclose personal information (the tentative “go live” date is March 14). Our team recommends that DBH expand this effort to include additional content as well as a “live chat” component, staffed by Access Helpline workers, so that users can immediately connect to an expert for additional assistance.

Recommendation #3: Implement an electronic, integrated system that will be made universally available to medical and behavioral health providers to eliminate the duplication and confusion among providers regarding the services/screenings already being offered to patients. DBH is currently taking initial steps under its System of Care to develop a **database system** (to be completed Sept 2014) which requires the sharing of data between behavioral health providers including clinic-based and specialty providers, and to adopt a single **functional assessment tool** to be used by all DBH providers in April. We recommend that the database system be expanded to include a broader range of information (e.g., mental health screening done in primary care) and that it be made accessible to a broader range of providers (e.g., schools, primary care providers, etc.)

Finally, the team is proposing two initiatives to be carried out over the next twelve to eighteen months:

Initiative One – Training of Gatekeepers in Early Identification

Purpose/Outcomes: To establish and implement standards for training of all youth/family service providers (“gatekeepers”) to ensure that they are equipped to identify mental health concerns and respond in an effective and culturally competent manner to families and youth seeking guidance about mental health issues.

Audience: The initiative targets all child/youth “gatekeepers” working in settings where responding to mental health issues may be appropriate (e.g., teachers and aides, doctors, police officers, camp counselors, coaches, mentors, after-school program, personnel, etc.).

Major Tasks:

- Identify current training requirements for each type of youth service provider.
- Solicit input from youth and parents on mental health training needs and ensure that feedback is incorporated into training modules.
- Establish minimal mental health training standards for all youth service providers and create training modules, using existing evidence-based curricula where appropriate. Provide access to the training modules to all DC gatekeepers.
- Implement requirements for compliance with training standards for all city agencies and community-based organizations receiving government funding and create a mechanism to ensure compliance.
- Evaluate impact and success, and determine appropriate next steps.

Lead Organization/“Home” for the Initiative:

The Office of the Deputy Mayor for Health and Human Services and its licensing bodies, working together with the Department of Behavioral Health, should be responsible for establishing the training standards and implementing the processes for ensuring that agencies and organizations abide by them.

Resources & Staff:

Since oversight of standards compliance is already in place for various forms of training and licensing requirements for providers, it is expected that limited additional staff or funding will be needed for this initiative.

We envision that *one dedicated employee may be needed in the start-up phase* to determine existing training levels and gaps, develop training modules and establish the processes needed to monitor compliance.

Small Steps to be taken without additional staffing could include modification and expansion of the online Mental Health training for teachers being developed in compliance with the South Capitol Street legislation for use by other youth workers, and verification of current training requirements for workers serving in gatekeeper positions.

Initiative Two – Public Mental Health Awareness Campaign

Purpose/Outcomes: The goal of this campaign is to increase the knowledge and competence of parents, caregivers and providers in identifying emerging mental health concerns in children (under age 12) in order to provide early intervention to assist the child to get back on track with normal development. The campaign will aim to (a) develop easily understood messages about the signs and symptoms of mental health concerns in children, (b) demystify/normalize the concept of mental illness in children in this age group to facilitate more productive discussions about behaviors that may be problematic, and (c) standardize the messaging around early identification of mental health concerns in order to ensure consistency and clarity across youth and family service providers.

Audience: This initiative targets all adults that are involved in the lives of children age 0-12 years, including parents and caregivers, primary care providers, and youth service workers/professionals in schools, day cares, recreational programs, etc., as well as the general public.

Major Tasks:

(Asterisks indicate small steps that can be taken with minimal funding.)

- Select PR/advertising consultant to oversee campaign activities.
- Recruit parents and community representatives to work closely with city leaders and the consultant in campaign design and implementation.*
- Conduct research (including parent and professional focus groups and review of national and local campaigns) to develop effective messages and strategies.*
- Recruit a large media institution (television or radio station or large advertising firm) to “adopt” the initiative.*
- Obtain celebrity endorsement for the campaign and enlist local individuals to share their stories.
- Create messages that are appropriate and relevant for all DC cultures, socio-economic groups and ethnicities. Consider targeted messages for specific populations. Use common, every day words and visuals to create an easily understood message.
- Ensure a broad saturation of the market, using a variety of media and materials (posters, PSAs, billboards, paid advertising) in order to reach children and their caregivers in all of their natural

settings, such as schools, primary care provider settings, community and recreational centers, day cares, grocery stores and churches.

- Communicate with appropriate youth service providers to solicit input and ensure their cooperation and support of the project.*
- Consider the creation and training of a grassroots team of youth and parent health promoters, by Ward, to spread the messages of the campaign.
- Establish timeline, implement campaign, evaluate impact, and determine next steps

Lead Organization/"Home" for the Initiative:

The team recommends that the Department of Behavioral Health be responsible for funding and oversight of all planning, implementation and evaluation activities.

Resources & Staff:

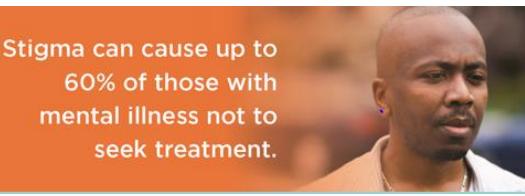
\$1-2 million is likely to be needed for this campaign to ensure adequate market saturation, engage a PR/Advertising firm, produce the materials, pay for advertising, and secure a celebrity's endorsement.

Community Awareness Work Team

Overall Team Purpose

Within the summary results for the October 12 meeting, stigma was a recurring theme. When we asked you why it was important to address mental health in our community, stigma was among the responses. When we asked you about key challenges in addressing mental health in our community, again, you responded with stigma. In fact, stigma ranked as the number one mental health challenge in our community among 56% of the voters. To that end, a team came together to find a way to reduce the stigma associated with mental health and persons in need of mental health services, and encourage open and well-informed communication about mental health among individuals, families and communities.

Stigma can cause up to 60% of those with mental illness not to seek treatment.



Initiative Three – Mixed Media Contest to Reduce Stigma

Purpose/Outcomes:

District youth will participate in a mixed media contest by finding a way to use the expression, 'SMH' in a mental health context. The expression, 'SMH' is widely used among youth and adults in text messages and across social media platforms as an abbreviation for 'Shaking my head' in disapproval. Youth will be challenged to rework the abbreviation so that it represents something which helps to reduce stigma (e.g. Support Mental Health, Stigma Means Humiliation, etc.). A different, popular cultural expression can be introduced each year the contest is executed.

Youth engaged at various District agencies/organizations (i.e. DCPS, DYRS), will create original artistic submissions which help to reduce the stigma associated with mental health. Groups will form a panel of three judges, two of which must be youth, who will organize voting for the most compelling submission. One finalist will be chosen from each agency/organization. Judges can choose a finalist based on peer applause or by casting ballots, but the final decision will be made by the panel of judges. Once a finalist has been selected, the adult on the judge's panel at each organization will post pictures of the finalist's submission on designated social media pages. The end of the contest should be punctuated with a celebration of some kind (pizza party, group outing, etc.). This will help youth associate their participation in a mental health initiative with something positive and solidify the importance of their efforts.

Desired outcomes are as follows:

- Understanding of the difference between mental health, mental illness and mental wellness.
- Increased knowledge about how some life experiences may connect us to mental health issues and/or services
- Increased interest in the signs, symptoms and treatability of mental illness
- Reduction in feelings of shame and fear around mental health topics
- Understanding that mental health is part of overall health and well-being
- Increased knowledge about how mental health services can be accessed in the District
- Reduced judgment and discrimination against persons with mental illness

Audience: This is an annual contest which targets District youth ages 12-25 and includes their adult support system (e.g. teachers, parents, community leaders, etc.)

Major Tasks:

- Hiring a project manager to coordinate interagency participation and
- Engaging adult supporters to facilitate youth having access to recording equipment and art supplies.

Key Organizations and Roles:

The following organizations are instrumental in engaging youth and would appoint key contacts for the project manager to facilitate contest participation

- Department of Behavioral Health
- DC Public Schools
- DC Public Charter Schools
- Department of Youth Rehabilitation Services
- Department of Employment Services
- Department of Parks and Recreation
- Other youth-serving organizations

Resources & Staff:

- One Contractor – project manager needed for inter-agency coordination, outreach, manage submissions, judging and awards; Time frame for contest set-up and preparation for next year; estimated time: 6-9 months, based on time of year.
- Publicist, Mayor's Office of Communications or PR/Marketing firm – coordinate press releases to the media to secure media presence and ad placement
- Funding for meeting space, contest promotion, refreshments for finalist youth groups (i.e. pizza parties, group outing), and equipment for creating and judging entries.
- Advertising budget once contest moves into the publicity campaign phase.

Small Steps:

- Organizations who are presently engaged with the Action Planning Committee can begin to host smaller, similar activities with their youth network
- The plan idea can be shared with the key organizations in hopes they will implement the idea in a small way among youth with whom they are already engaged
- Each person can begin to initiate a mental health conversation within their spheres of influence

Important Note: This contest is scalable and can be implemented in some form with little resources among various youth groups and child-serving organizations.

Youth Engagement Work Team

Initiative Four – Youth Advocacy and Youth-2-Youth Dialogue

Team Purpose

This initiative seeks to empower youth to take charge of their mental health and emotional well-being, by building the capacity of youth with lived experience to:

- Facilitate dialogue and conversations with other youth
- Support youth in making positive life decisions
- Help youth successfully advocate for themselves
- Connect youth to services and resources as needed, especially around mental health and transitioning to independent adulthood

The initiative comes out of the desire that older youth (14-18) and young adults (19-24) have expressed to have more spaces where they can connect with trusted peers and adults and talk about life experiences with loving support, without judgment, and without being lectured. It also comes out of the recognition that youth, in general, and people with lived experience, specifically, want to share their experiences and help positively impact others.



