breaking barriers

CREATING A COMMUNITY OF CARE

2018 Breaking Barriers Summary Report

FEBRUARY 2019

ACKNOWLEDGEMENTS

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MHSOAC
Mental Health Services
Oversight & Accountability Commission

San Diego State University
Social Policy Institute
School of Social Work

Integrated Human Services Group

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BACKGROUND

- Founded in 2013, Breaking Barriers is a statewide collaborative of experts who seek to promote and facilitate interagency collaboration and planning to develop systems and approaches that better support the academic, social, emotional, and behavioral health needs and outcomes of children and their families.
- Breaking Barriers believes that collaboration has an inherent ability to support innovation, and the primary function of innovation is to develop and implement comprehensive, whole person solutions as opposed to siloed approaches to address complex issues. This is accomplished only as processes, policies, regulations, and systems are transformed and disrupted, and then aligned around policy and programs with shared goals and shared financial support.
- The demand for collaborative, integrative services in support of student success has illuminated the critical need to deliver coordinated cross-system technical assistance and training to system leaders, service personnel, youth and family members, and community stakeholders.
- Each year, Breaking Barriers convenes a statewide Interagency Symposium designed to support the success of local collaboratives, and counties from throughout the state send teams comprised of leaders from their education, child welfare, behavioral health, and other child serving systems.

I. 2018 BREAKING BARRIERS SYMPOSIUM:

Following on the success of convenings held in 2016 and 2017, in November 2018 Breaking Barriers hosted its 3rd annual Interagency Symposium in Sacramento. Numerous state agencies, as well as San Diego State University Social Policy Institute and the Integrated Human Services Group, supported the event as co-sponsors.

On November 14 and 15, 2018, nearly 250 stakeholders, including county and state agencies, providers, youth and families attended the event in Sacramento, held at the Double Tree Hotel. The symposium's format included plenary and panel presentations and the unique county specific, team-based breakouts that are the hallmark of the Breaking Barriers event.

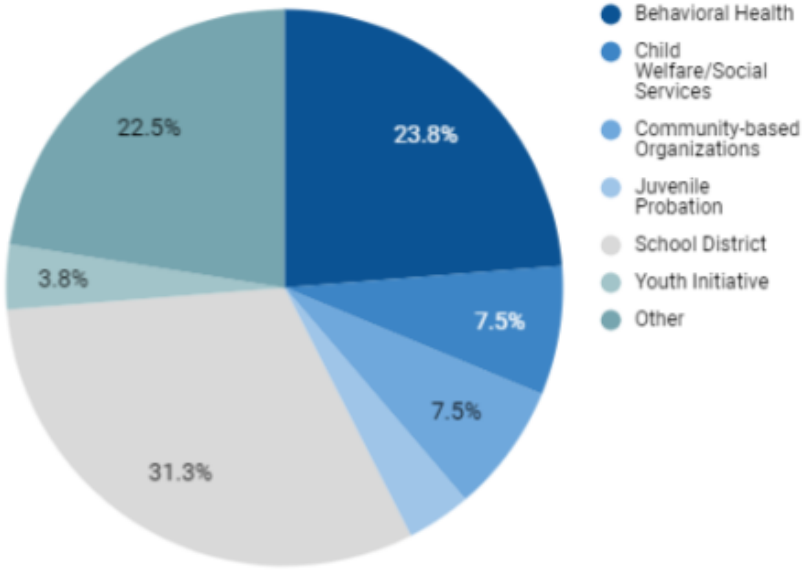
County teams in attendance included Mental Health Services Oversight and Accountability grantee counties, non-grantee counties, and eight other counties/teams. In all, 25 county and/or school teams were represented.

This broad and diverse attendance is the largest known gathering of integrated mental health and county/school wellness teams ever in California.

