

allcove:

A bold, new strategy for youth mental health

allcove

The allcove model, inspired by successful international models in Australia, Canada, and Ireland, creates stand-alone, “one-stop-shop” health centers for young people ages 12 to 25 to access support for mild to moderate mental health needs, physical health, substance use, peer support, supported education and employment, and family support. allcove approaches youth wellness in a comprehensive and youth-friendly way, led by members of an active local Youth Advisory Group and Community Consortium to design the services and environment they most want to see in their community. Through innovative, evidence-based approaches, allcove centers have the flexibility to reflect the unique youth and young adult culture of each geographic community being served and fill a critical gap in the spectrum of youth mental health and wellness services.

Increasing need: A mental health crisis facing American youth

Data show American youth are suffering and have been struggling even prior to the onset of the COVID-19 pandemic. According to the National Center for Health Statistics (NCHS), the rate of suicide among those aged 10 to 24 increased nearly 60% between 2007 and 2017. Between 2007 and 2013, the suicide rate for young people grew at an average rate of 3% per year but between 2013 and 2017, that number shot up to 7% per year. For children aged 10 to 14, the suicide rate tripled between 2007 and 2017, after years of decline (Curtin & Heron, 2019). According to the Centers for Disease Control and Prevention, more students experienced persistent feelings of sadness or hopelessness from 2009 through 2019, regardless of race/ethnicity; and more than 1 in 3 students and almost half of female students reported persistent feelings of sadness or hopelessness in 2019. Looking at the period after COVID-19, there was a greater than 50% increase in suspected suicide attempt emergency department visits among girls ages 12 to 17 in the beginning of 2021 as compared to the same period in 2019 (Yard et al., 2021). Suicide is now the second-leading cause of death for people ages 10 to 24 (The American Association of Suicidology, 2021).

The status of youth mental health appears to be approaching a breaking point. In October 2021, three leading children’s health organizations declared a [National State of Emergency in Children’s Mental Health](#) and in December 2021, U.S. Surgeon General Vivek Murthy issued a [National Advisory](#) on the youth mental health crisis. This alarming increase in distress is not attributed to one exclusive stressor. Rather, climate change, racism, gun violence, income inequality, and charged political discussions (i.e., immigration, LGBTQ+ topics) that have a direct impact on an individual’s future are but a few factors that contribute to increased levels of chronic stress among youth, which in turn can lead to anxiety and/or depression. Evidence shows that income inequality alone is linked to higher rates of mental health difficulties (Wilkinson & Pickett, 2009). In addition, LGBTQ+, maltreated, runaway, and unhoused youth are at a disproportionately high risk for depression, suicidal ideation, suicide, and self-harming behaviors (Cohen & Bosk, 2020). Successfully identifying and treating mental health issues that youth and young adults are facing is key to ensuring their lifelong emotional and mental wellbeing.

The COVID-19 pandemic has exacerbated the mental health crisis among young people. Feelings of isolation and hopelessness, reduced access to friends, disruptions to school, economic instability, lack of access to resources, stigma, and hopelessness are all factors that fuel the current youth mental health crisis. Many young people have also grieved the loss of connection, key life milestones, and friends/family during the pandemic. For some youth, home can be isolating, and for others, dangerous. Adverse

childhood experiences, including physical abuse, sexual abuse, and neglect are commonplace, with an estimated 656,000 children and adolescents experiencing maltreatment in 2019 (U.S. Department of Health & Human Services, 2021). Stay-at-home requirements unfortunately limit youth's access to mandated reporters, and consequently, the maltreatment that youth experience can go unnoticed (Cohen & Bosk, 2020). The pandemic has been especially challenging for marginalized communities, such as LGBTQ+ youth. In a survey collected by the Trevor Project, 70% of LGBTQ+ youth stated that during COVID-19, their mental health was "poor" most of the time or always, and 42% of LGBTQ+ youth, including more than half of transgender and nonbinary youth, reported that they seriously considered attempting suicide in the past year.

Throughout the pandemic, anxiety, depression, sleep disruptions, and thoughts of suicide have increased for many young adults. In a 2021 study conducted by the Kaiser Family Foundation, results suggested that approximately 56% of young adults ages 18 to 24 reported symptoms of anxiety and/or depressive disorder. These factors, combined with the already challenging transition from adolescence to adulthood, can prove even more difficult for youth with pre-existing mental health risks.

The dominant presence of social media in the lives of young people is another factor that appears to be influencing their mental health. Social media offers an important source of connection, entertainment, and emotional support for youth. On the flip side, exposure to online risks such as bullying, hate speech, graphic content, and unrealistic body images can degrade mental health, with risks seemingly higher for more vulnerable populations, including those in the LGBTQ+ community, youth of color, and those susceptible to self-harm and/or disordered eating. The amount of time spent in front of screens doubled during the pandemic, as did the volume of hate speech youth reported being exposed to (Rideout et al., 2021). Efforts to reduce these harms have been slow and ineffective to date, leaving many young people to navigate these difficult challenges on their own.

A statement released by the White House on the date of President Biden's first State of the Union address highlighted the dire state of mental health in the Nation and proposed priority areas, such as connecting Americans to care through the integration of mental health and substance use services in community-based settings and developing the peer workforce. While we have long known that half of all lifetime cases of mental illness have their onset by the age of 14 (Kessler, 2005), our country has never made the commitment to create the public mental health system our children and families have sorely needed. Even now, when it is clear that successfully identifying and treating mental health issues that youth and young adults are facing is key to fostering their lifelong emotional and mental wellbeing, the current U.S. health system poses many barriers for youth to access the help they need. Spaces that encourage youth voice, establish a safe environment which respects an individual's gender identity and sexual orientation, and ultimately increase youth's accessibility to clinical services and counseling are essential to supporting this vulnerable population.

