

Truckee
North
Tahoe
Youth
Health
Initiative

June 22

2015

All Youth Alive, Healthy and Thriving

Strategic
Plan

Contents

- 1. The Youth Health Initiative 1**
 - 1.1 A Partnership.....1
 - 1.2 Building on Key Partnerships1
 - 1.3 The Planning Process1
- 2. Overview of Truckee-North Tahoe 3**
 - 2.1 Geography and Demographics of the Service Area3
 - 2.2 Health Care in the Service Area4
 - 2.3 Regional Demographics5
 - 2.4 Youth Population Focus6
- 3. Needs Assessment Overview, Key Findings and Recommendations..... 7**
 - 3.1 Overview7
 - 3.2 Positive Adolescent Health Trends7
 - 3.3 Adolescent Health Issues to Address8
 - 3.4 Youth Health and Education Disparities11
 - 3.5 Current State of the Youth Healthcare Delivery System11
 - 3.6 Recommendations from the Needs Assessment13
- 4. Building the Best System - Best Practices in Adolescent Health 15**
 - 4.1 Designing Coordinated Health Systems to Meet the Unique Needs of Adolescents.....15
 - 4.2 School Health and Wellness Centers – Health Portals for Youth16
 - 4.3 Truckee North Tahoe Wellness Centers.....19
 - 4.4 TNT Planning Team’s Learning Tours20
- 5. Design for a Comprehensive Integrated Youth Health System..... 21**
 - 5.1 Collective Impact21
 - 5.2 Vision and Results Framework21
 - 5.3 Essential Qualities of Comprehensive Integrated Youth Health System22
 - 5.4 Goal Areas.....22
 - 5.5 Measurements.....23
 - 5.6 Four Key Strategies24
- 6. Three Year Road Map for Implementation 27**

Appendix 1: Strategy 1: <i>School-based Wellness Hubs</i>	31
Appendix 2: SWOT Analysis	35
Appendix 3: Adolescent Primary Care and Reproductive Health Providers	36
Appendix 4: School-linked Primary Care and Reproductive Health Services and Programs (Middle and High Schools).....	38
Appendix 5: Adolescent Mental and Behavioral Health Therapists and Services	40
Appendix 6: School-linked & School-based Mental/Behavioral Health Resources (Middle and High Schools).....	43

TNT Youth Health Initiative Strategic Plan

1. The Youth Health Initiative

1.1 A Partnership

The *Youth Health Initiative* of the Truckee-North Tahoe (TNT) Planning Network emerged in 2014 from community-based collaborative efforts to address teen suicide and critical adolescent health needs in the Truckee-North Tahoe region. Local health disparities, rural isolation and the status of adolescent health in the TNT region led to the formation of a regional partnership focused on improving youth health outcomes and addressing persistent health inequities experienced by Hispanic youth. The Network is committed to developing a comprehensive youth-friendly health system. In June 2014 the network was awarded an \$83,794 federal Health Resources and Services Administration (HRSA) Rural Health Network Planning Program grant that funded a year-long planning process.

The TNT Planning Network is comprised of the four leading public agencies in the region: the Tahoe Truckee Unified School District, the Department of Health and Human Services of both Nevada and Placer Counties, and Tahoe Forest Hospital District, who serves as the convener and lead agency for the Network. The Network's long-term strategy: *is to create a strong partnership of community organizations committed to leveraging and expanding existing community- and school-based strategies to build a sustainable integrated continuum of health supports and services for adolescents in the Truckee–North Tahoe area.*

1.2 Building on Key Partnerships

The *Youth Health Initiative* builds off of the strength and achievements of each of the four partners (the Tahoe Truckee Unified School District, the Departments of Health and Human Services of both Nevada and Placer Counties, and Tahoe Forest Hospital District) and their long history of working together with the community and local non-profits to address critical health and education issues. Some of the most effective collaborations that have come together to support improved health and education outcomes for children youth and their families include the Community Collaborative of Tahoe Truckee comprised of 45 health, social service, education and education partners, The Youth Suicide Prevention Coalition, Tahoe Safe Alliance, and Tahoe-Truckee Future Without Drug Dependence.

Together their impact has been significant. Student achievement is on the rise while educational disparities are on the decline. Overall, community members are exercising more and experiencing excellent physical healthⁱ. Child immunization rates have steadily increased over the last three yearsⁱⁱ. More residents have access to health coverage than ever beforeⁱⁱⁱ. And, a united voice for children, youth and families has emerged through years of partnership resulting in a strong network of local school and community services and supports and a solid foundation for strengthening the current youth health system.

1.3 The Planning Process

The TNT Planning Network formed the *Youth Health Initiative* Planning Network with key leadership from the four partner organizations to oversee and dedicate time to the yearlong planning process from mid-June 2014 through May 2015. The Planning Network held one pre-meeting and twelve planning sessions including four (4) full day, four (4) half-day and four (4) 2-hour working sessions facilitated by a consultant with youth health systems expertise. During the sessions the partners grappled with important

TNT Youth Health Initiative Strategic Plan

youth issues, completed a SWOT (Strengths, Weaknesses, and Opportunities & Threats) analysis, organized a comprehensive needs assessment, and created a design for an integrated youth health system using the lens of collective impact.

During the 4-month needs assessment process, the Planning Network engaged with a large number of youth, parents and community providers to better understand the current youth health system, critical issues and service gaps. The team also dedicated many hours to learning about emerging best practices in youth health and school-based, school-linked services. The team went on four (4) site visits to both rural and suburban/urban communities where they interviewed youth health service teams and toured facilities. The sites they visited were the Contra Costa Counties Mobile School Health Centers program; James Morehouse, School Health Center, El Cerrito High; McClymonds School Health Center and Youth and Family Center, Oakland; and the Konocti Wellness Center of the Konocti Unified School District, Lake County. Additionally, they held a two-hour phone conference with the San Francisco School's Wellness Initiative.

Throughout the planning process team members consulted with internal stakeholders within their own organizations and external stakeholders they were connected to via other collaborative tables. At the end of the planning process presentations were made to the leadership of each organization and the four partners held conversations to determine how best to generate the needed resources to implement the plan over the next 3-5 years.

2. Overview of Truckee-North Tahoe

2.1 Geography and Demographics of the Service Area

Located in the Sierra Nevada mountain range, the North Lake Tahoe and Truckee, California region encompass many communities and one incorporated town, the Town of Truckee, over portions of two counties, Placer and Nevada. The full-time population of the region is approximately 30,075 residents^{iv}. The mountainous region of the Sierra Nevada range separates the region from the county seats down the hill by peaks exceeding 10,000 feet and sixty road miles, half of which are comprised of a narrow and curved two lane county highway traversing through deep forested ravines. The average altitude of the residential communities is 6,500 feet and the winters are typically long with an average snowfall of over 200 inches^v that can make transportation particularly challenging.

The Truckee-North Tahoe region is divided by political boundaries established to support the water and land needs of the population centers located in the foothills and central valley^{vi}. As a result, the community is divided into the three separate counties of Placer, Nevada and El Dorado. This jurisdictional division has a couple ramifications:

The confusing overlay of boundaries makes it difficult for local residents to access services and County-wide data does not accurately reflect the local reality (e.g. high cost of living and poverty levels). The geographic area borders the state of Nevada further complicating availability of services, outreach of services and complexity of insurance coverage (e.g. many residents live in Nevada but work in California or vice versa which impacts medical care availability as many insurances are state/employer-based).

The primary economy of the region¹ is tourism. According to the Community Collaborative of Tahoe Truckee, 62% of working residents are employed by tourist-related industries^{vii}. These jobs in the hotel, restaurant and guest services sector ebb and flow with even minor economic shifts nationally, are typically on the lowest end of the pay scale, and are primarily part-time, seasonal jobs at minimum wage with no benefits. Further impacting this job market are environmental issues of deteriorating snow conditions and drought that affect the ability to operate businesses that depend upon snowfall and water. These businesses then further impact hotel and restaurant establishments that rely on tourism.

To be noted is the prevailing disparity in the region between second homeowners and local working families. The combination of out-of-area second homeowners and proximity to the San Francisco Bay Area has led to an extraordinarily high cost of living in the region. Sixty percent (60%) of homes in the region are owned by out-of-area owners who may only visit a week out of every year, yet who claim residency thereby skewing the statistical income numbers to a false high. These homes are not typically available for rent, and affordable workforce housing can be a challenge to locate with low-income residents competing for a total of 403 affordable housing apartments in the region^{viii}. The wait list for affordable housing currently averages two years. According to the Council for Community and Economic Research, in 2011 Truckee ranked as the 9th most expensive place to live in the United States, with a Cost of Living (COL) index of 143%^{ix}. The combination of low wages and high costs of living create significant challenges for working families in the region, and many employees on the lower end of the economic scale work two or more jobs. The reality is that when accounting for the COL many more residents live in poverty than what is reflected by Census statistics and poverty directly increases the risk of poor health.

¹ The communities of South Lake Tahoe are politically, demographically, socially and geographically separate from these on the north end of the lake, and are not included in this document or grant.

TNT Youth Health Initiative Strategic Plan

An additional challenge is a public transportation system that is inadequate to meet the needs of local residents to reach employment or health care, and winter transportation by any means can be especially hazardous and primary roads are often restricted or closed during winter storms. Most transportation routes are seasonal with fluctuations between winter and summer months thereby further compromising reliable public options.

The region's largest employer is Tahoe Forest Hospital District with its main campus in Truckee and a second Critical Access Hospital facility right over the border in Incline Village, Nevada. The second largest employer is the Tahoe Truckee Unified School District, serving over 3,900 students. The Town of Truckee and other local government agencies provide some year-round employment as well as seasonal and part-time work.

2.2 Health Care in the Service Area

The region contains two critical access hospitals and various primary care and specialty clinics. The main campus of Tahoe Forest Hospital District is in Truckee, with a second Critical Access Hospital facility in Incline Village, Nevada. The nearest tertiary care hospital is located in Reno, Nevada – 45 miles from the TNT region and accessible by two mountain highways which are frequently closed for weather. There are few transportation options except private car to access care in Reno. There are also insurance issues with crossing the state border especially for primary care and for MediCal coverage. Services provided by Tahoe Forest Hospital include 24-hour emergency departments, diagnostic imaging, home health, hospice services, ICU, inpatient and outpatient surgery, long-term care, obstetrics, occupational health and cancer treatment. Outpatient clinics offer internal medicine, cardiology, critical care, ear, nose & throat, nephrology, nurse practitioner-family practice, oncology, pediatrics, pediatric pulmonologist, and pulmonary and sleep medicine services.

Truckee Tahoe Medical Group, TTMG, has offices in Truckee, Olympic Valley and Tahoe City. Services provided include family medicine, internal medicine, urgent care, sports medicine, and complete age spectrum health care from newborn to geriatric. TTMG will be adding care coordination services to their menu with the addition of a limited time Care Coordinator whose primary responsibility will be to work with patients who have especially complex conditions and may see doctors and specialists that work at more than one facility. The Care Coordinator will actively work to improve communication between all of the care providers, as well as the patient and their family/caregivers. The Care Coordinator will meet regularly with patients and provides tools and training to help patients manage their conditions as well as connect patients with local community resources and services.

Placer County Medical Clinic – Tahoe, PMC – Tahoe, is located in Kings Beach, CA. Services provided include primary care, behavioral health, family planning, STD testing and treatment and dental. PMC - Tahoe is the only clinic in the region that accepts MediCal for dental services.

Additional private practices in the area include ophthalmology, dermatology, physical therapy, orthopedics, obstetrics, gynecology, surgery and podiatry. Existing health system support groups include smoking cessation, breast-feeding, cancer (individual and group support) and end of life bereavement.

The two Family Resource Centers (FRC) in the region, the Family Resource Center of Truckee and the North Tahoe Family Resource Center, provide community health education to residents in the form of small group sessions or home visits. FRC *Promotores* assist clients in meeting their primary health care needs by identifying and referring clients to community practitioners and programs designed to promote health literacy and self management, good dental health practices, immunizations, physical exercise and healthy diet, urgent care versus emergency room use and leadership as well as providing direct services through workshops and one-on-one consultations.

**TNT Youth Health Initiative
Strategic Plan**

2.3 Regional Demographics

The Truckee-North Tahoe region (California) is comprised of the zip codes noted below. The region has approximately 30,075 residents based on the United States Census data estimates from the 2009 to 2013 American Community Survey. Seventy-six percent (76%) of residents are White, 21% are Hispanic and 3% are Other (African American, Asian, Native Hawaiian/Pacific Islander, two or more races or other race). Of the 30,075 residents, 2,097 are ages 12 to 17 of whom 1,511 are White and 586 are Hispanic. As mentioned previously it is important to differentiate Truckee-North Tahoe data from county data. Looking specifically at the percentage of Youth at or below poverty, **25.7%** of Hispanic youth in Truckee-North Tahoe are living at or below the Federal Poverty Level compared to **12.4%** in Placer County and **17.3%** in Nevada County. Looking specifically at Adolescents in Truckee-North Tahoe ages 12 to 17 living at or below the Federal Poverty Level, **26.6%** Hispanic adolescents are living at or below the Federal Poverty Level compared to **17.4%** in Placer County and **23.7%** in Nevada County.