The agenda of the 2018 Symposium was informed by a recent initiative launched by MHSOAC to support the development of interagency supports for students. In November 2017, with the recognition that the effects of mental health crises are evident on school campuses and there is a need for a coordinated community response, the MHSOAC directed $30 million to strengthen school-county partnerships to provide crisis intervention services for children in grades pre-kindergarten through 12, with an emphasis on children in grades pre-kindergarten through third. This grant funding solicited local interest from schools and districts in support of building

Who Participated: Agency Affiliation Demographic

Just under a third of respondents came from School Districts (31.3%) and about a quarter indicated affiliation with Behavioral Health (23.8%). Less than 10% represented each of Child Welfare/ Social Services, Juvenile Probation, Community-based Organizations, and Youth Initiative. The remaining 22.5% indicated "other."



a complete continuum of crisis intervention services and supports for children up to age 21, along with their families and caregivers. The effort assumes that more effective triage, coordination, and collaboration services between schools and their mental health partners will lead to improved access, quality, and outcomes of care. This grant opportunity was released statewide and 17 proposals were submitted. Following rigorous review, four counties were selected for funding.

Breaking Barriers conducted a series of activities in the months prior to the symposium designed to support this collaborative work, build engagement, faciliate co-learning and information exchange, and inform the development of the Symposium Agenda:

PRE-EVENT WEBINARS

In order to support the most effective engagement and productivity of the on-site Breaking Barriers Symposium, approximately two weeks prior to the event Breaking Barriers' technical support staff organized and delivered two one-hour remote webinars for all 17 county teams.

The purpose of the webinars was to engage the county team members, orient them to the state's efforts to support their work, and orient them to the symposium and how each county team could maximize its opportunities for successful work at the actual convening. These webinars also provided an opportunity for grantee counties to compare and contrast their approaches and discuss possibilities for cross-learning or cross-project collaboration.

The webinar also gave participants an opportunity to hear other counties' approaches, questions, and concerns in the design and implementation of school-based mental health services/supports and crisis work.

As part of the webinar technical assistance, key resource documents were shared, and additional resources in support of integrated and collaborative care models were provided. These included the state's **Integrated Core Practice Model Guide** and **Integrated Training Guide** as well as **A Guide to Increase Mental Health Services for Students,** a publication of Project Cal Well.

The first webinar was structured for county teams who had been awarded grant funds, and representatives from each of the four teams participated. The second webinar was structured for all other teams who had submitted applications. Of the 13 invited, seven counties were represented during the webinar.

- **Webinar 1: Placer, Tulare, San Bernardino/ CAHELP, Humboldt**
- **Webinar 2: Sacramento, Contra Costa, Monterey, Riverside, Fresno, Santa Cruz, and Santa Clara**

BRIEFING BOOK

In order to best prepare all county teams and other attendees for participation, a Breaking Barriers Symposium Briefing Book was created and sent to attendees in advance of the event. Additional copies were made available during the symposium.

The Briefing Book contained summaries of the counties' proposed approaches, along with some analysis of the emerging themes from the 17 county models. Additionally, the book provided resource information for counties and other stakeholders on specific tools available to support their integration work, as well as a resource compendium of national technical assistance for system-level design and implementation.

SCHOLARSHIPS

The MHSOAC generously funded 50 scholarships to cover the cost of attendance for individuals who would not otherwise be able to attend. These included:

- 15 Transition age youth ages 18–26.
- 10 Adults with lived experience of California's mental health system.
- 9 Parents who are engaged with their children's school district on issues to be addressed during the Symposium.
- 12 Staff of child-serving systems who are engaged in projects and issues to be addressed during the Symposium, but whose agencies were not able to fund their attendance.
- 4 Interns/fellows who would otherwise be unable to attend.

The participation of these diverse and valuable voices was essential to the success of the event. Breaking Barriers appreciates the support of MHSOAC in making their attendance possible.