Fragmentation and barriers to access

Because of its whole person approach, the allcove model holds the potential to have a significant positive impact on young people's mental health and wellbeing. As an integrated service, allcove addresses the overlapping needs of young people, whether through providing vocational support, reducing mental health distress, or initiating conversations with a peer specialist that may lead to an appointment with an addiction specialist. allcove's model structure is aligned with many of the key principles outlined in the [California Department of Health Care Services' Framework for a Core Continuum of Care](#), including offering locally tailored, culturally responsive, prevention and early intervention focused, community-based, whole person care. This 'no wrong door' approach supports the realities of young people's lives and encircles them with broad support in one setting.

Unfortunately, the structure of California's existing mental health care system does not operate holistically, and for the most part, centers linking primary care and mental health care for youth via an integrated approach are rare. For both publicly and commercially insured youth, California lacks a systematic early intervention approach for youth mental health at a public health level. Instead, the youth-serving mental health system is highly fragmented and disparate, organized around numerous eligibility requirements, including age, diagnosis, severity, county of residence, insurance coverage, and income. Financial pre-authorization and reimbursement through Medi-Cal and private insurance are also based on these fragmented criteria, which present additional challenges to the sustainability of an integrated program such as allcove. The potential for realigning payment structures, which is currently under consideration with CalAIM and other structures being developed across California, would better support more holistic, integrated care models such as allcove, creating much needed advancement within our systems of care and the ability to meet the ever-pressing healthcare needs of young people. If financial sustainability can be achieved and allcove is able to fill this critical gap, linkages to more intensive services when needs are identified will also be more rapidly and easily available.

A new model to meet the moment: allcove

The first of its kind in the U.S., the allcove model is a network of integrated youth mental health centers designed with, by, and for youth that reduce stigma, embrace mental wellness, increase community connection, and provide access to culturally-responsive services. Modeled after successful international models such as headspace in Australia, Foundry in British Columbia, and Jigsaw in Ireland, allcove centers are embedded within the communities they serve and reflect the unique needs of local youth. allcove services include mental and physical health, substance use, peer support, supported education and employment, and family support.

The allcove approach creates a network of community-based centers where young people ages 12 to 25 can access a range of emotional, physical, and social services - all on their own terms. The centers engage youth through direct-to-youth marketing strategies, help detect, prevent, and treat mild to moderate mental health needs, and connect young people to their local community behavioral health system for more intensive interventions. Developed by Stanford's Center for Youth Mental Health and Wellbeing within the Department of Psychiatry and Behavioral Sciences at the Stanford University School of Medicine, allcove envisions revolutionizing mental health care for young people across the United States by making early intervention services easily accessible, welcoming, and culturally responsive through a network of allcove centers. A summary and diagram of the core allcove model components can be found in Appendix A.

On June 25, 2021, with the central involvement of the centers' Youth Advisory Groups and partners, the allcove centers in Palo Alto and San José opened. Led by the County of Santa Clara Behavioral Health Services Department and partner agencies Alum Rock Counseling Center, Santa Clara County Valley Medical Center, and the Stanford Center for Youth Mental Health and Wellbeing, these centers have led the way for the nascent creation of an allcove center network across California communities.

Supported in part by the California Mental Health Services Oversight and Accountability Commission, five additional communities are currently establishing allcove centers in Sacramento, the Beach Cities and Peninsula Health Care Districts, Los Angeles, and Orange County. The Central allcove Team also supports the grassroots planning and organizing of coalitions who are committed to the development of an allcove center in their communities, such as the Santa Barbara coalition led by the Santa Barbara Neighborhood Clinic and many others still in the scoping phase.

Each center has a Youth Advisory Group (YAG), infusing the critical component of youth voice across the allcove model, as well as within each community center. Each center's YAG, which represents the diversity and lived experiences of the community, is involved in the hiring process for new staff, training and evaluation, determining which groups and services might best meet their community's needs, and assisting with outreach and design of services and spaces. Guided by a vision where "every youth belongs, chooses the support they need and thrives," the allcove model is designed to create meaningful, positive experiences for every person who comes to a center.

In addition, each center establishes a Community Consortium, which provides a formal mechanism to build a collaborative platform of local individuals and organizations who have a vested interest in supporting the health and wellbeing of young people in the community. The Community Consortium provides strategic advice to the center and ensures that it is embedded in the local youth-servicing system to better support the many needs of young people and their families.

The Central allcove Team (CaT) at Stanford's Center provides implementation support, training, resources, evaluation, and model infrastructure for all communities who are implementing allcove. This oversight is described by McGorry et al. as a critical success factor in ensuring model fidelity through service establishment reviews, continuous monitoring and quality improvement, and a licensing of a common brand to prevent erosion of the evidence-based aspects of care (McGorry et al., 2022). The Central allcove Team collaborates with international partners who represent networks of integrated youth mental health services worldwide. Joint projects include developing a common minimum data set and data collection system with Foundry in British Columbia, and other Canadian partners; planning opportunities to share knowledge with providers in low to medium resource countries through the World Economic Forum and Orygen Global's [Global Framework for Youth Mental Health](#) pilot initiative; and interfacing with other established networks of providers, such as headspace in Australia and Jigsaw in Ireland, to share expertise and leverage existing models and approaches.

