AGENDA AND PRE-READING ON SOME OF THE COLLABORATIVE EFFORTS TO BE FEATURED AND DISCUSSED
ACKNOWLEDGEMENTS

This summary of California counties’ recent and current efforts and proposals to build more integrated school-mental health partnerships is made possible with the generous support of:

MHSOAC
Mental Health Services Oversight & Accountability Commission

and the assistance and support of:

breaking barriers
Creating a Community of Care

SAN DIEGO STATE UNIVERSITY
Social Policy Institute
School of Social Work

Integrated Human Services Group
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INTRODUCTION

Welcome to Breaking Barriers 2018. This Symposium is unlike most events you’ll attend as a professional. Hopefully, you’ve come with your county teammates and aligned stakeholders in support of state and local efforts to design and implement more collaborative services for our youth and their families.

This briefing book contains a summary of the recent proposals of many counties in California, where visionary and committed local leaders are seeking to build integrated service delivery systems for youth in schools who also experience social, emotional, behavioral, and related challenges. Additionally, we have provided some context and resources for your information, including references to existing reforms which can often provide local impetus to your collaborative efforts. You’ll also find a list of resources which can be used in your efforts, and additional information will be distributed at the Breaking Barriers Symposium in Sacramento on November 14 and 15, 2018.
GRANT PROPOSAL ABSTRACTS

This section contains brief abstracts of the proposals submitted as part of MHSOAC’s 2018 efforts to endow School-Based Mental Health Care delivery systems across schools and behavioral health agencies in counties. Prevalent themes in the proposals are identified and discussed at the conclusion of this section.

HUMBOLDT BRIDGE TO SUCCESS

This proposal seeks to enhance community relationships and to greatly expand the number of children and students who receive social emotional, behavioral, and/or mental health care. Increased support for students and their families has been identified as a salient point of concern for the County. Twenty-two new staff will be hired: two program Supervisors, six school-based county-employed Mental Health Clinicians, and fourteen school district employees.

These solution-focused staff will serve all students based on need (rather than eligibility) and will be school-based, such that their availability and accessibility will enable students to have more immediate access to services. The Mental Health Clinicians specifically will be located on school grounds rather than a clinic in Eureka (which research has revealed is a prohibitive distance to some populations); the decentralized/regional approach to service delivery will assure that services are appropriate to the needs of each district and will improve crisis response times. HBS staff will work alongside school personnel and families to identify students who need support, organize and implement treatment, and provide linkages to community resources.

<table>
<thead>
<tr>
<th>TARGET POPULATION</th>
<th>K-4th grade; High School students</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSONNEL</td>
<td>22 staff—Supervisors; school specialized staff; school based clinicians</td>
</tr>
<tr>
<td>SERVICES AND SUPPORTS</td>
<td>School based assessment, crisis response, community linkages and supports</td>
</tr>
</tbody>
</table>

TULARE MENTAL WELLNESS SERVICES

Through the Mental Wellness Services program, all 43 districts supported by the Tulare County Office of Education (TCOE) will receive a Social Worker who will provide collaborative social work services for a minimum of one day per week for a two-year cycle. The Social Worker will serve as a unifying member of a greater collaborative, comprised of parents/caregivers, school staff, community resources, regional mental health services and providers, and early intervention service providers, and designed to identify at-risk students and provide crisis services as well as comprehensive linkage to other appropriate services. The Social Worker will also support the districts in the implementation of their respective AB2246 Suicide Prevention, Intervention, and Post-intervention Board Policy.

Student social emotional wellness will be enhanced through mindfulness trainings, formed around the evidence base of the K-12 Mindful School Curriculum. Mental Wellness Training Team will be created and trained in trauma-informed practices and other strategies that have been proven to positively affect students’ social-emotional development. School personnel will be offered onsite, evidence-based trainings. School personnel will work jointly with peer support specialists and the Social Worker to facilitate ongoing communication and collaboration, enhance the awareness of the needs of children with intense mental health issues, and mitigate the challenges or barriers that students experience which adversely affect attendance, enrollment, achievement, and behavior.

<table>
<thead>
<tr>
<th>TARGET POPULATION</th>
<th>All County Enrolled Students/43 School Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSONNEL</td>
<td>Social Worker (Unknown number)</td>
</tr>
<tr>
<td>SERVICES AND SUPPORTS</td>
<td>Identify at-risk students/provide crisis services/comprehensive linkage to other appropriate services. Support districts in implementation of their respective AB2246 Suicide Prevention, Intervention, and Post-intervention Board Policy.</td>
</tr>
</tbody>
</table>
PLACER WELLNESS CENTERS

The plan for triage grant funds is to enhance and deepen the SMART partnership by establishing a Wellness Center at each of eight school sites. The Roseville Joint Union High School District and Roseville City School District were identified as the pilot sites for this project due to a combination of need and readiness factors. All schools are currently implementing Positive Behavior Interventions and Supports (PBIS) into their MTSS framework, thereby enhancing the school’s ability to quickly identify which students need support. Each Wellness Center will be staffed by a School Social Worker, a Family/Youth/Community Liaison, and appropriate staff such as a school counselor, nurse, and/or psychologist. The Wellness Centers are intended to provide on-site mental health services where students and families can access prevention, early intervention, intensive, and crisis mental health services and referrals. Wellness Center staff will merge into the community to support families, provide trainings, and provide specialized in-home services for high-risk students. These staff will become a part of the school community by presenting in classrooms, participating in faculty meetings, and responding to mental health needs throughout the campuses. Along with an Intervention Team at each school site, the Wellness Center Staff will work toward integrating mental health and school systems, establishing a single system of service delivery across school and mental health partners to improve educational outcomes for all children and youth, especially those with or at risk of developing mental health challenges.

<table>
<thead>
<tr>
<th>TARGET POPULATION</th>
<th>Students at eight large schools in Roseville</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSONNEL</td>
<td>School Social Worker; Family/Youth/Community Liaison, and a school counselor, nurse, and/or psychologist</td>
</tr>
<tr>
<td>SERVICES AND SUPPORTS</td>
<td>On-site mental health services establishing a Wellness Center at each school. System goal to integrate mental health and school systems, establishing a single system of service delivery across school and mental health partners</td>
</tr>
</tbody>
</table>

CAHELP—SAN BERNARDINO

For more than 14 years, CAHELP’s mission has been “the relentless pursuit of whatever works in the life of a child.” This project aligns with that mission by utilizing grant funds to hire triage personnel to provide services to children and youth on school sites who might be experiencing or at risk for a mental health crisis. Triage staff—comprised of one program manager, six intervention specialists, three community service assistants (parent partners), two office specialists, one outreach specialist, one intervention and prevention lead specialist, one senior fiscal clerk, and one program technician—will provide a multi-tiered system of prevention, intervention and triage supports including: early identification, crisis intervention and stabilization, mobile crisis support, intensive case management and linkages for children and youth. CAHELP will collaborate with 15 school districts that house 141 school sites, ten state preschools, and at least nine other County and community-based organizations to enhance and build partnerships. The plan begins with an assessment to identify the needs of children, youth, and families; engagement between families and triage staff will begin at the onset of the school year and will prioritize training, role clarification, and crisis response protocol. Engagement between the triage staff and other collaborative partners will include trainings like “Managing School Crisis: From Theory to Application” to provide critical debriefing, and “Youth Mental Health First Aid” to understand how to identify warning signs related to self-injury, suicide, and mental health situations. Triage staff will continuously collaborate with community partners, families, and students via focus groups, data and information sharing, and feedback collection. By including families/caregivers in the plan as Community Service Assistants, community cooperation is ensured.

<table>
<thead>
<tr>
<th>TARGET POPULATION</th>
<th>Preschools and 15 other district sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSONNEL</td>
<td>One program manager, six intervention specialists, three parent partners), six other aides/support and admin staff</td>
</tr>
<tr>
<td>SERVICES AND SUPPORTS</td>
<td>Early identification, crisis intervention and stabilization, mobile crisis support, intensive case management and linkages; Collaborate with community partners, families, and students via focus groups, data and information sharing.</td>
</tr>
</tbody>
</table>
ALAMEDA SCHOOL-BASED BEHAVIORAL HEALTH

In 2009, Alameda County Health Care Services Agency (CHSC) launched the School-Based Behavioral Health Initiative (SBBHI) to create a shared model for school-based behavioral health systems across the county. The practices implemented through SBBHI emphasize 3-tiers of support, expanding access to behavioral health supports and building school capacity to promote social-emotional development. Based around prevention and wellness, the project builds on six core components of our model for school-based behavioral health: three tiers of support, district capacity, cultural responsiveness, coordinated strategies, school-wide responsibility, and ongoing assessment. Grant funds will be used to hire triage staff who will work in the five school districts of highest need. A team of 11 Family Support Care Coordinators will be assigned to the school districts to provide family support and navigation services, and to organize support networks through community engagement and outreach. Additionally, CHSC will work with a community partner, East Bay Agency for Children (EBAC) to pilot innovative, evidence-based models for enhancing school-based crisis supports, hiring two School Crisis Triage Coaches to provide trauma-informed capacity building services. Crisis Triage Coaches will be openly able to address crisis in real time, with a deep knowledge of available resources and linkages, in order to match client and cultural needs, assuring that effective crisis intervention can then begin to play a preventative role for children and youth.

TARGET POPULATION
Five highest need school districts

PERSONNEL
11 Family Support Coordinators; two school Crisis Coaches

SERVICES AND SUPPORTS
Family support and navigation services; organize support networks through community engagement and outreach; pilot innovative, evidence-based models for enhancing school-based crisis supports.

CONTRA COSTA

Contra Costa Behavioral Health Services (CCBHS) proposes strengthening and expanding its partnership with local school districts by establishing a responsive, interconnected continuum of mental health triage services to be provided at identified schools within each district. The continuum of services will include coordinated proactive services to reduce instances of crisis, an expanded mobile response system to respond to crises as they occur, and reintegration services after the conclusion of a crisis to reduce the recurrence of crises for students. Grant funds will be used specifically to increase the number of mental health triage personnel, including: (1) Culture and Climate Coaches located full-time on nine school campuses; (2) Parent Partners to support parent engagement and involvement; (3) a dedicated Mobile Response Team (MRT) in each district to respond to student crises and provide immediate follow-up services. Culture and Climate Coaches will be located full-time on a specific school site; Parent Partners will strengthen the link between home and school; and the MRT will respond to crises over the phone or in person, depending on the degree of crisis severity. The nine schools will benefit from this increased service continuum, and outside of individualized student services, Parent Partners will provide trainings, workshops and outreach services to the entire school district.