Research shows that well-facilitated peer education environments can greatly enhance youth development—creating changes in youth behavior and attitudes—when other peers see the facilitator as being similar to them, with similar concerns and issues.¹

Outcomes

- Increase in the number of youth trained and engaged as peer mentors/facilitators
- Expand the kinds of opportunities for youth to discuss critical life issues with trusted peers
- Expand the number and kinds of spaces where young people feel supported and able to talk
- Gradually remove the stigma of mental and behavioral health issues
- Increase the general feeling that youth have of being supported and cared for
- Increase the connection of youth-in-need to resources for healthy development and well-being

Plan

1. Identify the people and organizations doing good work in the peer outreach/education arena
2. Identify the specific “ingredients” that make these programs work
3. Fund organizations to create a new program that uses these best practices, or expand an existing program
4. Grantee organizations develop the program, identify youth with lived experience to train as facilitators, and support youth facilitators

¹ Sloane BC, Zimmer CG. The power of peer health education. *Journal of American College Health* 1993; 41:241-245

5. Youth facilitators identify and work with peers, connecting peers to more formal support through service providers, if necessary

Key Organizations, People, and Roles

- The **DC Children and Youth Investment Trust Corporation (CYITC)** houses the initiative, convening a small team of subject matter experts (SMEs) to develop the grant RFP and managing the grants process (including monitoring the grantee organizations, using evaluation tools and metrics designed by best practices in the field, and using standard fiscal accountability measures).
- The **Department of Behavioral Health (DBH)** provides an SME for the development of the RFP, as well as serving as a support for grantee organizations, providing resources to the organizations throughout the grant term.
- **Community-based Mental Health Service Providers** serve as key referral points for youth identified through this process, who are in need of professional mental health support. Along with DBH, these providers are a “web” of networked support for the youth that are involved in the facilitated peer-to-peer conversations. Mental health service providers also provide SMEs for the development of the RFP.
- **Adult mentors from Community-based organizations (CBOs)** serve as program supports, helping train youth facilitators, providing active support during conversations and activities, and serving as general guides in the development of the youth’s skills.
- **Youth** with lived experience are the key agents of change in the initiative (being trained to facilitate peer education/outreach conversations).
- **Recreation centers, public libraries, DC Housing Authority community spaces, barbershops and nail salons, and other community spaces** can serve as the physical locations for these peer conversations. The diversity of kinds of spaces, both traditional programs spaces and non-traditional community spaces, helps ensure that the deepest level of outreach is achieved, and that those youth who are “program averse” can be reached, as well.

Mental Health Curricula and Programs Work Team

Overall Team Purpose

To devise programs and curricula in a wide variety of settings, in which youth and their families, caregivers and those in contact with youth can both learn and ultimately reach out and teach others. To be able to understand the meaning of mental health and how to achieve mental wellness and to be able identify those in need and link them to services that meets their need.



Connect

Bring your community together



Educate

Build mental health literacy

Initiative Five – Mental Health Education and Wellness Curriculum

Purpose/Outcomes: To educate and expand mental health knowledge among those who suffer with and are affected by mental health illness and community members that are in contact with youth and their families with mental illness; to establish mental wellness as an achievable and necessary goal to support recovery and build resiliency and to decrease stigma. In addition, to understand how to balance daily challenges to be able to enjoy life in their communities.

Audience: The initiative is for non-mental health providers as well as youth, teen parents, parents, caregivers, family members, friends, teachers, and first responders.

Major Tasks:

1. To better engage the community and decrease stigma by defining mental health and wellness, describing normal social/emotional development in youth and socially acceptable behavior within a community
2. Understanding the signs and symptoms of mental illness so that when abnormal behaviors are identified that signal the need for mental health services
3. How to manage mental illness and facilitate recovery and resiliency by learning workable strategies to manage stress and treatment options available

Key Organizations and Roles:

1. Department of Behavioral Health to lead this initiative
2. DBH already has some programs that address this initiative- Youth mental health crusade, Children's mental health awareness day, south capitol initiative

Resources & Staff:

1. Mental health providers, educators, youth and families with lived experience- YOUTH voice
2. The hosting agency should provide snacks, meals, child care and homework help for youth and their families when appropriate

Small Steps: Using the “train the trainer” model so that after the training the members of the audience can become certified to be trainers within the community. The initial trainers could be mental health providers within DBH.

Initiative Six - Safety planning for Prevention and Crisis Intervention Curriculum

Purpose/Outcomes: To be able to recognize and identify various triggers that may lead to mental health deterioration and crises; to develop plan that prevents or manages and treats further crises; and to recognize when crises need more immediate intervention beyond the devised plan. In addition, be able to access appropriate mental health services.

Audience: The initiative is for non-mental health providers as well as youth, teen parents, parents, caregivers, family members, friends, teachers, and first responders.

Major Tasks:

1. To develop a prevention plan that includes identifying triggers and ongoing risk assessment for suicide
2. To develop an action plan that includes a coping skills and strategies menu and safety proofing of the environment
3. To understand how to intervene during a crisis with referrals, hospitalization or mobile crisis units

Key Organizations and Roles:

1. Department of Behavioral Health (DBH)
2. DBH already has some programs that address this initiative- Crisis intervention officers, Children's Mental Health Awareness Day, Mental Health First Aide, ChAMPS (Child & Adolescent Mobile Psychiatric Services), DBH Access helpline

Resources & Staff:

1. ChAMPS staff, access helpline staff, mental health providers, educators, youth and families with lived experience such as YOUTH voice, self-assessment tools
2. The hosting agency should provide snacks, meals, child care and homework help for youth and their families when appropriate

Small Steps: Mental health providers/staff within DBH should be incentivized i.e. comp time, additional vacation day and allotted protected time in their schedule to facilitate the training

Budget: Our team estimates that it will take one full-time staff person at a cost of \$80,000-\$90,000 for one year to coordinate both initiatives.

Transition Age Youth (TAY) Work Team

TAY Policy Recommendations

Context: The challenges for transition aged youth 18-25, with mental health conditions are significant. As they become of legal age at 18, they age out of Medicaid eligibility and it can become difficult to find benefits. In addition they have more limited family and system supports especially for young mothers and families. It can also be difficult to get help meeting social development milestones. There needs to be a greater focus on services to transition age youth and their unique needs. This will assist in preventing or reducing more severe mental health issues in adult life and provide greater opportunities for these youth to have fulfilling and productive lives as adults.

People Aged 18-24 Fall Through the Cracks

- Youth "age out" of Medicaid. Benefits become hard to find.
- Youth transition into more restrictive adult programs at age 18.
- Support systems become limited. This is especially true for young mothers and families.
- It is hard to get help meeting social development milestones.

System of Care Recommendations

1. **Create a TAY System of Care:** Develop a more focused system of care for transition-age youth, to ensure greater linkage to the employment and training systems, access to more affordable housing, and re-engagement to services, supports, and opportunities they might need to move towards greater independence. This system can include building on work already underway with the One City Youth Initiative's outreach strategy, DBH's pilot program to train TAY with mental health challenges in the hospitality industry, and Raise DC's Re-engagement Center. (See more specific recommendations in the sections below)
2. **Improve Access to Care for TAY:** Develop a more streamlined process for TAY to discern what mental health services and supports are available to them, especially access to providers that specialize in TAY services. This would include access to a comprehensively developed, regularly updated, online resource guide. Enhance customer service delivery within the Access Helpline through implementation of highly specialized, best practice customer service training for the staff and an upgrade of the call center's telephone system to one that has the capability to track calls and collect data that will inform practice improvement. This system upgrade should effectively accommodate an increase in traffic of inquiries from TAY and should be able to effectively link youth and young adults to available services and supports. Streamlining this overall process will also require ongoing collaboration with Managed Care Organizations (MCOs) to provide up-to-date lists of providers covered under each of their plans.

Increasing Economic Independence

1. **Assess Best Practices for TAY Behavioral Health Needs:** Review approaches and best practices that are specifically targeted to transition-aged youth. Then, develop needs assessment that focuses on the education, employment, and housing needs of transitional-age youth including those with behavioral health needs. The Needs assessment should also look at early mental health needs identification and intervention for the TAY population.
2. **Sustain Transition to Independence Process (TIP) Model:** Discover the successes and lessons learned from the first two years of the Transition to Independence Process (TIP) model that DBH will implement in FY14 and FY15 and commit sustaining funding to allow TIP to continue and expand the meeting the unique and changing needs of TAY it serves. The TIP system prepares youth and young adults with emotional and/or behavioral difficulties for their movement into adult roles through an

individualized process, engaging them in their own futures planning process, as well as providing developmentally-appropriate services and supports.

Affordable Housing and Housing Support Recommendations

- a. Make TAY a priority population in providing opportunities for more affordable housing.
- b. Add TAY as a priority population in the DC DBH Housing application process.
- c. Develop a continuum of housing options that enables TAY to move toward greater independence with the necessary supports and supervision. Include TAY as a priority population in the development of future affordable housing supported through District funding (capital funds, supportive services, and operating subsidies).
- d. Develop Supportive Housing opportunities that are specifically designed to meet the needs of the TAY population with a history of significant mental and behavioral health challenges. Research should be conducted on best practices for both design of effective housing supports and on case management.

Supported Employment (SE) Policy Recommendations

1. **Create More TAY Jobs through DBH/DOES/RSA Partnership:** Foster a partnership between DBH and DOES, and where relevant (for qualifying youth) with RSA (also has a supported employment initiative) to create more job slots, with appropriate supports (including onsite job coaches) for young adults with mental health challenges, in the summer and year-round programs for youth up to 21. Consider expanding the year-round program age limit from 21 to 24.
2. **Mandate Government Contractors to Designate Jobs & Training for TAY:** Authorize a policy mandating that District Government contractors designate a percentage of jobs to TAY population. Employers would need to provide on the job training (either paid or with a modest stipend) for six months and provide certification in this employment that could lead to full time employment opportunities for TAY youth. Employers must provide follow-up documentation on a monthly basis during the employment and once program is complete.
3. **Expand DBH's existing Supported Employment Program.** Expand the existing program and collect data from the new TAY Supported Employment pilot to inform and sustain the expansion efforts.

Initiative Seven – Educate TAY about Health Insurance Options

OBJECTIVE

Educate TAY youth about options through a wide variety of forums and workshops. Provide many avenues that distribute critical information about insurance.