A blend of best practice approaches

The U.S. Surgeon General's December 2021 Advisory suggests that communities take the following steps to support youth mental health, all of which can be achieved through allcove:

- Educate the public about the importance of mental health, and reduce negative stereotypes, bias, and stigma around mental illness.
- Implement evidence-based programs that promote healthy development, support children, youth, and their families, and increase their resilience.
- Ensure that programs rigorously evaluate mental health-related outcomes.
- Address the unique mental health needs of at-risk youth, such as racial and ethnic minorities, LGBTQ+ youth, and youth with disabilities.
- Elevate the voices of children, young people, and their families.

allcove is anchored in a model of care that considers the holistic needs of young people. It blends several best practices to create a strong, youth-directed set of services that are well-positioned to meet the needs of youth. Early intervention works; yet too often, mental health care is only available to those who are in crisis. Through its robust integrated care model, allcove is creating a culture that encourages young people to come to a place where they can feel comfortable accessing an array of early supports, get help before reaching a point of crisis, and gain both the skills and a community in which to thrive, both as young people and into their adult lives. Fundamental best practices woven into the allcove model include:

Integrated care

Integrated youth services provide a holistic approach to care that promotes better coordination and access to services. They typically focus on early intervention and integrate a youth-friendly physical space, care coordination, brief therapy, services including physical health, mental health, and social services, and connections with community-based partners and technological supports (Settipani et al., 2019). Overall, the purpose of integrated youth services is to establish highly accessible and youth-friendly centers designed to meet the unique needs of youth in a multidisciplinary system with close connections to local specialist services and community organizations (Rickwood et al., 2017). A description of the level of service integration allcove strives for is in Appendix B.

One element that separates integrated youth mental health centers, like allcove, from other community resources, is the accessibility and availability of a range of resources in one, youth-friendly location. These centers provide various clinical services, support for school and employment, peer counseling and more, all while in a space that is designed with and for youth, with service providers who are trained and motivated to respond to the unique challenges of this age group. Due to the complex patterns of symptomatology that are sometimes characteristic of the youth and young adult population, providing youth-specific services are essential to meeting their needs. By curating an environment that is stigma-free and provides youth with a soft entry to care, young people are more likely to access services and remain engaged throughout the process.

To effectively respond to the diversity and complexity of needs among young people, a multilayered approach to care is required, where different service levels have the capacity to manage the high volume of presentations and full spectrum of need. allcove provides a range of holistic, integrated care services and linkages to services for higher severity when necessary. These centers are not designed to be a substitute for existing primary care services, but rather, to complement the rest of the healthcare system. In their review of early intervention models for youth, Colizzi et al. (2020) assert that the evidence suggests that health professionals, service providers, and policymakers must “join forces to deliver integrated and multidisciplinary actions in mental health, especially in the early steps of the prevention chain” (Paragraph 35).

By providing a space that offers both mental and physical health services, youth are likely to feel less stigma and better equipped to understand and utilize the intersection of physical and mental health. According to an independent evaluation of headspace, physical health services were popular among young people that accessed the service, with 62% of the young people surveyed reporting improved physical health since using the service (Muir et al., 2009). Additionally, both clinicians and young people reported that it was extremely useful to have medical and counseling services co-located, as this not only encouraged young people to seek help, but also increased the likelihood that they would follow the medical advice they were given.

The benefits of integrated service models are additionally supported by a systematic meta-analysis that examined 31 randomized clinical trials looking at the health outcomes of youth who accessed care in primary care settings. The study found a 66% probability that a randomly selected youth would have a better outcome after receiving integrated medical-behavioral treatment compared to a randomly selected youth receiving usual care. The strongest effects were observed for treatment interventions that targeted mental health (BC-IYSI Working Group, 2015). These studies provide further evidence of the favorable outcomes for the implementation of integrated youth mental health services.

Upstream, early intervention services

As stated previously, 50% of mental disorders first emerge by the age of fourteen and 75% by age twenty-four (Kessler et al., 2005). Yet most are not treated within the first several years after onset, leading to costly personal and societal outcomes. While some cases of mental illness are transitory, those

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that emerge early in life can commonly follow a course that is characterized by chronicity and multiple episodes of relapse (Gibb et al., 2010). This painful reality can be associated with a range of adverse outcomes that include premature death, social isolation, poor functioning, and poor educational and vocational productivity (Gibb et al., 2010; Walker et al., 2015). According to Radez et al. (2021), “untreated mental health disorders in children and adolescents are related to adverse health, academic and social outcomes, higher levels of drug abuse, self-harm and suicidal behavior and often persist into adulthood...creating a substantial global socioeconomic burden” (Paragraph 2). This burden could be alleviated through provision of early intervention services targeting this vulnerable age group. Colizzi et al. (2020) illustrate the evidence-based rationale for this developmental phase being a critical intervention period:

- Mental health is a core component influencing one’s ability to function in life and will have effects on academic, social, behavioral, and professional achievements in adulthood.
- The adolescent brain is vulnerable due to its neurodevelopmental changes.
- Mental health disorders are the main cause of disability-adjusted-life-years (DALYs) for youth, accounting for 45% of the global burden of disease.
- People under age 25 years report the greatest delay to initial treatment from onset of symptoms.
- Many traditional mental health services have proven ineffective in reaching the youth population with necessary and appropriate care.