Truckee North Tahoe Communities and Demographics

Community	Zip Code	
Norden	95724	
Soda Springs	97528	
Carnelian Bay	96140	
Homewood	96141	
Tahoma	96142	
Kings Beach	96143	
Tahoe City	96145	
Olympic Valley	96146	
Tahoe Vista	96148	
Floriston	96111	
Truckee	96161	
Race/Ethnicity	Population ^x	Percentage
White	22, 816	75.86%
Hispanic	6,367	21.17%
Other	892	2.97%
Total Population	30,075	

^xData from 2009-2013 American Community Survey (U.S. Census)

Youth Statistic for Tahoe Forest Hospital District, Placer & Nevada Counties

¹Data from 2009-2013 American Community Survey (U.S. Census)

²Data from 2010 Census

	TFHD			Placer County			Nevada County		
	White	Hispanic	Total	White	Hispanic	Total	White	Hispanic	Total
Total Youth	5,854	1,981	7,835	67,320	16,452	83,772	16,210	2,867	19,077
Youth <18 at or below Poverty¹	358 (6.1%)	509 (25.7%)	867 (11.1%)	4,797 (7.1%)	2,041 (12.4%)	6,838 (8.2%)	1,940 (12.0%)	495 (17.2%)	2,435 (12.8%)
Total Adolescents 12 to 17²	1,511	586	2,097	23,154	5,211	28,365	6,466	972	7,438
12 to 17 at or below poverty¹	63 (4.2%)	156 (26.6%)	219 (10.4%)	1,531 (6.6%)	907 (17.4%)	2,438 (8.6%)	617 (9.5%)	230 (23.7%)	847 (11.4%)

**TNT Youth Health Initiative
Strategic Plan**

2.4 Youth Population Focus

The *Youth Health Initiative* will focus on approximately 2,282 youth ages 12-18 including the 1,782 6-12th grade students who attend TTUSD schools and the approximately 500 youth who have chosen other educational settings. The TTUSD has a total of 3,950 students with 59% white, 37.4 % Hispanic, and 6.5% other. Twenty-two percent (22%) of all students are English Learners, and 45% of all students are Socioeconomically Disadvantaged (SED). Ninety percent (91%) of all Hispanic students are SED compared to 17% of white students. Due to data constraints, the exact number of undocumented students is unknown but is estimated to be 5% or higher or over 90 students. TTUSD has two middle schools, Alder Creek Middle School with 491 students and North Tahoe School with 287 6th - 8th graders and three high schools Sierra High with 49 students, North Tahoe High with 326 students, Tahoe Truckee High with 629 students.

Truckee Tahoe Unified School District Demographics			
Total		Socioeconomically Disadvantage Students	English Learners Students
All students	3950	1775 (45%)	882 (22%)
Hispanic	1478	1340 (91%)	862 (58%)
White	2332	392 (17%)	12 (0.5%)

	All Students		SED Students		English Learners Students	
	#	%	#	%	#	%
Hispanic	1478	37.4%	1340	75.5%	862	97.7%
American Indian/Native	34	0.9%	12	0.7%	0	0.0%
Asian	24	0.6%	8	0.5%	1	0.1%
White	2332	59.0%	392	22.0%	12	1.5%
Filipino	4	0.1%	2	0.1%	1	0.1%
African American	17	0.4%	4	0.2%	3	0.3%
2 or more races	46	1.2%	10	0.6%	1	0.1%
Other	15	0.4%	7	0.4%	2	0.2%
Totals:	3950	100.00%	1775	100.00%	882	100.00%

3. Needs Assessment Overview, Key Findings and Recommendations

3.1 Overview

The TNT Youth Health Initiative Planning Network conducted a needs assessment from August through November 2014 to better understand the youth health service environment and youth health needs in the Truckee-North Tahoe region. The assessment gathered quantitative and qualitative data to better understand trends that had emerged from analysis of youth health data in the region; and identified current resources, strengths, and gaps in the youth health delivery system in order to inform the design and planning for a stronger TNT youth health system.

The assessment consisted of mapping current school and community-based youth health services and gathering qualitative data from a total of 248 individuals through an online survey, 14 key informant interviews, and 16 focus groups with diverse sectors {e.g. Focus groups with youth (4), parents (4), school district staff (2), health and community-based providers (4) and County staff (2)}.

In early 2014 the Planning Network completed an initial review of our youth health data and identified the top health issues facing youth. These same health issues emerged during the key informant interviews and focus groups confirming that the most critical health needs of youth is lack of adequate access to preventive, primary, oral, reproductive and behavioral health care with greater inequities experienced by Hispanic youth.

In addition, the assessment revealed that the Truckee-North Tahoe region has a wide variety of youth-focused agencies and programs that can be leveraged to improve youth health while at the same time systems barriers exist that prevent youth from accessing and utilizing the services and supports they need. We learned that our youth are more likely to access services from youth-friendly providers with whom they have a trusting relationship in a youth-friendly space and that we need more of this. We discovered just how fragmented our current youth health care system is and that it is not only hard for youth to access but also for families and providers. Because of this, a significant need exists for care coordination and collaboration between youth-focused providers, schools and families. In addition, there is not a sufficient supply of youth-focused and bilingual providers for teens to access health services specifically related to reproductive, behavioral (mental and alcohol and drug) and oral health.

3.2 Positive Adolescent Health Trends

Data points to youth in the TNT region as experiencing some very important positive trends related to health and education outcomes. Given that education is a social determinant of health it is important to note that student achievement for TNT youth continues to rise with a marked steady annual increase in achievement for Hispanic students as measured by the Academic Performance Index and passage rates for the California High School Exit Exam significantly out performing state averages. Research has demonstrated that youth's healthy social emotional development and capacity to be resilient is greatly impacted by caring relationships, high expectations from adults, and meaningful participation and connectedness at school and in the community. The TTUSD California Healthy Kids Survey (CHKS) measures a number of health and wellness indicators and results from the 2013-14 survey indicate that TNT youth have higher than average school and community support and connection compared to the state averages. In addition, the recent CHKS survey indicates that student's experience higher rates of feeling

TNT Youth Health Initiative Strategic Plan

safe at school and in the community and lower rates of experiencing bullying by peers compared to state averages.

3.3 Adolescent Health Issues to Address

The review of quantitative and qualitative data from the needs assessment identified the following as critical health issues to be address to improve health outcomes for TNT youth:

(1) Health Access and Utilization:

- Barriers to youth accessing primary care include office hours, availability of appointments, transportation and limited acceptance of insurances among providers, too few bilingual/bicultural providers and adolescent health providers, limited free/reduced care, and the culture of using the ER for primary care.
- Additional factors that create access barriers include stigma, cultural norms around alcohol, reproductive health in the Hispanic community, and youth’s concerns about the lack of confidentiality in a “small town.”
- It was difficult to assess youth’s access to a “medical home”, a nationally recognized indicator of a person’s access to primary care, due to the current organization of the health care system in the region and no central collection of this data. However, we know that only half of adults (**50.9%**)^{xi} in the region have one individual they think of as their personal doctor or healthcare providers compared to **69.9%**^{xiii} nationally so have concluded that this is a similar trend for youth.
- Hispanics experience inequities in health access and utilization, which correlates to the high rates of poverty in the Hispanic population in TNT. Tahoe Forest Health System’s 2014 Community Health Needs Assessment revealed the following disparities:
 - Health Care Coverage: only **68.8%** of adult Hispanics have health care coverage compared to **89.4%** of Non-Hispanics;
 - Medical Home: only **47.5%** of adult Hispanics have one person they think of as their personal health care provider compared to **69.7%** of Non-Hispanics;
 - Screening Tests: only **57.0%** of adult Hispanics have ever had a colonoscopy or sigmoidoscopy compared to **72%** of Non-Hispanics;
 - Cost as a Barrier: **23.7%** of adult Hispanics had needed to see a doctor but had been unable to in the past 12 months due to cost compared to **10.7%** of Non-Hispanics;
 - Dental Care for Youth Under 19-years-old: only **68.4%** of households with youth under the age of 19 had had a dental visit in the past 12 months compared to **86.7%** of Non-Hispanics, **33.1%** of Hispanic households had not sought dental care for children due to inability to afford care compared to **13.8%** of Non-Hispanics households, **44.3%** of Hispanic households had not sought dental care for children due to a lack of insurance coverage compared to **15.9%** of Non-Hispanic households, and **17.6%** of Hispanic households had not sought dental care for children because of a lack of transportation compared to **0.0%** of Non-Hispanic households;
 - Mental Health: **15.7%** of adult Hispanics have wanted but not sought help for mental health because of inability to afford care compared to **7.6%** of Non-Hispanics, **11.0%** have not sought help due to a lack of insurance coverage compared to **3.6%** of Non-Hispanics, and **12.2%** have not sought help due to a lack of transportation compared to **1.9%** of Non-Hispanics.

(2) Access to Reproductive Health Services

- Lake area youth do not have easy access to the teen clinic in Truckee.
- The Truckee Teen Clinic sees approximately 1 to 2 youth pregnancies (between 13 to 21 year olds) per month resulting in around 18 pregnancies per year. In 2014 there were ten (10) births to

TNT Youth Health Initiative Strategic Plan

women 12-18 years of age at Tahoe Forest Hospital in Truckee, CA. Of these births, two (2) mothers were white and eight (8) were Hispanic. The youngest were two fifteen year olds^{xiii}. In 2014, there were approximately 300 teen visits (13 to 19 years old) of which 45% were Latino. In 2014 the Truckee Teen Clinic diagnosed 24 positive Chlamydia cases (13 to 24 year olds). In the first quarter of 2015 they have already diagnosed 12 positive Chlamydia cases and though it is too early to know if this indicates an upward trend, it is an important indicator for continued emphasis on STI prevention.

(3) Access to Oral Health

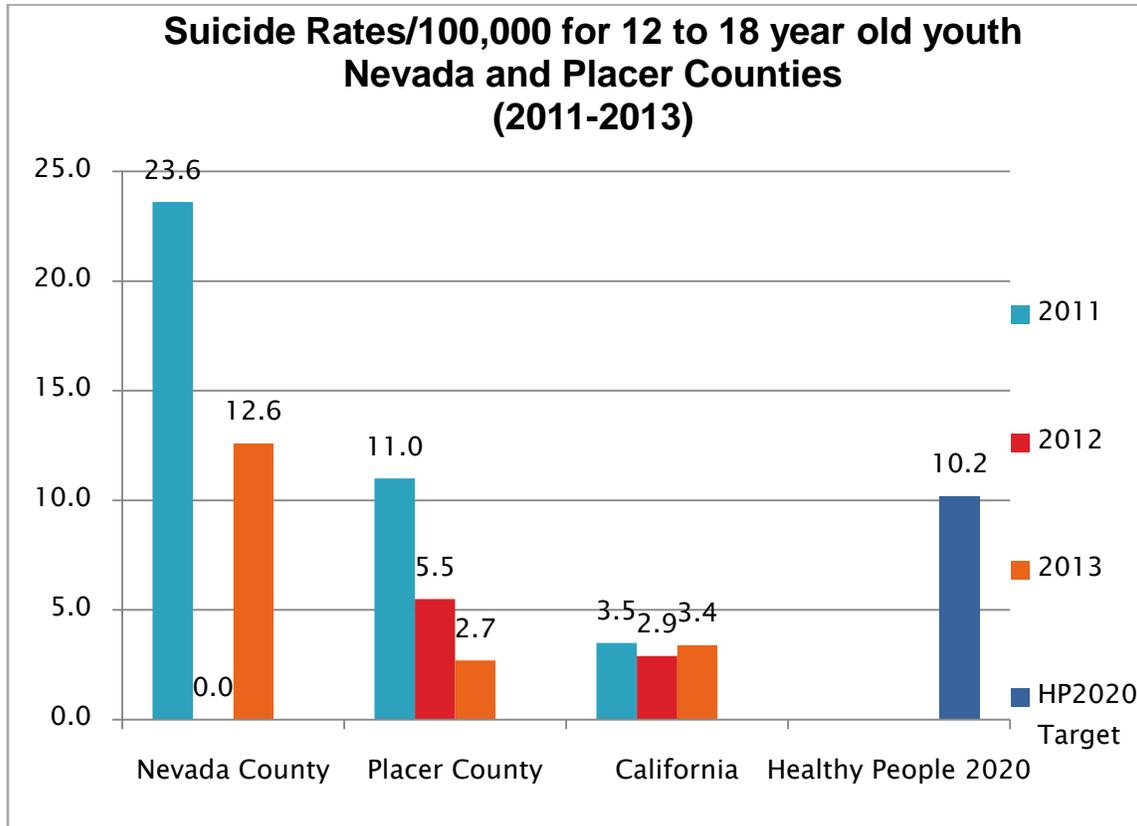
- No water fluoridation in TNT region impacts the incidence of dental caries.
- A lack of dental insurance and the high cost of dental treatment prevents un- and under insured residents from seeking help for dental health.
- For undocumented persons lack of affordable dental care programs.

(4) Lack of Early Disease Prevention

- Overall lack of early screening for diabetes, high blood pressure, STDs, etc.
- Geographic isolation with no mobile outreach clinics for individual vaccines.
- While there has been an increase in immunization rates in the region overall, there is still a need for continued education on the importance of vaccines.

(5) Access to Social-Emotional and Behavioral Health Support

- Suicide is one of the leading causes of death for youth ages 12 to 18 in both Nevada and Placer Counties and while rates in both counties have decreased since 2011, the 2013 rate in Nevada County of **12.6** per 100,000 still exceeds the California rate of **3.4** per 100,000^{xiv}.



