UNITED for YOUTH
Coalition for Safe Schools & Communities

UNITED FOR YOUTH

VISION 2030

A BLUEPRINT FOR SCHOOL AND TRANSITIONAL-AGE YOUTH WELL-BEING

Coalition for Safe Schools & Communities
San Mateo County

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UNITED FOR YOUTH: VISION 2030

A Blueprint for School and Transitional Age Youth

[The] challenges today's generation of young people face are unprecedented and uniquely hard to navigate. And the effect these challenges have had on their mental health is devastating […] If we seize this moment, step up for our children and their families in their moment of need, and lead with inclusion, kindness, and respect, we can lay the foundation for a healthier, more resilient, and more fulfilled nation.

US Surgeon General Vivek Murthy, Protecting Youth Mental Health Advisory, 2021

This planning process was funded through support from: San Mateo County Measure K through liaisons Supervisors Dave Pine and Noelia Corzo, San Mateo County Office of Education, San Mateo County Health, the Peninsula Health Care District, and the Sequoia Health Care District.

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About the Project

San Mateo County's school-aged children and youth face increasing challenges to their behavioral health[1] and well-being. These challenges are compounded by long-standing socioeconomic inequities and the COVID-19 pandemic. And, although San Mateo County public agencies, schools, and private organizations offer an array of services and programs to support well-being and behavioral health, youth and families continually report difficulty accessing the services they need, regardless of insurance and income. Ensuring behavioral health prevention and intervention services are available early in life is critical given that half of all mental health conditions start by 14 years of age and most cases are undetected or untreated.[2]

Behavioral health needs transcend race, ethnicity, and economic divides; however, resources are not equitably available or culturally aligned, and this often deepens existing disparities.

Black/African American and Latino/a/x communities in particular report difficulty finding behavioral health services to meet their needs. And, while San Mateo County data reflect a generally healthy youth population, adversity[3] and continuing disparities impacting youth well-being are also apparent.

There are geographies across the county where the data confirm higher levels of economic, social, health, education, and environmental adversity. In addition, youth of color are overrepresented in foster care and juvenile justice cases, and youth who identify as LGBTQ+[4] face higher risk for depression, suicidality, and substance abuse (Data Landscape).

Addressing these complex and multi-system challenges requires a holistic approach based on a shared understanding that aligns strategies, prioritizes collaboration, maximizes available funding, and embraces accountability. The US Surgeon General Advisory on Youth Mental Health recommends that communities "[s]upport the mental health of children and youth in educational, community, and childcare settings. This includes creating positive, safe, and affirming educational environments, expanding programming that promotes healthy development (such as social and emotional learning), and providing a continuum of programs and services to meet the social, emotional, behavioral, and mental health needs of children and youth."

In 2023, the Coalition for Safe Schools and Communities (Coalition) launched United for Youth in partnership with school districts and more than 20 public agencies and community-based organizations with input from youth and caregivers. (See Appendix II for additional information and a list of Coalition members.) The Coalition provides a venue for partners to join in strategic dialogue and common purpose, including

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[1] The term behavioral health as used in this Plan of Action includes services addressing both mental/emotional health and substance use/abuse. The terms mental health or substance use are used here when a survey, data, or report is specific to one or the other; otherwise, behavioral health is used to capture the full range.

[2] World Health Organization, Adolescent and young adult health (who.int)

[3] See the Unified for Youth webpage for a data landscape review including racial and geographic disparities.

[4] This acronym is used throughout this report to represent Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, and other transgender and/or same/gender attracted identities.

opportunities to improve youth well-being. The United for Youth Vision 2030 is a Plan of Action that offers recommended priorities that public and private partners can address through their own resources and strategic investments to achieve improvements in youth behavioral health and well-being over a six-year timeline. The Plan builds on current programs and services and sets forward recommended activities to leverage new funding opportunities to improve social and emotional well-being for school and transitional age youth. It does not suggest a particular sequence of actions and assumes activities will be shaped in part based on funding opportunities and other resources that emerge over the next six years.

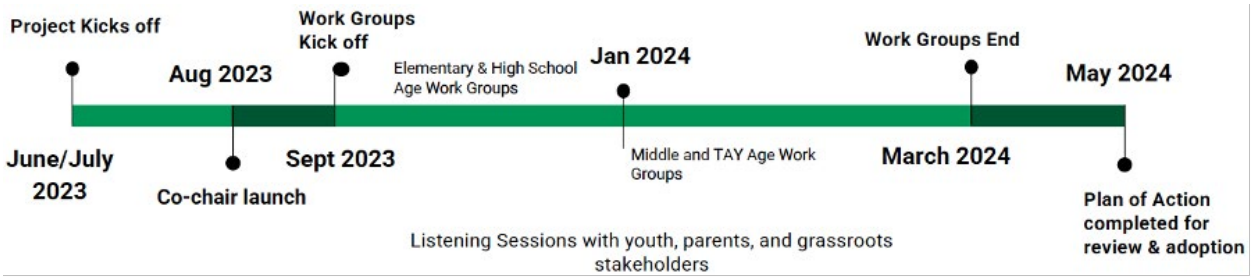
The Coalition aims to serve as an ongoing forum for active collaboration to advance the priorities outlined in the Plan of Action. The Plan will serve as a tool to guide individual and collective action and investment on behalf of youth. For additional information on this Plan of Action, or to discuss coordinating efforts related to the recommendations, contact the lead listed on the Coalition's United for Youth webpage.

Process

The United for Youth process and plan was guided by a Steering Committee providing strategic oversight. (See Appendix III for a list of Steering Committee members.) Meeting monthly, Steering Committee members offered input on a San Mateo County behavioral health landscape analysis and participated in deep dive discussions to inform the Plan of Action on topics such as workforce, emerging funding opportunities, and related state policy initiatives. In addition, United for Youth relied on four cross-sector workgroups that met five times throughout the 2023-24 school year to assess the current landscape and develop priority recommendations. (See Appendix IV for a list of Workgroup members.) Each workgroup focused on a specific age range – Elementary School, Middle School, High School, and Transitional Age Youth (TAY[5]). In addition to serving on workgroups, youth and families provided direct input to shape the Plan of Action through nine community sessions.