When youth ultimately decide to contact professional services, their first contact is most likely to occur through their general primary care provider (Lawrence et al., 2015). Yet many young people are reluctant to discuss emotional concerns with their general practitioner (Purcell et al., 2011). And while general primary care providers are an essential resource that connect youth with specialized services, including mental health care, simply providing youth with a referral is insufficient. Youth are less likely to follow through on referrals without an adult that is engaged in the process, which increases the risk of youth not accessing necessary services (The National Child Traumatic Stress Network, 2000). Creating a highly accessible and engaging entry point to care, like allcove, can enable positive outcomes by addressing mental health needs early, altering their course before they intensify.

In their 2021 position statement encouraging early identification of mental health issues in young people, Mental Health America states that “early identification, accurate diagnosis, and effective treatment of mental health and substance use conditions can alleviate enormous suffering for young people and their families dealing with behavioral health challenges. Providing early care can help young people to more quickly recover and benefit from their education, to develop positive relationships, to gain access to employment, and ultimately to lead more meaningful and productive lives” (Paragraph 1). Studies have shown that there is compelling evidence that the course and functional impacts of even the most serious forms of mental illness can be positively altered through early intervention (Correll et al., 2018; Killackey et al., 2019). Young people face various obstacles to accessing mental health care, consisting of individual (i.e., cultural stigma, extreme self-reliance) and service-level barriers (i.e., insurance, lack of resources available within the community, etc.). One commonly reported barrier was not perceiving a problem as serious enough and waiting for the problem to improve on its own – an ineffective approach which the availability of youth-focused early intervention services could help alter (Radez et al., 2021).

Youth engagement, participation and development

The voices of young people continue to be crucial in the advocacy and design of youth-friendly spaces. When organizations and centers delegate resources to involve youth in the development process, all parties benefit in this exchange. Youth can more confidently access these spaces during moments of distress, and providers are given an inside understanding of the unique challenges and experiences of

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youth as they navigate the world. Improving the youth friendliness of mental health and substance use services includes incorporating youth voice in organization, policy, environment, service providers, and treatment services, and has implications for treatment uptake, engagement and satisfaction (Hawke et al., 2019).

Youth engagement

Satisfaction with mental health services can influence young people's engagement with mental health services and outcomes (Aguirre et al., 2020). Promoting youth engagement in mental health and substance use prevention and treatment interventions can result in greater health outcomes for youth (Dunne et al., 2017). In a study that evaluated 40 reports focused on youth engagement in mental health and substance use interventions, factors that improved rates of engagement in program development included:

- Focusing on resilience rather than vulnerabilities.
- Creating a welcoming and non-judgmental space.
- Using staff with life experiences like targeted youth.
- Having participating youth work directly with targeted youth.
- Having flexibility in eligible age groups, hours of operation, and the mandatory requirements of youth (Dunne et al., 2017).

McGorry et. al (2022) make the case for why a “broad-spectrum” youth-focused approach is more appropriate for reaching this population than traditional systems; describing how they need to be “co-designed, accessible, with ‘soft entry’ (i.e., no or very low barriers to entry), community-based, non-judgmental and non-stigmatizing, where young people feel comfortable and have a sense of trust” (Paragraph 31).

Overall, youth engagement in health interventions is related to improved, targeted outcomes of treatment programs. The integration of services for comorbid mental health and substance use conditions in the form of increased collaboration among providers has also been shown to improve engagement in prevention and treatment programs through increased retention.

Youth participation

Youth participation in mental health settings is fundamental to service design and delivery and provides mutual benefit to both young people as well as the organization. The purpose of youth participation, regardless of setting, is to empower and engage young people around issues that are relevant to them. Effective youth participation ensures that young people are incorporated as active valued members of a team and not just engaged in a passive capacity or given token roles (Checkoway, 2011). Encouraging the participation of youth strengthens the personal and social development of young people, and further prepares providers to adequately meet the needs of the youth they serve. In addition, youth are provided with the opportunity to gain skills and a sense of empowerment, as well as make healthy connections with positive role models. To be successful, it is essential for integrated youth mental health centers to promote and encourage youth participation in both service design and delivery.

Youth development

Mental health challenges can significantly affect the development of youth, as this experience can have an enduring impact on their health and social functioning in adulthood (Kowadenko & Culjak, 2018).

Adolescents experiencing mental health conditions may face several challenges such as isolation, stigma, discrimination and difficulty in accessing health services (WHO, 2012). Youth development programs have the potential to improve youth outcomes by supporting them with education, job training, skill development and mentorship. Integrated youth centers create opportunities for youth to gain these crucial skills and providing valuable life skills (i.e., resume writing, interviewing, tax preparation, cooking, computer programming, graphic design, event planning) has the potential to engage or re-engage disconnected youth.

Embedded in and responsive to community

allcove center programming is guided by the model's core principles but retains the ability to be flexible, evolving, and responsive to needs that are identified by youth and/or community members. One of the most important roles of the YAG is to provide voice to the emergent needs of their peers. Their feedback can then be incorporated into outreach activities, partnerships, group programming, and other interventions. Examples could include programming around navigating social media use, specific support around the college or job application process, grief counseling in communities impacted by gun violence or a natural disaster, and culturally-influenced events designed with the intention of reaching a particular cultural or ethnic group in the community.

A critical component of the allcove model is the Community Consortium. The consortium is a strategic partnership that comprises service partners from the local community that work together to offer comprehensive support in a coordinated way for young people aged 12 to 25. The consortium ensures local ownership of services and works to identify strategic priorities related to the quality, safety, and sustainability of the service model and then responds to these priorities through shared action. It is also through the consortium that all five service streams of the allcove model (mental health, physical health, substance use, supported education/employment, and peer support) are delivered. Ideal organizations for consortium membership include primary care practices, public and private mental health organizations, drug and alcohol agencies, vocational and employment service providers, schools, youth, and community and human service agencies. Community Consortium representation from young people, families, and targeted vulnerable populations is also essential.