II. SYMPOSIUM AGENDA:

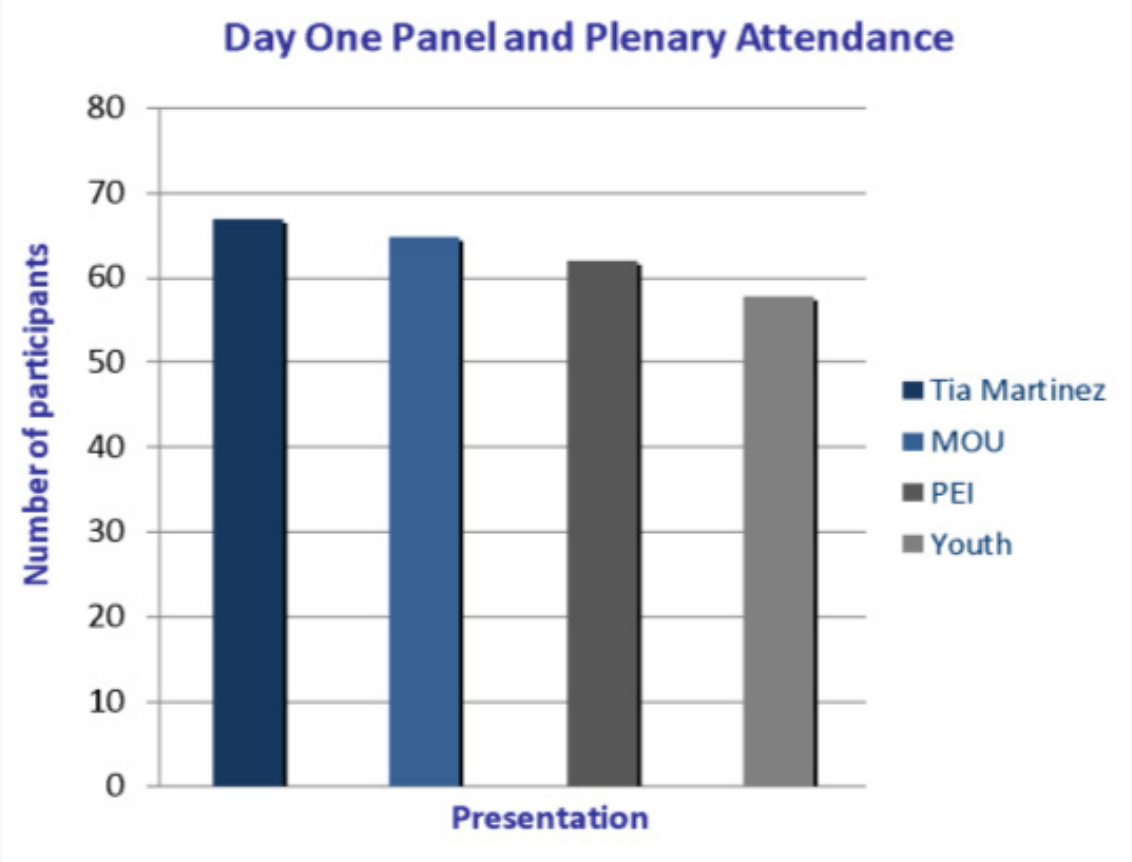
The 2018 Breaking Barriers Symposium Agenda was informed by the conversations and research detailed above. The agenda included plenary presentations by leaders in the youth-serving field, including Tia Martinez, Judge Dylan Sullivan, and Alex Briscoe. In "Mapping the School to Prison Pipeline," Ms. Martinez identified key trends and social considerations that impact life trajectories for California's at-risk youth. Judge Dylan Sullivan gave a personal, firsthand account of lived experience, and how her individual struggles provided the backdrop for personal and professional success. Alex Briscoe of The California Children's Trust spoke about "Reimagining Behavioral Health" in terms of meeting the evolving needs of today's youth in an ever-changing environment.

Panel presentations focused on how counties have built greater shared governance and used social media to inform and engage family members and community stakeholders (see symposium resources at http://www.breakingbarriersca.org/materials/).

The symposium's agenda was designed to enhance the integration of the participating counties' specific work, to highlight the field's effective strategies, and to expand knowledge and awareness for non-grantee and other counties/providers about what is being learned and applied around the state across both public and private sectors.

In keeping with the unique value of Breaking Barriers, the two-day agenda provided structured opportunities for county teams to spend time reviewing current goals, objectives, and strategies and identifying next steps, who else needs to be involved, and who is responsible for specific tasks.

Teams were provided with structured tools in order to focus and foster their shared pursuit of timely, effective, and efficient models of integrated care. Teams were invited to record their work and share it with peers in both large group report-outs and in smaller working sessions.



III. SYMPOSIUM EVALUATIONS:

The Breaking Barriers Symposium appears to have been a marked success, as evidenced by the evaluations completed by the attendees.