TARGET POPULATION
Nine school sites with high need/risk

PERSONNEL
Culture and Climate Coaches; Parent Partners; A dedicated Mobile Response Team (MRT) in each district

SERVICES AND SUPPORTS
Establish a responsive, interconnected continuum of mental health triage services; expanded mobile response system, MRT crisis response via phone or in person; respond to student crises and provide immediate follow-up services.
**FRESNO FOCUS TRIAGE TEAM**

The Fresno County Behavioral Health collaborative will establish the Fresno FOCUS (Focusing On Children Under Stress) Triage Team, which will provide triage services to children on school campuses who are experiencing or are at risk of experiencing a mental health crisis. This 15-member team will decrease the effects of a child’s exposure to violence and trauma through a coordinated crisis response system that utilizes streamlined communication routes and trauma-informed practices. FOCUS Triage Team will include four Parent Partners—life-trained paraprofessionals—to provide family engagement services, one Behavioral Health Clinical Supervisor, five Behavioral Health Clinicians, one Behavioral Health Psychologist, three Intensive Behavior Intervention Specialists, and one Behavioral Support Liaison. These team members will be trained extensively in trauma-informed care and will engage directly with the community of first responders, law enforcement, and other partners to streamline crisis response. By expanding and leveraging the existing partnerships within the County, the FOCUS Triage Team will increase the efficiency and effectiveness of an integrated crisis intervention system of care that will be available to students on campus.

<table>
<thead>
<tr>
<th>TARGET POPULATION</th>
<th>Children on school campuses</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSONNEL</td>
<td>Parent Partners; Behavioral Health Clinical Supervisor, 5 Behavioral Health Clinicians, Behavioral Health Psychologist, three Intensive Behavior Intervention Specialists, Behavioral Support Liaison</td>
</tr>
<tr>
<td>SERVICES AND SUPPORTS</td>
<td>Respond to student crises and provide immediate follow-up services; engage directly with the community of first responders, law enforcement, and other partners to streamline crisis response.</td>
</tr>
</tbody>
</table>

**MODESTO MENTAL HEALTH TRIAGE MULTI-DISCIPLINARY TEAM**

MCS will develop a Mental Health Triage model that will be implemented at all 22 elementary schools. Triage funds will be used to hire 22 Family Support Specialists, six Mental Health Clinicians, and one School-Based Triage Manager (29 total Triage-funded positions). Each elementary school site will have a Mental Health Triage Multi-Disciplinary Team (MDT) that will provide services and support to elementary age students to increase access to a continuum of mental health services and supports to prevent children from developing social, emotional, and behavioral challenges. The MDT at each site is responsible for identifying students and families at risk, conducting screenings/assessments, responding to crises, identifying appropriate mental health services and supports, and providing linkages to community resources like child care, transportation, housing, parent training, and follow-up support. A strong crisis management response encompasses four integrated phases: preparedness, prevention and mitigation, response, and recovery; the MDT will oversee activities of each of the phases, addressing physical and mental health and safety risks within the context of the school culture. Triage staff will also support and collaborate with existing Positive Behavior Intervention and Support teams throughout the district.

<table>
<thead>
<tr>
<th>TARGET POPULATION</th>
<th>22 Elementary Schools/All County</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSONNEL</td>
<td>Family Support Specialists, Mental Health Clinicians, School-Based Triage Manager (29 total Triage-funded positions)</td>
</tr>
<tr>
<td>SERVICES AND SUPPORTS</td>
<td>Identify students and families at risk, conduct screenings/assessments, respond to crises, identify appropriate mental health services and supports, and provide linkages to community resources.</td>
</tr>
</tbody>
</table>
MONTEREY COUNTY BEHAVIORAL HEALTH

These grant funds will be used to build upon the existing foundation of the long-standing collaborative relationships that MCBH has developed through partnership with local schools over the past 31 years. Grant funds will allow MCBH to assign Crisis Triage clinicians in the county to serve as regional access points where students can receive immediate mental health intervention that will prevent hospitalization. A new LGBTQ peer mentor will be created to provide specialized support and linkage to appropriate community resources. Grant funds will allow further implementation of Positive Behavior Intervention and Support (PBIS) framework toward fidelity, including training staff in Mindfulness and developing Mindfulness Mentors to provide teachers support and sustainability. Parent engagement and in-home services will be intensified through courses like Loving Solutions and Parent Project. These changes will increase the access to a continuum of mental health services and supports through leveraging school-community partnerships.

<table>
<thead>
<tr>
<th>TARGET POPULATION</th>
<th>School sites to be determined</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSONNEL</td>
<td>LGBTQ peer mentor; Crisis Triage Clinicians</td>
</tr>
<tr>
<td>SERVICES AND SUPPORTS</td>
<td>Develop Crisis Triage regional access points; immediate mental health interventions; prevent hospitalization; provide expanded specialized support and linkage to appropriate community resources.</td>
</tr>
</tbody>
</table>

RIVERSIDE TRIAGE TEAMS

A primary value of Riverside University Health System-Behavioral Health (RUHS-BH) is to build partnerships with individuals and families that promote a recovery-based, person-first approach that helps each person reach their fullest potential. The proposed program includes RUHS-BH and three partner school districts, each uniquely diverse yet sharing the common goal of school-based integration of crisis prevention, primarily for pre-kindergarten through third grade children. The program will hire triage staff to implement evidence-based and informed strategies on school campuses reaching students, their families, and teachers. A continuum of mental health services and supports will be provided through a variety of program activities including social emotional screening, clinical assessments, mental health crisis triage, early interventional mental health services, and referral and linkage to other treatment services based on need. The aforementioned Triage Teams will include a Triage Coordinator, a Parent Partner, and a mental health staff person hired by each district. Training resources that will be leveraged to ensure program services are evidence-based include (but are not limited to) Youth Mental Health First Aid, SafeTALK, Adverse Childhood Experiences, and Trauma-Informed Care. By developing Triage Teams within each partnering school district, the availability of mental health services will be expanded, enhancing prevention and early intervention services. A more truly collaborative system of care is what will enable the expansion of the current program.

<table>
<thead>
<tr>
<th>TARGET POPULATION</th>
<th>Students at three district sites; Pre-K through grade 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSONNEL</td>
<td>Triage Coordinator; Parent Partner; mental health staff person hired by each district.</td>
</tr>
<tr>
<td>SERVICES AND SUPPORTS</td>
<td>Implement evidence-based and informed strategies; social emotional screening, clinical assessments, mental health crisis triage, early interventional mental health services, and referral and linkage to other treatment services.</td>
</tr>
</tbody>
</table>
Sacramento County proposes to use grant funds to expand the County’s 30-year-and-counting rich mental health collaborative infrastructure for children and youth to create the Wellness School Partnerships And Resources for Kids (Wellness SPARK). This program takes an evidence based and innovative approach to hiring and supporting school-based triage personnel and family advocates to enhance our existing programs and partnerships. The number one priority for this grant is to increase access to a continuum of mental health services; Wellness SPARK will hire 13 mental health triage specialists and two Family Advocates. UC Davis will employ two part-time triage personnel to provide training, consultation, and direct support for Wellness SPARK staff, school personnel, and families. The UC Davis Child and Adolescent Abuse Resource and Evaluation Center (CAARE) will provide critical professional development and technical assistance for triage personnel and other school staff. In order to assure early intervention and to promote the reduction of special education placements for emotional disturbance, Wellness SPARK proposes to: implement a range of developmental identification screeners for children, increase access to services like group or 1:1 counseling, and hire triage personnel to support the ongoing professional learning for general education and special education for teachers in areas such as social and emotional learning, cultural competency, and trauma-informed practices.

<table>
<thead>
<tr>
<th>TARGET POPULATION</th>
<th>School sites to be determined</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSONNEL</td>
<td>13 mental health triage specialists; Family Advocates; part-time triage personnel</td>
</tr>
<tr>
<td>SERVICES AND SUPPORTS</td>
<td>School-based triage and crisis; family advocacy; implement a range of developmental identification screeners for children, individual and group counseling.</td>
</tr>
</tbody>
</table>

**SANTA CRUZ PAJARO VALLEY STUDENTS THRIVE (PVST) PROGRAM**

The Healthy Start Collaborative, a cross-sector network, is an existing group convened by the Pajaro Valley Unified School District and will serve as the partner roundtable to the work underway: the Pajaro Valley Students Thrive (PVST) Program. The Pajaro Valley Unified School District, with 16 elementary schools, has only 4.5 full time Socio-Emotional Counselors (SEC), and a limited Mobile Response Team (MERT). Grant funds will be used for the following: hire 19 new school-based service providers to meet the behavioral health services needs of students in the PVST project; provide training to all new and existing school personnel on trauma-informed and evidence-based practices, overview of PBIS, and information of service referral protocol; establish a leadership table comprised of lead agencies to develop approaches to internal communication about service delivery systems; and work with student, teacher, and parent/caregiver stakeholders to provide them with increased tools to understand and respond to escalating behavior. Staff hired would include four more SECs, four more MERT children clinicians, and eight new mental health counselors, thereby doubling the current number of mental health personnel and ensuring that every need is met in Santa Cruz County’s largest school district.

<table>
<thead>
<tr>
<th>TARGET POPULATION</th>
<th>Sites in County’s largest district</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSONNEL</td>
<td>19 new school-based service providers—clinicians and social-emotional counselors</td>
</tr>
<tr>
<td>SERVICES AND SUPPORTS</td>
<td>Behavioral health services; training on trauma-informed and evidence-based practices and PBIS; establish a leadership table comprised of lead agencies to develop approaches to internal communication about service delivery systems; and work with student, teacher, and parent/caregiver stakeholders to provide them with increased tools to understand and respond to escalating behavior.</td>
</tr>
</tbody>
</table>
**SANTA CLARA SCHOOL LINKED SERVICES SYSTEMS OF CARE (SLS SOC)**

In partnership with the Santa Clara County Office of Education (SCCOE) and School Districts’ Positive Behavior Interventions and Supports (PBIS) teams, SLS SOC proposes to enhance existing school-county partnership in creating a single system of care model using the Multi-tiered System of Supports (MTSS) framework for leaders in education and mental health to interact in an effective and efficient way. SLS SOC seeks to hire a total of 12 district staff and one consultant to provide training and technical assistance. The staff will include a Family Peer Partner and licensed Mental Health Triage Coordinator for each district. Six Santa Clara County school districts were identified to be a part of this project based on their current efforts implementing PBIS. The SLS SOC includes four program elements: 1) comprehensive service coordination and linkage for students and families; 2) school-based campus collaborative meetings that foster student-family-school-community partnership; 3) family engagement with a focus on prevention of risk factors and improvement of protective factors; and 4) co-investment by school districts for project sustainability. This project will create a single system of delivery to expand the availability and effectiveness of evidence-based interventions to ensure success for a broad range of students in a multi-tiered system of care.