TNT Youth Health Initiative Strategic Plan

- When asked if during the past year TTUSD students have considered suicide **27%** of 9th graders and **20%** of 11th graders responded affirmatively (CHKS 2013-14)^{xv}.
- Healthy People 2020² established the proportion of adolescents who experience a major depressive episode as a leading health indicator and have set the target for adolescents experiencing intense hopelessness at **7.4%**. When TTUSD students were asked if they had ever felt so sad or hopeless almost every day for two weeks or more that they stopped doing some usual activities during the last 12 months, **32%** of 7th graders, **38%** of 9th graders and **20%** of 11th graders responded affirmatively (CHKS 2013-14)^{xvi}.
- Not enough availability of appropriate and accessible behavior health services. The Tahoe Forest Health System Mental/Behavioral Health Provider Needs Assessment (2014) identified the following service gaps as primary barriers to youth accessing mental health services^{xvii}:
 - An adolescent psychiatrist (who would accept insurance)
 - Teen al-anon or alternate program/services that can be accessed without parent consent and significant substance misuse by parents in the home
 - Clinicians trained to address non-suicidal self-injury
 - Peer programs and secure funding to support existing youth programs
- Charter school students do not appear to have the same access to Mental/Behavioral Health resources as TTUSD students
- Constant training for youth providers to be supported in providing youth-friendly services and to stay current on youth culture and best practices

“Youth culture is a rapidly changing landscape and seeking constant training is necessary to stay current with the culture. Providers discussed ...youth judging a counselor’s lack of cultural competency negatively and refusing to participate in treatment with them.”
(TFHS Mental/Behavioral Health Provider Needs Assessment, 2014)

- Need for mobile and bilingual/bicultural therapists.
- Absence of adequate and appropriate models of treatment.
- Medic-Cal coverage very limited and a need for free or low-cost options.
- Transportation barriers.
- Current resources are overtaxed.

(6) High Substance Use and Abuse

- High substance use amongst the population and during the early years of adolescence.
- Lifetime Alcohol Use of 9th Graders: More TTUSD students have consumed a whole glass of alcohol (**54%**) (CHKS 2013-14^{xviii}) when compared to all California students (**38%**) (CHKS 2011-13^{xix}).
 - Lifetime Marijuana Use of 9th Graders: More TTUSD students have smoked marijuana (**37%**) (CHKS 2013-14^{xiv}) compared to all California students (**26%**) (CHKS 2011-13^{xv}).
 - Current Alcohol Use of 9th Graders: More TTUSD students consumed a glass of alcohol in the past month (**33%**) (CHKS 2013-14^{xiv}) compared to all California students (**20%**) (CHKS 2011-13^{xv}).

² Healthy People 2020 provides a comprehensive set of 10-year, national goals and objectives for improving the health of all Americans (established by the U.S. Dept of Health and Human Services). Healthy People 2020 contains 42 topic areas with over 1,200 objectives. A smaller set of Healthy People 2020 objectives, called Leading Health Indicators, has been selected to communicate high-priority health issues and actions that can be taken to address them. Mental Health Leading Indicators include reducing the suicide rate overall, reducing suicide attempts by adolescents and reducing the proportion of adolescents aged 12 to 17 who experience major depressive episodes. The HP2020 rate in the graph of 10.2 is for the overall population.

TNT Youth Health Initiative Strategic Plan

- Level of Alcohol Involvement with 9th Graders: More TTUSD students have been drunk or sick after drinking (**32%**) (CHKS 2013-14^{xiv}) compared to all California students (**21%**) (CHKS 2011-13^{xv}).
- Social norms around drinking and marijuana use vary.
- Low utilization of Community Recovery Resources (CoRR) for substance abuse treatment.
- Prevention and education services are limited for youth.

3.4 Youth Health and Education Disparities

Hispanic youth and their families experience disparities in educational and health in the TNT region. For many years community-wide efforts have been underway to address these inequities, and while progress to closing gaps has been made a continued focus is essential to eliminating these disparities.

As mentioned previously, the 2014 Community Health Needs Assessment (CHNA) conducted by Tahoe Forest Health System revealed disparities experienced by Hispanics in health care insurance coverage, identification of a medical home or primary health care provider, completion of recommended screening tests, and access to dental and mental health services. Inability to afford care, lack of health care coverage and transportation were noted barriers by a greater percentage of Hispanic respondents than Non-Hispanic respondents. While questions in the CHNA were focused primarily on adults, it can safely be concluded that these findings are equally present, if not at present at a greater rate, for youth.

Because of the link between health and education it is also important to look at how youth are doing academically. When looking at education outcomes for all middle and high school students enrolled in TTUSD in 2012-13 approximately **90%** passed the English Language Arts (ELA), and **93%** passed the math sections of the California High School Exit Exam exceeding the state averages. Additionally, cohort graduation rates that same year were **89.7%** again exceeding the state average of **80.4%**. However, disparities in educational outcomes are present for Hispanic students whose cohort graduation rate was **83.5%** in 2012-13 as compared to **92.9%** for white students. It is also important to note that TTUSD Hispanic students are fairing far better compared to the state average for Hispanic students whose cohort graduation rate in 2012-13 was **75.7%**. Disparities also show up when looking at Hispanic students and readiness to enter the California UC or CSU systems. Hispanic students are significantly less prepared to enter these colleges by the end of high school than their white peers. In 2012-13 only **20.3%** of Hispanic students met UC/CSU entrance requirements as compared to **68.1%** of white students^{xx}. While disparities continue to exist there has been a steady reduction in the achievement gap for Hispanic students in TTUSD.

3.5 Current State of the Youth Healthcare Delivery System

Greatly impacting access to healthcare for TNT Youth is the rural nature of the region. Nevada and Placer counties are defined as Rural by the California Office of Statewide Health Planning and Development. Additionally, the target areas within the two counties are classed as a Health Professions Shortage Area (HPSA) for primary care, mental health and oral health, and Nevada County is designated as a partial Medically Underserved Population Area^{xxi}. In the wake of healthcare reform more residents have health coverage, however in the TNT region this does not ensure health access.

Critical to our needs assessment process was the mapping of TNT's current youth health delivery system. The mapping provided the Planning Network with critical information including what health resources are currently available to teens, how accessible services are and what gaps may exist. Below is a summary on the general state of health services by category. A more detailed addendum appears at the back of the plan with information on each provider.

TNT Youth Health Initiative Strategic Plan

3.5.1 Primary Care

TNT Youth can access primary care through the Tahoe Forest MultiSpecialty Clinic Pediatricians (Truckee, CA and Incline Village, NV), Tahoe Forest Health Clinic (Truckee, CA), TTMG (all California locations-Truckee, Tahoe City and Olympic Valley) and PMC – Tahoe (Kings Beach, CA). All Tahoe Forest Health System clinics accept MediCal, MediCal Managed Care, Covered California health plans, Medi-Care, private insurance and offer discounts for uninsured/self-pay patients. PMC – Tahoe accepts MediCal and MediCal Managed Care and offers sliding scale based on income for uninsured/self-pay patients. TTMG accepts Covered California health plans, private insurance and offers discounts for uninsured/self-pay patients.

TNT Youth can access reproductive health services from the Nevada County Teen Clinic (Truckee, CA), and Tahoe Forest Women’s Center (Truckee, CA) also offers Obstetric and Gynecology services. All pregnant youth who have sought reproductive health services from the Nevada County Teen Clinic are referred to Tahoe Forest Women’s Center for obstetric care. Tahoe Forest Women’s Center accepts MediCal, MediCal Managed Care, Covered California health plans, private insurance, and Family Pact and offers a 10% discount for uninsured/self-pay patients. The Nevada County Teen Clinic offers all services for free to teens.

While many health services are available in the region, access to primary care physicians can be difficult. Tahoe Forest Health Clinic is currently experiencing over a 4-week wait time for new patients that are further complicated by our HPSA status capacity. TTMG as well as PMC – Tahoe are experiencing at least 2-week wait times. Typically, primary care clinician visits average 15 to 20 minutes which leave minimal time to thoroughly develop mutual goal setting, evaluate if patients truly understand their treatment plan or address all the acute and chronic problems, leaving even less time to address preventative care. With a complicated chronic disease such as depression patients need far more intervention than the 15 or 20 minutes that is generally allotted for patients to have a clear understanding of potential treatment options.

3.5.2 Mental Health

Gaps in services was identified as one of the primary barriers in accessing mental health services according to the Tahoe Forest Health System Mental/Behavioral Health Needs Assessment of 2014. The region is classified as a Health Provider Shortage Area for mental health that makes mental health supports difficult to access that can ultimately lead to adverse health outcomes. While there are various mental health professionals in the area only a few accept private insurance, and ZERO Spanish-speaking mental health professionals accept private insurance thereby requiring patients to pay significant out-of-pocket expenses up to \$195/hour depending on the licensure of the provider. Even when health insurance covers a portion of a visit, a copay can be up to \$100/visit.

Placer County offers limited psychiatry for adolescents. Starting in 2014 Placer County contracted EMQ Families First, based out of Sacramento, to offer outpatient mental health services in the eastern portion of Placer County and within TTUSD. Placer County also contracts with Sierra Mental Wellness (Tahoe City, CA) to provide mental health services for monolingual, Spanish-speaking Placer County youth. Placer County accepts MediCal and MediCal Managed Care health insurance.

Nevada County Adolescent Services offers bilingual mental health services in the region but will only see severely mentally ill and only accepts MediCal. Mild/Moderate cases are referred to MediCal Managed Care and youth need to seek out a provider within the network.

TNT Youth Health Initiative Strategic Plan

Under the Mental Health Services Act (MHSA), both Placer and Nevada counties can see uninsured adolescents and offer treatment using MHSA Prevention Early Intervention (PEI) funding.

3.5.3 Spanish-speaking Mental Health Services

At the moment there are zero Spanish-speaking mental health providers who accept private insurance. There are three bilingual, adolescent, mental health professionals in the region that accept Private Pay (one psychiatrist, one Doctorate of Psychology who also accepts sliding scale, and one LMFT). In addition to these providers, Sierra Mental Wellness accepts MediCal, MediCal Managed Care Anthem and sliding scale for payment, Nevada County Behavioral Health accepts MediCal and possible services to uninsured individuals through grant funding, and EMQ Families First accepts MediCal.

3.5.4 Oral Health

Accessing dental services can be challenging for residents covered by MediCal as there is only one option in the entire region from whom they can receive services, PMC - Tahoe. For this reason, PMC - Tahoe is highly impacted, and wait times currently exceed three-months. Other dental providers who accept MediCal are hours away, and travel itself is often a barrier. Even if patients have access to transportation, time off from work or out of school has a significant impact on access.

3.6 Recommendations from the Needs Assessment

Five key recommendations emerged from the needs assessment:

- (1) Improve Access to and Utilization of Health and Wellness Services and Supports
 - Bring services to where youth are with school-based health or mobile health wellness centers.
 - Ensure youth have access to youth-friendly providers.
 - Expand bilingual provider capacity.
 - Create business models that provide universal access to all students financed through third party billing, public dollars and unrestricted funds.
- (2) Create a Coordinated and Collaborative System of Care
 - Unify referral and care coordination processes across systems (schools, counties, hospital, community-based nonprofit and private providers) to ensure linkages, warm hand offs, and wrap-around support.
 - Employ Care Navigators, Youth Advocates and Peer Mentors to help teens access and navigate different systems.
- (3) Expand Affordable Behavioral Health, Reproductive Health and Oral Health Services
- (4) Promote Health Seeking Behaviors, Reduce Stigma and Support Norm Change
 - Promote health-seeking behaviors and normalize use of behavioral health services through education and social marketing campaign.
 - Target elementary and middle school students with education to cultivate early health consciousness.
 - Provide additional education for parents, teachers and law enforcement on engaging and developing caring relationships with youth that build resilience and create protective factors that reduce high-risk behaviors.

TNT Youth Health Initiative Strategic Plan

- Increase social emotional education and support for teens to increase their ability to cope with stress and identify early warning signs of self-harm.
 - Promote local policies that support a shift in cultural norms around drinking and drug use.
- (5) Enhance Youth Development and Career Pathways Programming
- Expand youth development programming and peer mentorship opportunities.
 - Provide linked learning opportunities and career pathway education.

4. Building the Best System - Best Practices in Adolescent Health

4.1 Designing Coordinated Health Systems to Meet the Unique Needs of Adolescents

Nearly 42 million adolescents aged 10-19 live in the United States, most of whom are healthy. But all too frequently, youth engage in risky behavior, develop unhealthy habits, or have chronic conditions that can jeopardize their health and safety and lead to future poor health. The three leading causes of death in adolescents are motor vehicle crashes, homicide and suicide -- all tied to risky or unhealthful behaviors.

Adolescence is a critical opportunity for developing positive habits and skills that lay the foundation for healthy lifestyles and behavior over the life span.

The health care system has a critical role to play in promoting adolescent health yet many of the services and settings are not responsive to the specific health needs of youth. Health services for adolescents currently consist of separate programs and services that are fragmented, poorly coordinated and delivered in multiple settings. Often the health care providers lack the knowledge and skills to effectively engage youth. As well, large numbers of adolescents are uninsured or have inadequate health insurance leading to a lack of regular access to primary care and medical, behavioral health and dental care.