Guiding principles were established to shape the scope of the Plan and its priorities. The resulting Plan of Action presents a set of aligned priorities, strategies, and activities that were compiled from the recommendations of each workgroup. The strategies from each workgroup deemed feasible and impactful were braided together with those from other workgroups, ensuring representation of all age groups and tiers of behavioral health need.

Recommendations from more than 30 local collaboratives, existing needs assessments, and other reports also informed the Plan of Action. There was a high degree of concordance across workgroups, community sessions, and community needs assessments about the strengths and priority gaps to improve well-being. A draft Plan of Action was reviewed by the workgroups and discussed by the Steering Committee before being forwarded to the Coalition for Safe Schools and Communities for review and adoption.



[5] TAY generally refers to the period from late adolescence to early adulthood (e.g., 17-26 years old).

Equity and Cultural Responsiveness

Throughout the United for Youth process, community members, organizational leaders, and other partners were resolute that the Plan of Action should reflect the strengths of San Mateo County's multicultural youth population and use a cultural lens to design effective strategies and interventions that can truly advance youth behavioral health and well-being.

For example, cultivating a workforce that better reflects the race, ethnicity, and languages of the youth population is critically important. Creating campaigns about behavioral health stigma co-designed by and for immigrant families and youth of color and exploring new levels of accountability for achieving equity are also needed. Without clear intention, a sense of belonging[6] cannot be achieved and disparities may persist or even widen.

Although the Plan has many strategies that are intentionally universal, it is also the clear intent of this plan to advance equity by focusing resources on the populations that experience the greatest disparities. As a wide range of data demonstrate, San Mateo County efforts should focus on Black/African American, Pacific Islander, and Latino/a/x youth and families; LGBTQ+ youth and families; youth in foster care; and youth involved in the justice system. Only through concerted attention to a health equity framework that is used throughout planning and evaluation will all San Mateo County youth experience well-being.

New Funding and State Initiatives

Governor Newsom, the California State Legislature, the California Department of Education, and the California Department of Health Care Services have collectively elevated the importance of youth behavioral health and school behavioral health supports, specifically, through an unprecedented set of mutually reinforcing initiatives and programs that offer counties like San Mateo a number of ways to make their plans real.

Collectively, California's investments in youth behavioral health total more than $4 billion. In addition, local philanthropy and other funders interested in San Mateo County youth behavioral health want to see their investments align with, and not duplicate, the broad and fragmented array of opportunities. One goal of the Plan of Action is to serve as a tool for coordination across funding opportunities and to leverage impact as opportunities arise.

A common principle within the new funding initiatives is to bring services to children and youth where they spend much of their time: schools. Thus, funding goals aim to increase access to a wide range of mental health services, with a focus on prevention and early intervention, on school campuses or nearby.

[6] Othering and Belonging Institute. Targeted universalism means setting universal goals pursued by targeted processes to achieve those goals for everyone.

Examples of funding opportunities include:

- ACEs Aware
- Behavioral Health Services Act (Prop 1)
- CalAIM Services (Health Plan of San Mateo)
- Children and Youth Behavioral Health Initiative (CYBHI) Programs
- Community Schools Partnership Program Grants (California Department of Education)
- Families First Prevention Services Act (FFPSA)
- Local Educational Agency Medi-Cal Billing Option Program (California Department of Health Care Services, or DHCS)
- Local Health Care Districts (Peninsula and Sequoia)
- Local Public Education Funding, such as school site discretionary and improvement funds, parent-teacher associations (PTAs)/organizations (PTOs), and school district foundations
- Peer-to-Peer California High School Pilot Demonstration - The Children's Partnership
- Private Philanthropy
- Mental Health Services Act (MHSA) School and Mental Health Grants
- Multi-Payer Fee Schedule (DHCS)
- San Mateo County Measure K
- Student Behavioral Health Incentive Program (DHCS)
- Title I
- Workforce Grants (California Department of Health Care Access and Information)

Participants emphasized the need to cover the "true cost" of programs and services wherever possible to ensure they are sustainable and allow for growth. The quality and reach of programs and services can be enhanced when the use of funding is strategic and reflects community priorities. Administrators and others understand that covering full costs may involve blending and braiding funding, and that braiding funding adds complexity.

Implementation

This Plan of Action is envisioned as a strategic document that guides efforts and allows partners to see individual projects in a larger context. It outlines recommendations requiring multiple years of effort by partners across sectors. The Steering Committee and workgroups understood it would not be possible to simultaneously address all the strategies and activities identified in the Plan of Action and that a single point of accountability for all activities would hinder overall progress. Workgroups organized specific priorities, strategies, and activities to include in the Plan. The Plan does not suggest or require a particular sequence of events, and it assumes that as opportunities arise, partners will pursue solutions independently and collaboratively and direct resources toward an area of the Plan that is aligned with their ongoing efforts. The Plan allows these actions to be viewed in the context of an overall strategy with shared commitment by all.

There are federal, state, and local initiatives that address priorities in the Plan of Action across multiple sectors. As opportunities arise, the Coalition hopes partners will prioritize the recommended strategies and activities when developing applications for funding. The Plan may also spur pilot projects in targeted regions or for specific population groups (e.g., a school district with a higher percentage of students enrolled in Medi-Cal) to learn and spread successes across more schools and communities.

This Plan is intended to be used by a multitude of partners. The aim is that all of those charged with helping support children, youth, families, and the service providers that care for them will use this Plan of Action to develop their own strategic plans, Local Control and Accountability Plans, and other guiding documents in the coming years; enhance their services, workforce, and responsiveness; partner more deliberately; and develop trauma-informed, culturally competent services for children, youth, and families.

This includes public and private systems of care, schools, and behavioral health providers as well as child welfare programs, the justice system, faith-based organizations, youth development groups, family resource centers, housing providers, and others that touch the lives of youth in San Mateo County.

In its discussions, the Steering Committee emphasized that moving forward would require early action spearheaded through the Coalition to engage a broader group of partners, communicate the Plan, and craft an implementation process that is supported, accountable, and aligned. In addition, the Coalition Steering Committee, with the San Mateo County Office of Education (County Office of Education) in the role of "backbone" organization, can serve as an ongoing forum for collaboration and accountability in implementing the Plan.