<table>
<thead>
<tr>
<th><strong>TARGET POPULATION</strong></th>
<th>Six Santa Clara County school districts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PERSONNEL</strong></td>
<td>12 district staff and one consultant; Family Peer Partner and licensed Mental Health Triage Coordinator for each district</td>
</tr>
<tr>
<td><strong>SERVICES AND SUPPORTS</strong></td>
<td>Comprehensive service coordination and linkage; school-based campus collaborative meetings; family engagement; co-investment by school districts for project sustainability.</td>
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</tbody>
</table>

**SOLANO**

A well-developed, local framework with a similar mission already exists—the Foster Youth Educational Task Force (FYETP)—which can provide governance and shared accountability to this project. FYETP represents a comprehensive set of collaborative partners serving children and will serve as the governing body over the current project. Over the course of a community planning process, several needs have been documented, including: comprehensive training for suicide prevention and awareness, coordination of care during a crisis, periodic mental health screenings, use of universal assessment tools, and adequate mental health services in the schools. To address these needs, the proposed plan will hire personnel with the following objectives: expand, refine, and coordinate crisis support plans; refine local suicide prevention plans based on individual school needs; train and certify staff to handle 5150 hold situations; define and organize the existing providers; create expedited referral processes and connections between schools and community-based organizations; develop new and expand existing linkages to facilitate a warm handoff mechanism; and advance stigma reduction among staff, administration, students, and parents through trainings related to mental illness, trauma, and risk/protective factors. Hired triage staff will include 11 Student Support Specialists and one Clinical Supervisor to provide services like group counseling, student workshops, or individual counseling at 30 schools in Solano County.

<table>
<thead>
<tr>
<th><strong>TARGET POPULATION</strong></th>
<th>30 county identified schools</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PERSONNEL</strong></td>
<td>11 Student Support Specialists and one Clinical Supervisor</td>
</tr>
<tr>
<td><strong>SERVICES AND SUPPORTS</strong></td>
<td>group counseling, student workshops, or individual counseling; Expand, refine, and coordinate crisis support plans; local suicide prevention plans; create expedited referral processes and connections between schools and community-based organizations; develop new and expand existing linkages to facilitate a warm handoff mechanism; and advance stigma reduction.</td>
</tr>
</tbody>
</table>
**TRI-CITY**

Tri-City Mental Health Authority (TCMHA) is the outpatient mental health authority for three distinct cities on the east end of Los Angeles County—La Verne, Claremont, and Pomona—and has been in a formal school-county collaborative with Pomona Unified and Bonita Unified (in La Verne) School Districts for many years. Grant funds will be used to enhance and expand these school-county collaboratives by implementing multidisciplinary teams of triage personnel that will be able to address the unique needs of both districts. The proposed plan has four distinct services to be provided: 1) training and education for parents and caregivers on trauma and resiliency, signs and symptoms of mental health problems, and intervention strategies; 2) training, education, and ongoing consultation for the district/school personnel regarding trauma and resiliency, signs and symptoms of mental health problems, non-violent crisis intervention including verbal de-escalation techniques and suicide prevention; 3) triage services and mental health support for students pre-Kindergarten through 5th grade including crisis intervention, assessment, linkage and referral to services; and 4) triage services and mental health support for middle and high school students, specifically targeting at-risk students and providing training and ongoing support for peer counselor programs for teens. These activities will create a comprehensive system to address the growing number of students requiring behavioral interventions or special education referrals or experiencing homelessness and/or mental health crises while in school.

<table>
<thead>
<tr>
<th>TARGET POPULATION</th>
<th>Pre K through 5th grade students and high school students in two districts in Pomona and Bonita</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSONNEL</td>
<td>County to determine</td>
</tr>
<tr>
<td>SERVICES AND SUPPORTS</td>
<td>Trauma and related training and education for parents and caregivers; training, education, and ongoing consultation for the district/school personnel; triage services and mental health support, including crisis intervention, assessment, linkage and referral to services; and triage services and mental health support for middle and high school students, specifically targeting at-risk students and providing training and ongoing support for peer counselor programs for teens.</td>
</tr>
</tbody>
</table>

**TRINITY CRISIS RESPONSE TEAM (CRT)**

Trinity County is very rural and geographically diverse, making crisis response and ongoing mental health coordination challenging. This program would expand the current prevention work to provide students and families safe and appropriate outlets to work through crisis and provide them with ongoing tools and resources. The Crisis Response Team (CRT) would be an identified team of people whose only responsibility would be to conduct outreach, prevention, and response to crisis. Team members, including a law enforcement officer and a mental health clinician (LMFT), would case manage referrals, connect with students, and establish rapport to build a positive relationship and reduce assaultive behaviors, intimidation, and feelings of unsafe school environments. Having a regular presence on campus to provide outreach and prevention activities will help to improve school climate, allowing a regular and consistent avenue for students to provide feedback and receive guidance on potentially problematic behaviors and/or experiences. Additionally, an established and consistent CRT will be able to coordinate with law enforcement, county mental health, and schools to provide direct services to students and their families, thereby making connections within the community and building trust to engage in ongoing services as needed. The CRT would pick up and expand the Prevention and Early Intervention (PEI) program to create a more comprehensive model of support available to all students in the County.

<table>
<thead>
<tr>
<th>TARGET POPULATION</th>
<th>County to determine</th>
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</thead>
<tbody>
<tr>
<td>PERSONNEL</td>
<td>County to determine</td>
</tr>
<tr>
<td>SERVICES AND SUPPORTS</td>
<td>Crisis response teams to conduct outreach, prevention, and response; case manage referrals, connect with students, and build a positive relationship and reduce assaultive behaviors.</td>
</tr>
</tbody>
</table>
Through the current collaboration, the Multi-Disciplinary Assessment And Referral Team (M-DART) established in 2002, a need has been identified to expand and coordinate response to children with mental health needs and children experiencing crises. This is an ideal time to bring in triage staff for Child, Youth and Family (CYF) who may not be aware of the services in the County, like the Mental Health Urgent Care (MHUC) and wellness center. The grant will allow the current school-community partnership to expand its focus to provide crisis triage services in order to further prevent children from developing social, emotional, and behavioral problems. The collaborative will also further develop a coordinated and effective crisis response team on school campuses when mental health crises arise, further engage parents and caregivers in supporting their child's social-emotional development, build family resilience, and reduce the number of children placed in special education for emotional disturbance and reduce the number of children removed from their school and community due to their mental health issues. Grant-funded triage personnel, comprised of one Program Coordinator, eight Clinicians, two Administrative Service Analysts, five Mental Health Peer Support Workers, and one Social Work Practitioner, will assist in advocacy with parents and higher insurance, and will act as a steward to further the implementation of trauma-informed practices. Yolo County is driven to provide services to all children, and especially those involved in Child Welfare, Probation, and Foster Care, and those others who may have need of specialty mental health services (SMHS). Regardless of whether children have a need or meet criteria for SMHS, they will receive the attention and intervention they need, as determined by the crisis triage team.

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<thead>
<tr>
<th>TARGET POPULATION</th>
<th>County to determine</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSONNEL</td>
<td>Program Coordinator, Clinicians, Administrative Service Analysts, Mental Health Peer Support Workers; Social Work Practitioner</td>
</tr>
<tr>
<td>SERVICES AND SUPPORTS</td>
<td>Crisis response services; advocacy with parents and higher insurance; further the implementation of trauma-informed practices.</td>
</tr>
</tbody>
</table>
GRANT THEMES AND EMERGING TRENDS

1. ACCESS TO CARE/MOBILE RESPONSE
Not surprisingly, nearly all grant applications highlighted the intent to create service approaches or models rooted in a desire to increase access to care. In nearly all cases, this involves locating care within the school environment and/or in mobile teams that can reach the youth or family in their own community/environments.

2. TRAUMA-CENTRIC MODELS
Mirroring an emerging and research-based fact, care and supports delivered effectively include awareness and ability of professionals AND THEIR SYSTEMS to respond in ways that do not re-traumatize or inflict additional stress on families and students.

3. FAMILY/COMMUNITY BASED APPROACH
A number of proposals cited a desire to effectively connect students and youth to their natural or informal supports in their organic communities. This Wraparound principle is known to provide a less stigmatizing and more sustainable outcome to the professional interventions delivered.

4. EARLY IDENTIFICATION
Nearly half the grant proposals included the intent to focus interventions and supports in a manner that supports the long-known and research-based truth that early engagement of students and caregivers yields cost-effective care outcomes and enhances clinical effectiveness.

5. PEER BASED SERVICES AND SUPPORTS
Most proposals identified the use of trained and supported youth or parent partners. This use reflects deepening awareness across California’s youth serving systems of the unique value of peers and persons with lived experience, not only as supports and advocates, but in shared governance/policy making.
ADDITIONAL REFLECTIONS FROM TRIAGE GRANTEES AND APPLICANTS

STRENGTHS OF THE COLLABORATIVE PROCESS:

- Shared vision and goals; mutual acceptance of the need for change.
- Firm foundation in Positive Behavior Supports and Services.
- Human capital, relationships, and a history of partnership.
- Collaborative partnerships, individual relationships, and technical expertise
- MSHOAC funding has been beneficial in increasing students’ access to services, but there is still work to do in developing supportive structures.