To design effective and high quality health services attuned to the needs of adolescents, specific behavioral and contextual characteristics must be considered^{xxii}. First it is essential to recognize that adolescence is a period of dramatic changes spanning the physical, biological, social and psychological transitions from childhood to young adulthood. Because of this, **adolescence is a critical time for health promotion** as many health problems, risky behaviors, and poor habits begin during this period that influence an individual's future health status. To improve adolescent health status and prepare them for healthy adulthood, youth must have access to a continuum of health supports including prevention, early intervention and timely treatment. Furthermore, adolescents are best served with improved and coordinated health systems that meet the criteria highlighted by the World Health Organization for quality health services:

Accessible: services are broadly available

Acceptable: culture and relationships are considered to foster a climate of engagement

Appropriate: health services fulfill the needs of all young people

Effective: health services reflect evidence-based standards of care

Equitable: no restrictions on provision of and eligibility for services.

The settings in which health services are delivered must take into consideration these criteria, as well as, the social context (income, geography and cultural norms/values) impacting youth. Youth clinics and school health and wellness centers in particular represent best practice health delivery models that respond to the unique developmental issues of adolescents by offering care that meets these criteria.

TNT Youth Health Initiative Strategic Plan

4.2 School Health and Wellness Centers – Health Portals for Youth

Overview

In the United States over the last two decades, school health and wellness centers (SHC) have emerged in response to the growing unmet health needs of youth. School-based and school-linked health centers are comprehensive primary care clinics providing a range of services including medical, behavioral health, health education and promotion and youth development services for young people on or near school grounds. Today, they are nationally recognized as a best practice health care delivery model providing age appropriate, accessible and effective services to youth.

Youth ages 10-19 are the only population in the United States that has experienced a rise in mortality (death) and morbidity (illness) in recent years. Unfortunately, youth also utilize health care services less than any other age group and are least likely to seek medical care at a provider's office. The majority of behavior patterns that pose lifelong health risks begin in adolescence. School health centers eliminate obstacles of transportation, scheduling, and economics. They enable youth to receive the physical and behavioral health services they need -- when they need them. The clinics' unique combination of medical care and counseling with strong health education reinforces healthy lifestyles and promotes the prevention and early intervention of serious problems.

Research has found that access to school health and wellness centers increases use of primary care, reduces use of emergency rooms, and results in fewer hospitalizations^{xxiii, xxiv, xxv}. School health and wellness centers also expand access to and quality of care for underserved adolescents; one study found that SHC users were more likely than traditional outpatient clients to have received primary and preventive care services despite the fact that they were less likely to be insured^{xxvi}. Furthermore, adolescents with alternate forms of health care report high degrees of comfort seeking care at SHCs^{xxvii}. Adolescent mental health outcomes have also improved due to SHCs. One study demonstrated that SHCs increase the proportion of students who receive behavioral health services^{xxviii}, while others have shown a significant decline in depression among students who received SHC behavioral health services^{xxix} and a reduced likelihood of suicide ideation among students attending schools with SHCs^{xxx}. Furthermore, studies have documented the positive impact of SHCs on adolescent reproductive health outcomes^{xxxi}, including improved contraceptive use^{xxxii} and a decrease in Chlamydia prevalence^{xxxiii}.

Today, California has 153 school health centers with 27% in elementary schools, 10% in middle schools, 38% in high schools, 10% on mixed-grade campuses and 15% school-linked. School-based health centers (SBHC) are located on school campuses while school-linked health centers (SLHC) are located off campus but have formal operating agreements with one or more schools. School health centers exist throughout California with the majority being in low-income communities where children and families lack adequate access to health care and where there are higher rates of chronic stress, exposure to trauma and violence, poor nutrition, physical inactivity, use of alcohol and other substances, and sexually risky behavior. Youth served by school health centers are less likely to access to medical and behavioral health services to address these risk factors.

School health and wellness centers offer a continuum of youth-friendly, culturally responsive health care services including prevention, early intervention and treatment. Services include medical, reproductive, behavioral and dental health care; case management; health insurance enrollment; screenings; health education; family support; and youth development with the mix of services delivered at each site tailored to the unique needs of each community.

School health centers are run by many different types of organizations with the most common being Federally Qualified Health Centers, community health centers; hospitals; county health departments; and school districts. By being located in schools or community settings linked to schools, and providing universal access (being open to all regardless of insurance status), school health centers serve as health

TNT Youth Health Initiative Strategic Plan

portals for many vulnerable children, youth and their families ultimately -- increasing their access to health care.

School-based health centers versus School-linked Health Centers

There are advantages and disadvantages to school-based versus school-linked health centers. The primary advantage of a school-based health center is the direct access they have to students in their school setting, increasing the likelihood that students and their families' access and utilize health services. The disadvantages are that there may be limitations to the types of service the health center is able to offer (i.e. reproductive health) at a school; and that it may be difficult to generate enough revenue to sustain a center that serves a single school community.

On the other hand, school-linked health centers have fewer constraints while still being directly connected to schools. They generally serve youth and their families from multiple schools and serve a broader age range resulting in increased revenue streams and often a more sustainable business model.

The Support Center for School Based and School Linked Health Care Advocates conducted an informal study of 21 School-Linked Health Centers and identified a number of shared characteristics that make this delivery model an attractive option for communities trying to meet the health care needs of youth^{xxxiv}.

Age Appropriate, Comprehensive Care: By offering comprehensive care SLHC can respond to multiple problems at one time and adolescents have one central place to go for all needs.

Linkage with Schools: Special relationships with schools give SLHC a distinct advantage over community-based clinics. Schools provide a natural audience for outreach and education. The relationship with schools facilitates two-way referrals and consultations, improving overall quality and continuity of care.

Ability to Reach High Risk Youth: SLHC reach beyond school populations and serve drop outs, homeless youth, runaways and youth in alternative living environments. It supports communities to reach those a high risk of unwanted pregnancies, HIV infection, substance abuse , etc.

Versatility in Service Design; SLHC have more autonomy to decide on their scope of service especially with regard to reproductive health.

Ability to Serve More than One School: SLHC are located on sites convenient to a number of schools and are less expensive than establishing a health center at each school. It can also provide continuity of care from middle through high school throughout the adolescent years

Extensive Hours: SLHC unlike school-based health centers provide services in the evenings, during school vacations and in the summer. Extended hours are a distinct advantage for adolescents who require scheduling flexibility.

Four Ingredients for Success

There are four essential ingredients to successful school health centers that are important to consider in the planning and development stages:

Wide engagement with schools, community and providers

Early formation of an advisory board with community and school representation that reflects the diversity of the community

Consultation with key school stakeholders

TNT Youth Health Initiative Strategic Plan

Map current services and plan for coordination and integration
Formal agreements on roles and responsibilities
Commitment to communication on a regular basis
Close link between health education offered at school and SHC staff
SHC staff participation in whole school interventions

Youth focus and participation

Early formation of a youth advisory board that reflects the diversity of youth in the community, to shape the design of the service delivery system

Address youth health access issues in the design of the facility and programs including:

- Youth friendly staff who genuinely respect and enjoy working with young people
- Appropriate location of the service
- Operating hours appropriate for needs of the students/youth
- Confidentiality policies displayed clearly and reiterated by health care providers in their clinical contacts
- Peer health education and programming that involves peers as supporters in the health services

Delivery of high quality comprehensive care that includes a mix of services

Effective administrative/clinical systems and governance to support service delivery

Select a sponsoring health care organization with expertise serving children and youth and with a history of billing, an existing infrastructure, and a commitment to reinvesting revenue back into the SHC
Commitment to continuous quality improvement using evaluation to understand the effectiveness, impact and quality of youth health services

Financing School Health and Wellness Centers

Although school health centers have grown in California since the late 80's, sustainable funding remains a challenge. Planning and sustaining school health centers requires reliable cost and revenue estimates and thoughtful decision-making. While the funding matrix for each school health center varies based on the unique resources and needs of each community and the organization sponsoring the center; it is essential for each center to develop a diversified funding base comprised of government (local, state and federal), foundation, community, insurance, school and private sector sources.

School health centers have a patchwork of funding and until recently relied heavily on local, state and federal grants and private funding from foundations and hospitals. However a move towards market-driven health care financing has increasingly led to school health centers relying on reimbursement from third party payers. Today a centers' ability to bill public insurance programs significantly affects their financial sustainability. Although a few school health centers are able to sustain themselves almost entirely through third party billing, there is a wide range in the amount of revenue most centers are able to generate from billing. In California, anywhere from 25-80% of school health centers services are reimbursed by third party sources. These disparities are due to a number of factors including^{xxxv}:

- Type and volume of services provided
- Number of patients served
- Characteristics of patients served such as age and insurance status
- Geographic location and availability of other providers
- Type of Medi-Cal managed care system in the county
- Type of medical sponsor organization running the health center
- Capacity and infrastructure for billing
- Billing policies and procedures

TNT Youth Health Initiative Strategic Plan

4.3 Truckee North Tahoe Wellness Centers

In 2012, TTUSD, in partnership with youth, Nevada and Placer Counties, and the Community Collaborative of Tahoe Truckee partners, designed the Wellness Program to support the social emotional development of high school students. The program is comprised of Wellness Centers at Truckee High and North Tahoe High, with individualized wellness programming at Sierra High. The Centers serve as hubs for students to talk to caring adults, connect to community resources and learn new skills.

The Wellness Program was created in response to the high schools asking for more community support services at the school sites. Many young people in our community were asking for help and demonstrating a need for support through a variety of concerning behaviors, including delinquency, substance abuse, gang affiliation, depression, suicide, unhealthy relationships, low academic performance, and low aspirations for their futures. Yet, very few were accessing services and even fewer engaging in services voluntarily. We realized that in order to better support our youth, we needed to go to where youth were, build relationships and build a program based on what was most important to them.

The PURPOSE of the Wellness Program is for students to:

- Have a voice in determining what Wellness Supports are needed at their school
- Develop skills for personal resiliency, peer support, and leadership
- Connect with informed and caring adults and peers
- Ask questions relevant to physical, emotional, social and emotional well-being
- Receive and utilize referrals to community resources
- Learn how to effectively access services and support for themselves and others

Key Focus Areas include:

YOUTH VOICE- We facilitate peer mentor programs at the three high school sites to provide students with skills to better support themselves and their peers. We also provide an opportunity for students to have an authentic voice in shaping school and community initiatives. Sources of Strength at Truckee High and Sierra High and “Be the Change” at North Tahoe High.

SUPPORT- We provide trained volunteers from community agencies at the Wellness Centers to listen to, support and connect students to community health and wellness resources.

EDUCATION- We offer Wellness Workshops to provide students with practical tools to improve their overall health. Topics cover the range of social, emotional, mental and physical healthy choices and lifestyle tools, such as: Healthy ways to deal with stress, Heart Math, Suicide Prevention Training, Being the Change, Bullying Prevention.

Locations, Hours and Staffing

We have Wellness Centers at North Tahoe High and Truckee High and a Wellness Program at Sierra High. The Wellness Centers provide a comfortable setting for students to drop-in during their breaks to ask questions, get support or just relax. The Centers are furnished with cozy bean bag chairs, couches, art work, music, games, art supplies with butcher paper and healthy snacks to make it a fun place for students to hang out. At Sierra High, we partner with Gateway Mountain Center and Sierra High staff to create an integrated Wellness Curriculum that provides individualized supports and tools for students to develop sustainable wellness practices. The Wellness Program are staffed by a Coordinator and two Wellness Liaisons who provide direct programs and develop partnerships to expand supports available to youth.

TNT Youth Health Initiative Strategic Plan

4.4 TNT Planning Team's Learning Tours

The TNT Planning Team participated in 5 Learning Tours to understand emerging best practices in youth health and school-based, school-linked services. They visited rural, urban and urban-suburban health and wellness centers including:

Contra Costa Counties Mobile School Health Centers program
James Morehouse, School Health Center, El Cerrito High;
McClymonds School Health Center and Youth and Family Center, Oakland
Konocti Wellness Center of the Konocti Unified School District, Lake County
San Francisco School's Wellness Initiative

On each learning tour we asked the following questions:

What was the impetus for your program/initiative? What are your vision, mission and outcomes?

What are you most proud of?

What do youth say about your program/initiative? How about school staff? Health providers?

What is the model (approach, services, who is the lead agency, who staffs, etc. ?)

How do you engage youth?

What is your partnership model?

How is it formalized? What is the agreement?

What are the issues/tensions that arise?

How do you sustain/finance?

What are the specific outcomes and how do you measure these?

What are your key accomplishments? Successes? Challenges?

What lessons have you learned to share with us? Successes? What works?

The team had very rich experiences during the tour and saw in action much of what is mentioned above about best practices for adolescent health delivery. From their tours they specifically concluded the following:

Health access is greatly facilitated through school-based service models.

Community-based services are most effective when linked to schools.

A Youth Development approach is a key ingredient.

Youth-Friendly services increase youth's utilization of health services.

Services are funded by leveraging public funding and blending this funding with other resources.

Services that are well integrated have mechanisms in place for coordination and funding invests in this.

Service models must leverage the uniqueness and capacities of each community.

5. Design for a Comprehensive Integrated Youth Health System

5.1 Collective Impact

By working in partnership towards common results we can improve the health and education outcomes of young people ages 12-18 in the Truckee North Tahoe region.