CONTEXT

High Overall Insured Rate in the District: Despite the fact that a larger percentage of D.C. residents have insurance coverage than most other cities, approximately 42,000 District residents (less than 10%) remain uninsured, many of whom are youth 18 years and younger. For children and youth, Medicaid is a key source of health insurance coverage. In fact, more than 70% of all children under age 21 in the District were covered by publicly funded health care in 2012. The District has done well connecting children and youth to publicly funded health care. Studies have shown that 95% of eligible children are enrolled in Medicaid and CHIP (Complete Health Improvement Program).

Insurance through New DC HealthLink: If a young person earns too much money to be eligible for Medicaid, they can purchase insurance through DC HealthLink – the District’s new health insurance marketplace. Thanks to competition, there are a variety of plans and insurance premiums for young adults generally are very affordable. Even so, if a young person has income that is too high for Medicaid but below 400% FPL, they will be eligible for premium assistance – a subsidy payment that makes purchasing insurance even more affordable.

Mental Health Care Now Covered: Three major private health insurance companies – Aetna, CareFirst BlueCross BlueShield, and Kaiser Permanente - participate in DC Health Link, offering plans for individuals and families. These companies offer more than 30 individual and family plans, including HMO, POS, PPO, and HSA-qualified plans. All public and private, qualified health plans must provide benefits that cover, at a minimum, all essential health benefits, including mental health care and substance abuse treatment.

Many TAY Youth Lack Health Insurance: Despite these programs, many transition age youth still lack health insurance. We believe that targeting TAY youth between the ages of 18-25 to help them understand what health insurance options are available to them in the District, and how they can access services to meet their needs is critical. Young adults’ health and finances are at risk. Contrary to the myth that young people don’t need health insurance, one in six young adults have a chronic illness like cancer, diabetes or asthma. Nearly half of uninsured young adults report problems paying medical bills.

Recent Outreach Activities Focused on Young Adults: DC Health Link has developed and executed a number of creative educational outreach and enrollment events around the city targeting the “young invincibles.” Some of these events included recruiting young residents to enroll by showing up where they shop – including Footlocker and other stores for the Air Jordan sneaker shoe release, where they “play” – including local dance clubs such as Cobalt and where they eat after hours at Denny’s restaurants. DC Health link has received national and local recognition for its efforts and has served as a national model across the country with other states.

Outreach & Education – Action Steps

Responsibilities for the DC Health Benefit Exchange Authority – DC Health Link:

- **Educate About Insurance Options:** Educate transition-aged youth about health insurance options available to them under the Affordable Care Act (ACA)
- **Host Forums and Workshops:** Host educational forum and workshops on the Affordable Care Act (ACA), DC Health Link and expanded Medicaid options
- **Provide Support for Enrollment:** Make available assistance and support for enrollment in affordable health insurance plans that meet their needs and budgets

DC Health Link Actions:

- **Provide Informational Materials:** Provide informational materials designed to educate the population about the benefits of the Affordable Care Act
- **Provide In Convenient Locations:** Identify convenient locations and service centers for display and distribution of information
- **Identify TAY In-Person Assisters:** Identify in-person assister organizations that will focus on this population and provide a direct access for enrollment assistance
- **Identify Insurance Brokers:** Identify licensed DCHLK health insurance brokers who will provide plan selection service to assist in choosing the best quality affordable coverage to meet their needs, if necessary.
- **Establish Advisory Outreach Team:** Establish an outreach advisory team to focus on outreach strategies to reach targeted population
- **Publicize Events:** Provide information about DCHL scheduled events and opportunities to learn about and enroll in DC Health Link.
- **Educational Summits and Workshop:** Provide information on health insurance options and focus on how to use insurance cards.

Organizations to Recruit for Outreach & Education Activities

- Lead Organization: DC Health Benefit Exchange Authority - DC Health Link
- Numerous other District agencies
- Public and private health providers
- Local and national non-profits
- Youth workforce development organizations

Staff and Resources

The DC Health Benefit Exchange Authority estimates that the direct cost budget for the outreach will be \$29,000. The work will be conducted by current DCHBX staff.

Next Steps

As the Action Planning Team concludes its work, there is still important work to be done before full implementation can begin.

First, the executive committee will continue to meet over the next month to finalize the appropriate ‘home’ for each of the initiatives proposed as well as to work to secure the organizational commitments necessary for implementation.

Second, resources must be secured for the work proposed here. Fortunately, some initial commitments have already been made. The D.C. Children and Youth Investment Trust has agreed to fund – and coordinate - the work agenda proposed by the Youth Engagement team for the coming year. This is an investment of at least a couple hundred thousand dollars. The Children’s National Health System and CareFirst have each invested \$25,000 to help fund the initial coordination of the implementation process.

The executive committee will also begin preparing this month to respond to several competitive RFPs that are forthcoming from the federal government. The Substance Abuse and Mental Health Administration announced on February 11th significant additional dollars that will come available this year that align well with much of the proposed work in the action plan, including raising awareness, training for professionals, and focusing on transition age youth.

The Action Planning Team estimates that if full implementation were to occur for the plan, it would take place over a 12-24 month period at a rough cost estimate of at least \$1 million, probably more. While some recommendations in the plan can be integrated, potentially, into current District initiatives, full implementation would necessitate additional resources, whether from public or private sources or a combination.

Some initiatives will warrant an investment of one-time only funds; for other initiatives, ongoing funds, or a combination of one-time start up and ongoing funds would be needed. Other initiatives may be funded through use of federal grant funding, if secured. The level of implementation and amount of funding devoted to initiatives from the Community-based Mental Health Action Plan for the District’s Youth and Young Adults will be determined within the context of funds that become available or are raised.

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- Children's National Health System
- Foundation for Excellence in Mental Health Care
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- Pat Stern & Scott Satterwhite (Atlanta, Georgia)
- Virgil & Elisabeth Stucker (Mill Spring, North Carolina)
- Donald R. & Lisbeth Riis Cooper (Bat Cave, North Carolina)

Executive Committee Members

- Joseph Wright, Children's National Health System, CO-CHAIR
- Steve Baron, Department of Behavioral Health, CO-CHAIR
- Gail Avent, Total Family Care Coalition
- Abby Bonder, Office of the Deputy Mayor of Health and Human Services
- Celine Ferjerman, Office of the Deputy Mayor of Education
- Kendra Fitzgordon, Department of Behavioral Health
- Shannon Hall, DC Behavioral Health Association
- Kimberly Johnson, Department of Behavioral Health
- Paramjit Joshi, American Academy of Child and Adolescent Psychiatry
- Marie Morilus-Black, Department of Behavioral Health
- Sonia Nagda, Office of the Deputy Mayor of Health and Human Services
- Kevin O'Brien, Department of Behavioral Health
- Rebecca Renard, D.C. Children and Youth Investment Trust
- Carol Zahm, Department of Behavioral Health

Community Action Planning Team Members

Since October 12th, nearly fifty members of the community action planning team from across a multitude of sectors have been working together to support more detailed analysis of the recommendations and to develop them into a community action plan.

***Denotes convener of the work team**

WORK TEAM: Early Identification and Prevention

- *Carolyn Gardner, Student Support Center
- Lee Beers, Children's National Medical System
- Rachel Bradley Williams, District of Columbia Public Schools
- Judith Donovan, Department of Behavioral Health/APRA
- Susan Fleischmann, Mary's Center
- Gretchen Gates, Mary's Center
- Leandra Godoy, Children's National Medical System
- Joy Jones, Psychiatric Institute of Washington
- Kara Lowinger, Mary's Center
- Barbara Parks, Department of Behavioral Health
- Camilo Rivera, DC Youth Advisory Council/The Lab School of Washington

WORK TEAM: Community Awareness and Action /Public Campaign

- *Kimberly Johnson, Department of Behavioral Health
- Malaika Armstrong, Wards 3 and 4 Youth Prevention Center
- David Bonilla, Wards 3 and 4 Youth Prevention Center
- Kathryn Bryant, Wards 7 and 8 Prevention Center
- Kendra Fitzgordon, Department of Behavioral Health
- Norman Jones, D.C. Resident
- Kevin O'Brien, Department of Behavioral Health
- Audrey Williams, DC Public Charter School Board
- Kim Wilson Brown, Total Family Care Coalition

WORK TEAM: Youth Engagement

- *Rebecca Renard, D.C. Children and Youth Investment Trust
- Semyia Bennett, Banneker High School
- Tracey Daily-Smith, First Home Care
- Terry DeCarbo, D.C. Public Schools
- Jaida Guy, Banneker High School
- Ambus Harper, Department of Behavioral Health
- Sergeant Troy Jessup, Metropolitan Police Department - School Safety Division
- Gretchen Rohr, Magistrate Judge, Superior Court of DC
- Kristina Savoy, Department of Employment Services
- Cecilia Thomas, Department of Parks and Recreation Roving Leader Program
- Ariel Wiley, Total Family Care Coalition

Community Action Planning Team Members (continued)

Mental Health Curricula and Programs

- *Malena Banks, Department of Behavioral Health
- Gail Avent, Total Family Care Coalition
- Diana Bruce, D.C. Public Schools
- Stephanie Crane, D.C. Children and Youth Investment Trust
- Suzanne Greenfield, Citywide Bullying Prevention Project
- Tricia Mills, Department of Behavioral Health
- Tony White, Criminal Justice Coordinating Council

Transition Age Youth – Building Economic Independence

- Leslie-Ann Byam, Evidence Based Associates
- Denise Dunbar, Department of Behavioral Health
- Michele Fennelly, D.C. Health Benefit Exchange Authority
- Janice Llanos-Velazquez, D.C. Department of Health Care Finance
- Shirley Nelson, Department of Employment Services
- Ria Pugeda, Consumer Health Foundation
- Michen Tah, Criminal Justice Coordinating Council
- Linda Wharton-Boyd, D.C. Health Benefit Exchange Authority
- Julian C. Wilson, Jr, District of Columbia Housing Authority
- Carol Zahm, Department of Behavioral Health

Appendix

Community Action Plan:

Detailed Plans of the Five Work Teams

Early Identification and Prevention Work Team

The overarching goal of this group is to improve the early identification and prevention of mental health problems in the District, particularly among children under 12 years of age. To achieve this broad aim, the team held seven meetings, engaged in numerous one on one phone calls and worked asynchronously via email to develop and finalize its plan. The team proposes the following actions:

- Expansion and support of two existing city initiatives
- Adoption of three policy recommendations
- Implementation of two new initiatives

Context and Need for Improved Early Identification and Prevention Services:

Mental health is a key component in a child's healthy development (National Center for Children in Poverty at Columbia University, 2010: www.nccp.org/publications/pub_929.html). Children and youth with mental health problems have lower educational achievement and greater involvement with the criminal justice system, and they are three times more likely to be suspended or expelled from school than children with other disabilities. Approximately one in five children in the US and more than 45 million adults have a mental health disorder, and half of the cases of lifelong mental illness begin by the age of 14.