CHALLENGES OF THE COLLABORATIVE PROCESS:

- The geographic distance and rural nature of many counties inhibit effective service provision, information sharing, and enforceability of hiring mandates across districts.
- Hiring qualified clinicians and health professionals may be a challenge, especially in rural districts.
- Even with the contracts with community-based organizations, it is not enough to meet the increasing needs for intensive mental health services.
- Information privacy laws are frustrating to information sharing and delivery of necessary care.
- Siloed funding and differences in protocol make it difficult to set and achieve a standard, thereby hampering ability to leverage funds for necessary mental health services.

VALUE OF AN ONGOING LEARNING COMMUNITY:

- Would be useful for sharing information about evidence-based practices and offering insight into problem solving by sharing the work that other counties are engaging in.
- Would be useful for comparing day-to-day operations of crisis triage teams and using data reporting to connect staff with similar roles and responsibilities to learn from each other.
- Would be useful to learn what other counties are doing, and to enhance the partnership between county behavioral health and county office of education to build a comprehensive continuum of care.

NEEDS GOING FORWARD:

- Every respondent identified the high utility of sharing results from pilot studies and learning from other counties’ experiences.
- Face-to-face meetings would be ideal for building relationships and accessing human capital resources.
- Helpful to answer logistical questions, to be able to “workshop” with other groups to see what they did—what worked, what didn’t. Monthly meetings might be appropriate at first, then move to bi-monthly or quarterly.
- Technical assistance has been challenging, and legislative interventions would be helpful to figure out priorities for students: mental health or state mandated testing, and how to best serve youth without interrupting their educational activities.
- Caution should be taken when creating funding mandates. Planning should involve direct service delivery providers across agencies to assure that funding structure is useful and appropriate.
SAMPLES OF STATE INITIATIVES IN SUPPORT OF LOCAL COLLABORATIVE PRACTICE

Contained in this section are brief summaries of current or pending initiatives which may provide leverage for local county efforts to build more integrated systems of care.

**JUVENILE JUSTICE**

AB 1812, the Juvenile Justice Youth Reinvestment Act proposal, would allocate $100 million to create local youth diversion and development systems that are socially and fiscally responsible by treating all children arrested for low level offenses appropriately for their age, in community settings, with an emphasis on health and wellbeing. Under this initiative, nonprofit and community-based organizations will collaborate with public agencies to expand local youth diversion programs and deliver developmentally-appropriate, culturally-relevant services in under-served communities statewide.

The Youth Reinvestment Fund proposal allocates:

- $15 million to hire social workers to support cases involving minors in juvenile or criminal court, including youth re-entry and other critical youth-related needs of the public defender office.
- $10 million to fund Tribal Diversion Programs for Native American youth.
- $75 million to fund Local Diversion Programs & Community-Based Services for youth at risk of system involvement over a 3-year grant period.

[https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180AB1812](https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180AB1812)

**WHOLE PERSON CARE**

Grounded in federal and state efforts, the overarching goal of the Whole Person Care (WPC) pilots is the coordination of health, behavioral health, and social services, as applicable, in a patient-centered manner with the goals of improved beneficiary health and well-being through more efficient and effective use of resources. WPC Pilots will provide an option to a county, a city and county, a health or hospital authority, or a consortium of any of the above entities serving a county or region consisting of more than one county, or a health authority, to receive support to integrate care for a particularly vulnerable group of Medi-Cal beneficiaries who have been identified as high users of multiple systems and continue to have poor health outcomes. Through collaborative leadership and systematic coordination among public and private entities, WPC Pilot entities will identify target populations, share data between systems, coordinate care real time, and evaluate individual and population progress—all with the goal of providing comprehensive coordinated care for the beneficiary resulting in better health outcomes. [https://www.calbhbc.com/whole-person-care.html](https://www.calbhbc.com/whole-person-care.html)

**CONTINUUM OF CARE REFORM**

The Continuum of Care Reform (CCR) draws together a series of existing and new reforms to California’s child welfare services, designed out of an understanding that children who must live apart from their biological parents do best when they are cared for in committed nurturing family homes. AB 403 provides the statutory and policy framework designed to ensure services and supports provided to the child or youth and his or her family are Child and Family centered, culturally appropriate, community based, and tailored toward the ultimate goal of maintaining a stable permanent family. Reliance on congregate care should be limited to short-term, therapeutic interventions that are just one part of a continuum of care available for children, youth and young adults. The reform is among the nation’s most assertive, requiring both public agencies and non-profit community based providers to deliver thoughtful, measurable and effective services to all foster youth. [http://www.cdss.ca.gov/inforesources/Continuum-of-Care-Reform](http://www.cdss.ca.gov/inforesources/Continuum-of-Care-Reform)
**KATIE A. SETTLEMENT**

The Katie A. settlement agreement provides that the state and counties provide intensive home- and community-based mental health services for children in foster care or at risk of removal from their families. Systems must make available intensive home-based services, intensive care coordination and Therapeutic Foster Care under the EPSDT/Medicaid requirements. Since 2016, the state has agreed that these services must also be available to non-foster adjudicated youth. Many counties in the state are now attempting to contract or implement these services.

https://youthlaw.org/case/katie-v-bonta/

**SYSTEM OF CARE**

There are a number of counties in California which have since the mid 1980’s sought to deliver care to all youth in a highly integrated manner. When designed and practiced with fidelity, interagency service delivery is a well-documented success. A system of care incorporates a broad, flexible array of services and supports for a defined population(s) that is organized into a coordinated network, integrates service planning and service coordination and management across multiple levels, is culturally and linguistically competent, builds meaningful partnerships with families and youth at service delivery, management, and policy levels, and has supportive management and policy infrastructure. In some ways, all other reforms require the establishment of a system of care.

https://www.childwelfare.gov/pubs/acloserlook/overview/overview2/

**MTSS/PBIS**

School-wide Positive Behavioral Interventions and Supports (SWPBIS) is a multi-tiered approach to implementing evidence-based practices to improve school climate and reduce problematic behavior (Lewis et al., in press). More than 25,000 schools are currently implementing PBIS in the United States (www.pbis.org). A growing research base shows that when SWPBIS is implemented with fidelity, schools experience reductions in problem behavior. In addition, when paired with a multi-tiered system of support framework, PBIS and MTSS form the basis for a comprehensive integrated SEBH continuum for children and their families.

https://www.pbis.org/school/mtss

**SCHOOL BASED HEALTH AND WELLNESS CENTERS**

With the support of many, including the Center for Healthy Schools and Communities, some counties are partnering to create and sustain health and wellness centers on school sites. One example can be found in Alameda County. The Center has worked for over 15 years with schools, community partners, youth, families and policymakers to build school health initiatives that create equitable conditions for health and learning. Together, they have developed 29 school health centers, behavioral health supports in over 170 schools, and partnerships with each of the county’s 18 school districts to support school health. School Health Works is a website that shares lessons learned as a public institution working in close collaboration with multi-sector partners to support school health initiatives. See their framework here. In sharing their experiences, they hope their models and strategies will support the field and guide work nationally to eliminate health and education disparities. One of their primary outcomes is SYSTEMS ARE INTEGRATED AND CARE IS COORDINATED AND EQUITABLE.

http://www.achealthyschools.org/schoolhealthworks/

A Guide to Increase Mental Health Services for Students

Released in June of 2018 by the California Department of Education, under its Project Cal-Well, the guide is intended to assist schools and districts to build capacity to better address mental health challenges among students. Project Cal-Well is funded by the “Now Is the Time” Project Advancing Wellness and Resilience in Education grant from the U.S. Department of Health and Human Services’ Substance Abuse and Mental Health Services Administration. Project Cal-Well is a consortium between the California Department of Education (CDE), ABC Unified School District (USD), Garden Grove USD, and San Diego County Office of Education. Information about Project Cal-Well can be found on the CDE Project Cal-Well web page at https://www.cde.ca.gov/ls/cg/mh/projectcalwell.asp.

California’s Integrated Core Practice Model Guide for Children and Youth—Released in May 2018 under an All County Letter and Information Notice.

The California Children, Youth, and Families Integrated Core Practice Model (ICPM) guide is intended to provide practical guidance and direction to support county child welfare, juvenile probation, behavioral health agencies, and community partners to improve delivery of timely, effective, and integrated services to children, youth, and families. The ultimate objective of this collaboration, on behalf of California’s youth and families, is to have a local spectrum of effective, community-based services and supports that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs in order to help them to function better at school, home and throughout life. There are many areas of shared responsibility where an MOU may be used to establish committed understanding of cross system work. The MOU has been released to counties. https://www.dhcs.ca.gov/services/MH/Documents/Information%20Notices/IN%202018-022%20Integrated%20Core%20Practice%20Model%20and%20Integrated%20Training%20Guide/Integrated_Core_Practice_Model.pdf

Interagency MOU

The California State Association of Counties and its affiliated association partners released a customizable county Memorandum of Understanding. The MOU seeks to ensure that a county’s programs and polices reflect a coordinated, integrated and effective delivery of services for children, youth, and families. Among other things, it allows partner agencies to act as a coordinating council and planning body related to the programs and services contained within it. It provides 10 interagency competencies, which when practiced consistently, allow for sustainable interdepartmental and interagency leadership and collaboration on behalf of youth and families, and delivery of trauma-informed services.

Research regarding effective youth service delivery from nearly all disciplines indicates that highly integrated and coordinated cross-system service planning and delivery better meet the needs of children, youth, and families. A non-mandatory Interagency MOU is intended to provide background and support to county welfare, behavioral health, probation, education and other divisions or departments, in development of local Child and Family Services Integrated Services. A county’s Child, Youth and Family Interagency Leadership Team plays a key role in coordinating these responsibilities, and most effective systems use a formal document to bind that group’s work.

The Interagency Child and Family Services MOU template is intended to be a highly customizable document, which county partners may use to craft elements of agreement at the local level. The ultimate objective of this collaboration, on behalf of California’s youth and families, is to have a local spectrum of effective, community-based services and supports that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs in order to help them to function better at school, home and throughout life. There are many areas of shared responsibility where an MOU may be used to establish committed understanding of cross system work. The MOU has been released to counties.

Adoption Competent Mental Health Guides

In 2017, California partners produced a set of guidelines for Mental Health practices for professionals working with post adoptive families. These unique tools contain a wealth of information to support and assist anyone engaged with youth or family, even when the need for intensive Mental Health services is not necessarily evident.