Data show that almost a third of attendees overall were affiliated with school districts. About a quarter of attendees were affiliated with children's behavioral health. Just under 20% of attendees indicated they were either involved in a community-based organization or in child welfare services/ social services. Of the remaining attendees, a small percentage were affiliated with juvenile probation and the rest were unspecified.

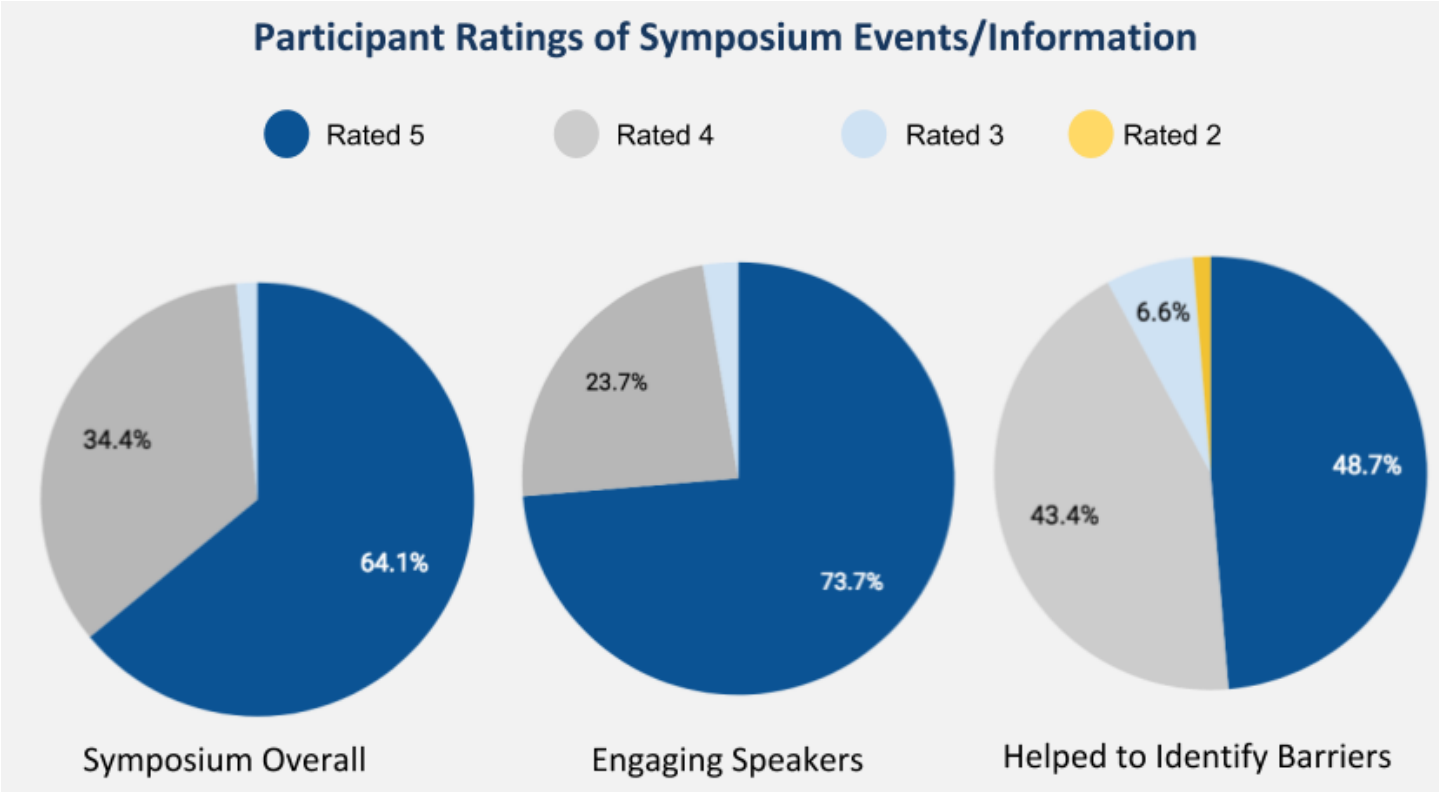
Utilizing a Likert scale of measurement, participants were asked to rate their satisfaction of several symposium components, including overall takeaway, engaging speakers, break-out activities, and contribution to ongoing collaborative efforts. Respondents indicated overwhelming support and satisfaction across all factors and both days: over 85% of respondents either agreed or strongly agreed that the symposium was useful in its entirety; over 80% agreed it helped to identify barriers to comprehensive care; over 90% agreed the symposium raised their own awareness of what can be done to meet the mental and behavioral health needs of children.