Starting immediately, the Coalition will build on the commitment and enthusiasm of the United for Youth workgroups to host broad convenings that include business leaders, schools, and government designed to help others understand the Plan and advocate for greater involvement in improving youth behavioral health. In addition, targeted convenings will be useful to align the efforts of funders, service providers, schools, and families. A key goal of this initial engagement will be to foster a shared commitment to viewing the Plan as an anchor document that aligns the efforts of many partners toward the realization of the Plan's outcomes.

Establishing cross-sector collaboration is also important and should address planning, enactment, tracking, and oversight to maintain a shared focus on priorities, strategies, activities, funding opportunities, and/or populations of focus. To understand effectiveness and promote learning over time, implementation should include a countywide approach to data collection and evaluation of impact. The Coalition and partners should consider developing quantifiable measures of success and continue to monitor data for changing demographics and population needs, especially among the youth population experiencing the most disparities. By establishing measures of success and tracking progress toward changes, the Coalition, its partners, and families can ensure the Plan is effectively meeting its goals.

Although no single entity holds accountability to accomplish the goals of the Plan, this collaborative process can build on the energy, enthusiasm, commitment, and interest in ongoing engagement of the many participants who developed the Plan of Action and leverage broader engagement to achieve a community where all youth can thrive.

Plan of Action Summary

This Plan of Action includes guiding principles, five priorities, 21 linked strategies, and related activities that reflect the recommendations of the United for Youth workgroups. Workgroups considered available data and their experience regarding the strengths, needs, and gaps across the continuum of behavioral health services, including underlying capacities such as workforce. Each workgroup developed its priority recommendations independently, and yet there was a high degree of concordance across workgroup recommendations. The resulting priorities and strategies shared below may be used by a wide variety of parties operating in different settings, as noted above.

This section outlines United for Youth's guiding principles, priorities, and strategies. More details, including recommended activities, are addressed in the section that follows this summary.

GUIDING PRINCIPLES

- The Plan of Action will address growing behavioral health challenges and promote well-being for children and youth in San Mateo County.
- Priorities are relevant countywide with a focus on populations and geographies experiencing behavioral health services inequities.
- All behavioral health services will be delivered in a culturally and linguistically appropriate manner.
- Resources will be allocated across the behavioral health care continuum including prevention, early intervention, treatment, and crisis.
- Attention to behavioral health needs and services means addressing the full continuum of social/emotional needs, mental health disorders, substance use disorders, and intersecting challenges.
- All efforts will strengthen and leverage new and existing funding, initiatives, and resources.
- The behavioral health workforce will be equipped to meet the needs of children and youth on a timeline that matches the urgency and intensity of the need.
- Efforts will utilize technology to expand access to behavioral health services for children and youth.
- Multiple strategies and activities conducted under this Plan will help reduce behavioral health stigma and encourage culturally-relevant help-seeking.

PRIORITIES	STRATEGIES
1. Expand prevention and education efforts that promote social-emotional well-being 	1.1 Provide consistent, high-quality social emotional learning (SEL) programming[7] and other prevention programs across schools and grade levels and in other settings. 1.2 Support schools in developing and implementing trauma-informed policies, practices, and environments that are safe, welcoming, inclusive, and promote belonging and well-being. 1.3 Help bridge life transitions for key developmental periods (e.g., middle school, transitional age youth) and those with greatest needs. 1.4 Build behavioral health education, awareness, and stigma reduction through public campaigns. 1.5 Provide families and caregivers with more tools to support child and youth development, especially for those with behavioral health needs.
2. Improve early identification of youth behavioral health needs and facilitate access to services to address these needs 	2.1 Educate youth, providers, schools, and families on behavioral health service availability and how and when to seek help. 2.2 Use validated screening tools and methods to identify children and youth who would benefit from behavioral health services. 2.3 Utilize available information (e.g., attendance) to identify young people who may need support and help them navigate toward services. 2.4 Promote access to an expanded range of behavioral health and well-being providers (e.g., peer providers, wellness coaches) for children and youth. 2.5 Improve coordination and alignment among systems and simplify referral processes.
3. Facilitate greater access to a full range of youth-centered behavioral health treatment services 	3.1 Provide outpatient behavioral health services at more locations and times to increase access. While place-based services are ideal, virtual services may also offer a feasible and sustainable solution. 3.2 Expand the capacity and range of local behavioral health services to include outpatient services, individual and family therapy, substance use disorder treatment, and crisis and hospitalization services. 3.3 Support improvements to the acute crisis intervention system for children and youth.
4. Invest in the existing and emerging behavioral health workforce and promote diversity and sustainability 	4.1 Improve training and interdisciplinary education for school staff, child- and youth-serving behavioral health clinicians, health care providers, social services staff, and other youth-serving practitioners so they can better support youth behavioral health and well-being. 4.2 Cultivate greater workforce diversity and new career pathways for adults working with youth and/or those providing behavioral health services. 4.3 Support efforts to retain qualified, culturally-relevant child- and youth-serving staff. 4.4 Make strategic increases in the number and capacity of the behavioral health workforce.
5. Leverage available public and private funding and other resources, including technology 	5.1 Ensure full use of technology and technology solutions to address youth behavioral health needs. 5.2 Maximize school and behavioral health provider participation in Medi-Cal and private insurance networks to increase the number of behavioral health providers accessible to San Mateo County children and youth. 5.3 Pursue additional public and private funding through coordinated countywide efforts.

[7] SEL is the process through which young people acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions (CASEL, 2024).

Detailed Plan of Action

This section of the Plan includes specific activities the workgroups believed would advance the United for Youth priorities listed in the previous section. Following each priority is a list of the key partners who are expected to implement and/or oversee these activities, as well as options for funding based on current known and planned revenue streams or initiatives. Although activities are listed in a generally logical sequence, they do not need to be considered or implemented in this order. Instead, parallel groups implementing these strategies and activities simultaneously are expected to have greater synergy and long-term impact.