A Word about Financing and Data Sharing

Shared and highly collaborative service models require a blending or braiding of the various federal and state vehicles for financing and a sharing of information across all agencies and people that serve our children. While it is beyond the scope of this paper, the Breaking Barriers 2018 Symposium will include a panel and some additional summaries and resources in support of local shared funding and data sharing work.
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<tr>
<th>Time</th>
<th>Session</th>
<th>Moderator/Panelists</th>
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<tbody>
<tr>
<td>8:00—8:30</td>
<td>Arrival, Registration, Continental Breakfast</td>
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| 8:30—9:00 | Welcome and Keynote                  | Elizabeth Estes, Founder, Breaking Barriers  
Carla Bryant, Director, Education Strategy & Ventures                                    |
| 9:00—10:00| Opening Plenary: Tackling the School to Prison Pipeline | Tia Martinez, Principal, Forward Change Consulting                                     |
| 10:00—10:50| Panel Presentation: Building Bridges for Shared Governance: The Interagency Memorandum of Understanding as a tool for integration | Moderator: Richard Knecht, Integrated Human Services Group  
Panelists:  
Susan Holt, Fresno County Department of Behavioral Health  
Trina Frazier, Office of Fresno County Superintendent of Schools  
Garth Lewis, Yolo County Office of Education and Yolo County Superintendent Elect  
Tracy Fauver, Yolo County CASA  
Jenae Holtz, The California Association of Health and Education Linked Professions (CAHELP)  
Mike Schertell, San Bernardino County Behavioral Health, Children, Transitional Age Youth (TAY), and Mental Health Services Act (MHSA) |
| 10:50—11:00| Break                               |                                                                                     |
| 11:00—12:00| Panel Presentation: Bridging PEI Across Schools and Communities: Current Collaborative Efforts to Realize Necessary Prevention and Early Intervention | Moderators: Kai LeMasson, Senior Researcher, Mental Health Services Oversight and Accountability Commission; Monica Nepomuceno, Education Programs Consultant, Coordinated Student Support Division, CA Department of Education  
Panelists:  
Kacey Rodenbush, Monterey County  
Michael Lombardo, Placer County  
Kami Murphy, San Bernardino County  
Ryan Padrez, The Primary School - East Palo Alto  
Jodi Couik, West Contra Costa County |
| 12:00—12:45| Lunch and Keynote Speaker: Lived Experience | Honorable Dylan Sullivan, Judge, El Dorado Superior Court |
| 12:45—2:30 | Breakout Sessions:  
County Teams Discuss Breaking Barriers Implementation Efforts  
Stakeholder Teams Discuss Policy and Practice in Support of Breaking Barriers to Shared Care |                                                                                     |
| 2:30—2:45 | Break                               |                                                                                     |
| 2:45—3:45 | County and Stakeholder Groups Report Out: What We Are Doing and What’s Next |                                                                                     |
| 3:45—4:45 | Panel Presentation: Building Sustainable and Effective Parent and Youth Advocacy: How Power-Sharing with Consumers Is Integral to Our Collective Mission | Moderator: Rochelle Trochtenberg, Ombudsperson, California Foster Care  
Panelists:  
Our Youth and Parents |
| 4:45—5:00 | Day One Closing Remarks              | Elizabeth Estes, Founder, Breaking Barriers                                          |
| 5:00—6:00 | Networking Happy Hour (Capitol Ballroom D and Patio):  
All participants gather for informal conversations and reflections on the day and the work |                                                                                     |
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<tr>
<th>Time</th>
<th>Event</th>
<th>Presenter(s)</th>
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<tbody>
<tr>
<td>7:30—8:30</td>
<td>ARRIVAL, CONTINENTAL BREAKFAST</td>
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<tr>
<td>8:30—8:45</td>
<td>Welcome</td>
<td>Richard Knecht, Integrated Human Services Group</td>
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<tr>
<td>8:45—9:30</td>
<td>Coalition Building: Future Developments and Possibilities</td>
<td>Alex Briscoe, The Children's Trust</td>
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</table>
| 9:30—10:30 | Panel Presentation: Walking the Talk at the State Level: How the State Is Building Meaningful Collaborations and What We Can Expect Next | Moderator: Maureen Burness, Breaking Barriers  
Panelists:  
Greg Rose, CA Department of Social Services  
Erika Cristo, Department of Health Care Services (DHCS), Mental Health Services Division  
Kristin Wright, CA Department of Education  
Gordon Jackson, CA Department of Education  
Allen Nance, Chief Probation Officers of CA  
Anna Naify, MHSOAC |
| 10:30—10:45 | BREAK                                                                |                                                                              |
| 10:45—11:45 | Breakout Sessions: County Teams Discuss Breaking Barriers Implementation Efforts  
Stakeholder Teams Discuss Policy and Practice in Support of Breaking Barriers to Shared Care | Jon Perez, U.S. DHHS Region IX SAMHSA Director                                  |
| 11:45—12:15 | LUNCH AND KEYNOTE SPEAKER: VIEW FROM THE FEDERAL LEVEL               |                                                                              |
| 12:15—1:00 | County and Stakeholder Groups Report Out: What We Are Doing and What's Next |                                                                              |
| 1:00—2:00 | Panel Presentation: From Breaking to Building—Sustainable Financing Strategies for Integrated Services | Moderator: Steve Hornberger, Director, Social Policy Institute, San Diego State University  
Panelists:  
Jake Segal, Social Finance  
Ricardo Flores, San Diego Local Initiatives Support Corporation |
| 2:00—2:45 | Closing Plenary: California Accountable Communities Health Initiative: Coming Together Across Communities to Improve Community Health | Kathleen Lang, Vice President of Regional Operations, CA Health and Wellness |
| 2:45—3:00 | Next Steps and Closing Remarks, Adjournment                           | Elizabeth Estes, Founder, Breaking Barriers                                   |

**TOGETHER WE CAN BREAK BARRIERS AND BUILD BRIDGES TO ACHIEVE OUR VISION:**

All of California’s children receive the services and supports necessary for them to succeed in school and society, nurtured by healthy families and strong communities.
ALEX BRISCOE  
DAY TWO  
8:45—9:30  
Coalition Building: Future Developments and Possibilities

Alex Briscoe was appointed director of the Alameda County Health Care Services Agency in 2009 where he led one of the state’s largest public health systems, overseeing health and hospital systems, public health, behavioral health, and environmental health departments with an annual budget of $700 million and 6,200 FTE contracted and civil service staff. Before joining the county, he was the director of the Chappell Hayes Health Center at McClymonds High School in West Oakland, a satellite outpatient center of Children’s Hospital and Research Center. Mr. Briscoe’s work has helped design the nexus of public health and public education. He has designed and administered a number of mental health and physical health programs and services in child serving systems, including home visiting programs, programs for medically fragile children, and clinical and development programs in child welfare, juvenile justice, and early childhood settings. Mr. Briscoe has served on the Alameda County First Five Commission, The Alameda Alliance, and The Kaiser Commission on Medicaid and The Uninsured, as well as a number of other public and private boards and commissions. Mr. Briscoe is a mental health practitioner specializing in adolescent services and youth development. He has advised or collaborated with a number of local and national foundations including The Atlantic Philanthropies, The Robert Wood Johnson Foundation, The Annie E. Casey Foundation, The California Endowment, and most recently with Tipping Point Community. He has specialized in Medicaid policy and administration, emergency medical services, youth voice and crisis counseling, and safety net design and administration.

CARLA BRYANT  
DAY ONE  
8:30—9:00  
Welcome and Keynote

Director of Education Strategy & Ventures at the Kenneth Rainin Foundation, Carla began leading the Foundation’s education investments in September 2017. Her work focuses on increasing the number of Oakland children who are ready for kindergarten and reading at grade level by third grade. She directs funding initiatives to help teachers use effective teaching practices, support families with young children, and build early learning leadership and systems in Oakland. Carla’s career reflects a deep commitment to supporting the success of young children. She has over 30 years of experience creating culturally competent policies, programs, and procedures for comprehensive early learning programs, as well as preschool to third grade, elementary, family support and after school programs. Her career includes serving as Chief of the Early Education Department for San Francisco Unified School District from 2010 to 2016. In this role, she oversaw 12 early education schools with pre-kindergarten through transitional kindergarten students. She also supported 74 elementary schools in aligning curriculum and instruction from pre-kindergarten to third grade. Prior to her work in San Francisco, Carla was a strategic advisor for the City of Seattle, where she co-created the Seattle Early Education Collaborative. This community-based early learning system combines federal, state, local and private funded programs into one system. This collaborative continues to be an integral part of the Seattle Public Schools preschool to third-grade model. As a result of this work, Seattle was highlighted by the National League of Cities as one of four cities with progressive plans to align early learning and K-12 education systems. Carla has an MEd in Early Childhood Education from Georgia State University.

MAUREEN BURNESS  
DAY TWO  
9:30—10:30  
Panel Presentation: Walking the Talk at the State Level: How the State Is Building Meaningful Collaborations and What We Can Expect Next

Maureen O’Leary Burness currently works as a consultant in Special Education Leadership and as a Technical Assistance Facilitator in matters of disproportionality in districts. She volunteers in several areas related to services to children, including as
Jodi Couick

DAY ONE 11:00—12:00
Panel Presentation: Bridging PEI Across Schools and Communities: Current Collaborative Efforts to Realize Necessary Prevention and Early Intervention

Jodi Couick is the Special Education Coordinator for the West Contra Costa USD in charge of Educationally Related Mental Health Services. She has worked in the community she grew up in for 34 years. She was the Lead School Psychologist up until the past 4 years when she went into administration. She is a licensed clinical psychologist who has specialized in working with children who have significant mental health needs. As part of her duties, Jodi supervises the 9 counseling enriched classrooms, 6 school based mental health clinics, and a district supported non-public school for emotionally and behaviorally challenged students. In addition, she coordinates and supervises all of the ERMHS programs for students in the district. She is involved in direct support to schools and staff on a daily basis, crisis response, and communication with collaborating agencies and mental health partners in the schools, as well as the county.

Jodi has dedicated her time to working with other district administrators, neighboring school districts, community based organizations, and families to identify the many different needs that schools face in the district. As a very diverse school district, which encompasses 7 cities, the services and creative funding options that exist for one school may not be available to another. In addition, the needs and immediate concerns impacting families in the different communities may be vastly different. The district programs have extensive collaborative relationships with County Mental Health and community partners. Together they create ways to work with stakeholders to break down barriers and identify priorities that are child focused; promoting mental health wellness and learning for students.