We know that the first five years of life are a critical period for brain, social-emotional, and behavioral development. And we are aware that over the past two decades a number of evidence-based programs have been developed that have been shown to be successful in preventing or providing early intervention for a wide range of mental health problems. Yet only a minority of children with an identified mental health need are receiving such services. In Washington, DC, nearly 90% of children insured by Medicaid did not receive treatment for their diagnosable mental health condition in 2010. We can only guess at the number of children who exhibit early signs of mental health issues but do not receive the support they need to overcome these challenges.

This must change. If we hope to have a real impact on efforts to improve the mental health of youth and young adults, it is essential that we intervene early in a child's life when symptoms first emerge, in order to change the trajectory and help these children get back on track with healthy development. In order to provide a more concrete understanding of the potential positive outcomes of early intervention that can be achieved for our children, we wish to highlight a few stories drawn from the work of our colleagues in school-based and primary care settings in DC. These stories show what can be achieved if adults possess the skills to identify and address the needs of children early on. The names of students have been changed but the stories are real.

Success Stories:

- 'Dominic' was a five year old boy who was having multiple tantrums each day, sometimes lasting for 1-2 hours or until he fell asleep. There appeared to be no trigger for the tantrums and no way to calm him down. He was also displaying unprovoked aggression towards the other kids in his classroom. Fortunately, he attended a school that did not simply discipline unacceptable behaviors but believed in helping its students to deal with their difficulties. In Dominic's case, the school social worker called the Access Helpline who found him outside therapy and a

dedicated aid, and this was supplemented by behavior support services from the school social worker. With this intensive support and assistance over the course of a year, Dominic became skilled at using effective coping and self-management strategies and is now one of the school's most successful kindergarten students.

- A mother came to her daughters' primary care pediatrician with a concern that the sisters (Genesis and Zoe) were having a great deal of difficulty sleeping. The sisters would stay awake until 2 or 3 in the morning and sometimes did unsafe things in the middle of the night. The pediatrician took the time to delve into the problem and found that the girls were doing poorly in school due to inattentiveness and acting out. He also learned that the family was struggling with housing instability. After additional evaluation, it was determined that in addition to the sleep disturbance, the children had significant Attention Deficit Hyperactivity Disorder. The pediatrician referred the family for family therapy, connected them with a community advocate to address their housing instability, suggested changes in their bedtime routine and began a low dose of medication for their ADHD. He also referred them to a child psychiatrist for management of their sleep disturbance and co-management of their ADHD. The family was helped to find stable housing, and the advocate was instrumental in finding a new school placement for the sisters with smaller classes and on site mental health services. As a result of these interventions, the sisters have shown significant improvement with their behavior and sleep, and are now thriving in their new school environment.
- 'Tyreka' was a 2nd grader who was very bossy and bullying toward peers and defiant to teachers. She also was neglecting her classwork. The school took the time to understand the reasons for Tyreka's behavior and found that she had immediate family members with significant mental health issues and a mother who exhibited explosive anger. In addition, her family moved frequently and often had to live "doubled up" with others. It became clear that Tyreka was experiencing chronic stress as a result of her family circumstances which led to an inability to focus on tasks and persevere through challenges. The school provided her with counseling services to assist her in managing frustration and learning self-calming strategies. By third grade, Tyreka was "like a different child." She had made great academic progress as well as social growth, and has developed friendships with peers. In the course of one year of intervention, she has become a successful and well-loved member of the school community.

These stories highlight what can be done if we attend to the signs and symptoms exhibited by our children and recognize them for what they are: a call for help. It is our team's fervent hope that the strategies recommended in this plan will create mechanisms so that each of DC's children will be able to receive the supports and interventions they need to develop into healthy and successful students and adults.

Current City Initiatives to be Sustained and Expanded:

The team recognized early on that to achieve its objectives it must consider the work currently underway in the city in order to avoid duplication of effort and to support existing activities that are likely to have significant positive impact on early identification and prevention efforts. The team learned that there are a number of initiatives underway that can be expanded to accommodate its objectives. Two of these initiatives are especially critical because they reach children in settings that they regularly access – their schools and their primary care providers' offices. These settings offer the most likely opportunities for identifying children at risk of, or in the early stages of, developing mental health disorders, and we wish to ‘shine a light’ on these activities and recommend that the city ensure that these efforts are sustained and expanded. A brief description of these efforts follows:

In the school setting, an effort is underway to create [**A Blueprint for School Mental Health Services**](#) to create an integrated set of planned, sequential, school-affiliated strategies, activities, and services designed to promote optimal, physical, emotional, social, and educational development of students. Members of the working group include staff from DC Public Schools, Department of Behavioral Health, the Charter Board, the Office of the State Superintendent for Education, the Student Support Center, and the Children’s National Health System. The purpose of this effort is to create school-wide, sustainable systems in all DC public and public charter schools that will increase awareness of the importance of addressing the behavioral health needs of students within the school environment and equip all school stakeholders with the knowledge and skills to meet the varying behavioral health needs of students. Outcomes to be achieved include:

1. Better utilization of data to drive decisions about appropriate interventions at every tier
2. Increased focus of school personnel on behaviors and health related concerns that impact school culture and achievement
3. Improved supports, professional development, and monitoring to decrease incidents of truancy and behavioral infractions
4. Standardized monitoring system for tracking health and social/emotional progress

In the primary care setting, [**The DC Collaborative for Mental Health in Pediatric Primary Care**](#) has been working to improve the integration of mental health in pediatric primary care for children in the District of Columbia. Members of the working group include the DC Chapter of the American Academy of Pediatrics, Children’s National Health System (the administrative home of the initiative), Georgetown University, Children’s Law Center, and the DC Departments of Health, Behavioral Health, and Health Care Finance. An interdisciplinary Community Advisory Board oversees the Working Group and provides feedback on all significant activities and initiatives.

Goals of the project are to create culturally competent, family-focused initiatives that: 1) support families, 2) support pediatric practices and providers, 3) facilitate the integration of mental health services into primary care, and 4) support relevant policy/advocacy efforts. Initiatives that relate most directly to early identification and prevention efforts include facilitating the implementation of routine universal mental health screening in primary care in DC, implementing a 9-month quality improvement learning collaborative for primary care clinicians on mental health screening, and planning for a DC child

mental health consultation program to improve pediatric provider's ability to identify and address mental health concerns.

Policy Changes Recommended for Adoption:

Recommendation #1: Build upon DBH's efforts to expand the DC Access Helpline. Expand the role and increase staffing levels to accommodate the increase in volume of requests due to the campaign, and develop the capacity to respond to the public via phone calls, mobile apps and the internet. Helpline workers should also develop the skills and knowledge to field a greater diversity of calls regarding children of all ages. In addition to their more typical calls for crisis assistance and treatment services, workers should be trained to handle queries for general information and support on normal child development and assist families to access prevention and early intervention services.

Recommendation #2: Create an interactive website, text message service, and/or smartphone app for youth and families to access information in a convenient, confidential manner. DBH is in the process of developing an online, interactive resource guide that will be accessible from mobile apps in order to enable youth to find services without the need to disclose personal information (the tentative "go live" date is March 14). Our team recommends that DBH expand this effort to include additional content as well as a "live chat" component, staffed by Access Helpline workers, so that users can immediately connect to an expert for additional assistance.

Recommendation #3: Implement an electronic, integrated system that will be made universally available to medical and behavioral health providers to eliminate the duplication and confusion among providers regarding the services/screenings already being offered to patients. DBH is currently taking initial steps under its System of Care to develop a **database system** (to be completed Sept 2014) which requires the sharing of data between behavioral health providers including clinic-based and specialty providers, and to adopt a single **functional assessment tool** to be used by all DBH providers in April. We recommend that the database system be expanded to include a broader range of information (e.g., mental health screening done in primary care) and that it be made accessible to a broader range of providers (e.g., schools, primary care providers, etc.)

New Initiatives to be Implemented under the Community Action Plan:

Initiative One: Training of Gatekeepers in Early Identification

To ensure that all youth/family service providers are equipped to identify possible mental health concerns and respond effectively to families and youth seeking guidance about MH issues by establishing recommended training standards for all providers receiving government funding.

Description:

- The **purpose** of this initiative is to improve the response of gatekeepers and providers to youth and parents when mental health issues arise. Gatekeepers include professionals who have consistent access to youth and/or work in settings where responding to mental health issues may be appropriate (ex: teachers, doctors, police officers, camp counselors, mentors, after-school program leaders, etc.).
- The **target audience** for this initiative is all adults that are involved in the lives of children age 0-12 years, including parents and caregivers, primary care providers, and youth service workers/professionals in schools, day cares, recreational programs, etc., as well as the general public.
- The **major tasks and key activities** of this initiative will be:
 - Identify current training requirements for each type of youth service provider.
 - Solicit input from youth and parents on mental health training needs.
 - Establish minimal mental health training standards for all youth service providers and create training modules, using existing evidence-based curricula where appropriate. Provide access to the training modules to all DC gatekeepers.
 - Implement requirements for compliance with training standards for all city agencies and community-based organizations receiving government funding and create a mechanism to ensure compliance.
 - Evaluate impact and success, and determine appropriate next steps.
- The **desired outcomes** of this initiative include increasing gatekeeper's understanding of youth mental health issues and knowledge of how to respond to mental health concerns and standardizing gatekeeper mental health training.
- We suggest that **the home for this initiative** be the Office of the Deputy Mayor for Health and Human Services and its licensing bodies.