Priority One: Expand prevention and education efforts that promote social-emotional well-being

STRATEGIES	ACTIVITIES
1.1 Provide consistent, high-quality social emotional learning (SEL) programming and other prevention programs across schools and grade levels and in other settings.	A. Provide SEL curriculum[8] at each grade level, offer consistently during advisory or other class time, and include a family-facing module. Provide school staff with training, resources, support, and enthusiasm to offer SEL effectively; consider stipends for Teachers on Special Assignment or other incentive methods. B. Provide Wellness for Life 101[9] in non-school settings to reach transitional age youth and other out-of-school youth. C. Partner with leaders from city parks and recreation departments and nonprofits to expand affordable after-school and summer offerings of diverse prosocial activities that include transportation solutions for some families. D. Expand youth centers and after-school and community-based activities that build community in various settings and are designed for specific populations (e.g., teen drop-in centers designed with and for BIPOC and LGBTQ+ youth, youth centers for after-school drop-in and prosocial recreation options). E. Develop and scale culturally responsive, evidence-based interventions that provide peer-to-peer supports, while focusing on those with fewer social supports (e.g., affinity support groups, peer/near-peer supports and programs, and trainings for youth in K-12 and community college settings.)
1.2 Support schools in developing and implementing trauma-informed policies, practices, and environments that are safe, welcoming, inclusive, and promote belonging and well-being.	A. Develop wellness spaces at schools that include a range of relevant programs and services and can be used for safe, confidential de-escalation as well as for groups and to provide information and resources. B. Examine school policies through an equity- and trauma-informed lens to ensure they do not perpetuate disparities and support youth with emotional and/or behavioral health needs (e.g., truancy policies). C. Hold schools and districts accountable for following existing policies that support and protect students, particularly LGBTQ+ students and students with disabilities. D. Expand supports for neurodivergent youth (e.g., social learning groups, Neurosequential Model of Education).

Table continued on next page →

[8] SEL topics identified by participants include healthy communication, relationships, conflict resolution, problem solving, policy engagement and goal setting, social skills, navigating social media, anger control, coping and mindfulness, confidence, self-esteem, bullying, body image, social pressure, sleep hygiene, safety planning, health insurance, what stress feels like and its impact on physical and mental health, serious mental health symptoms, financial literacy, how to identify feelings, the difference between thoughts and feelings, mindfulness practices, how to manage stress, anxiety, and the negative consequences that can be linked to social media use.

[9] Wellness for Life includes tools to identify and understand feelings, manage anxiety and stress, and practice mindfulness.

STRATEGIES	ACTIVITIES
1.3 Help bridge life transitions for key developmental periods (e.g., middle school, transitional age youth) and those with the greatest needs.	A. Expand transitional support for populations with extended school absences, those returning from justice settings, foster youth, and youth with individualized education programs (IEPs) moving into community colleges. B. Provide career planning, job training, connections to local employers, near-peer mentors for adolescents and transitional age youth, and workforce preparation programs (e.g., financial literacy, understanding health insurance, professionalism, and workplace norms). C. Expand access to income supports linked to the accomplishment of specific activities or participation in apprenticeships for students with financial need.
1.4 Build behavioral health education, awareness, and stigma reduction through public campaigns.	A. Develop shared language for social, emotional, and mental health services that is culturally relevant and accessible for families and addresses logistics, stigma, and fears around engaging with behavioral health systems. B. Center youth voice in youth-to-youth school outreach campaigns, using diverse influencers and/or ambassadors to create advisory period, social media, and hallway campaigns with a focus on the positive aspects of mental health and well-being (e.g., body positivity). C. Implement evidence-based anti-bullying campaigns in schools that are proactively anti-oppression to counteract campus challenges, such as racism, homophobia, and transphobia. D. Start early to counter cultural stigma around behavioral health challenges and promote help-seeking among young people. E. Place prevention and anti-stigma messages for transitional age youth in libraries, community colleges, public transit, workplaces, bars, smoke shops, buses, and as pop-up ads in online games.
1.5 Provide families and caregivers with more tools to support child and youth development, especially for those with behavioral health needs.	A. Offer parent workshops, classes, and support groups organized around age groups, language needs, and community needs. These might include lessons on healthy interpersonal and family communication, relationships, conflict resolution, problem solving, financial literacy, and goal setting. Offer sessions at times that work for families and support participation by addressing child care and other needs. B. Ensure caregivers have access to culturally relevant educational resources that support behavioral health and child development. C. Improve communication between schools, providers, and families whose children have behavioral health needs to build trust and help families feel supported and connected. D. Leverage community health workers to support families with issues impacting school attendance and help families with literacy gaps to understand the education system. E. Leverage new Medi-Cal CalAIM benefits to help build and sustain community pathways for prevention and early intervention services for families at high-risk of involvement with child welfare.

Key Partners

- Behavioral Health and Recovery Services
- Cities
- Community colleges
- Community organizations
- Health Plan San Mateo
- San Mateo County Human Services
- San Mateo County Office of Education
- School districts and schools
- Parent, teacher, and student organizations
- Private health care plans

Funding Options

- Behavioral Health Services Act funding (Prop 1)
- Categorial education grants (e.g., Title I, Tobacco Use Prevention Education)
- Children and Youth Behavioral Health Initiative (CalHOPE funds)
- Community Schools Partnership Grants
- Federal First Prevention Services Act (FFPSA)
- Healthcare districts
- Local parent/teacher and student organizations
- Local philanthropy
- Medi-Cal (CalAIM benefits)
- School district foundations
- School site councils/site discretionary funds

Priority Two: Improve early identification of youth behavioral health needs and facilitate access to services to address these needs