Erika Cristo

DAY TWO 9:30—10:30
Panel Presentation: Walking the Talk at the State Level: How the State Is Building Meaningful Collaborations and What We Can Expect Next

Erika Cristo is the Program Policy and Quality Assurance Branch Chief within the Department of Health Care Services (DHCS), Mental Health Services Division. The Program Policy and Quality Assurance Branch administers the Medi-Cal Specialty Mental Health Services Program, provides mental health subject matter expertise and technical assistance to county mental health plans and other programs. The Program Policy and Quality Assurance Branch is also charged with program, policy, and service implementation, including implementing the Pathways to Wellbeing services, and conducting legislative analysis. Prior to working as the Branch Chief, Ms. Cristo worked as a Health Program Specialist II within the Program Policy and Quality Assurance Branch responsible for complex analytical work and project management. Before transitioning to DHCS in 2012, Ms. Cristo was the manager for the Medi-Cal Policy Unit at the former California Department of Mental Health (DMH), and held various other positions at DMH from 2001 through 2012. In these roles she worked most extensively with the Medi-Cal Specialty Mental Health Services Program. Prior to working for the State, Ms. Cristo worked as a Program Analyst, also primarily with the Medi-Cal Specialty Mental Health Services Program, at the Yolo County Department of Alcohol, Drug, and Mental Health Services. She also worked as a Trainer at the Yolo County Department of Employment and Social Services where she trained Eligibility Workers on the Medi-Cal and CalWORKs Programs. Ms. Cristo received a Bachelor of Arts Degree in Sociology, with a special emphasis in social welfare programs, from the University of California at Davis.

Elizabeth Estes

DAY ONE 8:30—9:00
Welcome and Keynote

4:45—5:00
Day One Closing Remarks

DAY TWO 2:45—3:00
Next Steps and Closing Remarks, Adjournment

Elizabeth A. Estes is an attorney with the California education law firm Atkinson, Andelson, Loya, Rudd & Romo. In college, Elizabeth found herself the victim of a violent hostage crisis that solidified her interest in education and making sure children
and families receive the services they need to stay healthy and whole. Since then, she has spent over twenty years representing school districts and dependent children and is an expert in all aspects of special education and student services. Elizabeth has been integral in training attorneys and staff across child serving agencies statewide, and been at the forefront of developing alternative dispute resolution processes for agencies seeking to preemptively and effectively address dispute and related costs. Elizabeth is the Founder of Breaking Barriers, a nonprofit working to ensure that all of California’s children receive the services and supports necessary for them to succeed in school and society, nurtured by healthy families and strong communities. She is a frequent presenter and graduated from Loyola Law School (J.D.) in 1994 and University of California, Berkeley (B.A.) in 1991.

TRACY FAUVER

DAY ONE
10:00—10:50
Panel Presentation: Building Bridges for Shared Governance: The Interagency Memorandum of Understanding as a tool for integration

Tracy Fauver has been the Executive Director of Yolo County CASA since 2011. She is also co-chair of the Resilient Yolo collaborative. Tracy is a licensed clinical social worker who spent twenty years working as an advocate for the homeless in Davis, Washington DC, Boston, and New Haven, Connecticut. Tracy’s husband, Alborz Alali, is an oncologist and hematologist at the Woodland Clinic. They have two daughters - Mina, who is studying music business management at Berklee College of Music, and Julia, who is studying social work at Simmons University, both in Boston, MA.

RICARDO FLORES

DAY TWO
1:00 –2:00
Panel Presentation: From Breaking to Building—Sustainable Financing Strategies for Integrated Services

Ricardo Flores was named Executive Director of Local Initiatives Support Corporation (LISC) San Diego in April 2017. He joined the non-profit funding agency after serving for 12 years in leading roles with top San Diego elected officials. In his role, Mr. Flores oversees LISC’s extensive network of investment-based collaborations that support San Diego’s underserved neighborhoods, including City Heights, Colina Park, and Greater Logan Heights. LISC San Diego supports neighborhood revitalization efforts by assisting community groups through financing, grants, loans and equity capital, in addition to providing technical and management assistance, training opportunities, and additional resources. A native of San Diego, Ricardo was raised in City Heights, where he resides with his wife Deanneka. LISC San Diego serves the neighborhoods of City Heights and Greater Logan Heights, both of which are within District 9.

Prior to serving as Councilmember Emerald’s chief of staff, Flores was a senior aide to Congresswoman Susan Davis (D-CA), dating back to 2005. Flores has always taken an active role in his community. A long-time Meals on Wheels volunteer, he also served on numerous advisory boards and committees including the San Diego Chicano Democratic Association; San Diego Community College District; and United Way Plan to End Chronic Homelessness Resource. After graduating from UCLA with a BA degree in Theatre, Film & Television, Flores spent several years in Los Angeles as a production assistant, most notably on the movie “Shrek 2” (2004). He also taught English in Barcelona, Spain.

TRINA FRAZIER

DAY ONE
10:00—10:50
Panel Presentation: Building Bridges for Shared Governance: The Interagency Memorandum of Understanding as a tool for integration

Trina Frazier is a native of the Central Valley and has 27 years of experience providing expertise in the areas of special education, program development, pupil personnel services, behavioral health and budget management. She is dedicated to maximizing organizational efficiency and empowering others to succeed. She has served as a classroom teacher, school psychologist, and district special education director and currently as Chief Student Services Officer at Fresno County Superintendent of Schools, where she oversees the behavioral health, special education and SELPA departments. Her passion is advocating for children with behavioral and special needs.
SUSAN HOLT
DAY ONE
10:00—10:50
Panel Presentation: Building Bridges for Shared Governance: The Interagency Memorandum of Understanding as a tool for integration

Susan Holt, Licensed Marriage and Family Therapist, serves as the Deputy Director of Clinical Operations for Fresno County Department of Behavioral Health. She has worked in the Department for 19 years in various roles including manager, clinical supervisor, and clinician providing direct mental health treatment services with adults, children, and families. She also has clinical experience working in other settings including a residential treatment program for adolescents, a foster family agency, schools, and an inpatient psychiatric hospital. Her passion in behavioral health leadership is to cultivate strengths within teams to create and support environments that promote well-being, resilience, and recovery.

JENAE HOLTZ
DAY ONE
10:00—10:50
Panel Presentation: Building Bridges for Shared Governance: The Interagency Memorandum of Understanding as a tool for integration

Jenae Holtz is the Chief Executive Officer for California Association of Health and Education Linked Professions (CAHELP) Joint Powers Authority (JPA). She is a Licensed Marriage, Family Therapist for over 30 years. Jenae has worked with children, adolescents, their families, school districts and district administrators for the past 30 years in the mental health and education fields. These experiences range from private clinical practice, school-based therapy, group homes, psychiatric hospitals, non-public schools and public schools. Jenae has been an administrator in the education and mental health fields at various times through her career specializing in children and adolescents.

Jenae currently oversees the three programs operated under the CAHELP JPA which are Desert/Mountain SELPA, Desert Mountain Charter SELPA and Desert/Mountain Children’s Center. The Desert/Mountain SELPA is a consortium of multiple Local Education Agencies (LEAs). The Desert/Mountain Charter SELPA is a consortium of multiple Local Education Agencies (LEAs) charter schools. The SELPAs consult with LEAs to improve effectiveness of special education through program review and modification. The Desert/Mountain Children’s Center provides mental health services and serves over 12,000 children and youth annually birth to 22 years of age. CAHELP JPA provides services for over 22,000 square miles in the High Desert of Southern California. This region is often very rural, has pockets of extreme poverty and is a high intensity drug trafficking area. Jenae is committed to providing services to children, families and schools and ‘doing’ whatever it takes to attain the necessary interventions. Her concern for our at-risk children is evidenced by her commitment to developing or attaining specialized services for all children.

STEVE HORNBERGER
DAY TWO
1:00—2:00
Panel Presentation: From Breaking to Building—Sustainable Financing Strategies for Integrated Services

Steve Hornberger, MSW, is Director of the Social Policy Institute at San Diego State University School of Social Work and Adjunct faculty at San Diego State University School of Social Work. Mr. Hornberger has more than 25 years of senior-level experience in human services, community building, program development and innovation, management, training and technical assistance. Throughout his career, he has provided consultation and technical assistance to government and private agencies on cross-system collaboration, organizational change, family driven services, community-based services, and financing strategies. Mr. Hornberger directs the Social Policy Institute at San Diego State University School of Social Work, whose mission is
“bridging academia with government, business and community to achieve individual, family and community well-being.” He has also held faculty positions at City University of New York, Fordham University, Virginia Commonwealth University and now SDSU. He possesses a comprehensive understanding of behavioral health promotion, treatment and recovery issues, with expertise engaging and sustaining collaboration among federal, state and local stakeholders across health and human services systems. For instance, Mr. Hornberger co-led the first WrapAround team in New York City, has facilitated successful cross system MOUs between local, state and national stakeholders as well as facilitated redesign and process improvements that have increased access, quality and outcomes of care in jurisdictions in California and across the country. He is a strong advocate for family, peer-to-peer and community involvement to achieve the Triple Aim of “better care, better health, and lower cost.” Currently, Mr. Hornberger leads the San Diego Chapter of the national Network for Social Work Management, is the founder and principal facilitator of an award winning Board Fellows Program which matches 2nd Year MSW and MBA candidates with local nonprofit boards of directors, serves on the board of the National Rural Alcohol and Drug Abuse Network, is a Planning Partner for the National Recovery Month Planning Partners, a Friend of the Board to CMHACY and serves on the San Diego Accountable Communities for Health Stewardship and Wellness Fund committees. In 2008, Mr. Hornberger was elected into the National Association of Social Workers (NASW) Pioneers to recognize his innovation, leadership and success over the course of his career.

GORDON JACKSON

DAY TWO
9:30—10:30
Panel Presentation: Walking the Talk at the State Level: How the State Is Building Meaningful Collaborations and What We Can Expect Next

As of October 1, 2018, Gordon is the Senior Policy Advisor for the State Superintendent. He was formerly the Director of the Coordinated Student Support Division (CSSD). This Division coordinated funding processes and provided technical assistance for a wide array of programs, which included Coordinated School Health, Tobacco Use Prevention, Foster Youth Services, Homeless Student Education, Student Mental Health Services, school climate, student attendance, American Indian Education, and more. Gordon completed his undergraduate and graduate studies at the California State University, Chico. Gordon came to the California Department of Education in 1999 and served as the manager of the District and School Program Coordination Office for eight years prior to promoting to the Director of the CSSD.