We know that youth thrive when given the key conditions, opportunities and critical supports necessary for learning and healthy development. Health and education outcomes are inextricably linked. Health during childhood is powerfully connected with social factors such as income and education levels of a child's family and his/her racial or ethnic group. The community conditions, in which children are born, grow, play, and learn in shape their physical and social-emotional health. Race and ethnicity, access to healthy foods, places to play, recreation and economic opportunity are just some of the social determinants of health that impact youth wellness. When students are fed, rested, happy, confident, and healthy, they are more able to engage, learn, and achieve in school. Graduating from high school and being ready for college and career determines one's level of educational attainment. This in turn will determine one's health, life satisfaction and future economic opportunities.

Adolescence is a critical time for setting one's future life course. Choosing healthy behaviors during adolescence means a person will live longer reducing their likelihood of developing a chronic disease. Ensuring that young people have what they need to thrive becomes essential. Safe places to play and exercise; access to affordable and healthy foods; caring educators and adults who nurture their strengths and talents; and affordable, accessible primary and behavioral health care are all ingredients that create a solid foundation for young people.

Schools, hospital, and service providers do not operate in isolation from the health of the communities in which they are located. Therefore, it is critical for health and education partners to come together with our youth to create supports that address the needs of the whole person, leverage the wisdom of youth, and align resources in support of youth success. School-based and school-linked health and wellness strategies are essential for creating these equitable opportunities for all young people to learn and thrive.

5.2 Vision and Results Framework

Our collective vision and the impact we seek will drive our partnership strategies:

Our Vision

All Youth Alive, Healthy, and Thriving

Five Results

These results make up the key conditions we believe are essential for all youth to graduate high school healthy and ready for college and career:

Youth are physically, socially, and emotionally healthy.

Youth succeed academically.

Environments are safe, supportive, and stable.

Families are supported and supportive.

Systems and care are integrated, coordinated and equitable.

TNT Youth Health Initiative Strategic Plan

5.3 Essential Qualities of Comprehensive Integrated Youth Health System

The TNT Planning Network identified five essential qualities for the integrated youth health system we seek to build:

Universal Access: Access to a continuum of quality, affordable, youth-friendly and culturally responsive health care services and supports is necessary to ensure all TNT youth are healthy, ready to learn, and able to lead. To do this, we are exploring how to leverage and expand current health services and supports to places where youth are easily able to access them regardless of socio-economic status.

Comprehensive Care: Creating a youth health system that is truly comprehensive and broadly defines health and wellness is a key ingredient in this planning effort. Comprehensive care includes building a culture of health and wellness among all key stakeholders; and ensuring a full continuum of care that weaves school and community-based services and resources together.

Youth Focused: Building an effective youth health system that improves health outcomes for young people and their families requires that the perspectives and voices of youth guide the design. Keeping young people at the center of the design and development of their own health system simultaneously creates opportunities for youth to develop their capacity as leaders, voice their opinions, and guide community change.

Adult Allies and Parent Partnership: Authentic cross-generational partnerships are essential to healthy youth development. Engaging and empowering young people provides them with valuable skills and learning opportunities and also equips them with the ability to make healthy life style choices while reducing risk behavior. Young people are only meaningfully engaged when they have the right to participate alongside adults and share power, and have their ideas honored and integrated as solutions are developed.

Systems are Aligned Around Vision and Service Delivery Model: We recognize that achieving real, lasting shifts in the health and academic outcomes of youth in our community requires a collaboration of partners from across public systems, community organizations, youth and health providers working together around shared results. Building off theories of collective impact and aligned contributions, we believe that change is most likely to occur when core groups of multi-sector, cross-agency leaders not only respond to calls to action but align their actions toward a common result.

5.4 Goal Areas

Health Access:

Increase youth access to and utilization of an integrated continuum of school- based and community-based health and wellness supports and services.

Strengthen service integration and coordination between the school district, counties, hospital, and provider community to better deploy and leverage existing resources.

Build a culture of understanding and support for linking health and education (i.e. student health and wellness support positively impact school success)

Promote a culture of health-seeking behaviors and reduce stigma to accessing help.

Physical Health:

Expand opportunities for teens to develop lifelong healthy choices related to nutrition, body image, physical activities and stress management.

TNT Youth Health Initiative Strategic Plan

Oral Health:

Increase access to preventative oral health for children and youth (i.e. screenings, sealants, varnishes and cleaning).

Increase access to dental treatment for youth who are underinsured or on MediCal.

Reproductive Health:

Expand access to reproductive health services for youth in North Lake Tahoe.

Strengthen coordination of reproductive health services in the region between providers and school sites.

Behavioral Health:

Increase access to behavioral health for youth through school-based and integrated health care models.

Increase early education, identification and treatment of behavioral health issues.

Strengthen follow-up care for kids in crisis and achieve stabilization.

Expand prevention strategies (i.e. stress reduction, Heart Math, mindful meditation) to promote optimal social emotional health.

Alcohol and Other Drugs:

Develop and align a continuum of education and prevention for teens around drugs and alcohol.

Increase teen's access to substance abuse intervention and treatment services.

System Improvements:

Build alignment and support for the vision of school-based health and wellness services with health providers, educators and key stakeholders.

Create service strategies that integrate and coordinate existing resources with a "single point" of access (i.e. school hubs).

Establish business models that are sustainable.

5.5 Measurements

The results and goals will be measured looking at the following indicators and disaggregated based on geography, socioeconomic status and race/ethnicity:

Health Access and Systems Improvements

Percent of students with medical homes (school form developed for parent packet)

Percent of middle and high schools with a referral process and multidisciplinary school-based coordination team in place (referral tracking system put in place via Wellness Hubs)

Increased effective linkage of adolescents to services (track via Wellness Hubs)

Youth report accessing health services (add question to Staying Healthy Assessment)

Baseline data on all 9th graders health and wellness

Staying Health Assessment administered to all 9th graders via Wellness Hubs

Physical Health

Percent of students with healthy body composition (Fitness Tests, 5th, 7th and 9th grades)

Percent of students with complete immunizations

Oral Health

Percent of students completing dental screenings

Percent of 1st graders with sealants

Percent of 6th graders with caries sealants

Percent of students identified with oral treatment needs receiving treatment

TNT Youth Health Initiative Strategic Plan

Reproductive Health

Increased number of adolescent reproductive health visits to medical providers disaggregated by North Lake Tahoe and Truckee (hospital and clinics)

Pregnancy rates in TNT region

Behavioral Health

Percent of 9th graders completing What's Up Wellness, % of students at risk receiving follow-up care

Improvement in behavioral health symptoms from intake to termination of treatment

Rate of Emergency Department visits for mental disorders, asthma, substance-related abuse, self-harm, unintentional injury

Rate of suspensions/expulsions

Percent of students who report experiencing harassment or bullying at school (on school property)

Percent of youth with a caring adult at home or at school

Percent of students with depressive symptoms

Percent of students who report feeling safe and supported at school

Alcohol and Other Drugs

Frequency of drug & alcohol use in past six months

Percent of students who report being offered alcohol, tobacco, or other drugs on school campuses

Utilization rates of Community Recovery Resources (CORR) Services

Number of parents and athletes signing the pledge

5.6 Four Key Strategies

Wellness Hubs

The *TNT Wellness Hubs* (additional details in **Appendix 1**) would link students' ages 12-18 to youth-friendly health and wellness supports by weaving together a continuum of school and community based services for youth. The school-based hubs are both a system of care and single health access point for students, housed at North Tahoe and Truckee High Schools with programming that extends to Sierra High and Alder Creek and North Tahoe Middle Schools. The services offered through the hubs include youth peer mentorships, health screening, school-based behavioral health and oral health services, and linkage to health coverage, primary care medical homes and reproductive health services.

The *TNT Wellness Hubs* will be housed with the current Wellness Centers that provide critical youth development programming aimed at building youth voice and leadership, providing peer-to-peer support, and educating youth in relevant and practical ways to promote wellness and healthy life choices. The Wellness Centers would become a part of a broader hub that would integrate current services to create a one-stop environment that increases access to youth-friendly health and wellness services.

The Tahoe Truckee Unified School District would serve as the lead agency for the hubs with collaborative oversight by a *Partner Hub Oversight Team* (PHT) responsible to: (1) ensure systems and services are well integrated, (2) make changes so that current resources can be more effectively leveraged, (3) oversee strategic service and program expansion, and (4) bring in new resources to expand and sustain the hubs.

The PHT would be made up of decision-makers from the following partner organizations:
Community Collaborative of Tahoe Truckee

TNT Youth Health Initiative Strategic Plan

Nevada County, Health and Human Services Department
Placer County, Health and Human Services Department
Tahoe Forest Health System
Tahoe Truckee Unified School District
Hub Youth Advisory Board Members

Youth Behavioral Health and AOD Services

To address the behavioral health needs of Truckee North Tahoe youth related to depression, alcohol use, stigma associated with seeking help and access to appropriate and accessible services, the TNT Planning Network will implement a set of targeted strategies. These strategies will help to identify behavioral health concerns earlier, strengthen and expand school based behavioral health and alcohol and other drugs Tier 1, 2 and 3 services, and provide professional development to educators on behavioral health.

Specific activities include:

Linking school based behavioral health services and providers directly to the Wellness Hubs to coordinate services for all students.

Implementing and assessing the effectiveness of the new school-based therapeutic services being delivered by EMQ with 1.5 FTE dedicated therapists.

Strengthening the continuum of CORR's services and linking it to Truckee North Tahoe schools.

Continuing to expand Athlete Committed.

Increasing the number of students completing the "What's Up Wellness" screen.

Expanding *Linked Crew* to support 9th and 10th grade students with 11th and 12th grade mentors.

Promoting social emotional and drug and alcohol in high school health classes.

Expanding student support groups through the Wellness Centers.

Creating an educator professional development series on topics related to social emotional health and wellness (trauma, depression, consultation, etc.)

Linking with Tahoe Forest Hospital as they expand community based behavioral health services to explore how to address any gaps in serving youth.

Establishing formal linkages between the Hub Service Coordinator and community-based behavioral health services and the provider networks of the managed care organizations.

School-based Oral Health Initiative

The *School-based Oral Health Initiative* would provide preventative oral health to students K-12 and increase access to dental treatment for youth who are underinsured or on MediCal through either a mobile dental van or mobile dental clinic able to go to each TTUSD school. Services would include dental screenings, sealants, varnishes, cleanings and dental treatment on site or through referrals to community dentists. The most effective business model for the school-based mobile van or clinic would be for it to be operated by a Federally Qualified Health Center (FQHC) that has dental treatment in their scope of practice for Placer and Nevada Counties. In addition, there would have to be patient volume to sustain it so the TNT Youth Health Initiative would potentially partner with First Five of El Dorado and Placer Counties to ensure sustainability.

Since the Planning Network predicts it will take 2-3 years to develop this model, initially the *School-based Oral Health Initiative* will be a volunteer effort with local dentist and pediatricians to begin regular screenings of students, sealant application and free or low cost treatment in collaboration with the schools.

TNT Youth Health Initiative Strategic Plan

Reproductive Health Services

Data indicates that there is a significant need for youth reproductive health services in the North Tahoe area well linked to the middle and high school. PMC - Tahoe is currently exploring housing a teen reproductive health clinic. In order to ensure access and utilization by teens of a community-based clinic, the model would include a school-linked public health nurse and school-based health educators to provide outreach and linkage to a continuum of reproductive health education and services.

Sustainability Strategy

The key ingredients for a sustained, collective impact effort are commitment to a long-term partnership that focuses on results and continuous quality improvement, combined with strategic resource development. The TNT Planning Network with transition to the TNT Youth Health Initiative Partnership meeting monthly to review progress on plan implementation, guide resource and sustainability efforts, and to sustain and build relationships amongst the staff and leadership of the partnership.

The Partnership will also oversee, evaluate and show progress towards outcomes and has set measurements for each goal area. Initially, the partnership will look at the data that is periodically collected by each organization with the goal of adding to the current community report card efforts underway.

One of the initial tasks of the Partnership will be to invest in implementing a sustainability strategy that builds on organizational capacities and expertise, redirects resources, builds new partnerships, leverages public dollars and establishes blended funding models to support the four strategies. With the *TNT Youth Health Initiative Strategic Plan* completed the Network is well positioned to respond to federal, state, local and philanthropic grant opportunities as they arise.

The TNT Youth Health Initiative Partnership has both the experience and commitment to strategically grow the work over time in order to achieve its vision and impact in service our youth.