STRATEGIES	ACTIVITIES
2.1 Educate youth, providers, schools and families on behavioral health service availability and how and when to seek help.	A. Provide more school and youth organization staff with Youth Mental Health First Aid or other training to help them identify children and youth who may be suffering and develop better knowledge around what is developmentally appropriate versus concerning. B. Ensure that existing resource inventories (e.g., 211, local lists) are complete and reflect all available child and youth behavioral health services. Ensure materials are translated and culturally relevant (e.g., make referral lists available in languages other than English and use accessible terms). C. Strengthen awareness and increase utilization of local inventories and tools to navigate behavioral health services for children and youth (e.g., materials developed by the San Mateo County Behavioral Health Commission and Youth Committee). D. Broaden knowledge and usage of local and behavioral health tools and apps, including CareSolace, BrightLife, and Soluna, for triage and coaching Share with children, youth, families, schools, and other interested parties.
2.2 Use validated screening tools and methods to identify children and youth who would benefit from behavioral health services.	A. Help school districts adopt universal, validated screening tools to identify children who may need behavioral health support. B. Create an assessment tool for measuring family strengths and needs for use in a variety of program enrollment processes.
2.3 Utilize available information (e.g., attendance) to identify young people who may need support and help them navigate toward services.	A. Develop strategies to more effectively address attendance and youth who are out-of-school and/or disengaged (e.g., transition supports into school after illness, absence, or moves, assessments for reasons that contribute to absenteeism). B. Identify youth early using existing information such as attendance and discipline records to provide social emotional learning, skill-building interventions, and behavioral health referrals and/or services as alternatives to suspension. C. Educate families and peers about how and why to review youth use of social media for warning signs of a behavioral health concern (e.g., suicidality). D. Implement a system for law enforcement to notify school personnel when a traumatizing event happens at home so schools can be aware and support the child or youth.[10]
2.4 Promote access to an expanded range of behavioral health and well-being providers (e.g., peer providers, wellness coaches) for children and youth.	A. Acknowledging capacity challenges, build out services that can be delivered more broadly by non-licensed staff (e.g., youth mental health first aid and parent project classes, peer-to-peer services). B. Improve services by relying on community health workers and wellness coaches who can address cultural relevancy, expand provider availability, and focus on youth with high rates of absenteeism. C. Re-imagine the care continuum to expand beyond traditional behavioral services to include speech and occupational therapy, pet therapy, dyadic services, community health workers, wellness coaches, music, movement, art, and culturally-relevant, relationship-based approaches.

[10] Stanislaus County model.

STRATEGIES	ACTIVITIES
2.5 Improve coordination and alignment among systems and simplify referral processes.	A. Expand the community school model to include school-community partners and physical spaces such as family resource centers where children, youth, and families can receive services, including resources, telehealth, and case management. B. Develop clear, simple referral and resource pathways to help families and providers navigate the complexity of behavioral health and related social services. Leverage technology to create and strengthen referral pathways. Ensure materials are translated in a culturally-relevant manner (e.g., make referral forms available in languages other than English and use accessible terms). C. Increase education and training to clarify rules on privacy and what can be shared between partners under HIPAA and FERPA. Use state-developed HIPAA and FERPA guidance to help implement the multi-payer fee schedule. D. Better align and coordinate services among school and community behavioral health service providers. E. Consider creating a robust coordinated data system with appropriate data sharing agreements and inter-agency liaisons (e.g., closed-loop referral systems with better data and data sharing).

Key Partners

- Behavioral Health and Recovery Services
- Community organizations
- County Office of Education/schools/ community colleges
- Health Plan of San Mateo/private health plans
- Primary care providers
- Private providers and clinicians

Funding Options

- California Community Schools Partnership Program - High School (California Department of Education)
- Categorial education grants
- Local Educational Agency Medi-Cal
- Local parent organizations & School Foundations, School Site Council funds
- Local Philanthropy
- Mental Health Services Act Prevention and Early Intervention (PEI)
- Multi-Payer Fee Schedule
- Title I funding

Priority Three: Facilitate greater access to a full range of youth centered behavioral health treatment services

STRATEGIES	ACTIVITIES
3.1 Provide outpatient behavioral health services at more locations and times to increase access. While place-based services are ideal, virtual services may also offer a feasible and sustainable solution.	A. Directly and through partnerships, provide more school-based and other place-based services. B. Help address barriers like transportation and child care. C. Offer more diverse hours of operation (e.g., outside of 9:00am-5:00pm and during school breaks). D. Increase the number of providers in traditionally under-resourced communities. E. Utilize expanded virtual options to fill gaps that cannot be met by in-person/place-based services.
3.2 Expand the capacity and range of local behavioral health services to include outpatient services, individual and family therapy, substance use disorder treatment, and crisis and hospitalization services.	A. Close the gap between the needs and available services through the expansion of outpatient services, individual therapy, substance use disorder treatment, and crisis/hospitalization.[11] B. Provide a greater range of services that extend beyond individual therapy (e.g., dialectical behavioral therapy programs; partial hospitalization, day treatment, and intensive outpatient programs; case management; and overnight respite). C. Expand behavioral health services offered by community colleges to support students who received intensive services in K-12 settings. D. Engage with wellness coaches to provide therapeutic behavioral services in all schools. E. Expand intensive community-based programs such as home visits, respite, and wraparound services for families in their primary language. F. Promote focused coordination among county departments to support youth involved in the justice system. Explore the use of new Medi-Cal benefits and funding opportunities to get reimbursement for services provided to these youth.
3.3 Support improvements to the acute crisis intervention system for children and youth.	A. Build out the youth-focused crisis and acute service continuum (e.g., more 24/7 crisis response, psychiatric emergency services, alternatives to hospitalization, youth crisis stabilization units, and hospitalization). B. Develop and use trauma-informed systems for transporting students between schools and youth-friendly psychiatric facilities. C. Improve communication and coordination among health providers, partners, and schools on crisis resolution. D. Identify and implement transitional models for supporting youth leaving hospital settings. E. Employ best practices as described in the Coalition for Safe Schools and Community's Suicide Prevention Toolkit for reporting suicide. Continually evaluate the protocol to ensure best practices are current.

Key Partners

- Behavioral Health and Recovery Services
- Community Behavioral Health providers
- County Office of Education/schools/community colleges/Special Education Local Planning Area partners
- Existing crisis planning collaborative
- Health centers
- Health Plan of San Mateo/private health plans
- Human Service Agency, Child and Family Services Division
- San Mateo Medical Center and other hospitals
- School-based service providers

Funding Options

- Behavioral health benefits with parity across plans and payors
- Medi-Cal CalAIM benefits: (ECM, CHW, CS)
- Multi-Payer Fee Schedule
- School Infrastructure Programs (SIP)

[11] Edgewood Crisis Stabilization Unit in San Francisco is one model to consider.