Roles of Youth, Families, Stakeholders:

- City leaders will need to establish and enforce the Mental Health training requirements for youth workers.
- Families are responsible for supporting youth in accessing resources and engaging with the proposed platforms in order to gain more information and be better prepared for mental health issues, should they arise.
- Stakeholders/gatekeepers have an active role in obtaining appropriate training and certification (e.g., Mental Health First Aid, primary care provider training on mental health screening) and applying their skills in assisting youth with mental health needs.

Agencies/Individuals with Strong Interest in this Initiative:

- Department of Behavioral Health, School Mental Health Program and System of Care
- Children's National Health System, Mary's Center, and other primary care centers
- Student Support Center

Agencies/Individuals to Recruit to this Effort:

- Public School System/Public Charter School System
- Primary Care Providers
- Police Officers
- Camp counselors
- After school program providers
- Mentors
- Web/app/text-based platform developers

Estimated Resources Required for this Initiative:

- One additional staff member, together with existing staff serving in similar roles, will be needed for:
 - Determining existing gatekeeper trainings and gaps in training (e.g., primary care providers may receive mental health training via a quality improvement learning collaborative and teachers may receive training via standardized training as part of the South Capitol street legislation).
 - Developing/adapting Mental Health First Aid certification and other similar initiatives to ensure that they reach a broader range of mental health gatekeepers
 - Training gatekeepers and administering certifications.
 - Determining how to monitor and sustain training and certification efforts.
 - Research/evaluation of outcomes for initiative

Steps that can be Taken with Low or No Investment:

- Preliminary research/information gathering on First Aid for Mental Health certification program and other gatekeeper training programs (e.g., content, length, requirements)
- Preliminary research/information gathering on current requirements for gatekeeper professions (e.g., CPR certifications? Mandatory reporter training?).

Initiative Two: Public Mental Health Awareness Campaign

To conduct a campaign aimed at normalizing the concept of mental health/illness in children, standardizing the messaging around early identification of mental health concerns, and increasing the ability of parents, educators, primary care providers, and other adults with whom children frequently interact to identify and address the early emerging mental health concerns of young children.

Description:

- The **purpose** of this initiative is to streamline and create consistency in messaging about mental health issues in young children across providers; to lessen the stigma and normalize mental health issues; and to provide parents, educators, pediatric providers, and others with the basic understanding of these issues in young children in order to facilitate early identification and prevention of emerging problems. We hope to increase the knowledge and competence of parents, caregivers and providers in identifying emerging mental health concerns in children (under age 12) in order to provide early intervention to assist the child to get back on track with normal development. The campaign will aim to (a) develop easily understood messages about the signs and symptoms of mental health concerns in children, (b) demystify/normalize the concept of mental illness in children in this age group to facilitate more productive discussions about behaviors that may be problematic, and (c) standardize the messaging around early identification of mental health concerns in order to ensure consistency and clarity across youth and family service providers.
- The initiative would follow similar government-led public awareness campaigns like the [Food Pyramid](#), [Stop/Drop/Roll](#) for fire safety, and/or the AIDS epidemic campaign in Washington, DC ([AIDS is DC's Hurricane Katrina](#)) which led to broader familiarity and understanding of basic knowledge relating to complex social problems.
- We envision that the campaign would use language and pictures similar to the emotions wheel in order to show that early signs of child mental health issues often seem to be a greater intensity of feelings and emotions that all children experience. For example, all children are from time to time sad, mad, or worried/fearful, but some children exhibit extremes of these emotions ("too mad/too sad/too worried"). It is our hope that phrasing our messages in these terms will help to normalize and demystify the concept of mental illness thus making it easier for parents and caregivers to discuss their concerns with providers.
- Messages will also include general information about what to do when one has concerns about a child's mental health, such as talking to a professional, and will provide basic information for youth and families who are seeking help/information.
- **Audience:** This initiative targets all adults that are involved in the lives of children age 0-12 years, including parents and caregivers, primary care providers, and youth service workers/professionals in schools, day cares, recreational programs, etc., as well as the general public.
- The **major task** of this initiative is to launch a broadly-focused public mental health campaign that reaches families in their natural settings, such as schools, primary care provider settings, recreational settings, day cares, etc. **Specific activities** include (a) selecting a PR/advertising firm to oversee campaign activities; (b) recruiting parents and community representatives to work

closely with city leaders and the consultant in campaign design and implementation; (c) conducting research to develop effective messages and strategies (e.g., review of similar campaigns, interviews with experts in child development and family dynamics, conducting focus groups, etc.); (d) creating messages that are appropriate and relevant for all DC cultures, socio-economic groups and ethnicities; (e) recruiting a celebrity endorsement and enlisting local individuals to share their stories; (f) deciding on types of materials/media/content to be used in the campaign (e.g., posters, handouts, banners, billboards, PSAs, advertising on public transportation, social media, links to resources etc.) (e) developing the materials needed to implement this public health campaign; (f) ensuring a broad saturation of the market, using a variety of media and materials in order to reach children and caregivers in all of their natural settings; (g) communicating with youth service providers to solicit input and ensure their cooperation and support of the project; (h) establishing a timeline and action plan for implementation; (i) implementing the campaign; (j) evaluating the campaign's impact and success; and (k) determining appropriate next steps.

- We suggest that the home for this initiative be the Department of Behavioral Health.
- The desired outcomes of this initiative include increased standardization of messaging about mental health issues in young children; increased awareness of early childhood mental health issues; increased ability to identify a child with a mental health issue at a young age and to know what to do if concerned about a child (e.g., who to talk to or where to go for more information); decreased mental health stigma; and increased willingness to engage in discussions regarding these issues.

Roles of Youth, Families, Stakeholders:

- Middle school students and parents will be very helpful in the development of materials and messages for this campaign, ensuring that they are relevant and resonate for them. The representatives of this group can serve on the team developing the materials and/or join focus groups to provide feedback on materials once developed.
- Youth have a mostly passive/receptive role in the roll-out of the initiative, as the specific age range (0-12 years) must rely primarily on parents to obtain information. However, discussion regarding how best to connect with middle school aged youth needs to be further explored, since this age group is more and more connected with social media, phone applications and web-based programs and are, therefore, able to take a more active role in exploring their mental health concerns.
- Caregivers play a big role in this initiative. Caregivers are responsible for digesting the information provided in the campaign and following up with subsequent action. It is the family's responsibility to take action beyond the basic awareness campaign.
- Other stakeholders:
 - Funders/government is responsible for funding and disseminating the messaging and actions of the campaign.
 - Primary Care Providers will be responsible for distributing and posting materials in their offices and responding effectively to families who comment or ask questions about them. School administrators and other youth service providers will be responsible for distributing materials to parents and posting them in their schools/settings. If families or children

comment on or ask questions about the material, educators will be responsible for responding effectively and directing families to resources.

Agencies with Strong Interest in this Initiative:

- Department of Behavioral Health, School Mental Health Program and System of Care
- Children's National Health Center, Mary's Center, and other pediatric practices in DC
- Student Support Center

Agencies to Recruit to this Effort:

- National Alliance on Mental Illness
- SAMSHA
- Local schools of public health
- PR/Advertising consultant
- Department of Health and Human Services
- Department of Health
- Local foundations
- DCPS and the Charter School Board
- The local chapter of the American Academy of Pediatrics

Estimated Resources Required for this Initiative:

- Staff needed for:
 - Design/marketing/branding of materials
 - Implementation of campaign materials
 - Advisement from professionals on language for messaging
 - Research/evaluation of outcomes for campaign
- \$1-2 million in funding will be needed for:
 - Design/marketing/branding of materials
 - Implementation of campaign materials
 - Advisement from professionals on language for messaging
 - Ongoing training and support for providers on materials and on identifying and addressing mental health concerns
 - Research/evaluation of outcomes for campaign

Steps that can be Taken with Low or No Investment:

- Preliminary research on language/messaging for campaign (i.e. what *are* the indicators of a child who is too mad/sad/worried).
- Preliminary research on existing mental health content in schools and primary care practices.
- Preliminary cost estimates of previous national or city-wide public health campaigns

Community Awareness Campaign Work Team

INITIATIVE: Mixed Media Contest-to-Campaign

Objective 1: Reduce the stigma associated with mental health and persons in need of mental health services

Objective 2: Encourage open and well-informed communication about mental health among individuals, families and communities.

Key Activity: District youth will participate in a mixed media contest by finding a way to use the expression, 'SMH' in a mental health context. The expression, 'SMH' is widely used among youth and adults in text messages and across social media platforms as an abbreviation for 'Shaking my head' in disapproval. Youth will be challenged to rework the abbreviation so that it represents something which helps to reduce stigma (e.g. Support Mental Health).

Target Audience: This activity is designed for District youth aged 12 (middle school) to 25 to participate. This also includes the adult support system for this age group.

Contest Description: Youth engaged at various District agencies/organizations (i.e. DCPS, DYRS), will create original artistic submissions which help to reduce the stigma associated with mental health. Groups will be formed based on school or recreational environment (middle school, high school, young adult) to ensure submissions are judged among peers. A panel of three judges, two of which must be youth, will organize voting for the most compelling submission. One finalist from each participating group will be chosen. Judges can choose a finalist based on peer applause or by casting ballots, but the final decision will be made by the panel of judges. Once a finalist from each participating group has been selected, the adult on the judge's panel at each organization will post pictures of the finalist's submission on the following designated social media pages (pages should be designated especially for this contest):

- Facebook
- Twitter
- Instagram
- YouTube

Each youth who participates should receive a participation gift (T-shirt, tickets, gift card, etc.)

Youth can submit the following:

- 1) A performance video, 60 seconds maximum
- 2) A poster or drawing
- 3) A poem, 60 seconds maximum (when timed by reading aloud)
- 4) A public service announcement, 60 seconds maximum

Youth at each agency/organization are encouraged to support each other by directing friends and family to the designated social media pages to 'like', 'share' and 'retweet' photos of the finalist's artwork. The finalist with the most online support will be selected as the winner.

A steering committee made up of representatives from government agencies, community-based organizations, District stakeholders and community volunteers will work together to determine the judging criteria and serve as points of contact for the project manager who will coordinate the contest. A District-wide deadline should be established in advance.

