



Prevention and Intervention Planning Process

Report On 0-8 years Age Group

August 14, 2018

Introduction

The Prevention and Intervention services planning group for birth-8 years of age group met on August 14, 2018. The group discussed the following overarching ideas and identified eight community needs. The following tables summarize the ideas discussed for consideration for each identified community need, the potential gaps and identified possible action steps. The table also lists the known services being provided by the County and in the community at large, though it does not provide details of the services or their ability to meet the current need.

Overarching ideas

- Increase awareness of existing services
- Adopt a systematic approach to screening and referrals
- Increase capacity through education
- Build a community to encourage conversations about mental health: It takes a village mentality
- Public/Private partnership

Community Needs

1. Navigation of medical/mental health system
2. Increased outreach and education to groups working with early childhood based services
3. Reduce stigma
4. Increase access/eligibility for services
5. Perinatal/family mental health for mothers/fathers/partners
6. Children's programs related to Adverse Childhood Experiences (ACEs), toxic stress, and childhood stressors
7. Behavioral Health Integration model for pediatric primary care
8. Development of workforce related to early childhood mental health at higher educational institutions

1. Identified Community Need: Navigation of medical/mental health system

Ideas for consideration presented by group	What is already available as far as we know	Potential Gaps
<ol style="list-style-type: none"> 1. Navigators (peer support model; parent partners; people with lived experience) to build trust and assist in navigating the services especially for underserved and homeless families. 2. Geo mapping of all available resources. 3. Referral networking. 4. Care coordination to better link children with mental health. challenges to appropriate specialty services. 	<ul style="list-style-type: none"> ▪ County OC Links (navigation assistance via telephone and online chat) ▪ Outreach and Engagement services (navigation assistance, peer support, and case management for linkages) ▪ Family Support Services (peer support with navigation) ▪ Warmline (connects to Navigation) ▪ School Readiness/Connect the Tots (care coordination, referral) ▪ Help Me Grow (navigation and care coordination) ▪ 211 (navigation) ▪ Regional Center (navigation and care coordination) 	<p>Geo mapping of available resources.</p> <p>POSSIBLE ACTION: Encourage all providers to find partnering solutions to fill gaps.</p>
		<p>Systematic opportunity to network.</p> <p>POSSIBLE ACTION: Encourage all local providers to find mutual networking coordination solutions to fill gap.</p>

2) Identified Community Need: Increase outreach and education to groups working with young children (early childcare education providers, preschool/childcare providers, school teachers/districts, family resource centers (FRCs), pediatricians, faith based organizations, families, and other relevant workforce.

Ideas for consideration presented by group	What is already available as far as we know	Potential Gaps
<p>1. Expand workforce capacity/skills and education to work with young children (early childcare providers, social workers, physicians anyone in early childhood settings so that they will promote, educate, prevent, identify and link to services).</p>	<ul style="list-style-type: none"> ▪ School Readiness services provides training in signs and symptoms to the groups identified ▪ Olive Crest and Children’s Support and Parenting Program provides parenting education using parenting curriculum series ▪ Strong Families, Strong Children Collaborative ▪ Help me Grow ▪ Child Behavior Pathways ▪ Neighborhood Resource Network ▪ Early Outreach and Referral: 10 Hospitals 	<p>Gap in workforce’s capacity/skills/education to work with young children so that they will promote, prevent, identify and link to appropriate services. Workforce includes early childcare providers, social workers, physicians anyone in early childhood settings.</p> <p><u>POSSIBLE ACTION :</u> Consider funding via public/private partnership.</p>

3) Identified Community Need: Reduce Stigma

Ideas for consideration presented by group	What is already available as far as we know	Potential Gaps
<ol style="list-style-type: none"> 1. Target stigma reduction campaign for First Responders working with children age 0-8. 2. Increased dissemination of information and education awareness in culturally sensitive language with messages that are inclusive and destigmatizing. 	<ul style="list-style-type: none"> ▪ County-funded stigma reduction projects (Various projects vary every year. Thus far, no stigma reduction program has addressed this topic.) ▪ All County contracts require P&I services to be provided in culturally/linguistic competent manner. 	<p>Awareness campaign for First Responders working with children age 0-8.</p> <p><u>POSSIBLE ACTION I:</u> Incorporate target population within County RFA stigma reduction projects.</p> <p><u>POSSIBLE ACTION II:</u> Encourage public/private partnership for targeting stigma reduction campaigns for first responders working with children 0-8 years.</p> <p><u>POSSIBLE ACTION III:</u> Support all outreach and education to be culturally competent with messages that are inclusive and destigmatizing.</p>