RICHARD KNECHT

DAY ONE
10:00—10:50
Panel Presentation: Building Bridges for Shared Governance: The Interagency Memorandum of Understanding as a tool for integration

DAY TWO
8:30—8:45
Welcome

Richard Knecht is a consultant and trainer, presently working with state agencies and counties to design and build collaborative and shared interagency process, deliver community centered services, and to better engage youth and families served by those systems. Richard served for 10 years as Placer County’s Children’s System of Care Director, and has worked with youth and families for more than 29 years in government, for-profit, and non-profit organizations. He is a founding board member at I foster, the country’s on line leader in resources and job supports for foster and kinship involved families. He completed undergraduate training at Brigham Young University and a Master’s degree in Counseling Psychology at the California State University, Sacramento.
KATHLEEN I. LANG

DAY TWO
2:00—2:45
Closing Plenary: California Accountable Communities Health Initiative: Coming Together Across Communities to Improve Community Health

Kathleen Lang, DPA, is the Vice President of Regional Operations for California Health & Wellness, a subsidiary of Centene contracted with California Department of Health Care Services (DHCS) to serve Medicaid beneficiaries in 19 counties. As Vice President, she serves Imperial and San Diego County Medi-Cal Managed Care members and providers, as well as community partners striving for improved healthcare and social outcomes. As a longtime Imperial County resident, Kathleen’s local leadership role is instrumental in reinforcing the belief that quality healthcare is best delivered locally—a core belief of Centene. During her tenure as the Deputy Director, Health and Support Services of the Imperial County Public Health Department, Kathleen managed administrative services, including human resources, budget and fiscal, health information management, and facilities management. Additionally, she was responsible for the Public Health Laboratory and Clinical Services, including nursing, the health clinic, tuberculosis control, and children’s health. In this role, Kathleen created innovative solutions for program development and implementation, quality assurance and HIPAA compliance, continuity of care, and public health clinical surge response. Kathleen has proven expertise in the field of community health, blending past professional and academic experience with evidence-based practice to develop a local accountable community model. Kathleen finds it especially satisfying to listen to new ideas from others—no matter what their professional status—that provide the potential for improving a process, policy, or system and appreciates when others share their knowledge and experience for the benefit of all team members. By doing so, she has embraced the community health mission to promote and protect the health of local residents, completing complex projects related to resource allocation, local health strategic leadership and planning, and collaboration with local, state, and federal partners to sustain the quality of and access to health services. Dr. Lang received her bachelors and masters degree in public administration from San Diego State University, San Diego and her doctorate in public administration from the University of La Verne, La Verne. She is currently an adjunct professor at the University of La Verne and San Diego State University, teaching public administration, psychology, and business administration.

KAI LEMASSON

DAY ONE
11:00—12:00
Panel Presentation: Bridging PEI Across Schools and Communities: Current Collaborative Efforts to Realize Necessary Prevention and Early Intervention

Kai LeMasson is a Senior Researcher at the Mental Health Services Oversight and Accountability Commission (MHSOAC). Kai is the project lead for the Commission’s Schools and Mental Health Project. She conducts statewide outreach and engagement activities with a broad array of stakeholders and members of diverse communities to inform Commissioners and to help them develop an action agenda for improving access to mental health services and supports in schools. Kai has over 15 years of program evaluation and mental health services research experience. Prior to working at the MHSOAC, Kai was the Associate Director of the Florida Medicaid Drug Therapy Management Program at the University of Florida. The Program monitored psychotherapeutic medication prescribing practices in the Florida Medicaid Program and produced practice guidelines for providers. In her role, she also conducted program evaluations of Florida Community Mental Health Centers, examined pregnancy and birth outcomes of women with serious mental illness in Florida Medicaid, and served as the Co-Chair for the Florida Maternal Mental Health Collaborative. Kai holds a doctoral degree in Human Development and Family Studies from The Pennsylvania State University. She was a Graduate Research Fellow at

Dr. Lang received her bachelors and masters degree in public administration from San Diego State University, San Diego and her doctorate in public administration from the University of La Verne, La Verne. She is currently an adjunct professor at the University of La Verne and San Diego State University, teaching public administration, psychology, and business administration.
the Penn State Prevention Research Center and taught courses in child and adolescent development. Her interests include prevention and early intervention, building resilience in children through social and emotional learning, trauma-informed practice, and women’s mental health and wellness across the lifespan.

GARTH LEWIS

DAY ONE
10:00—10:50
Panel Presentation: Building Bridges for Shared Governance: The Interagency Memorandum of Understanding as a tool for integration

Garth Lewis is the husband of a public school teacher and father of two teens attending public school in Yolo County. Over the course of his career in K12 education, he has served as a para-educator, teacher, site and district administrator, and currently serves as the Assistant Superintendent of Instructional Services and Equity at the Yolo County Office of Education. In this role, his work supports each of the five school districts in Yolo County, engages in collaborative efforts across youth and family serving agencies in the county, and directs educational programming for youth in the Juvenile Detention Facility and in community school settings. In January, he will take office as the Yolo County Superintendent of Schools.

MICHAEL LOMBARDO

DAY ONE
11:00—12:00
Panel Presentation: Bridging PEI Across Schools and Communities: Current Collaborative Efforts to Realize Necessary Prevention and Early Intervention

Michael Lombardo, MA, is an Executive Director for the Placer County Office of Education. In this position he works throughout California in leadership in early prevention, student wellness, social-emotional support for students, breaking down barriers to education, collaborative strategy development and family/youth involvement. Michael is member of the State Student Attendance Review Board and California Mental Health Advocates for Children and Youth. He has extensive experience in the implementation and scaling up of evidence based practices and currently coordinates the California Positive Behavior Interventions and Supports Coalition (CPC). His diverse professional background includes Managing Deputy Probation Officer, Assistant Director of a Juvenile Detention Facility, Assistant Director of Placer County Children Systems of Care (Child Welfare and Children’s Mental Health Services) and currently a Director at Placer County Office of Education, Educational Services Division. A large part of his current role is to coordinate and collaborate with agency and local partners on the integration of Multi-tier System of Supports (MTSS) for social and emotional wellness. Michael is currently guiding the development of PBIS in over 250 schools, several alternative education settings and three Juvenile Institutions.

TIA MARTINEZ

DAY ONE
9:00—10:00
Opening Plenary: Tackling the School to Prison Pipeline

Elena Martinez has over 25 years experience doing social change work in low income communities in the United States. Over the decades her work has spanned a wide range of issues including education reform, the HIV/AIDS epidemic, the war on drugs, homelessness, affordable housing, disconnected youth, and immigration. She is currently an independent consultant doing work on dismantling the school to prison pipeline and transforming life chance for boys and men of color. Prior to consulting, she was the Chief Equity Officer at the Stupski Foundation where she designed an R and D effort focused on applying knowledge from psychology and neuroscience to help low income students and students of color own and drive their learning and increase academic achievement. Tia came to the foundation from the Warren Institute on Race, Ethnicity and Diversity at UC Berkeley Law School, where she was acting director of education, leading a policy unit focused on issues related to education reform, teacher effectiveness, and racial justice. Prior to joining the Warren Institute, she served as strategic consultant to the Office for Civil Rights in the US Department of Education leading their strategic planning process and supporting rollout and implementation of the new strategy across 12 regional offices. Prior to working with the department, Tia was a senior manager with the Bridgespan Group where she led engagements
KAMI MURPHY

DAY ONE
11:00—12:00
Panel Presentation: Bridging PEI Across Schools and Communities: Current Collaborative Efforts to Realize Necessary Prevention and Early Intervention

Kami Murphy has been an educator for the past 22 years as a teacher, school counselor, district Positive Behavioral Interventions and Supports (PBIS) coach, principal, and is currently working as a Program Manager, Prevention and Intervention for Desert/Mountain SELPA. She coordinates a team of specialists who provide trainings, coaching, technical assistance, and consulting services to districts. She has been an active member of school site PBIS teams, district PBIS teams, regional PBIS implementation, and an active leader with the California PBIS Coalition. She is a conference speaker on topics such as Early Childhood Transition, PBIS Implementation, Mental Health and PBIS Integration, Restorative Practices, and Community Collaboration.

Currently, her work is focusing on the Interconnected Systems Framework which blends PBIS, mental health supports, and Trauma Informed Practices through district offices for school sites from preschool through grade 12. Her Prevention and Intervention team provides data, coaching, and consulting support to over 51 Local Education Agencies (LEAs).

ANNA NAIFY

DAY TWO
9:30—10:30
Panel Presentation: Walking the Talk at the State Level: How the State Is Building Meaningful Collaborations and What We Can Expect Next

Dr. Anna Naify is a Licensed Clinical Psychologist and the Consulting Psychologist at the Mental Health Services Oversight and Accountability Commission (MHSOAC), which oversees implementation of the Mental Health Services Act (MHSA) for the State of California. Prior to state service, Dr. Naify was the Director of Clinical Services and Operations for a non-profit agency serving children and their families in the child welfare system. She has been responsible for implementation and oversight for many programs for children and youth including: Children’s Crisis Residential and Emergency Shelter, Independent Living Program for Transition Aged Youth (TAY), Residentially Based Services, Outpatient Mental Health Services, Suicide Prevention Program for TAY, Partial Hospitalization Program, and a Therapeutic-Trauma Informed Preschool. Her leadership experience also includes serving as lead staff in agency-wide research and program evaluation efforts, ensuring compliance with state and federal program requirements, and providing leadership in obtaining national accreditation. In addition, Dr. Naify has provided direct clinical services to both adults and children in clinics, schools, and in the community. In her current role as Consulting Psychologist she provides guidance and technical assistance to counties and commission leadership to develop, implement, and evaluate MHSA programs in California.