Priority Four: Invest in the existing and emerging behavioral health workforce and promote diversity and sustainability

STRATEGIES	ACTIVITIES
4.1 Improve training and interdisciplinary education for school staff, child- and youth-serving behavioral health clinicians, health care providers, social services staff, and other youth-serving practitioners so they can better support youth behavioral health and well-being.	A. Consider universal school staff training in Youth Mental Health First Aid. B. Provide opportunities to earn Continuing Education Units (CEUs), stipends, and/or scholarships for professional development.[12] C. Help educators understand neurodivergence and sensory disorders so they can avoid misdiagnosing or mislabeling children.
4.2 Cultivate greater workforce diversity and new career pathways for adults working with youth and/or those providing behavioral health services.	A. Ensure there are Black/African American, Latino/a/x, Pacific Islander, and other bicultural/bilingual clinicians to improve cultural congruence.[13] B. Develop pipelines for recruiting and upskilling bicultural, bilingual, and LGBTQ+ clinicians. C. Create career pathways for community health workers, wellness coaches, peer providers and other evolving types of providers. Help develop local training programs with viable employment options and produce branding and marketing materials about these roles. D. Direct, encourage, and incentivize diverse local transitional age youth to enter these training programs and pursue other roles in the behavioral health workforce.
4.3 Support efforts to retain qualified, culturally-relevant child- and youth-serving staff.	A. Provide clinical supervision and support to school-based staff to promote competency building and retention strategies. B. Create and/or leverage incentive programs such as loan forgiveness and housing subsidies to keep people in the field. Promote local awareness of these programs. C. Provide increased supports for teachers who have students with behavioral health needs, including routine, frequent connection to behavioral health consultation and therapeutic supports. D. Provide staff wellness supports based on needs identified by staff, including staff social emotional learning, mentorship, and trauma-informed care, with special attention to high-burnout and underfunded settings. E. Develop learning communities and other opportunities for peer support among school staff and behavioral health providers providing similar care in similar communities.
4.4 Make strategic increases in the number and capacity of the behavioral health workforce.	A. Explore ways to increase behavioral health staff in schools to achieve recommended ratios. B. Develop strategies to increase the number of available behavioral health providers (e.g., convene discussions about how to expand access to private providers).

[12]Topics suggested by participants include evidence-based and trauma-informed/healing interventions; child development; childhood trauma; caregiver mental health; screening; recognizing and addressing behavioral health issues affecting children; behavioral health inequities; social drivers of health; when, where and how to refer, and when other interventions would be more appropriate; cultural humility; intersectionality; the lasting impact of COVID-19 on this generation; the importance of student mental health/well-being for academic success; how to recognize and support youth with substance use disorder; how to differentiate typical youth development vs. signs of behavioral health concern/crisis; Mental Health First Aid; and safety planning.

[13]Languages identified by participants include Spanish, Chinese, Tagalog, Russian, Tongan, Samoan, and Portuguese.

Key Partners

- Behavioral Health and Recovery Services
- Career centers, e.g. Job Train
- Certificate programs for behavioral health and substance use
- Community organizations and school-based services provider network
- County Office of Education/schools, especially high schools with a Health Track
- NOVAworks (workforce development agency)
- Partners engaged in training clinicians and interns e.g. San Francisco State University, UC Berkeley, Stanford, Community Colleges

Funding Options

- Community Health Worker Medi-Cal reimbursement
- Loan repayment programs
- Local Philanthropy
- Mental Health Services Act/Department of Healthcare Access and Information (HCAI) Workforce grants
- School Behavioral Health Incentive Program (SBHIP)
- School-Linked Partnerships and Capacity Grants
- Wellness Coach - Multi-Payer Fee Schedule

Priority Five: Leverage available public and private funding and other resources, including technology

STRATEGIES	ACTIVITIES
5.1 Ensure full use of technology and technology solutions to address youth behavioral health needs.	A. Promote awareness and use of the state-funded youth behavioral health programs, Soluna and BrightLife Kids, and re-evaluate local investment in other digital solutions. B. Explore and spread awareness of age- and culturally-relevant apps that promote positive behavioral health and help-seeking for various populations. C. Ensure the appropriate and effective use of telehealth in all behavioral health settings.
5.2 Maximize school and behavioral health provider participation in Medi-Cal and private insurance networks to increase the number of behavioral health providers accessible to San Mateo County children and youth.	A. Conduct broad stakeholder education and technical assistance about the Multi-Payer Fee Schedule and how to access all available state funding for youth behavioral health services. B. Encourage school districts and behavioral health providers to contract with community-based organizations to fully access the Multi-Payer Fee Schedule. C. Provide accessible training on behavioral health billing, Multi-Payer Fee Schedule, and Local Educational Agency Medi-Cal Billing Option Program (LEA BOP). D. Convene large employers to explore their role as purchasers of health benefits and ask what they can do to support expanded access to behavioral health services for youth. E. Explore creating or joining administrative hubs that would allow private behavioral health providers to participate in Medi-Cal and private insurance with low administrative burden.
5.3 Pursue additional public and private funding through coordinated countywide efforts.	A. Identify and convene local philanthropies around this Plan of Action. B. Work toward a coordinated funding and implementation approach to build momentum.

Key Partners

- Behavioral Health and Recovery Services
- County Office of Education/schools/community colleges
- Health Plan of San Mateo/private health plans
- School-based services provider network

Funding Options

- Children and Youth Behavioral Health Initiative (CYBHI)
- Community Schools
- Department of Healthcare Access and Information (HCAI) grants
- Local Educational Agency Medi-Cal
- Local Philanthropy
- Medi-Cal CalAIM benefits (Enhanced Care Management, Community Health Workers, CS)
- Multi-Payer Fee Schedule
- School Behavioral Health Incentive Program (SBHIP)

APPENDICES

Appendix I: Early Childhood Priorities

While there was not a workgroup focused on pre-elementary school children, participants in workgroups frequently raised the profound impacts that early childhood experiences have on child and youth development and overall life trajectory. Group participants highlighted the importance of concrete supports for families to address economic, housing, and safety hardships, along with helping caregivers of young children address emotional needs and learn positive parenting techniques. Also, there was broad consensus among workgroup participants that supporting young children requires supporting families and caregivers.