Harnessing the power of peer support

Youth peer support is a core stream of the allcove model, with peer support specialists playing important functions throughout a young person's care journey. Encouraging peer support roles in youth centers reflects the importance of youth with lived experience supporting other youth who may be experiencing similar challenges. Peer support specialists are often one of the first team members to engage youth accessing an allcove center and play a unique role in helping youth feel welcome through relationship building and providing a "listening space" to explore together what allcove has to offer. Their role extends to community outreach, youth engagement, care coordination, and modeling strategic sharing of personal stories and help-seeking behaviors.

Empowering peers in support of one another is a tremendous opportunity to extend the reach of youth mental health services during this time of great need. And while much of the peer workforce has been focused on recovery from severe mental illness, allcove can define and demonstrate how peer support for mild to moderate mental health needs can be integrated into centers and rolled out on a statewide scale. California's SB 803 was passed in the fall of 2020 to expand the behavioral health workforce by allowing certification of peer support specialists. While the state is now developing a certification process, as nearly all other states have done, the network of allcove centers offers a great opportunity for the development of a unique peer support specialist role for those needing early intervention support in

a less intensive care setting, while also supporting the expansion of the peer support workforce across the state.

allcove: the central community link in the public mental health early intervention continuum of care

Young people continue to face increasing rates of mental health challenges without a service system in place to support their early intervention needs. Given the early onset of mental health conditions in adolescents and young adults, there has been an expanded interest in meeting the needs of young people where they are, such as in school settings. In addition, as recognition of the value of early intervention for higher end psychiatric conditions has been recognized, such as the long-term benefit of treatment for those with early signs of psychosis, programs have expanded across the country to support those with early psychotic symptoms and those at risk for psychosis. At the same time, there are multiple challenges to expanding services throughout our schools and in ensuring that young people are screened and identified early and linked to early psychosis programs. As youth-friendly, integrated community-based spaces developed by and for young people, allcove centers have the potential to serve as the integral community link in this critical public mental health continuum of care. allcove serves as the central service point in the early intervention continuum from school health to allcove centers to early psychosis programs.

Supplementing school mental health: allcove as a school-linked service

allcove centers expand the connections between school and community so that youth can access support wherever they are. Part of the focus of allcove centers is engaging with community partners to build a collaborative platform and seamless continuum of care through strong collaboration and a shared goal to support youth. The support offered at centers complement those offered by school mental health services and school-based health centers in the following ways:

- allcove's broad eligibility criteria of the 12 to 25-year-old age range, regardless of insurance status, means that young people who are transitioning out of, or between, educational settings, can continue to access the early intervention support they need.
- The menu of allcove clinical services complement and expand the capacity of school-based services, especially in moments of high demand as seen in schools post-COVID.
- The menu of allcove services, specifically group programs and peer support, can provide additional support to youth who are in school. allcove centers and schools can collaborate with shared group programs and/or presentations in either setting to increase mental health literacy, develop life skills, and be linked to social services in the community.
- Youth value both informed consent and confidentiality when accessing health services, and this is often challenging in a school setting, where HIPAA-FERPA issues can be complex. Whereas schools fall under the Family Educational Rights and Privacy Act (FERPA), which requires parental notification on health services, allcove centers are covered under the Health Insurance Portability and Accountability Act (HIPAA), which allows for minor consent and confidentiality of services to follow state and federal laws related to health care access. On campus, youth can find it difficult to discreetly access mental health services and some students may be reluctant to disclose their mental health or academic challenges to counseling staff who may be in close communication with teachers, or parents, or others who might be writing potential college recommendations. Students may also be concerned with how disclosure of mental health issues will impact perceptions of school staff and thus the academic opportunities they are offered. allcove provides youth with a potentially confidential alternative that is within the community and independent of their school

life, allowing young people to choose which option best fits with their needs. This might then increase the possibility that a youth feels comfortable addressing a challenge early, allowing for a trusted allcove staff member to help bring family to the table earlier in the intervention process.

- An additional benefit of linking allcove centers with school mental health or school-based services is the reality that schools often close over summer breaks, vacations, and holidays for extended periods of time. Furthermore, school-based services are usually not available to those who drop out or are suspended or expelled from school, which is often when services and support are most needed. The ability to link school services with community allcove centers allow for a continuum of early intervention care during breaks or school transitions for students. allcove centers can also serve as critical partners to school programs when there is a school-related crisis such as a post-vention event following a death or loss at a school. Having strong connections with allcove centers allows for the ability to bring in a strong community partner who knows how to support young people and their families in times of need for additional school mental health support.

Supplementing early psychosis programs

With their early intervention focus and comfortable, youth-supportive environments, allcove centers present an excellent setting to identify those who might be at clinical high risk for psychosis or needing early psychosis care. In the U.S. approximately 100,000 young people experience a first episode of psychosis each year, with peak onset occurring between the ages of 15 to 25 years old (Heinssen et al., 2014). According to Heinssen et al., “psychotic disorders such as schizophrenia can derail a young person’s social, academic, and vocational development and initiate a trajectory of accumulating disability” (Paragraph 5). Yet, intervening as early as possible can dramatically improve one’s recovery. A study by Howes et al. (2021) indicated a relationship between longer duration of untreated psychosis and more severe negative symptoms, a high chance of previous self-harm, and lower chance of remission, suggesting that the timing of intervention is critical. The results of the National Institute of Mental Health’s Recovery After an Initial Schizophrenia Episode (RAISE) research initiative were compelling enough to inspire national expansion of early psychosis program funding through each state’s mental health block grant, leading to the presence of over 350 early psychosis programs across the U.S.