The concept of the winning entry will be used as the creative for a publicity campaign for local radio, television, and social marketing advertisements. Submissions must be original creations. This contest is designed to be an annual event, which will utilize different social or cultural expressions as ways for youth to reduce stigma through tangible artistic expression.

Contest Rules

- Participating agencies/organizations must organize themselves to begin and end on the same date. Deadlines must be set in advance
- Each agency/organization must provide the materials needed for youth to participate
- Each agency/organization must identify adult support staff to facilitate youth and participate on the judge's panel.

Role of Adults

Adult supporters must be identified to organize the time needed to create the artwork, provide the materials and equipment, adhere to contest deadlines, judge submissions and post the artwork to the social media platforms. Parents/legal guardians are encouraged to participate and facilitate youth participation.

Role of Youth

Youth should come up with creative ways to reduce stigma by changing the meaning of 'Smh' social media lingo which means 'shaking my head'. (In the future, other relevant social/cultural expressions should be used). Any art materials can be used to create the submission (*i.e. ink, marker, crayon, charcoal, paint, collage materials, etc. In the case of a PSA or music video, camera or computer recordings are acceptable as long as the quality can be understood*). Each approved art form (see above) must include the following:

- Name of the artist
- Agency/Organization being represented
- Legible writing and/or clearly understood audio
- Phone number to the Department of Behavioral Health's Access Help Line

Agencies/Organizations to Recruit and/or Contest Locations:

- *Department of Behavioral Health, School Mental Health Program (DBH/SMHP)
- *Department of Behavioral Health, Substance Use Prevention Centers (DBH/APRA)
- *Office of the State Superintendent (OSSE)
- *District of Columbia Public Schools (DCPS)
- *District of Columbia Public Charter Schools (DCPCS)
- *Department of Parks and Recreation (DPR)
- Department of Employment Services (DOES)
- Department of Health (DOH)

- Department of Health and Human Services (DHHS)
- Department of Youth Rehabilitation Services (DYRS)
- *Metropolitan Police Department (MPD)
- *US Attorney's Office
- *Children and Adolescent Mobile Psychiatric Service (ChAMPS)
- Children's National Health Center
- Student Support Center
- One City Youth
- Youth Advisory Council (EOM)

**Asterisk = organizations who have already expressed interest*

Identified Marketing Channels:

Public Service Announcements

- Radio
 - WPGC 95.5
 - El Zol 107.9
 - WKYS 93.9
 - WHUR 96.3
- Television
 - OCT TV 13
 - Univision
 - Unimas
 - TeleMundo
- Newspapers
 - Washington Post
 - Washington Times
 - Gannett Company (USA Today, others)
 - University of the District of Columbia, Free Voice
 - Washington Hispanic
 - The Tiempo Latino
- Social Media
 - Facebook
 - Twitter
 - Instagram
 - YouTube
 - Blogs
 - NAMI.org
 - StrengthofUs.org
 - TeenMentalHealth.org
 - PsychCentral.com
 - CircleofMoms.org
 - Healthline.com
 - MentalHealth.gov

- Healthyplace.com
- Makeitplainonline.wordpress.com

Resources Needed:

- A Contractor – project manager needed for inter-agency coordination, outreach, manage submissions, judging and awards; Time frame for contest set-up and preparation for the following year; Estimated time: 6-9 months, based on time of year of start-up (time frame might be impacted by competing priorities).
- Meeting space, if adequate space is not available at the facility of the participating agency/group
- Contest promotion
- Refreshments, participation gifts (T-shirts, tickets, prizes, gift cards, etc.)
- Recording equipment and art supplies (studio equipment, cameras, paint, markers, poster board, etc.) Groups can reserve time at local studios, recreation centers or public libraries.
- Publicist, Mayor's Office of Communications or PR/Marketing firm – coordinate press releases to the media to secure media presence and ad placement
- Advertising budget; no charge for PSAs, but cost of developing creative concept and messaging, etc.

The proposed budget for a pilot contest consisting of one middle school group of 10 youth one high school group of 10 youth and one community-based youth group of 10 might look like this:

Line Item	Description	Quantity	Cost
Contractor	Project Manager, coordinate outreach and contest efforts	Full-time for 6-9 months	\$50,000
Promotional Items/Printed Materials	Start-up packets, promotional signage	40 packets, 6 signs, banners	\$1000.00
Refreshments/Snacks	Bottled drinks, chips, pizza,		\$1000.00
Prizes	i-Pad Mini, cell phone accessories, restaurant gift cards, complimentary family behavioral health service, lunch with Mayor Gray	1 for winner, for participants, for participants, for winner, for winner	\$2500
Art Supplies	Markers, poster board, drawing paper, stencils, etc.		\$300
*Publicist	Submit press releases, liaise with media outlets for ad campaign	3 months	\$3000
Advertising	Cost of creative concept, placement		\$2200-3000
TOTAL		6-9 months	\$60,800 (\$60,000)

*Mayor's Office of Communication can be assigned this task instead of an independent publicist.

Desired Outcomes:

Reducing stigma is both an objective and an outcome. Engaging in the contest inspires conversations about mental health by default. Involving youth in a fun activity around mental health will educate them and make them feel more comfortable discussing this topic, as well as involve their adult supporters in a healthy exchange about mental health. The desired outcomes are as follows:

- Understanding of the difference between mental health, mental illness and mental wellness.
- Increased knowledge about how some life experiences may connect us to mental health issues and/or services
- Increased interest in the signs, symptoms and treatability of mental illness
- Reduction in feelings of shame and fear around mental health topics
- Understanding that mental health is part of overall health and well-being
- Increased knowledge about how mental health services can be accessed in the District
- Reduced judgment and discrimination against persons with mental illness

Youth Engagement Work Team

Team Purpose

This initiative seeks to empower youth to take charge of their mental health and emotional well-being, by building the capacity of youth with lived experience to:

- Create “safe spaces” and facilitate conversations with other youth about “life issues”
- Support youth in making positive life decisions around those issues
- Connect youth to services and resources as needed, especially around mental health and transitioning to independent adulthood
- Help youth successfully advocate for themselves

Initiative

The initiative comes out of the desire that older youth (14-18) and young adults (19-24) have expressed to have more spaces where they can connect with trusted peers and adults and talk about life experiences with loving support, without judgment, and without being lectured. It also comes out of the recognition that youth, in general, and people with lived experience, specifically, want to share their experiences and help positively impact others.

Research shows that well-facilitated peer education environments can greatly enhance youth development—creating changes in youth behavior and attitudes—when other peers see the facilitator as being similar to them, with similar concerns and issues.² Practice has also demonstrated that youth with mental health challenges experience more success in the healing process when supported by their peers.

Outcomes

- Increase in the number of youth trained and engaged as peer mentors/facilitators
- Expand the kinds of opportunities for youth to discuss critical life issues with trusted peers
- Expand the number and kinds of spaces where young people feel supported and able to talk
- Gradually remove the stigma of mental and behavioral health issues
- Increase the general feeling that youth have of being supported and cared for
- Increase the connection of youth-in-need to resources for healthy development and well-being

Plan

1. The “Home institution” (in this case, CYITC):
 - Identifies the people and organizations doing good work in the peer outreach/education arena; and codifies the best practices that make these programs work
 - Facilitates the development of a comprehensive RFP to fund organizations to either create a new program that uses these best practices, or expand an existing best practice program that meets the same goals as those of the initiative
2. Grantee organizations develop programs according to the best practices and criteria stipulated in the RFP; identify and recruit youth with lived experience to train as facilitators; and support youth facilitators regularly and consistently, as they engage in the peer dialogues (this support includes

² Sloane BC, Zimmer CG. The power of peer health education. *Journal of American College Health* 1993; 41:241-245

- ensuring regular opportunities to debrief with peer facilitators about the process, continuously strengthening facilitators' skills, and ensuring lines of communication with mental health service providers are clear and accessible
3. Youth facilitators identify and work with peers, connecting peers to more formal support through service providers, if necessary.

Key Organizations, People, and Roles

- The **DC Children and Youth Investment Trust Corporation (CYITC)** houses the initiative, convening a small team of subject matter experts (SMEs) to develop the grant RFP and managing the grants process (including monitoring the grantee organizations, using evaluation tools and metrics designed by best practices in the field, and using standard fiscal accountability measures).
- The **Department of Behavioral Health (DBH)** provides an SME for the development of the RFP, as well as serving as a support for grantee organizations, providing resources to the organizations throughout the grant term.
- **Community-based Mental Health Service Providers** serve as key referral points for youth identified through this process as being in need of professional mental health support. Along with DBH, these providers are a “web” of networked support for the youth that are involved in the facilitated peer-to-peer conversations. Mental health service providers also provide SMEs for the development of the RFP.
- **Adult mentors from Community-based organizations (CBOs)** serve as supports on a programmatic level, helping train youth facilitators, providing active support during conversations and activities, and serving as general guides in the development of the youth facilitators' skills.
- **Youth** with lived experience are the key agents of change in the initiative (being trained to facilitate peer education/outreach conversations).
- Recreation centers, public libraries, DC Housing Authority community spaces, barbershops and nail salons, and other community spaces can serve as the physical locations for these peer conversations. The diversity of kinds of spaces, both traditional programs spaces and non-traditional community spaces, helps ensure that the deepest level of outreach is achieved, and that those youth who are “program averse” can be reached, as well.

Timeline

Taking into account the amount of time needed to compile best practices, craft the RFP, facilitate the competitive RFP process, and begin administering the grant, we anticipate this Youth Engagement initiative's programs will begin at the start of the 14-15 fiscal years, in **October 2014**.

Budget and Resources

- For the initial year of the initiative, CYITC is providing:
 - A budget of \$250,000 for FY 13-14
 - A researcher to identify and codify best practices in peer outreach/education work
 - Facilitation of the RFP development process
 - Program officers to monitor grantee performance and progress
- Matching funds could be sought from a variety of sources, possibly including:
 - CNCS's Social Innovation Fund
 - Department of Education's Office of Safe and Drug Free Schools initiative
 - DBH block grant
 - Annie Casey Foundation
 - Langeloth Foundation
- Youth facilitator stipends could be covered through DOES' year-round employment program funds, if the number of hours of service matches DOES year-round stipulations.
- Grantee organizations would be required to provide matching funds to support the program, as a way to prove their commitment to the initiative.