4) Identified Community Need: Increased accessibility/eligibility for services

Ideas for consideration presented by group	What is already available as far as we know	Potential Gaps
<ol style="list-style-type: none"> 1. Case management (constant support throughout treatment services). 2. Universal screening tool(s), i.e. heads up check-up. 3. Translate information and screening tools in a culturally aware manner. 4. Telehealth 5. Early childhood mental health and wellness program (Early Childhood Consultation model, Early Childhood Mental Health Collaborative). 	<ul style="list-style-type: none"> ▪ School Readiness Services/Connect the Tots (Case management, Universal screening tool(s), i.e. heads up check-up) ▪ HCA Public Health Nursing Programs (Nurse Family Partnership, Perinatal Substance Abuse Services, Health Access Program, Medically high-risk) ▪ School Readiness Nursing Services: 25 school districts ▪ MOMS Orange County ▪ Early Outreach and Referral: 10 Hospitals ▪ Infant Home Visitation (Case management, Universal screening tool(s),) ▪ Parent Child Interactive Therapy ▪ OCDE/Help me Grow (screening tools) 	<p>1. Telehealth</p> <p><u>POSSIBLE ACTION:</u> Encourage OC pediatricians to adopt Telehealth</p> <hr/> <p>2. Early childhood mental health and wellness program</p> <p><u>POSSIBLE ACTION:</u> Fund an early childhood mental health wellness program via public/private Partnerships. Consider the Early Childhood Consultation model proposed by the Early Childhood Mental Health Collaborative.</p>

5. Identified Community Need: Perinatal/ Family Mental Health (for mothers & fathers/or partners)

Ideas for consideration presented by group	What is already available as far as we know	Potential Gaps
<p>1. A system-wide expansion of resources to promote perinatal mental health services, including for fathers (more screening, intervention, etc.).</p>	<ul style="list-style-type: none"> ▪ OC Parent Wellness Program (perinatal program serves fathers) ▪ Connect the Tots ▪ HCA Public Health Nursing Programs (Nurse Family Partnership, Perinatal Substance Abuse Services, Health Access Program, Medically high-risk) ▪ School Readiness Nursing Services: 25 school districts ▪ MOMS Orange County ▪ Early Outreach and Referral: 10 Hospitals ▪ Infant Home Visitation ▪ Parent Child Interactive Therapy ▪ OCDE/Help me Grow 	<p>Additional resources for perinatal health</p> <p>POSSIBLE ACTION: Encourage all perinatal providers to include fathers in their services continuum.</p>

6. Identified Community Need: Children’s programs related to ACEs, Toxic Stress, Childhood Stressors

Ideas for consideration presented by group	What is already available as far as we know	Potential Gaps
<ol style="list-style-type: none"> 1. Provide children’s prevention and intervention programs that incorporate ACEs. 2. Increase education of ACEs for all providers of childcare. 	<ul style="list-style-type: none"> ▪ School based Behavioral Health Intervention services ▪ Stress Management Education ▪ Violence Prevention Education 	<p><u>POSSIBLE ACTION I:</u> Incorporate ACEs education in training curricula for all childcare providers of.</p>

7. Identified Community Need: Behavioral health integration model for pediatric primary care and co-location of mental health services and medical services

Ideas for consideration presented by group	What is already available as far as we know	Potential Gaps
<ol style="list-style-type: none"> 1. Demonstration project of Behavioral Health integration in pediatric primary care. Ensuring that staff is trained and program needs are met during these time limited resources. 2. Policy change at state level to allow FQHC's to bill mental health visits on the same day as a primary care visit. 	<p>This model was funded through INN for adults and is now part of CSS.</p>	<p>Behavioral health integration in pediatric primary care.</p> <p><u>POSSIBLE ACTION I:</u> Recommend expansion of the BHS integration program through CSS into pediatric primary care.</p> <p><u>POSSIBLE ACTION II:</u> Community partners advocate for policy change.</p>

8. Identified Community Need: Development of workforce related to early childhood mental health at higher educational institutions (MFT, MSW, MD)

Ideas for consideration presented by group	What is already available as far as we know	Potential Gaps
<p>Increase training opportunities through BHS Training and PEI in higher education settings.</p>	<p>Not certain</p>	<p>Gap in student' knowledge in early childhood topics Update higher education curriculum related to early childhood mental health</p> <p><u>POSSIBLE ACTION I:</u> Provide relevant training to any student interns working in the field of early childhood.</p> <p><u>POSSIBLE ACTION II:</u> Curriculum Development</p>

Note: Programs in Blue Font are County- funded.