First 5 San Mateo County is developing a landscape assessment of local strengths and gaps pertaining to emotional well-being of young children and their families. This early childhood resource mapping completed by San Francisco County in 2023 may be a useful example to review. In addition, San Mateo County has invested significantly in adopting trauma-informed and "ACEs (Adverse Childhood Experiences) aware" policies. Continuing this evolution, federal, state and local child welfare policies increasingly focus on whole-family approaches to prevention and early intervention, which aligns with the field of pediatrics' emerging public health approach to promoting relational health through partnership with families and communities to mitigate negative impacts of trauma and toxic stress in early childhood.

The table below lists several priorities, strategies, and potential activities that came out of the elementary age workgroup centered around early childhood and not included in the Plan of Action priorities.

PRIORITIES	STRATEGIES	ACTIVITIES
Support young children holistically through a family-centered approach.	1. Center supports around the pediatrician's office, which is the most frequent place caregivers of babies and young children interact with the health care system. 2. Increase training/support for early childhood educators and pediatricians to best understand when, where, and how to refer, and when other interventions would be more appropriate. 3. Provide early learning programs with routine, frequent connection to early childhood mental health consultation and therapeutic support. 4. Increase support for youth exposed to trauma, such as domestic violence.	A. Expand implementation of the Medi-Cal dyadic benefit to access funding for whole-family interventions within primary care. B. Expand home visiting programs, such as Prenatal to Three. C. Ensure there are community pathway referral channels between child welfare and community-based organizations for support. D. Expand community health worker programs and or doula services to support parents, including pregnant women (especially those of color) and address their holistic needs. E. Provide more parent support groups and parenting classes organized around age groups and reflecting specific community needs. F. Increase availability of 0-5 behavioral health providers, specifically individuals who are bilingual and bicultural and understand the needs of their communities.
Center the voices of underserved families and tailor supports to community needs.	1. Expand child and family team meetings to support children and families, giving them voice and choice. 2. Implement strategies and provide education related to "community supporting" alongside mandated reporting. 3. Provide training for all school, daycare, and preschool staff on topics such as child development, childhood trauma, caregiver mental health, screening, recognizing and addressing behavioral health issues affecting children.	A. Develop shared language for social, emotional, and mental health services that is culturally relevant and accessible for families. Address logistics, stigma, and fears around entering county systems. B. Ensure all materials are translated in a culturally competent manner (e.g., make referral forms available in languages other than English using accessible terms). C. Broaden access to services and resources outside of 9:00am-5:00pm.

Appendix II: Coalition for Safe Schools and Communities

Following the 2012 fatal shooting of 26 students and staff at Sandy Hook Elementary School in Newtown, Connecticut, San Mateo County leaders were spurred to create a collaborative, multi-agency group to create safe schools and communities across the county.

San Mateo County's collaborative work on school safety began in April 2013, with the summit, "Beyond Newtown: How to Ensure Safe Schools and Communities," sponsored by the following formerly elected officials: Congresswoman Jackie Speier, County Supervisors Don Horsley and Adrienne Tissier, Sheriff Greg Munks, County Superintendent Anne Campbell, and Assemblymember Gene Mullin. The Coalition for Safe Schools and Communities was created as a result of that summit.

The Coalition's vision is: Create and sustain safe and positive school and community environments so all county youth may thrive and succeed. Its mission is: Identify and address the safety needs of county youth, work across agencies to implement best practices in emergency response and mental health, and support with a legal framework for lawful information-sharing, using a common language.

The Coalition has developed protocols and frameworks for improved coordination and information sharing across agencies. Through a collaborative process, it produced The Big Five, a set of emergency response protocols adopted by all San Mateo County school districts and law enforcement agencies; a Student Threat Assessment Protocol, which provides schools with an evidence-based process and is intended to provide early intervention and support to students who may pose a threat to themselves or others; Suicide Prevention Toolkit; the Naloxone for Schools Program; and other resources. More information about these and other projects can be found on the Coalition webpage.

Guided by a Steering Committee comprised of elected leaders, government agency and department heads, and representatives of superintendents and law enforcement, the Coalition continues to identify and address the needs of county youth so they can learn and grow in safe and supportive school environments. Coalition members include:

- Nancy Magee, County Superintendent of Schools, Steering Committee Chair
- Ed Barberini, City of San Mateo Police Department
- Dorene Basuino, Jefferson Union High School District
- Lisa Cho, San Mateo County Attorney's Office
- Shirley Chu, San Mateo County Behavioral Health and Recovery Services
- Jehan Clark, San Mateo County Probation Office
- Noelia Corzo, San Mateo County Board of Supervisors
- David Cosgrave, San Mateo County Department of Emergency Management
- Claire Cunningham, San Mateo County Human Services Agency
- Jarrett Dooley, Sequoia Union High School District
- Christina Falla, Office of Supervisor Noelia Corzo
- John Fong, San Mateo County Children and Family Services
- Matthew Fox, San Mateo County Sheriff's Office
- Kristen Gracia, San Mateo County Superintendents Association
- Nadia Hahn, San Mateo County District Attorney's Office
- Mason Henricks, San Mateo County Office of Education
- Tom Ledda, San Mateo County Schools Insurance Group
- Patricia Love, San Mateo County Office of Education
- Mary McGrath, San Mateo County Office of Education
- Ziomara Ochoa, San Mateo County Behavioral Health and Recovery Services
- Brian Philip, San Mateo County Sheriff's Office
- Don Scatena, San Mateo Union High School District
- Kristen Shouse, San Mateo County Office of Education
- Brian Tupper, San Mateo County Community College District
- Linda Wolin, Office of Supervisor Dave Pine

Appendix III: United for Youth Steering Committee

- Chris Abalos, San Mateo County Probation Office
- Adrienne Addicott, Kaiser Permanente
- Steve Adelsheim, MD, Stanford University School of Medicine
- Jei Africa, San Mateo County Behavioral Health and Recovery Services (co-chair)
- Kismet Baldwin-Santana, MD, San Mateo County Public Health, Policy and Planning
- Noelia Corzo, San Mateo County Board of Supervisors
- Frieda Edgette, Novos Consulting/Behavioral Health Commission
- John Fong, San Mateo County Children and Family Services
- Patricia Love, San Mateo County Office of Education
- Nancy Magee, San Mateo County Office of Education (co-chair)
- Chloe May, Youth to Action Board (YAB)
- Mary McGrath, San Mateo County Office of Education
- Ash McNeely, Sand Hill Foundation
- Sara Larios Mitchell, Ph.D., Star-Vista
- Ziomara Ochoa, San Mateo County Behavioral Health and Recovery Services
- Yolanda Ramirez, San Mateo County Behavioral Health and Recovery Services
- Jacki Rigoni, Office of Supervisor Noelia Corzo
- Charlotte Rosario, Youth to Action Board (YAB), Youth Committee
- Amy Scribner, MD, Health Plan of San Mateo
- Annya Shapiro, Daly City Youth Health Center
- Kristen Shouse, San Mateo County Office of Education
- Shawneece Stevenson, Bay Area Community Health Advisory Council
- Ann Wasson, Sequoia Health District
- Linda Wolin, Office of Supervisor Dave Pine