Through their effective youth engagement and soft entry points, international programs like allcove have been shown to serve as effective sites for partnership with early psychosis programs to identify youth at risk for or in the early stages of a psychotic process. Programs such as allcove provide valuable sites for screening and identifying those at risk for psychosis early, linking them to the appropriate level of early psychosis care, ensuring recognition of their symptoms and enabling treatment to begin as quickly as possible, thus supporting the potential to shorten duration of untreated psychosis and improving long-term outcomes for young people. As allcove centers develop across California and nationally, the strong linkage to the growing numbers of early psychosis programs provides a critical pathway in a public mental health early intervention continuum of care.

Poised for statewide expansion

Development of the allcove model by the Stanford Center, with input from its international collaborators, many youth advisors, the State of California, and its pilot communities has been nearly a decade in the making, ultimately leading to the opening of the first allcove centers in June of 2021. Following these first two prototype centers in Palo Alto and San José, plans are underway to turn this ground - breaking model into a statewide movement to expand allcove centers across California. Overwhelming interest from dozens of communities throughout the state and the U.S. has prompted the Stanford Center to develop the Central allcove Team (CaT), which has created a clear framework and infrastructure for successful expansion and implementation of allcove centers. The Central allcove Team aims to provide

implementation assistance to interested communities, support allcove center establishment and services according to model integrity, ensure appropriate and consistent allcove data collection, and facilitate knowledge - sharing across the network of centers and interested collaborators. A key aspect to the long-term sustainability and scalability of the allcove model is that each interested community will engage a lead agency that will ultimately be responsible for the operational and funding of their location(s).

In 2020, the California Mental Health Services Oversight and Accountability Commission awarded seed funding for allcove centers in five communities (Sacramento, Beach Cities, Los Angeles, Irvine, and San Mateo) and has championed the vision of dozens of allcove centers opening across the state. The CaT has been fielding increasing requests for information, collaboration, technical assistance, and consultation from communities of all sizes interested in opening an allcove center in their area. To date, CaT has provided varying levels of consultation to groups in the California counties of Alameda, Southern San Mateo, Santa Cruz, Monterey, Santa Barbara, San Diego, Sonoma, and San Francisco, Native communities in Humboldt County, and to communities in other states, including Alaska, Arizona, Maryland, New Mexico, New York, Pennsylvania, and Texas.

Achieving long-term sustainability

The creation of allcove centers in California is the first international effort to implement the integrated youth mental health model in a country without a national health insurance program. As allcove centers emerge across the state, it will be important for the centers to collaborate on the development of reimbursement strategies for services for uninsured, Medi-Cal-eligible, and commercially-covered young people and families, allowing for allcove center sustainability and expansion statewide and nationally. While financial sustainability models are being developed and tested through the first pilot centers, new centers will have to allocate and/or raise funds to cover their expenses for the first few years of operations. Ensuring that services at allcove centers are free or low cost for all youth comprises one of the most important principles of the allcove model in providing rapid, easy, and affordable access to mental health care.

Concurrent to work being implemented at a community level by local centers, the California Mental Health Services Oversight and Accountability Commission, the Stanford Center, and the California Health Care Foundation are working at a state-wide strategic level with state agency partners, foundations, commercial partners, and financial consultants to develop innovative funding models, such as private-public partnerships and other arrangements, that will benefit all centers going forward.

Communities in California can also partner with their county behavioral health systems to leverage the funding governed by the Commission through the Mental Health Services Act. In developing a funding model, centers will have to consider the following:

- Medi-Cal and commercial insurance coverage and reimbursement possibilities for mental health, physical health, substance use, supported education and employment, and youth peer support services.
- Considering services not covered by insurance reimbursements.
- Funding services for uninsured youth.
- Funding non-treatment services (some supported education and employment services, youth peer support specialist services, etc.).
- Ensuring informed consent and confidentiality for youth in payment mechanisms related to Medi-Cal and commercial services according to state and federal laws.
- Coordinating interagency administrative and financial components between center service providers.

- Blending or braiding private, philanthropic, and other funding streams such as state or federal suicide prevention funds, school mental health, prevention and early intervention funds, innovation funds, and other emerging public funding opportunities.

Addressing the rising youth mental health crisis within a fragmented health system will require systems-level thinking, as well as changes that cut across existing financial barriers that currently prevent innovative models such as allcove to take hold and be sustainable long-term. At the same time, the rollout of the CalAIM program and California's commitment to expand healthcare services for all provides a valuable opportunity to potentially pilot allcove as a critical integrated care model that can meet young people with the services they need now and support their healthy passage into adulthood.

A path forward

The time spanning early adolescence through early adulthood is a vital juncture in which to detect and address mental health issues when they are mild or first presenting, providing support to help young people grow into thriving adulthood. And yet, the U.S. mental health system is not resourced to detect and prevent emerging mental health issues in youth and young adults, despite their astonishing prevalence. Youth are rarely accessing these systems or frequently not until they are in crisis. This lack of accessible, early mental health services is creating tragic and expensive consequences in communities across the country.