**TNT Youth Health Initiative
Strategic Plan**

6. Three Year Road Map for Implementation

	Year One	Year Two	Year Three	Lead/Partners
Strategy One: Wellness Hubs	<ol style="list-style-type: none"> 1. Expand staffing of Wellness Hubs (expand hours of the youth workers and bring on Care Coordinator part-time, shift focus of Wellness Hub Manager) 2. Fund development and sustainability planning for the Wellness Hubs 3. Begin data tracking system 4. Initiate <i>Student Care Coordination Teams</i> at middle and high schools 5. Implement Hub partner collaborative staff training 6. Integrate and link the school-based behavioral health services and community providers to the Wellness Hubs 7. Revise Staying Healthy Assessment adding questions 8. Design peer mentorship program expansion 9. Convene Partner Hub Oversight Team 10. Identify social emotional curriculum 11. Expand groups to the middle schools 	<ol style="list-style-type: none"> 1. Expand staffing of Wellness Hubs 2. Fund development and sustainability planning for the Wellness Hubs and data tracking system 3. Design universal consent for students 4. Create an electronic data tracking system and expand evaluation efforts 5. Continue to build capacity of the <i>Student Care Coordination Teams</i> 6. Implement Hub partner collaborative staff training 7. Create new partnerships to expand service capacity at Wellness Centers. 8. Begin universal health screenings with 9th graders using the Staying Health Assessment 9. Begin implementation of peer mentorship program (e.g. elective class and Link Crew) at both high schools. 10. Convene Partner Hub Oversight Team Fund development 11. Pilot social emotional curriculum 	<ol style="list-style-type: none"> 1. Expand staffing of Wellness Hubs 2. Fund development and sustainability planning for the Wellness Hubs and data tracking system 3. Continue to build capacity of the <i>Student Care Coordination Teams</i> 4. Create new partnerships to expand service capacity at Wellness Centers. 5. Institutionalize universal health screenings with 9th graders using the Staying Health Assessment 6. Expand peer mentorship program with middle schools 7. Fully implement social emotional curriculum roll out 	<p>Lead: Tahoe Truckee Unified School District (TTUSD)</p> <p>Partners: Nevada County, Placer County, Tahoe Forest Health System, and the Community Collaborative of Tahoe Truckee</p>

**TNT Youth Health Initiative
Strategic Plan**

	Year One	Year Two	Year Three	Lead/Partners
Strategy Two: Youth Behavioral Health and Alcohol & Other Drug Services	<ol style="list-style-type: none"> 1. Fully staff and implement the newly funded school-based behavioral health services 2. Integrate the school-based behavioral health services into the Wellness Hubs 3. Set up referral and tracking system to understand supply and demand for behavioral health services 4. Expand middle school groups with partners 5. Develop low cost community based youth behavioral health services 6. Work with CORR to build out a continuum of teen AOD services 7. Assess effectiveness of current model, and develop change recommendations for Year Two 	<ol style="list-style-type: none"> 1. Implement quality improvement plan. 	<ol style="list-style-type: none"> 1. Implement quality improvement plan. 	<p>Lead: Tahoe Truckee Unified School District (TTUSD) & Placer and Nevada County</p> <p>Partners: Wellness Hub Collaborative</p>

**TNT Youth Health Initiative
Strategic Plan**

	Year One	Year Two	Year Three	Lead/Partners
Strategy Three: School-Based Oral Health Initiative	<ol style="list-style-type: none"> 1. Convene a “Dentalician” collaborative of dentists, pediatricians and school nurses to launch the initiative 2. Develop a plan for universal screening of students 3. Develop a pool of “free or low cost” dental treatment options 4. Identify spaces in the schools to use portable dental equipment. 5. Develop budget and raise funds to purchase portable equipment. 6. Work with pediatricians to develop a long term plan for providing sealants 7. Initiate partnership with First Five of El Dorado County to redeploy their mobile van. Begin business plan and identify an FQHC to partner with. 	<ol style="list-style-type: none"> 1. Convene and support capacity building of the “Dentalician” 2. Develop data tracking systems for dental treatment needs identified and treated. 3. Purchase portable dental equipment. 4. Roll out phase one of student screenings, sealant program, linkage to free or low cost dental treatment 5. Complete business plan and funding proposal for the mobile dental van with FQHC partner. 	<ol style="list-style-type: none"> 1. Institutionalize universal screening for students. 2. Track and evaluate data, plan for program improvements. 3. Mobile dental van launched 	<p>Lead: Tahoe Forest Health System</p> <p>Partners: Local dentist, pediatricians and TTUSD</p>

**TNT Youth Health Initiative
Strategic Plan**

	Year One	Year Two	Year Three	Lead/Partners
Strategy Four: Reproductive Health Services	<ol style="list-style-type: none"> 1. Advance Placer County’s plan for a teen clinic. 2. Hire a Placer County Public Health Nurse and link to middle and high schools 3. Develop a plan for bringing reproductive health services to the schools 	<ol style="list-style-type: none"> 1. Begin roll out of school-based reproductive health services. 2. Assess how current system is operating and further develop plan. 		<p>Lead: Placer and Nevada County</p> <p>Partners: Wellness Hub Collaborative</p>

Appendix I: Strategy I: School-based Wellness Hubs

I. Mission

The mission of the *TNT Wellness Hubs* is to increase adolescents' access to and utilization of critical health services and supports in the Truckee North Tahoe region with goal of strengthening youth educational and health outcomes. The *TNT Wellness Hubs* link students' ages 12-18 to youth-friendly health and wellness supports by weaving together a continuum of school and community based services for youth. The school-based hubs are both a system of care and single health access point for students, housed at North Tahoe and Truckee High Schools with programming that extends to Sierra High and Alder Creek and North Tahoe Middle Schools.

2. Services

The *TNT Wellness Hubs* menu of services is:

- **Youth Wellness Centers:** peer mentorship, health education and youth development programming.
 - Expand the youth development programming at the two high school Wellness Centers by extending staff time and hours of operation.
 - Expand *Linked Crew* to support 9th and 10th grade students with 11th and 12th grade mentors.
 - Build the peer mentorship program by creating credit courses taught by a credentialed teacher. Extend the peer mentorship to the middle schools with an emphasis on peer social emotional support.
- **Health Screenings:** Universal health screenings of all 9th graders to identify issues early, link to needed services, and introduce students to the Wellness Hub as an access point for wellness services and leadership opportunities.
- **Behavioral Health and Alcohol and Drug Services:** coordinate current services, identify behavioral health concerns earlier, expand Tier 1, 2 and 3 services, and provide professional development on behavioral health to educators.
 - Implement and assess effectiveness of the school-based therapeutic services being delivered by EMQ with 1.5 FTE dedicated therapists.
 - Increase number of students completing the 10th grade “What’s Up Wellness” screen.
 - Continue social emotional and alcohol and drug education through health classes and expand this education by using targeted intervention times at the two high schools.
 - Expand student support groups with an emphasis in the middle schools by extending community partnerships.
 - Create an educator professional development series on topics related to social emotional health and wellness (trauma, depression, consultation, etc.)
 - Link with Tahoe Forest Hospital as they expand community based behavioral health services to explore how to address any gaps in serving youth.

TNT Youth Health Initiative Strategic Plan

- Establish formal linkages between the Hub Service Coordinator and community based behavioral health services and the provider network of Anthem Blue Cross and California Health and Wellness, the 2 managed care systems, whose role it is to serve mild to moderate behavioral health issues.
- **Reproductive health services:** link students to county and private teen reproductive services through health educators and consider offering some reproductive health services on school sites.
- **Oral health services:** offer screening, prevention, treatment and case management oral health services at schools.
- **Parent Education and Engagement:** provide support and opportunities for parents to learn and explore topics relevant to adolescent health and wellness and parenting teens.
- **Enrollment into health coverage and public benefits:** partner with the Family Resource Centers and Health and Human Services in Carnelian Bay to link youth and families to health and public benefits coverage.
- **Primary Care services:** strengthen youth 12-18's access and utilization of primary care by integrating health educators and/or public health nurses onto middle and high school campuses to link students to community health services.

3. Service Delivery

The *TNT Wellness Hubs* provide students with youth-friendly school-based health and wellness supports and linkages to youth services in the community. To ensure that different providers and systems are aligned to deliver seamless services, partners will develop single processes for intake and care coordination. *Student Care Coordination Teams* (“*Care Teams*”) will be formed at each school site building on existing school and county multidisciplinary teaming models. The teams, facilitated by a *Hub Service Coordinator*, will meet weekly to review student referrals, triage, coordinate care, and address systemic health and wellness issues. All *Care Team* members will be considered *TNT Wellness Hub staff*.

Care Team members include:

- Hub Service Coordinator, facilitator
- District Counselors
- School Nurse
- Behavioral Health Providers
- Wellness Center Staff
- Provider Staff with specific service hours at the *TNT Wellness Hub*

4. Governance and Sustainability

The *TNT Wellness Hubs* is a collaborative project that brings together the TTUSD Wellness Program and the *Youth Health Initiative* of the Truckee-North Tahoe (TNT) Planning Network with the goal of building upon the Wellness Centers at Truckee and North Tahoe High and creating system hubs to strengthen service coordination and expand access to accessible youth-friendly health and wellness

TNT Youth Health Initiative Strategic Plan

services. Specific hub agreements are memorialized in a Hub Partnership Memorandum of Understanding signed by all partners.

The Tahoe Truckee Unified School District serves as the lead agency for the hubs with collaborative oversight by a *Partner Hub Oversight Team* that meets quarterly and is responsible to: (1) ensure systems and services are well integrated, (2) make changes so that current resources can be more effectively leveraged, (3) oversee strategic service and program expansion, and (4) bring in resources to sustain the hubs.

The PHT is made up of decision-makers from the partner organizations:

- Community Collaborative of Tahoe Truckee
- Nevada County, Health and Human Services Department
- Placer County, Health and Human Services Department
- Tahoe Forest Health System
- Tahoe Truckee Unified School District
- Hub Youth Advisory Board Members

In addition, a Hub Youth Advisory Board will be established responsible to: (1) provide input into the programming for the hub to ensure contemporary youth issues are being addressed effectively by the supports and services and (2) oversee the youth mentorship programming.

5. Forming the Wellness Hubs

The *TNT Wellness Hubs* will be housed with the current Wellness Centers that provide critical youth development programming aimed at building youth voice and leadership, providing peer-to-peer support, and educating youth in relevant and practical ways to promote wellness and healthy life choices. The Wellness Centers would become a part of a broader hub that would integrate current services to create a one-stop environment (i.e. behavioral health coordination currently being offered by the School Counselors would be directly linked to the hub.)

To create the hubs it will be necessary to add staff and to shift some of the role functions of other staff. These changes would include:

1. Changing the current Wellness Center Coordinator's title to *Wellness Hub Coordinator*, increasing the position from a .8 FTE to a 1.0 FTE, and shifting duties from delivering direct service programs to focusing partnership, program and resource development to bring new services to the middle and high schools.
2. Creating a *Hub Service Manager* position held by TTUSD (and eventually having 2 positions.) The position would employ a person with professional expertise in school health/behavioral health to serve as the first point of contact for all referrals and be responsible to coordinate student care and the *Care Team* process. For example, the *Hub Service Manager* would free up school counselors from the behavioral health intake responsibilities they currently hold and ensure collaborative teams triage and link students to services.

TNT Youth Health Initiative Strategic Plan

3. Focusing the Wellness Center Liaisons role more directly on developing the youth support and mentorship programming for middle and high school, increasing their hours from 17.5 hours to 32 hours per week, and possible changing their titles to “Youth Workers or Youth Coaches.”
4. Strengthening the Peer Mentorship Program by hiring a .50 FTE teacher as the Peer Mentor Developer and offering courses and course credit at the high schools.
5. Investing in capacity building consultation to support professional development in the creation of an effective Partner Hub Team and COST at each school site.

**TNT Youth Health Initiative
Strategic Plan**

Appendix 2: SWOT Analysis

<p style="text-align: center;">Strengths</p> <ul style="list-style-type: none"> • Leadership open to partnership opportunities • Basic foundations exists • Engaged and Involved community (mobilize suicide task force list, TTFWDD) • Committed partners to prompt change • Good grant writers • Strong collaborative history • Great place for pilot programming b/c of small community • Control for inputs makes impacts easier to see • Lots of people have health coverage • Community has the desire and willingness to support what youth need • We have experience blending and leveraging public funding • We have the right partners at the table to create school health services • TTUSD supports school health services • The community has a history of following through to address specific concerns and needs and we can mobilize this track record. 	<p style="text-align: center;">Weaknesses</p> <ul style="list-style-type: none"> • Health coverage does not equal access • Youth culture around drugs and alcohol • Different service delivery in each county • Unsure of level of commitment from public agencies to blend funding streams and do creative financing to fund more health integration • Hesitancy by TTUSD Board to fund new programs dues to past experiences (i.e. when TTUSD Board has stepped out to fund programs that were cost neutral then turned into a new expense when funding ends and fear of continuing this trend • Small number of people in our services delivery area (consequences of pulling numbers from other providers) • Costly to do services • Small numbers of teens to build a system of care • Truckee teen clinic works well for teens but not those from the Lake area • Need to frame our vision, outcomes and specific ideas to build support Facilities – no plan currently for dedicated space that can be configured for a full school health center • Limited knowledge of all funding streams we will need to leverage to finance school health
<p style="text-align: center;">Opportunities</p> <ul style="list-style-type: none"> • New mental health provider for Placer County who seems to be innovative • Managed Care – more access to Mental Health services (maybe) • Middle and High School peer Mentor Programs • Positive perception of Wellness and Community Supports in schools • Rural nature of our region draws attention to our issues • Committed community agencies to support our efforts • Rural health grant • Funding from TFHS directly to TTUSD Board under Wellness as an investment • Behavioral health care landscape is changing with parody requirements (i.e. TFHD will be providing behavioral health care soon) • Support for expanding youth services i.e. school staff experience students' emotional distress daily and see a need for increased support 	<p style="text-align: center;">Threats</p> <ul style="list-style-type: none"> • County, Hospital and District Politics • Timing of new initiative with focus on schools transition to Common Core • Leveraging funds can be complicated • Bringing all health providers to the table to support school-linked services • Sustainability • School facility bonds does not include school health space • MediCal population of 12-18 is low (28%) • Board members changing on TFHS (election in November)