Appendix IV: United for Youth Workgroups

Elementary School

- Michelle Blakely, First 5 San Mateo County
- Chelsea Bonini, Behavioral Health Commission
- Noelle Bruton, San Mateo County Behavioral Health and Recovery Services
- Curtis Chan, San Mateo County Public Health Policy and Planning
- Nicole Daly, San Mateo County Child and Family Services
- Hedwig DeOcampo, San Mateo County Behavioral Health and Recovery Services
- Cindy Donis, San Mateo County Behavioral Health and Recovery Services (co-chair)
- Lizeth Hernandez, Puente
- Nicolette Kelleher, Behavioral Health Commissioner
- Stephanie Martinez, Jefferson Elementary School District
- Marcela Miranda, San Mateo County Office of Education (co-chair)
- Emma Moctezuma, Ayudando Latinos A Soñar (ALAS)
- Gabriela Perez, San Mateo County Behavioral Health and Recovery Services
- Laura Rodriquez, Puente
- Courtney Sage, Health Plan San Mateo
- Stephanie Sheridan, Menlo Park School District
- Kristin Vogel-Campbell, Pride Center
- Roberta Zarea, Portola Valley School District

Middle School

- Edith Cabuslay, San Mateo County Behavioral Health and Recovery Services
- Aida Campara, Ravenswood City School District
- Donovan Fones, San Mateo County Child and Family Services

- Lizeth Hernandez, Puente
- Jennifer Jimenez, Fred Finch Intensive In-Home Services
- Jennifer Di Joseph, San Bruno Park School District
- Jason Kimbrough, San Mateo County Behavioral Health and Recovery Services (co-chair)
- Stephanie Martinez, Jefferson Elementary School District
- Mary McGrath, San Mateo County Office of Education (co-chair)
- Brian Patel, Bayshore School District
- Marta Perez, San Mateo County Behavioral Health and Recovery Services
- Yelenna Pleiez, Ayudando Latinos A Soñar (ALAS)
- Nancy Quiggle, Star-Vista
- Laura Rodriquez, Puente
- Jim Rutherford, San Mateo County Behavioral Health and Recovery Services
- Sylvia Tang, San Mateo County Behavioral Health and Recovery Services
- Luis Valdivias, El Centro
- Jeff Weiner, Jewish Family Services
- Ligia Andrade Zuniga, Behavioral Health Commission
- Ramsey Khaso, Children's Health Council
- Yakira Dxrk Sxul, Youth Commission

High School

- Chris Abalos, San Mateo County Probation Office
- Melissa Ambrose, Jefferson Union High School District
- Eliseo Amezcua, San Mateo County Behavioral Health and Recovery Services
- Sandy Barba, San Mateo County Child and Family Services
- Mary Bier, Jefferson Union High School District
- Ann Wasson, Sequoia Health Care District
- Jennifer Carson, Youth Committee
- Anand Chabra, MD, Family Health
- Cindy Dominguez, San Mateo County Office of Education (co-chair)
- Karen Feliciano, San Mateo County Behavioral Health and Recovery Services
- Lizeth Hernandez, Puente
- Kristina Ireson, Sequoia Union High School District
- Cassandra Jackson, Bay Area Community Health Advisory Council
- Natasha King, San Mateo County Office of Education
- Eliseo Amezcua, San Mateo County Behavioral Health and Recovery Services
- Katrina Maple, Pride Center
- Martha Morales, San Mateo County Behavioral Health and Recovery Services
- Regina Moreno, San Mateo County Behavioral Health and Recovery Services (co-chair)
- Aurora Pena, San Mateo County Behavioral Health and Recovery Services
- Sarah Pizer-Bush, Edgewood
- Yolanda Ramirez, Behavioral Health Commission
- Laura Rodriquez, Puente
- Misha Sky, Fred Finch Intensive in-home services
- April Torres, San Mateo Union High School District
- Claire Tracey, San Mateo County Behavioral Health and Recovery Services
- Kava (Ed) Tulua, One East Palo Alto
- Nani Wilson, Asian American Recovery Services

Transitional Age Youth

- Isabelle Escobar, Youth Commission
- Chelsea Bonini, Behavioral Health Commission

- William Elting, Youth Committee
- Jeff Essex, El Centro
- Doug Fong, San Mateo County Behavioral Health and Recovery Services
- Mary Taylor Fullerton, San Mateo County Behavioral Health and Recovery Services
- Mercedes Gutierrez, Young Adult Independent Living
- Lizeth Hernandez, Puente
- Sydney Hoff, Felton
- Latisha Irving, San Mateo County Child and Family Services
- Dana Johnson, LGBTQ Commission
- Rubie Macaraeg, San Mateo County Office of Education (co-chair)
- Danielle Park, San Mateo County Behavioral Health and Recovery Services
- Nkia Richardson, Court Appointed Special Advocates (CASA) of San Mateo County
- Laura Rodriquez, Puente
- Don Scatena, San Mateo Union High School District
- Lauren Sneed, San Mateo County Office of Education
- Mary Stavn, San Mateo County Behavioral Health and Recovery Services (co-chair)
- Dyresha Williams, Edgewood
- Michelle Woo, Star-Vista
- Theresa Woo, Department of Rehabilitation
- Norma Zavala, Ayudando Latinos A Soñar (ALAS)
- Madison Sandoval, San Mateo County Children and Family Services
- Marcos Chacon, Cañada College


UNITED for YOUTH
Coalition for Safe Schools & Communities