The allcove model offers a unique opportunity to create an early access point, blending youth culture and each community's local context to offer a comprehensive range of supportive services that young people are seeking. Seizing on the promise of the allcove model by charting new pathways via public policies, reimbursement mechanisms, investments, and community collaborations could be an opportunity to stem the tide of increasing need and offer young people the support they both need and deserve.

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Appendix A

Core allcove model components

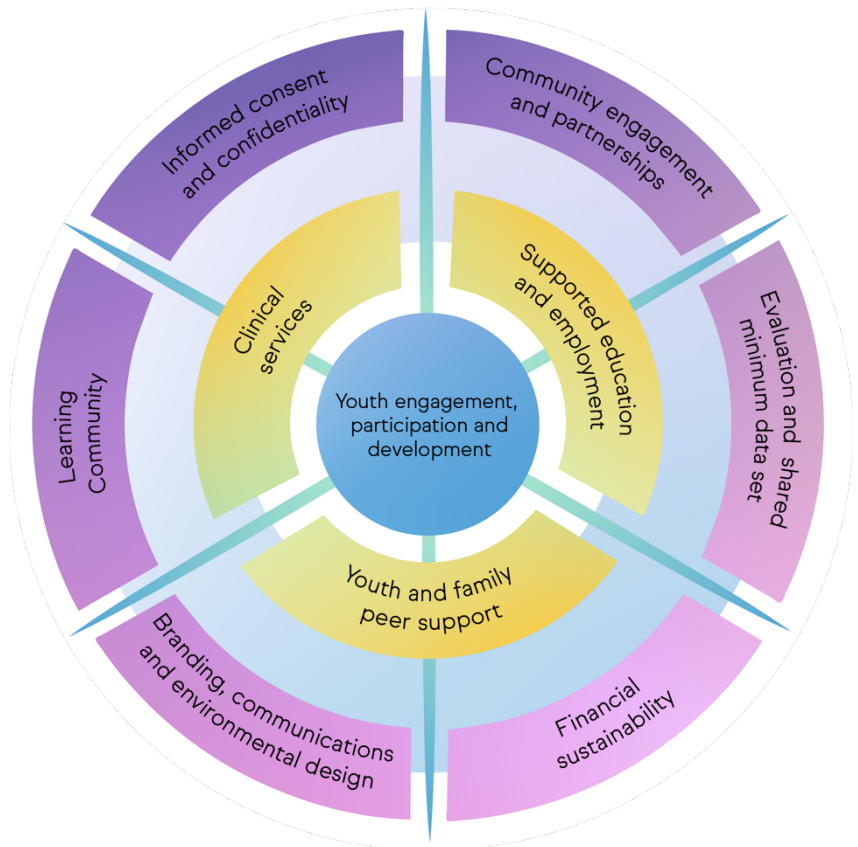
Key overarching practice principles and components provide a framework for the integrated youth mental health model that is allcove. Closely aligned with the [Global Framework for Youth Mental Health](#), these principles and the model components ensure that young people are provided holistic, evidence-based, integrated services and that each young person's experience in any center of the allcove network is timely, consistent, and high-quality.

Practice principles:

- Youth-centered care
- Prevention, screening, and early intervention
- Rapid, easy, and affordable access
- Holistic and integrated care

Core model components:

1. Youth engagement, participation, and development
2. Clinical services
3. Supported education and employment
4. Youth and family peer support
5. Branding, communications, and environmental design
6. Evaluation and shared minimum data set
7. Community engagement and partnerships
8. Financial sustainability
9. Informed consent and confidentiality
10. Learning Community



Youth engagement, participation and development

Every allcove center is guided by an active Youth Advisory Group (YAG), composed of young people from the local community who represent diversity in race, ethnicity, gender identity and expression, sexual orientation, lived experience, ability, and socioeconomic status. The goal is to ensure that youth voice and experience is included in the development and services of each center. Youth advisors also serve as community ambassadors for the program, conducting outreach and education through schools, community events, conferences, social media and within their own peer groups.

Clinical services

At the core of the model are early intervention mental health, physical health and substance use services offered to meet the mental and physical care needs of young people ages 12 to 25. The services are provided in an integrated fashion and service providers, who may be from a range of organizations, work as a team to support the young person and their family. Service providers work collaboratively within shared pathways for care, matching the intensity of care to the individual needs of young people. Services may range from individual to group to family support. Linkages to other complementary services at the center and in the community ensure a holistic support for youth wellbeing.

Supported education and employment

A supported education and employment specialist is part of the service team at every center, offering young people assistance in navigating their school and work lives. Young people are offered opportunities to participate in a range of individual services, groups and workshops focused on developing skills to support transitions and progress through school or career. These opportunities include educational rights, studying or test preparation, resume development, career planning, job searching, interview preparation, job placement referrals, school applications, financial support, and course-load management.

Youth and family peer support

Peer and family support are core allcove services that assist young people and families to navigate systems and connect with a range of services. With a peer or family support specialist on the team, young people and families can connect with another person who has personal experiences navigating mental health or substance use needs and who can be a sounding board and assist in accessing allcove and/or other resources. Both peer and family support staff offer non-judgmental support and understanding and can help others navigate systems to locate the appropriate services and resources.

Branding, communications, and environmental design

The essence of allcove is expressed through its brand, co-designed through an extensive, iterative engagement with youth from across California and the United States. Maintaining brand integrity is fundamental to consistently reaching youth with the common messaging, vocabulary, styling, and touchpoints that resonate with and matter to them. allcove centers reflect a brand that has been informed by an intentional youth-designed process based on the optimal service flow that centers the youth experience. At the same time, the allcove brand maintains some flexibility to be adapted to reflect the local community's context and culture.