ALLEN NANCE

DAY TWO
9:30—10:30
Panel Presentation: Walking the Talk at the State Level: How the State Is Building Meaningful Collaborations and What We Can Expect Next

Prior to joining the San Francisco Juvenile Probation Department, Chief Probation Officer Allen Nance served as the Deputy Director for the Adult Probation Services Division of the 18th Judicial Circuit Court in DuPage County, Illinois, from 2000 to 2005. He has been instrumental in the implementation of various evidence-based practices as they relate to effective community corrections intervention. He led the department in the implementation of an actuarial assessment of criminal risk for adult offenders. Bilingual in Spanish and English, he has been a strong advocate for improved access to public services by monolingual individuals in the
public sector. He has also developed performance measures and standards to effectively evaluate probation officer performance and create a framework for identifying outcome measures related to the department's service delivery. As an administrator, Chief Nance has developed and reinforced protocols designed to build collaborative partnerships with stakeholders in the criminal justice system. Chief Nance began his probation career in 1989 with the Juvenile Probation Department of Cook County where he served in several line officer and administrative positions. As a Deputy Chief Probation Officer in the Juvenile Probation Department in Cook County, he served as Training Administrator and Director of Management Information Systems. He assisted the Administrative Office of the Illinois Courts in its statewide implementation of a juvenile risk assessment and case plan system. Chief Nance has served as a consultant and trainer to juvenile justice and social service agencies in numerous states across the nation and more recently in the United Kingdom. Chief Nance holds a Bachelor’s degree in Psychology from the University of Illinois, Chicago.

MONICA NEPOMUCENO

DAY ONE
11:00—12:00

Moderator: Monica Nepomuceno, M.S.W., is an Education Programs Consultant (EPC) in the Coordinated Student Support Division at the California Department of Education (CDE). Monica has been the EPC overseeing the Mental Health Services Program at CDE since 2009. She co-chairs the Student Mental Health Policy Workgroup, a body charged with making annual policy recommendations to the State Superintendent of Public Instruction, the legislature, and other key organizations. Her area of expertise is building relationships with local, state, and national partners to increase awareness of student mental health. Her role at the CDE helps foster connections and leverage resources to help non-traditional partners connect with schools and students. Monica is passionate about helping all school staff, parents, and community members increase their knowledge and awareness of student mental health and wellness; and providing school staff with skills and resources to help students in a timely, respectful, and culturally appropriate manner. Monica has a B.S.W. and an M.S.W. from the California State University, Sacramento.

RYAN PADREZ

DAY ONE
11:00—12:00

Panel Presentation: Bridging PEI Across Schools and Communities: Current Collaborative Efforts to Realize Necessary Prevention and Early Intervention

Ryan Padrez, MD, FAAP, is a pediatrician and Assistant Clinical Professor at Stanford University’s School of Medicine. Ryan is also the Medical Director of The Primary School, a new integrated health and education model that serves low income children and families in East Palo Alto, CA. The school’s approach is working to integrate primary education and primary care, effectively braiding together education, health, and family support services starting at birth. In doing so, The Primary School hopes to expand the traditional definition of “school” in order to prepare all children to succeed in college, career, and life. While at The Primary School he continues to care for patients and teach pediatric residents and medical students at Gardner Packard Children’s Health Center. He remains dedicated to promoting models and policies that ensure high quality care is accessible to all children. Ryan graduated from Stanford University with a BA in Human Biology and earned his MD at University of California, San Francisco (UCSF). He then went on to complete his pediatrics residency at UCSF and participated in the Pediatric Leadership for the Underserved (PLUS) program. He completed a chief resident year at The San Francisco General Hospital and Trauma Center.

KACEY RODENBUSH

DAY ONE
11:00—12:00

Panel Presentation: Bridging PEI Across Schools and Communities: Current Collaborative Efforts to Realize Necessary Prevention and Early Intervention

Kacey Rodenbush is a Licensed Marriage and Family Therapist and the Education Services Manager for Monterey County Behavioral Health,
leading a comprehensive team of clinicians, supervisors and support staff that provides a continuum of school-based mental health services for students in both General and Special Education. Kacey works in close collaboration with her partners from the Monterey County Office of Education and school districts within Monterey County to integrate mental health services into PBIS and MTSS frameworks, supporting mental health for all students, teachers, school staff and administration. She conducts regular trainings in Suicide Prevention and Response, Mindfulness, Youth Mental Health First Aid and Trauma-informed Care to build the capacity for educators to recognize and understand mental health issues in students and learn ways to cultivate a safe and inclusive learning environment that will foster social emotional wellness and academic success. Prior to serving Monterey County Behavioral Health, Kacey worked in the non-profit sector providing intensive mental health services for at-risk youth and their families which helped to fuel her passion for making a positive difference in the lives of others.

GREGORY E. ROSE
DAY TWO
9:30—10:30
Panel Presentation: Walking the Talk at the State Level: How the State Is Building Meaningful Collaborations and What We Can Expect Next

Gregory E. Rose, MSW, is the Deputy Director of the Children and Family Services Division for the California Department of Social Services. Mr. Rose joined state service in 1995 where his assignments have spanned a range of responsibilities that have included the Chief of the Office of Child Abuse Prevention and the Assistant Deputy Director. Mr. Rose serves on the editorial board of the Journal of Public Child Welfare, is on the national advisory committees for the Human Rights Campaign: All Children, All Families and the Chadwick Trauma-Informed Systems Project, and is the former President of the National Association of Public Child Welfare Administrators. Prior to his state service, Mr. Rose held casework and managerial positions with organizations that served runaway and homeless youth, pregnant and parenting youth, and those living with HIV/AIDS.

MICHAEL SCHERTELL
DAY ONE
10:00—10:50
Panel Presentation: Building Bridges for Shared Governance: The Interagency Memorandum of Understanding as a tool for integration

Michael Schertell, LMFT, is Deputy Director, Children, Transitional Age Youth (TAY), and Mental Health Services Act (MHSA), San Bernardino County Department of Behavioral Health. He has worked in the behavioral health field since 1984. He has been the Deputy Director for Children and TAY programs in San Bernardino County Department of Behavioral Health for the past nine years. These programs provide specialty behavioral health and intensive case management services for children, adolescents and young adults. He recently accepted responsibility to manage the MHSA programs. The MHSA programs reduce the long-term adverse impact on individuals, families and state and local budgets resulting from untreated serious mental illness through state-of-the-art, culturally competent programs that promote wellness, recovery and resilience for individuals and their families. Caring for children, families and adults suffering with the difficulties of chronic mental illness has been the primary focus of Michael Schertell’s professional career for over thirty years. After graduating from the University of California, Riverside, and Chapman College, he has served the adolescent population of San Bernardino County as an Executive Director of a Boys and Girls Club of America, a Clinical Therapist, a Case Manager, a Clinician II, a Clinic Supervisor, a Program Manager II and as Deputy Director dedicated to improving the conditions of those afflicted with mental illness in our communities. He is the recipient of the San Bernardino County Shine A Light on Child Abuse Lifetime Advocate in 2015 and the 2018 Lifetime Advocate Award from the California Mental Health Advocacy for Children and Youth Board.

JAKE SEGAL
DAY TWO
1:00—2:00
Panel Presentation: From Breaking to Building—Sustainable Financing Strategies for Integrated Services

Jake Segal is Vice President of Advisory Services at Social Finance and leads the firm’s California office. He works with state and local governments, as well as foundations and nonprofit service providers, to assess and design potential Pay for Success projects. Jake is working to improve social determinants
of health, build safer and more engaged communities, and forge a stronger link between program performance and payment.

DYLAN SULLIVAN
DAY ONE
12:00—12:45
Lunch Keynote: Lived experience

Dylan Sullivan currently serves as Judge at the El Dorado County Superior Court. She served as a commissioner at the El Dorado County Superior Court from 2011-2014. She served in several positions at the California Department of Corrections and Rehabilitation Board of Parole Hearings from 2005 to 2011, including an administrative law judge and an associate chief deputy commissioner. She started practicing law in 1998. She earned a Juris Doctor degree from the University of the Pacific, McGeorge School of Law, and a Bachelor of Science degree from the University of California, Davis.

ROCHELLE TROCHTENBERG
DAY ONE
3:45—4:45
Panel Presentation: Building Sustainable and Effective Parent and Youth Advocacy: How Power-Sharing with Consumers Is Integral to Our Collective Mission

Rochelle Trochtenberg is a former foster youth appointed to serve as the California Foster Care Ombudsperson. She is responsible for educating foster youth and caregivers about their rights, investigating complaints related to the care, placement, and services of youth in foster care, and providing policy recommendations on improving California’s child welfare system. Rochelle previously served as the Lead Youth Organizer of the Humboldt County Transition Age Youth Collaboration, where she received national recognition for her work acting as a leader and expert for engaging system-involved youth to bring their voices and experiences into policy setting and decision-making tables at local, state, and national venues. She believes that programs, policy, and systems function more effectively when decisions are informed and connected to the real life experiences and voices of those who receive or depend on those services. Rochelle also serves on the Board of Directors for the California Advocates for Children and Youth, is a member of the California Child Welfare Council, and received a Master’s Degree in Social Work from Humboldt State University.

KRISTIN WRIGHT
DAY TWO
9:30—10:30
Panel Presentation: Walking the Talk at the State Level: How the State Is Building Meaningful Collaborations and What We Can Expect Next

Kristin Wright is the California State Director of Special Education, a role she was appointed to on September 1, 2016. Kristin brings a wealth of professional and personal experience to this leadership position as a policy expert, advocate, teacher, and mother of a child with significant physical and intellectual disabilities. After earning a bachelor’s degree in sociology from California State University, Sacramento, she later returned to higher education to earn an Education Specialist teaching credential and a master’s degree in special education. She has spent more than a decade working in education policy and programs with a focus on special education.

In December 2014, Kristin worked for the California State Board of Education as an Education Policy Consultant and liaison between the State Board of Education and the California Department of Education (CDE) on a variety of subjects, including special education. In 2013 and 2014, she worked as an Education Programs Consultant within the CDE’s Special Education Division, serving as a liaison to the Advisory Commission on Special Education (ACSE) and consulting on program and policy matters related to California’s Common Core State Standards and accessibility for students with disabilities. Kristin initially entered the special education policy landscape with her appointment by the California State Senate to the ACSE from 2006 to 2013, serving as Chair from 2009 to 2013. Prior to her work at the CDE, she consulted on projects for organizations that included the Bill and Melinda Gates Foundation and Educational Results Partnership. Kristin has and continues to serve on numerous boards, commissions, and workgroups and currently serves on the U.C. Davis College of Education Dean’s Advisory Board and the National Center for Special Education in Charter Schools Board.