Connection to Other Youth Outreach/Engagement Initiatives

This initiative ties to a growing body of work in DC that seeks to connect youth to opportunities in non-traditional spaces and empower youth as leaders in their own navigation towards successful adulthood. It is critical that we be intentional about connecting these efforts, to best leverage the strengths of each. These efforts include:

- Re-Engagement Center (DME/Raise DC/Truancy Taskforce)
- Certified Peer-to-Peer Specialists (DBH/OCYI)
- Youth Outreach Coordinators (OCYI)
- Roving Leaders (DPR)

Mental Health Curriculum Work Team

Initiative One: Mental Health Education & Wellness

Purpose:

The initiative has multiple purposes: to educate and expand mental health knowledge among those who suffer with and are affected by mental health illness and community members that are contact with youth and their families with mental illness; to establish mental wellness as an achievable and necessary goal to support recovery and build resiliency and to decrease stigma. At the end of the training, participants will be able to identify those in need and link them to the services that meets their needs and to understand how to balance daily challenges to be able to enjoy life within their communities

Key Activities:

Each training director will be responsible to institute this curriculum within its agencies and partners, making sure the key components are addressed and tailor the curriculum to the audience. Each program will require ongoing needs evaluation and feedback.

Components

1. Normalize mental health
 - a. Define mental health
 - b. Describe what is normal within youth social and emotional development
 - c. Describe what is normal family values and behaviors within various communities and a culture
 - d. Engage community within the discussion
2. Mental illness
 - a. Discuss the prevalence of mental illness
 - b. Discuss types of mental health disorders
 - c. Define the signs and symptoms of mental illness
3. Management and treatment of mental health challenges and illness
 - a. Discuss when, where and how to access mental health services
 - b. Discuss various of mental health challenges and illness
4. Prevention and self-care
 - a. Define mental health wellness
 - b. Discuss options that may help to prevent mental illness
5. Recovery and resiliency
 - a. Definition of recovery and resiliency
 - b. Discuss and facilitate the use of natural supports within a community
 - c. Discuss hope and recovery using those with lived experience

Audience targeted:

The initiative is for non- mental health providers as well as youth, teen parents, parents, caregivers, family members, friends, first responders and teachers. To enable full participation, the hosting agency/organization should provide snacks, meals, child care and homework help for youth and their families.

Desired outcomes:

Training Objectives- At the end of the training, participants should be able to know the following:

1. Definition of mental health and wellness
2. Normative social and emotional development in youth
3. Describe socially acceptable behavior
4. Identify abnormalities that signal the need for mental health services
5. How to access services and treatment
6. Types of treatment options
7. Learn workable options to manage stress
8. Identify strategies at the individual, family, and community level that promote resilience and recovery

Roles of Youth, Families, Stakeholders

- Youth and families will be participants and contributors, certified parent partners, certified peer specialists. This initiative is meant to be interactive between facilitator and community
- Other Stakeholders that participate will learn how to support community members for which they work

Organizations with a Strong Interest in this Initiative

- Community based organizations that serve youth including such as recreational centers, churches, Healthy Families/Thriving Communities Collaborative, Child and Family Services, Outpatient mental health agencies
- First Responder including Metropolitan Police Department, EMS

Organizations to Recruit to this Effort

- Organization 1: Department of Behavioral Health (training department directors) and their agencies, partners
- Organization 2: Schools, including early childhood centers
- Organization 3: First responders- Police department, EMS

Estimated Resources Required for this Initiative

- Staff: Mental health providers, educators, youth and parents/caregivers with lived experience
- Funding: The mental health providers as trainers could be incentivized or allotted time in their schedule to participate as experts in their field; In addition, consider creating a position to oversee and support the training directors in this training initiative
- Other Resources- Crisis Intervention Officers, Youth mental health crusades, Children's mental health awareness day, South Capitol initiative, WRAP (Wellness Recovery Action Plan); Mental Health Day, Mental Health First Aide (Adult & Youth), ChAMPS (Child and Adolescent Mobile Psychiatric Services), Department of Behavioral Health Access helpline;

Steps that can be Taken with Low or No Investment

- Using the “train the trainer” model so that after the training the members of the audience can become certified to be trainers within the community. The initial trainers could be mental

health providers within Department of Behavioral Health, they could be incentivized or allotted time in their schedule to participate as experts in their field

Initiative Two: Safety Planning for Prevention and Crisis Intervention

Purpose:

The initiative has the following purposes: to be able to recognize and identify various triggers that may lead to mental health deterioration and crises; to develop a plan that prevents or manages and treats further crises; and to recognize when crises needs more immediate intervention beyond the [devised] plan and how to access appropriate services.

Key Activities:

Each training director will be responsible to institute this curriculum within its agencies and partners, making sure the key components are addressed and tailor the curriculum to the audience. Each program will require ongoing needs evaluation and feedback.

Components:

1. PREVENTION plan
 - a. Identify challenges and triggers
 - b. Use a self assessment tool - WRAP (Well Recovery Action Plan)
 - c. Using strategies from Mental Health First Aide
 - d. Ongoing suicide risk assessment
2. ACTION plan
 - a. Using coping skills and strategies
 - i. Devise strategies menu
 - ii. Safety proof the home
3. Crisis intervention
 - i. Understand that there is a crisis and a need for a referral
 - ii. Understand where and how to refer with use of Access Helpline

Audience targeted:

The initiative is for non- mental health providers as well as youth, teen parents, parents, caregivers, family members, friends and teachers. To enable full participation, the hosting agency/organization should provide snacks, meals, child care and homework help for youth and their families.

Desired outcomes:

Training Objectives- At the end of the training, participants should be able to know the following:

1. Recognize triggers that lead to mental health deterioration
2. Understand how to develop and implement a prevention plan
3. Understand how to develop and implement an action plan
4. How and when to call for immediate help

Roles of Youth, Families, Stakeholders

- Youth and families will be participants and contributors, certified parent partners, certified peer specialists. This initiative is meant to be interactive
- Other Stakeholders that participate will learn how to support community members for which they work

Organizations with a Strong Interest in this Initiative

- Community based organizations that serve youth including such as recreational centers, churches, Healthy Families/Thriving Communities Collaborative, Child and Family Services, Outpatient mental health agencies
- First Responder including Metropolitan Police Department, EMS

Organizations to Recruit to this Effort

- Organization 1: Department of Behavioral Health (training department directors) and their agencies, partners
- Organization 2: Schools, including early childhood centers
- Organization 3: First responders- Police department, EMS

Estimated Resources Required for this Initiative

- Staff: Mental health providers, educators, youth and parents/caregivers with lived experience
- Funding: The mental health providers as trainers could be incentivized or allotted time in their schedule to participate as experts in their field; In addition, consider creating a position to oversee and support the training directors in this training initiative
- Other Resources- Crisis Intervention Officers, Youth mental health crusades, Children's mental health awareness day, South Capitol initiative, WRAP (Wellness Recovery Action Plan); Mental Health Day, Mental Health First Aide (Adult & Youth), ChAMPS (Child and Adolescent Mobile Psychiatric Services), Department of Behavioral Health Access helpline;

Steps that can be Taken with Low or No Investment

- Using the “train the trainer” model so that after the training the members of the audience can become certified to be trainers within the community. The initial trainers could be mental health providers within Department of Behavioral Health, they could be incentivized or allotted time in their schedule to participate as experts in their field

Transition Age Youth (TAY) Work Team

TAY Policy Recommendations

Context: The challenges for transition aged youth 18-25, with mental health conditions are significant. As they become of legal age at 18, they age out of Medicaid eligibility and it can become difficult to find benefits. In addition they have more limited family and system supports especially for young mothers and families. It can also be difficult to get help meeting social development milestones. There needs to be a greater focus on services to transition age youth and their unique needs. This will assist in preventing or reducing more severe mental health issues in adult life and provide greater opportunities for these youth to have fulfilling and productive lives as adults.

System of Care Recommendations

3. **Create a TAY System of Care:** Develop a more focused system of care for transition-age youth, to ensure greater linkage to the employment and training systems, access to more affordable housing, and re-engagement to services, supports, and opportunities they might need to move towards greater independence. This system can include building on work already underway with the One City Youth Initiative's outreach strategy, DBH's pilot program to train TAY with mental health challenges in the hospitality industry, and Raise DC's Re-engagement Center. (See more specific recommendations in the sections below)

4. **Improve Access to Care for TAY:** Develop a more streamlined process for TAY to discern what mental health services and supports are available to them, especially access to providers that specialize in TAY services. This would include access to a comprehensively developed, regularly updated, online resource guide. Enhance customer service delivery within the Access Helpline through implementation of highly specialized, best practice customer service training for the staff and an upgrade of the call center's telephone system to one that has the capability to track calls and collect data that will inform practice improvement. This system upgrade should effectively accommodate an increase in traffic of inquiries from TAY and should be able to effectively link youth and young adults to available services and supports. Streamlining this overall process will also require ongoing collaboration with Managed Care Organizations (MCOs) to provide up-to-date lists of providers covered under each of their plans.

Increasing Economic Independence

3. **Assess Best Practices for TAY Behavioral Health Needs:** Review approaches and best practices that are specifically targeted to transition-aged youth. Then, develop needs assessment that focuses on the education, employment, and housing needs of transitional-age youth including those with behavioral health needs. The Needs assessment should also look at early mental health needs identification and intervention for the TAY population.

4. **Sustain Transition to Independence Process (TIP) Model:** Discover the successes and lessons learned from the first two years of the Transition to Independence Process (TIP) model that DBH will implement in FY14 and FY15 and commit sustaining funding to allow TIP to continue and expand the meeting the unique and changing needs of TAY it serves. The TIP system prepares youth and young adults with emotional and/or behavioral difficulties for their movement into adult roles through an

individualized process, engaging them in their own futures planning process, as well as providing developmentally-appropriate services and supports.