Evaluation with shared minimum data set

The integrated youth mental health model that allcove is based upon is being continuously evaluated and refined internationally for both clinical value and cost effectiveness. The allcove program is linked to these international evaluation efforts and has developed a minimum data set and common data collection system, known as the datacove. The capture of the same data by all centers in the allcove network will provide critical information to better serve young people across California; to evaluate their experience with allcove; to assess the cost effectiveness of the program, and to link to international data sets to better understand and meet the needs of young people globally.

Community engagement and partnerships

The voice of community partners, including families and caregivers, schools, community-based agencies, social service providers, advocacy organizations, and the business community are critical to ensuring that centers are supporting the needs of their community's youth and families in a collaborative manner. The formal mechanism for this connection is the Community Consortium, which meets regularly to provide strategic advice and a collaborative platform to support the center as a strong community partner. Community partnerships also allow for the creation of referral loops and pathways to both additional onsite services and warm handoffs to develop a seamless range of services to meet the presenting needs of youth who come to an allcove center.

Financial sustainability

Key to creating accessibility and early intervention is the ability to offer services that are low to no cost. Thus, financial sustainability of the allcove model is one of the innovation's most fundamental challenges. As centers emerge across the state and nation, collaborative sustainability efforts and strategies for uninsured, Medi-Cal, and commercially-covered young people and families will be required to expand opportunities for center funding through public-private partnerships.

Informed consent and confidentiality

The autonomy and flexibility to reach out for support on one's own terms is a fundamental value that allcove youth and centers share. Center intake procedures, data policies, billing structures and physical and online experiences are designed to protect privacy, while at the same time complying with state and federal laws governing informed consent and confidentiality for minors and adults. Through statewide coordination, the Central allcove Team supports local centers in navigating this complexity and ensuring laws are followed and policies are implemented consistently and appropriately.

Learning Community

The Central allcove Team fosters and manages a national learning community, a network of lead agencies implementing centers in their communities, infused by the expertise of international partners doing similar work. The Learning Community communications infrastructure includes a Slack workspace, email list, webinars, conferences and site consultation, allowing for collaboration and ongoing knowledge transfer to support integrity and success with the model.

Appendix B

Service Integration

To understand the model of integration that allcove proposes it is necessary to clarify what is meant by service collaboration versus service integration. The SAMHSA-HRSA Center of Excellence for Integrated Health Solutions describes six levels of collaborative/integration (SAMHSA HRSA Center of Excellence for Integrated Health Solutions, 2020).

These levels are listed below, and their characteristics are described in a simplified version of the SAMHSA HRSA table on the following page:

- **Level 1 – Minimal collaboration**
- **Level 2 – Basic collaboration at a distance**
- **Level 3 – Basic collaboration on site**
- **Level 4 – Close collaboration onsite with some system integration**
- **Level 5 – Close collaboration approaching an integrated practice**
- **Level 6 – Full collaboration in a transformed/merged integrated practice**

Acknowledging that full integration takes time, the allcove model proposes that the core services start at an integrated level five working towards full integration of level six.

Coordinated		Co-located		Integrated	
Level 1 Minimal collaboration	Level 2 Basic collaboration at a distance	Level 3 Basic collaboration onsite	Level 4 Close collaboration onsite with some system integration	Level 5 Close collaboration approaching an integrated practice	Level 6 Full collaboration in a transformed/merged integrated practice
<p>In separate facilities, where they:</p> <ul style="list-style-type: none"> • Have separate systems. • Communicate about cases only rarely and under compelling circumstances. • Communicate, driven by provider need. • May never meet in person. • Have limited understanding of each other's roles. 	<p>In separate facilities, where they:</p> <ul style="list-style-type: none"> • Have separate systems. • Communicate periodically about shared patients. • Communicate, driven by specific patient issues. • May meet as part of larger community. • Appreciate each other's roles as resources. 	<p>In same facility not necessarily same offices, where they:</p> <ul style="list-style-type: none"> • Have separate systems. • Communicate regularly about shared patients, by phone or email. • Collaborate, driven by need for each other's services and more reliable referral. • Meet occasionally to discuss cases due to close proximity. • Feel part of a larger yet non-formal team. 	<p>In same space within the same facility, where they:</p> <ul style="list-style-type: none"> • Share some systems, like scheduling or medical records. • Communicate in person as needed. • Collaborate, driven by need for consultation and coordinated plans for difficult patients. • Have regularly face-to-face interactions about some patients. • Have a basic understanding of roles and culture. 	<p>In same space within the same facility (some shared space), where they:</p> <ul style="list-style-type: none"> • Actively seek system solutions together or develop work-a-rounds. • Communicate frequently in person. • Collaborate, driven by desire to be a member of the care team. • Have regular team meetings to discuss overall patient care and specific patient issues. • Have an in-depth understanding of roles and culture. 	<p>In the same space within the same facility, sharing all practice space, where they:</p> <ul style="list-style-type: none"> • Have resolved most or all system issues, functioning as one integrated system. • Communicate consistently at the system, team and individual levels. • Collaborate, driven by shared concept of team care. • Have formal and informal meetings to support integrated model of care. • Have roles and cultures that blur or blend.

SAMHSA HRSA Center of Excellence for Integrated Health Solutions. (2020). *Table 1. Six Levels of Collaboration/Integration (Core Descriptions)*. https://www.thenationalcouncil.org/wp-content/uploads/2020/01/CIHS_Framework_Final_charts.pdf?daf=375ateTbd56