**TNT Youth Health Initiative
Strategic Plan**

Appendix 3: Adolescent Primary Care and Reproductive Health Providers

Name	Address	Scope of Practice	Spanish	Payment
<p>Tahoe Forest Health System</p> <ul style="list-style-type: none"> • MultiSpecialty Clinic Pediatricians • Tahoe Forest Health Clinic 	<p>10956 Donner Pass Rd Ste 130 Truckee, CA 96161</p> <p>880 Alder Avenue, Incline Village, NV 89451</p>	<p>Tahoe Forest Health System includes two Critical Access Hospitals, located in Truckee, CA and Incline Village, NV, and various outpatient clinics. Services include: 24-hour EDs, diagnostic imaging, home health, hospice services, ICU, inpatient and outpatient surgery, long term care, medical surgical unit, obstetrics, occupational health, and cancer treatment. Adolescent-specific services include the MultiSpecialty Clinic Pediatricians and Tahoe Forest Health Clinic. Community services include wellness, nutrition and concussion education in the local school district and collaboration with other health partners to improve overall community wellness related to substance abuse, mental health and access to care.</p>	<p>Yes</p>	<p>Medi-Cal, Medi-Cal Managed Care, Covered California health plans, Medi-Care, private insurance and offers discounts for uninsured/self-pay patients.</p>
<p>Truckee Tahoe Medical Group (TTMG)</p>	<p>10956 Donner Pass Rd Truckee, CA 96161</p> <p>925 North Lake Blvd Tahoe City, CA 96145</p> <p>1960 Squaw Valley Rd Olympic Valley, CA 96146</p>	<p>TTMG has outpatient clinics located in Truckee, Tahoe City and Olympic Valley, CA and offers the following services: Urgent care, internal medicine, preventative care and wellness, sports medicine, women’s & men’s health, adolescent & geriatric medicine, newborn & pediatric care, basic mental health care, physicals, travel health consultation, office-based surgery, family planning, and immunizations.</p>	<p>Yes</p>	<p>TTMG accepts Covered California health plans, private insurance, and Medicare and offers discounts for uninsured/self-pay patients.</p>
<p>Placer Medical Clinic – Tahoe (PMC – Tahoe)</p>	<p>8665 Salmon Ave Kings Beach, CA 96143</p>	<p>PMC – Tahoe is located in Kings Beach, CA and offers the following services: Primary care, behavioral health, dental, family planning, physical exams, immunizations, travel clinic, pregnancy testing and counseling, STD testing and treatment, tuberculosis testing, same day/next day care, referrals to specialists and diagnosis & treatment for chronic health conditions.</p>	<p>Yes</p>	<p>PMC – Tahoe accepts Medi-Cal, Medi-Cal Managed Care and Medicare, and offers sliding scale based on income for uninsured/self-pay patients.</p>

**TNT Youth Health Initiative
Strategic Plan**

Name	Address	Scope of Practice	Spanish	Payment
TTUSD School Nurses	Two School Nurses cover all TTUSD Schools	Provide on-site health screening, individual health plans and outside referrals. Conduct vision, hearing and dental screenings.	Yes	Free for all students
Truckee Teen Clinic (Reproductive Health Only)	10075 Levon Ave Truckee, CA 96161	Birth control education and supplies, abstinence education, decision-making counseling and support, pregnancy testing and referrals, STD testing and referrals, Hep A & B vaccinations. Teen Clinic Health Educator also provides education to Tahoe Truckee High School each quarter and North Tahoe High once per year.	Yes	Free
Tahoe Forest Women's Center	10175 Levon Ave Truckee, CA 96161	Obstetrics and Gynecologist services	Yes	Medi-Cal, Medi-Cal Managed Care, Covered California health plans, private insurance, and Fam Pact and offers a 10% discount for uninsured/self-pay patients

**TNT Youth Health Initiative
Strategic Plan**

Appendix 4: School-linked Primary Care and Reproductive Health Services and Programs (Middle and High Schools)

Program	School	Description	Lead Agency	Payment
Family Resource Center of Truckee	Open to all youth	Outreach and assistance in Covered California and Medi-Cal enrollment. The FRCoT seeks to empower families and individuals through various services including family advocacy, legal advocacy and mediation, early childhood development classes, outreach and community events.	FRCoT	Free
North Tahoe Family Resource Center	Open to all youth	Outreach for the Affordable Care Act and enrollment in Medi-Cal. The NTFRC is an integrated system of support providing comprehensive services to North Lake Tahoe. Families and individuals are given access to resources and support systems that allow them to thrive and become self sufficient.	NTFRC	Free
Physical Education/ Health Classes	North Tahoe, North Tahoe High, Alder Creek Middle, Tahoe Truckee High, Sierra High, Community	Health is a high school requirement that applies to all High Schools. Family Life and Sex Education are part of the health class. Guest speakers are also invited to schools and provide links to local clinics.	TTUSD	Free
Puberty Education	North Tahoe, North Tahoe High, Alder Creek Middle, Tahoe Truckee High	Puberty Education taught in 5 th grade (as part of science class), 8 th grade (as part of physical education), and 9 th grade (as part of health).	TTUSD	Free
Tahoe Forest Health Program: Guest Lectures	Tahoe Truckee High, Sierra High (STEPP)	Guest Lecture Series in which topics vary each year. Previous topics have included Nutrition education on the media's influence on food choices and sugar consumption (<i>Rethink Your Drink</i>), yoga and stress management.	TFHS	Free
Tahoe Forest Health Program: Harvest of the Month	North Tahoe, Sierra High	Seasonal, local fruit and vegetable tasting and nutrition education in the elementary school classroom.	TFHS	Free (PTO supported)
Tahoe Forest Health Program: Wellness Fairs & Sports Days	Alder Creek Middle	Wellness Fair & Sports Day presence in which topics vary each year. Previous topics have included hydration, nutrition education and the media's influence on food choices and sugar consumption (<i>Rethink Your Drink</i>), yoga, stress reduction and mindfulness.	TFHS	Free

**TNT Youth Health Initiative
Strategic Plan**

Program	School	Description	Lead Agency	Payment
Tahoe Forest Sports Medicine Community Outreach Program (Head Trauma Program and Athletic Training)	North Tahoe High, Tahoe Truckee High	Improving the wellbeing of student athletes by improving their athletic performance while reducing their potential for injury. Medical assistance services include, but are not limited to, injury identification, athlete training, movement screening, coaching support, assistance with team training, baseline and follow-up concussion assessments, game coverage and concussion/injury return to play.	TFHS	Free
Sierra Teen Education and Parenting Program (STEPP)	Sierra High	Parent education, counseling and support for students and their children. Infant and toddler childcare center on-site for district students and their children while they are attending school and pursuing graduation. Parents are required to attend life skill classes to assist them in becoming good parents and able to take care of themselves and their children.	TTUSD	Free

**TNT Youth Health Initiative
Strategic Plan**

Appendix 5: Adolescent Mental and Behavioral Health Therapists and Services

Name	Address	Scope of Practice	Spanish	Payment
Jeff Anderson, LMFT	10098 Jiboom St #103 Truckee, CA 96161	Teens, adults, couples and families utilizing Cognitive Behavioral and Solution-Focused approaches.	No	Insurance, Private Pay
Shawn Benjaminson, LMFT	10775 Pioneer Trail #216-A Truckee, CA 96161	Children, teens and families, substance abuse	No	Private Pay, Sliding Scale based on need
Changing Strides Tina Peek, LMFT, LPCC	12318 Union Mills Rd Truckee, CA 96161	Equine Assisted Psychotherapy, individuals, couples and family counseling, substance abuse, anxiety, depression, personal development.	No	Private Pay
Kirk Ditterich, PsyD	1604 Christy Hill Rd. Olympic Valley, CA 96146	Families, teens and adults	No	Private Pay
EMQ Families First, LMFT and LCSW	202 Providence Mine Rd #105 Nevada City, CA 95959 (providing services locally in TTUSD)	Children, teens, wraparound	Yes	Medi-Cal
Richard Gatley, PhD	316 Park Ln Kings Beach, CA 96143	Child, adolescent and adult psychotherapy, substance abuse	No	Private Pay
Danielle B Grossman, MFT	10356 Donner Pass Rd. Truckee, CA 96161	Relationships, anxiety, loss/grief, addiction, co-dependence, substance abuse	No	Private Pay
Bruce Hill, LMFT	Carnelian Bay, CA	Individuals, couples, adolescents, substance abuse	No	Private Pay, Sliding Scale based on need
Barbara Squire Ilfeld, RN, MS, CNS	1604 Christy Hill Rd Olympic Valley	Individuals, couples, group therapy, adolescents, substance abuse	No	Insurance, Private Pay
Inner Action Therapy Polly Ryan, MA, MFT	10956 Donner Pass Rd #360 Truckee, CA 96161	Child & adolescent specialist, substance abuse, divorce recovery, dual Dx, anger management, grief & loss	No	Insurance, Private Pay
Benjamin Kaufman, MD, Inc Adult and Child Psychiatry and Psychoanalysis	1071 Martis Landing Truckee, CA 96161	Children, adolescents, adults, talk therapy, medication, substance abuse	Yes	Private Pay
Lundholm Conflict Management Services Gloria Lundholm, MA, LMFT	7836 Pinedrop Ln Tahoe Vista, CA 96148	Couples, adolescents, individuals; anxiety, depression, grief, trauma, substance abuse, DUI, relationships, mediation, co- dependence	No	Private Pay

**TNT Youth Health Initiative
Strategic Plan**

Name	Address	Scope of Practice	Spanish	Payment
Victoria Mercer, PhD Registered Psychological Assistant	1604 Christy Hill Rd. Olympic Valley, CA 96146	Teens, adults, elderly, evidence-based practices to treat general mental such as mood disorder, substance abuse, behavioral health, serious mental illness	No	Private Pay, Sliding Scale
Mountain Mental Health Christopher Old, LMFT, LPCC	10363 High St. #3 Truckee, CA 96161	Individuals, couples, families, adolescents, relationships, anxiety, depression, anger management, life skills & stress reduction, adventure therapy, CBT, mindfulness and positive psychology	Yes	Private Pay
Nevada County Behavioral Health Christopher Mausolff, LMFT	10075 Levon Ave #207 Truckee, CA 96161	Children, adolescents and English or Spanish-speaking adults, trauma-focused cognitive behavioral therapy, parent-child interaction therapy, motivational interviewing, structural family therapy, attachment-based family therapy.	Yes	Medi-Cal or possible grant-funded for non-insured
Kimball C. Pier, PhD, LMFT	11209 Brockway Rd #206 Truckee, CA 96161	Individuals, couples, adolescents, families, certified divorce mediator and a special Master in mediating with high conflict parents. Healing trauma, yoga therapy and massage therapy.	No	Insurance, Expanded Medi-Cal, Private Pay, Sliding Scale
Play Heals Jackie-Hurt Coppola, LMFT	10098 Jiboom St. #101 Truckee, CA 96161	Adults, children and adolescents, parenting and co-parenting, anxiety and depression	No	Insurance, Private Pay, Sliding Scale
Chelsea Roth, LCSW	10775 Pioneer Trail #216-A Truckee, CA 96161	Children, adolescents and young adults, social skills, life skills	No	Insurance, Private Pay, Sliding Scale based on need
Anita Spencer, PhD	12242 Business Park Dr #16 Truckee, CA 96161	Adult and some adolescent individual therapy	No	Insurance, Medicare, Private Pay
Karin Sable, LMFT	3080 N. Lake Blvd #B Tahoe City, CA 96145	Individuals, couples, families, children and adolescents, specializing in mood disorders, trauma and anxiety, substance abuse	No	Insurance, Private Pay, Sliding Scale based on need
Sierra Mental Wellness Group, LCSW, LMFT	2690 Lake Forest Rd #B Tahoe City, CA 96145	Individuals, families, children, teens, couples and families, innovative and traditional approaches to address the identified needs of clients. Spanish and English services.	Yes	Private Pay, Medi-Cal (Placer Co. Offices), Sliding Scale

**TNT Youth Health Initiative
Strategic Plan**

Name	Address	Scope of Practice	Spanish	Payment
Lindsay Simon, LMFT	1604 Christy Hill Dr. Olympic Valley, CA 96146	Individuals, couples, family, children, adolescents, adults, mood disorders, anxiety, panic attacks, ADHD, parenting, EFT, CBT	No	Private Pay
Dawn Spillman, MA, MFT	10956 Donner Pass Rd #360 Truckee, CA 96160	Individuals, couples, family, children, in-depth psychotherapy and short-term therapy	No	Private Pay, Sliding Scale
Stacy Stahl, LCSW	10770 Donner Pass Rd #103 Truckee, CA 96161	Anxiety, PTSD, eating disorders, relationships, all ages	No	Insurance, Private Pay, Sliding Scale based on need
State of California, Department of Rehabilitation	2489 Lake Tahoe Blvd #4 South Lake Tahoe, CA 96150	Employment services for adults with all types of disabilities, serving teens 16 and older and adults on a voluntary basis for participants. The DoR provides training, job placement, job coaching, assistive technology and vocational counseling.	Yes	No fee
Jan Susman, MFT	10098 Jiboom St #103	Individuals, couples, families, teens, children, substance abuse	No	Insurance, Private Pay, Sliding Scale based on need
Amy Vail, MA, PsyD	1604 Christy Hill Rd Olympic Valley, 96146	Relationally-oriented, solution-focused CB therapy for individuals, families, teens and adolescents. Drug and alcohol use and abuse. Group therapy, Reiki master and energetic medicine practitioner.	Yes	Private Pay; Sliding Scale based on need
Rebecca Yops, LMFT	10232 Donner Pass Rd #2 Truckee, CA 96161	Teens, couples, postpartum depression/anxiety, OCD, Cognitive Behavioral Therapy	No	Private Pay