Affordable Housing and Housing Support Recommendations

- e. Make TAY a priority population in providing opportunities for more affordable housing.
- f. Add TAY as a priority population in the DC DBH Housing application process.
- g. Develop a continuum of housing options that enables TAY to move toward greater independence with the necessary supports and supervision. Include TAY as a priority population in the development of future affordable housing supported through District funding (capital funds, supportive services, and operating subsidies).
- h. Develop Supportive Housing opportunities that are specifically designed to meet the needs of the TAY population with a history of significant mental and behavioral health challenges. Research should be conducted on best practices for both design of effective housing supports and on case management.

Supported Employment (SE) Policy Recommendations

- 4. **Create More TAY Jobs through DBH/DOES/RSA Partnership:** Foster a partnership between DBH and DOES, and where relevant (for qualifying youth) with RSA (also has a supported employment initiative) to create more job slots, with appropriate supports (including onsite job coaches) for young adults with mental health challenges, in the summer and year-round programs for youth up to 21. Consider expanding the year-round program age limit from 21 to 24.
- 5. **Mandate Government Contractors to Designate Jobs & Training for TAY:** Authorize a policy mandating that District Government contractors designate a percentage of jobs to TAY population. Employers would need to provide on the job training (either paid or with a modest stipend) for six months and provide certification in this employment that could lead to full time employment opportunities for TAY youth. Employers must provide follow-up documentation on a monthly basis during the employment and once program is complete.
- 6. **Expand DBH's existing Supported Employment Program.** Expand the existing program and collect data from the new TAY Supported Employment pilot to inform and sustain the expansion efforts.

Initiative – Educate TAY about Health Insurance Options

Purpose

Educate TAY youth about options through a wide variety of forums and workshops. Provide many avenues that distribute critical information about insurance.

Context

Unlike many municipalities, a large percentage of District of Columbia residents have insurance coverage. The high rates of employer-sponsored coverage and the government's commitment to publicly-funded health insurance have contributed to this health insurance environment. Despite this fact, some 42,000 District residents remain uninsured, many of whom are youth 18 years and younger.

For children and youth, the Medicaid program is a key source of health insurance coverage. In fact, more than 70% of *all* children under age 21 in the District were covered by publicly funded health care in 2012. The District has also done a good job of connecting children and youth to publicly funded health care. Studies have shown that 95% of eligible children are enrolled in Medicaid and CHIP.

Currently, the District's Medicaid program covers children up to age 18 with incomes up to 319% of the Federal Poverty Level (FPL) and youth up to age 21 with incomes up to 216% FPL. When a young person who is on Medicaid turns 21, they automatically remain eligible for Medicaid as a childless adult, as long as their income remains below 216% FPL. DC residents, who were in foster care and on DC Medicaid when they turned 18, are eligible for Medicaid until they turn 26, regardless of their income.

If a young person earns too much money to be eligible for Medicaid, they can purchase insurance through DC HealthLink – the District's new health insurance marketplace. Thanks to competition, there are a variety of plans and insurance premiums for young adults generally are very affordable. Even so, if a young person has income that is too high for Medicaid but below 400% FPL, they will be eligible for premium assistance – a subsidy payment that makes purchasing insurance even more affordable.

Despite these programs, many transition age youth still lack health insurance. We believe that targeting TAY youth between the ages of 18-25 to help them understand what health insurance options are available to them in the District, and how they can access services to meet their needs is critical.

New Eligibility under Affordable Care Act

The federal health law known as the Affordable Care Act (aka Obama Care) provides individuals and families, regardless of income, new rights, benefits, and responsibilities when it comes to their health insurance. An important goal of the law is ensuring that individuals and families have access to affordable, high-quality health coverage. It will also make it much easier for people to shop for private health coverage, to get help with financial assistance to help pay for private insurance, and to apply for Medicaid. Another important part of the law allows young adults ages 18-26 to stay under their parents' insurance.

Data on Uninsured TAY Youth

Nationally, until the Affordable Care Act, young adults had the highest rate of uninsured of any age group. About 30% of young adults were uninsured, representing more than one in five of the uninsured. This rate was higher than any other age group, and three times higher than the uninsured rate among children. Making it more challenging, young adults have the lowest rate of access to employer-based insurance. As young adults transition into the job market, they often have entry-level jobs, part-time jobs, or jobs in small businesses, and other employment that typically come without employer-sponsored health insurance. Nationally, the uninsured rate among employed young adults has been one-third higher than older employed adults.

Young adults' health and finances are at risk. Contrary to the myth that young people don't need health insurance, one in six young adults have a chronic illness like cancer, diabetes or asthma. Nearly half of uninsured young adults report problems paying medical bills. (<http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/Coverage-for-Young-Adults.html>)

DC Health Link

In compliance with the new health law, the Affordable Care act (ACA), the District of Columbia established the D.C. Health Benefit Exchange Authority (HBX) and charged it with implementing and operating the District's health insurance thereby ensuring access to quality and affordable health care to all DC residents.

The District's Health Benefit Exchange Authority developed DC Health Link (www.dchealthlink.com), the new online marketplace for District residents and small businesses to enroll in private or public health insurance options. The marketplace enables individuals and small employers to find affordable and easier-to-understand health insurance and assist small employers in purchasing qualified health benefit plans for their employees. It facilitates the purchase of qualified public and private health plans and assists individuals and groups to access programs, premium assistance tax credits and cost-sharing reductions.

Enrollment in DC Health Link began October 2013 with coverage that started January 1, 2014. It allows individuals and small businesses to shop and compare private health plans, and to learn if they are eligible for tax credits for private insurance health plan that meets their needs and budget or public health programs like Medicaid.

Three major private health insurance companies – Aetna, CareFirst BlueCross BlueShield, and Kaiser Permanente - participate in DC Health Link, offering plans for individuals and families. These companies offer more than 30 individual and family plans, including HMO, POS, PPO, and HSA-qualified plans. All private, qualified health plans and Medicaid must provide a benefit package that covers, at a minimum, all essential health benefits. These benefits include mental health care and substance abuse treatment.

It's important to note, DC Health Link has a "**no wrong door**" approach to health coverage in the District. Upon enactment of the Affordable Care Act, the District expanded Medicaid to 200% of poverty for childless adults and to 300% of poverty for pregnant women and children. When individuals and families

apply for financial help for health insurance coverage through DC Health Link, the system will identify them as eligible for Medicaid or premium tax credits for private coverage based on their income. Because of different eligibility levels for children, members of the same family can have different coverage sources

DC Healthcare Alliance

In addition to Medicaid, the District of Columbia funds the DC Health Care Alliance and Immigrant Children's Program. These programs provide health coverage for District residents with incomes below 200% FPL with assets that do not exceed \$4000 per individual (\$6000 per family) and who do not qualify for Medicaid due to immigration status. Benefits include: inpatient hospital care, outpatient medical care (including preventive care), emergency services, urgent care services, prescription drugs, dental services, specialty care, and wellness programs.

Affordable Insurance for Middle Income Individuals

Starting in 2014, lower and middle-income individuals and families may be eligible for tax credits that will lower their monthly premium costs for health coverage on the Exchange. Some of these individuals will also be eligible for reduced deductibles, co-payments, co-insurance, or other out-of-pocket expenses associated with health plans on the Exchange. (<http://hbx.dc.gov/>)

Recent Outreach Activities Focused on Young Adults

DC Health Link has developed and executed a number of creative educational outreach and enrollment events around the city targeting the “young invincibles.” Some of these events included recruiting young residents to enroll by showing up where they shop – including Footlocker and other stores for the Air Jordan sneaker shoe release, where they “play” – including local dance clubs such as Cobalt and where they eat after hours at Denny’s restaurants.

Such efforts are paying off. DC Health link has received national and local recognition for its efforts and has served as a national model across the country with other states. Not only does DC Health Link enrollment data show a healthy age mix, but on Friday, January 10, President Obama had lunch with five young people who are trying to encourage their peers to obtain health insurance – and one of them was a DC resident and DC Health Link certified assister. This national recognition from the White House has helped with enrolling many young people.

Outreach & Education – Action Steps

Responsibilities for the DC Health Benefit Exchange Authority – DC Health Link:

- **Educate About Insurance Options:** Educate transition-aged youth about health insurance options available to them under the Affordable Care Act (ACA)
- **Host Forums and Workshops:** Host educational forum and workshops on the Affordable Care Act (ACA), DC Health Link and expanded Medicaid options (\$2,000)
- **Provide Support for Enrollment:** Make available assistance and support for enrollment in affordable health insurance plans that meet their needs and budgets

DC Health Link Actions:

- **Provide Informational Materials:** Provide informational materials designed to educate the population about the benefits of the Affordable Care Act (\$15,000)

- **Provide In Convenient Locations:** Identify convenient locations and service centers for display and distribution of information
- **Identify TAY In-Person Assisters:** Identify in-person assister organizations that will focus on this population and provide a direct access for enrollment assistance
- **Identify Insurance Brokers:** Identify licensed DCHLK health insurance brokers who will provide plan selection service to assist in choosing the best quality affordable coverage to meet their needs, if necessary.
- **Establish Advisory Outreach Team:** Establish an outreach advisory team to force on outreach strategies to reach targeted population (\$3,000)
- **Publicize Events:** Provide information about DCHL scheduled events and opportunities to learn about and enroll in DC Health Link. (\$8,000)
- **Educational Summits and Workshop:** Provide information on health insurance options and focus on how to use insurance cards. (\$1,000)

Organizations to Recruit for Outreach & Education

- DC Health Benefit Exchange Authority - DC Health Link
- Department of Human Services
- Department of Health
- Department of Behavioral Health
- Department of Health Care Finance
- DOES Summer Employment and Year-round programs
- Public and private health providers such as
 - o DC Primary Care Associations, Mary's Center; Planned Parenthood
- Capital City Area Health Education Center (AHEC)
- Leadership Council for Healthy Communities
- Young Invincibles
- Youth workforce development Organizations:
 - o LAYC; Sasha Bruce Youthworks; Planned Parenthood has youth program in SE; East of River Strengthening Families Collaborative; Whitman Walker Clinic; Metro Teen AIDS; etc.

Resources & Staffing

The DC Health Benefit Exchange Authority estimates that the direct cost budget for the outreach will be \$29,000. The work will be conducted by current DCHBX staff.