**TNT Youth Health Initiative
Strategic Plan**

Appendix 6: School-linked & School-based Mental/Behavioral Health Resources (Middle and High Schools)

Agency or Specific Program	School	Scope of Practice	Lead Agency	Payment
Adventure Risk Challenge	North Tahoe, North Tahoe High, Alder Creek Middle, Tahoe Truckee High, Sierra	ARC links wilderness to academics, adventure to leadership, environmental science to literacy and confidence to activism. It exposes youth to a range of natural environments and wilderness experiences and inspires the confidence they need to envision and accomplish goals, succeed in high school, attend college and become engaged empowered citizens.	ARC	Private Pay, Sliding Scale
AlcoholEdu	North Tahoe High, Tahoe Truckee High	Online program to empower youth to make safer and healthier decisions about alcohol.	TTUSD	No Fee
Big Brothers Big Sisters of Nevada County	North Tahoe, North Tahoe High, Alder Creek Middle, Tahoe Truckee High, Sierra High	Professionally-supported, one-to-one relationships between youth and caring, responsible adult. Adults offer support to youth's growth and development through nurturing relationships, leading to greater self esteem.	BBBS	No Fee
Boys & Girls Club of North Lake Tahoe	Open to all youth 8125 Steelhead Kings Beach, CA 96143	Youth development services and programs to instill a sense of competence, belonging and influence. Teen programming includes SMART Girls, Money Matters, Keystone, Chop Shop and #weownfridays.	Boys and Girls Club	Private Pay
Community Recovery Resources	North Tahoe High, Tahoe Truckee High	Student Intervention Program: 4-week program for first time offenders. Drug Diversion Program/Student Assistance Program: Facilitated by TTUSD this is an 8-week program that focuses on kids caught in/by school who are involved in drugs/alcohol. Adapt: Adolescent drug treatment program that ranges from 3 weeks to 1 year.	CoRR	SIP: Sliding scale; Drug Diversion: No Fee; Adapt: Medi-Cal, Sliding scale
EMQ: Placer County Outpatient Mental Health Services	North Tahoe, North Tahoe High	School-linked and school-based services provided with EMQ Families First.	Placer County	No Fee
EMQ: TTUSD	Alder Creek, Tahoe Truckee High, Sierra	School-linked and school-based services provided with EMQ Families First.	TTUSD	No Fee

**TNT Youth Health Initiative
Strategic Plan**

Agency or Specific Program	School	Scope of Practice	Lead Agency	Payment
Family Resource Center of Truckee	Open to all youth 11695 Donner Pass Rd Truckee, CA 96161	Referrals for families and individuals in English and Spanish	FRCoT	No Fee
Friday Night Live	Tahoe Truckee High	Truckee High club that focuses on reducing social and retail sources of alcohol and tobacco to youth. The club plans drug and alcohol free fun Friday night activities as well as educational presentations, Red Ribbon Week, surveys students and community members, and implemented the positive norms campaign.	TTUSD	No Fee
Gateway Mountain Center	Sierra High, Community School	Eco-literacy, field science and environmental education services for youth school groups, adventure programming, youth development, wellness & mental therapeutic mentoring for at-risk teens.	Gateway Mtn. Center	No Fee for youth for school programs, Private Pay, scholarships
Nevada County Behavioral Therapist	Alder Creek Middle, Tahoe Truckee High, Sierra High	Therapy and counseling provided on campus.	Nevada County	Medi-Cal or possible grant-funded for non-insured
North Tahoe Family Resource Center	Open to all youth 265 Bear St Kings Beach, CA 96143	Referrals for families and individuals in English and Spanish.	NTFRC	No Fee
Peer Mentor Program	North Tahoe High	High school students are trained to provide one-on-one and group support to middle school students.	TTUSD	No Fee
Positively Rolling	Alder Creek Middle	Program designed for middle school aged boys that focuses on leadership through creativity. Themes encompassing substance of character are discussed and rendered via painting and drawing. Introducing and focusing on these themes attempts to instigate and encourage openness, communication, creativity and healthy relationships between students, their peers and members of the community.	TTUSD	No Fee
Second Step	North Tahoe, Alder Creek Middle	Character program around social and emotional well-being.	TTUSD	No Fee

**TNT Youth Health Initiative
Strategic Plan**

Agency or Specific Program	School	Scope of Practice	Lead Agency	Payment
Sources of Strength	North Tahoe, North Tahoe High, Tahoe Truckee High, Sierra High	Comprehensive wellness program that focuses on suicide prevention including bullying, substance abuse and violence. Peer leaders are trained to positively change school cultures around help seeking behavior, codes of silence and perceptions of adult support.	TTUSD	No Fee
Tahoe Family Solutions	Open to all youth 948 Incline Way #212 Incline Village, NV 89451	Children, adolescents, families, individuals, couples. Also, no-cost information, assistance and referrals in English and Spanish	Tahoe Family Solutions	Sliding Scale
Tahoe Truckee Future Without Drug Dependence	North Tahoe, North Tahoe High, Alder Creek, Tahoe Truckee High, Sierra	Federally-funded community coalition working to prevent substance abuse in Tahoe-Truckee Youth. Focused on prevention- building capacity around substance abuse in the community. Goals are to reduce youth rates and build a community free from drug and alcohol abuse. This includes parent, youth and community education, education in the schools, Rx drug take backs, involvement in creating alternative activities to drinking for youth such as Friday Night Live.	Placer County/ Nevada County	No Fee
Tahoe Truckee Youth Suicide Coalition	North Tahoe, North Tahoe High, Alder Creek Middle, Tahoe Truckee High, Sierra High, Community School	Suicide prevention and education. The Coalition has largely been promoting the Know the Signs Campaign which advocates community members to identify the signs of potential suicide, ask if the person is thinking about committing suicide and referring the person to services. In September 2015 the Coalition will begin collaboration with Inner Rhythms and students to promote the Know the Signs Campaign in a youth-driven manner.	TTYSP	No Fee
Tahoe SAFE Alliance	North Tahoe, North Tahoe High, Alder Creek Middle, Tahoe Truckee High	Crisis intervention and peer counseling for adults, youth and children who have experienced domestic violence, sexual assault, and child abuse. Referrals and resources available for support groups, therapy, legal information, education, and emergency shelter. Offers youth empowerment boys and girls groups in the schools for youth 4 th through 12 th grade. Youth are referred by counselors but not necessarily due to a domestic abuse situation.	Tahoe SAFE Alliance	No Fee

**TNT Youth Health Initiative
Strategic Plan**

Agency or Specific Program	School	Scope of Practice	Lead Agency	Payment
TTUSD School Psychologist	North Tahoe, North Tahoe High, Alder Creek Middle, Tahoe Truckee High, Sierra High	Psychological services are provided to support students with a variety of academic, social and emotional needs. Services may include assessment for eligibility for special education, intervention recommendations for struggling students and consulting supports for students with social and behavioral needs.	TTUSD	No Fee
TTUSD School Counselors	North Tahoe, North Tahoe High, Alder Creek Middle, Tahoe Truckee High, Sierra High	Provide a comprehensive counseling and guidance program for students; consult and collaborate with teachers, parents and staff to enhance their effectiveness in helping students and provide support to other school educational programs.	TTUSD	No Fee
TTUSD Wellness Centers	North Tahoe High, Tahoe Truckee High, Sierra High, Community School	Single point entry to connect students to supportive adults and access wellness services including linking students with community resources to address physical, mental and emotional concerns.	TTUSD	No Fee
What's Up Wellness Check Ups (Columbia University Teen Screen)	North Tahoe High, Tahoe Truckee High	Computer based questionnaire offered to all 10 th graders that screens youth for mental illness and suicide risk.	TTUSD	No Fee

TNT Youth Health Initiative Strategic Plan

-
- ⁱ Tahoe Forest Health System Wellness Neighborhood. (2014). *Community Health Needs Assessment*.
- ⁱⁱ Immunization Coalition: Tahoe Truckee Unified School District & Tahoe Forest Health System. (2015).
- ⁱⁱⁱ Tahoe Forest Health System Wellness Neighborhood. (2014). *Community Health Needs Assessment*.
- ^{iv} U.S. Census Bureau; American Fact Finder, 2009-2013 5-Year Estimates, Table DP05: ACS Demographic and Housing Estimates; generated by Elizabeth Henasey; using American FactFinder; <http://factfinder2.census.gov>; (4 April 2015).
- ^v Truckee's Climate. (2015). *Truckee Climate*. Retrieved from <http://www.truckeecalifornia.net/truckee-climate.php>
- ^{vi} Community Collaborative of Tahoe Truckee. (2014, October). *North Tahoe-Truckee Community Overview: Economic Well-Being*. Retrieved from <http://www.communitycollaborative.org/community-snapshot/>
- ^{vii} *ibid*
- ^{viii} *ibid*
- ^{ix} Council for Community and Economic Research
- ^x U.S. Census Bureau; American Fact Finder, 2009-2013 5-Year Estimates, Table DP05: ACS Demographic and Housing Estimates; generated by Elizabeth Henasey; using American FactFinder; <http://factfinder2.census.gov>; (4 April 2015).
- ^{xi} Tahoe Forest Health System Wellness Neighborhood. (2014). *Community Health Needs Assessment*.
- ^{xii} Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. 2015. Retrieved from <http://wwwdev.cdc.gov/brfss/brfssprevalence/>. (4 April 2015).
- ^{xiii} C. Kiehn - Tahoe Forest Health System Women & Family Department. (personal communication, April 24, 2014)
- ^{xiv} California Department of Public Health. EpiCenter California Injury Data Online. www.epicenter.cdph.ca.gov.
- ^{xv} Truckee Tahoe Unified School District. *California Healthy Kids Survey, 2013-14: Main Report* San Francisco: WestEd Health and Human Development Program for the California Department of Education.
- ^{xvi} *ibid*
- ^{xvii} Mercer, V. (2014). *Tahoe Forest Health System Mental/Behavioral Health Providers Needs Assessment*.
- ^{xviii} Truckee Tahoe Unified School District. *California Healthy Kids Survey, 2013-14: Main Report* San Francisco: WestEd Health and Human Development Program for the California Department of Education.
- ^{xix} *California Healthy Kids Survey, Student Well-being in California, 2011-13: Statewide Results*. San Francisco: WestEd Health and Human Development Program for the California Department of Education.
- ^{xx} California Department of Education. Retrieved from <http://www.cde.ca.gov/ds/>
- ^{xxi} U.S. Department of Health and Human Services Health Resources and Services Administration. Shortage Areas: HPSA by State and County. Retrieved from <http://hpsafind.hrsa.gov/>
- ^{xxii} Committee on Adolescent Health Care Services and Models of Care for Treatment, Prevention, and Healthy Development, National Research Council. Adolescent health services: missing opportunities. 2008.
- ^{xxiii} Morone JA, Kilbreth EH, Langwell KM. Back to school: a health strategy for youth. *Health Affairs*. 2001; 20(1):122-136.
- ^{xxiv} Kaplan DW, Calonge BN, Guerensey BP, Hanrahn MB. Managed care and school-based health centers: use of health services. *Arch Pediatr Adolesc Med*. 1998; 152,25-33.
- ^{xxv} Santelli J, Kouzis A, Newcomer S. School-based health centers and adolescent use of primary care and hospital care. *J Adolesc Health*. 1996;19(4):267-275
- ^{xxvi} Allison MA, Crane LA, Beaty BL, Davidson AJ, Melinkovich P, Kemp A. School-based health centers: improving access for low-income adolescents. *Pediatrics*. 2007; 120(4):e887-e894.

TNT Youth Health Initiative Strategic Plan

- ^{xxvii} Brindis C, Kappahn C, McCarter V, Wolfe AL. The impact of health insurance status on adolescents' utilization of school-based clinic services: implications for health care reform. *J Adolesc Health*. 1995;16(1): 18-25.
- ^{xxviii} Guo JJ, Wade TJ, Keller KN. Impact of school-based health centers on students with mental health problems. *Public Health Reports*. 2008;123:768-780
- ^{xxix} Weist MD, Paskewitz DA, Warner BS, Flaherty LT. Treatment outcomes of school-based mental health services for urban adolescents. *Community Ment Health J*. 1996;32:149-157.
- ^{xxx} Kisker EE, Brown, RS. Do school-based health centers improve adolescents' access to health care, health status, and risk-taking behavior? *J Adolesc Health*. 1996;18:335-343.
- ^{xxxi} Peak GL, McKinney DL. Reproductive and sexual health at the school-based/school-linked health center: an analysis of services provided by 180 clinics. *J Adolesc Health*. 1996;19(4):276-281.
- ^{xxxii} Galavotti C, Lovick SR. School-based clinic use and other factors affecting adolescent contraceptive behavior. *J Adolesc Health Care*. 1989;10(6):506-512
- ^{xxxiii} Cohen DA, Nsuami M, Martin DH, Farley TA. Repeated school-based screening for sexually transmitted diseases: a feasible strategy for reaching adolescents. *Pediatrics*. 1999;104(6):1281-1285.
- ^{xxxiv} Fothergill K, Orlick B. 1997. The school-linked health center: a promising model of community-based care for adolescents.
- ^{xxxv} California School Health Centers Association and L.A. Care Health Plan. Third party billing: a manual for California's school health centers. March 2009.