Over 90% indicated an increased commitment to collaborative partnerships and that the convening helped them to network and facilitated the exchange of information.

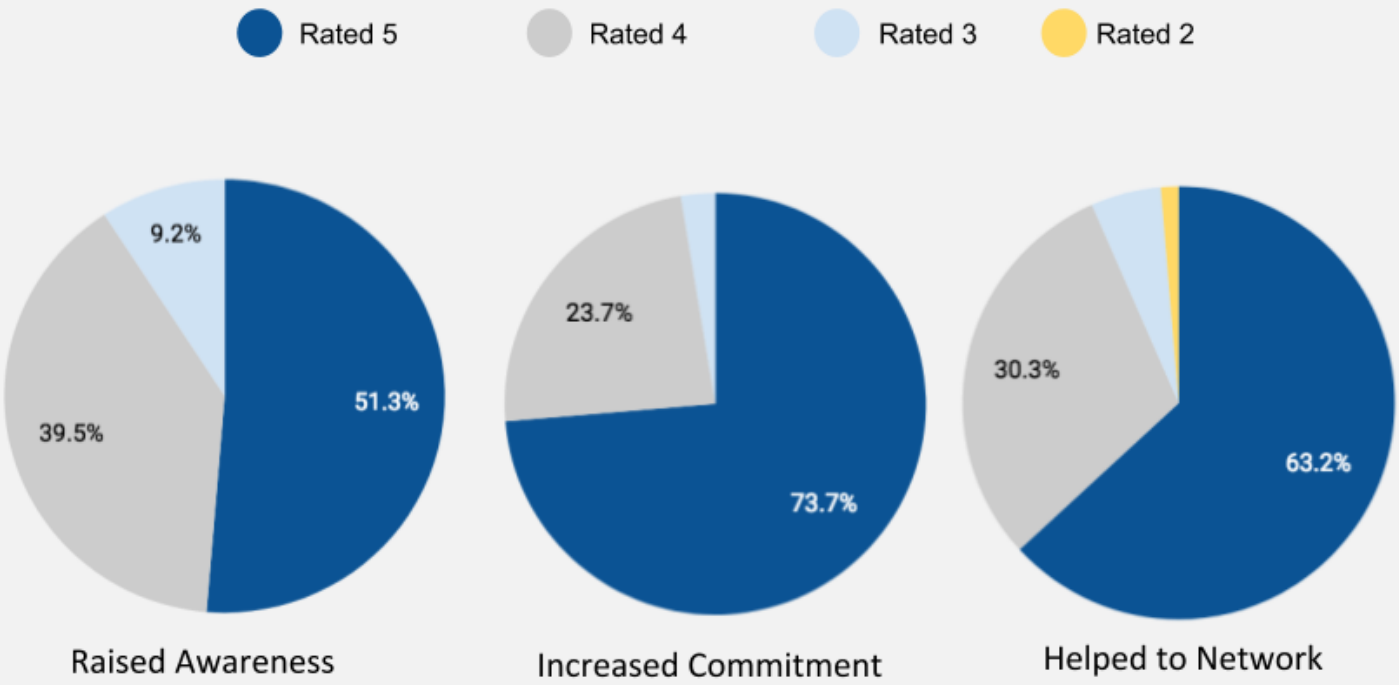
Respondents were asked to report their primary objective for attending, and most answers aligned with at least one of three main categories: learning, networking/partnering, and increasing awareness of resources and services. Respondents were also asked about the most valuable component of the symposium, and consistently, answers centered around the specific keynote speakers and their respective presentations. Many accolades were given to Tia Martinez, Judge Sullivan, and Alex Briscoe.

More than half of respondents indicated their county/ teams would benefit from additional support and guidance, with many asking for explicitly outlined, sequential steps to guide the process of collaboration and scaling-up. Many respondents asked to hear more from other counties/stakeholder teams about their respective partnerships, efforts, and results, and many respondents indicated an interest in increased small-group time to work and learn together.

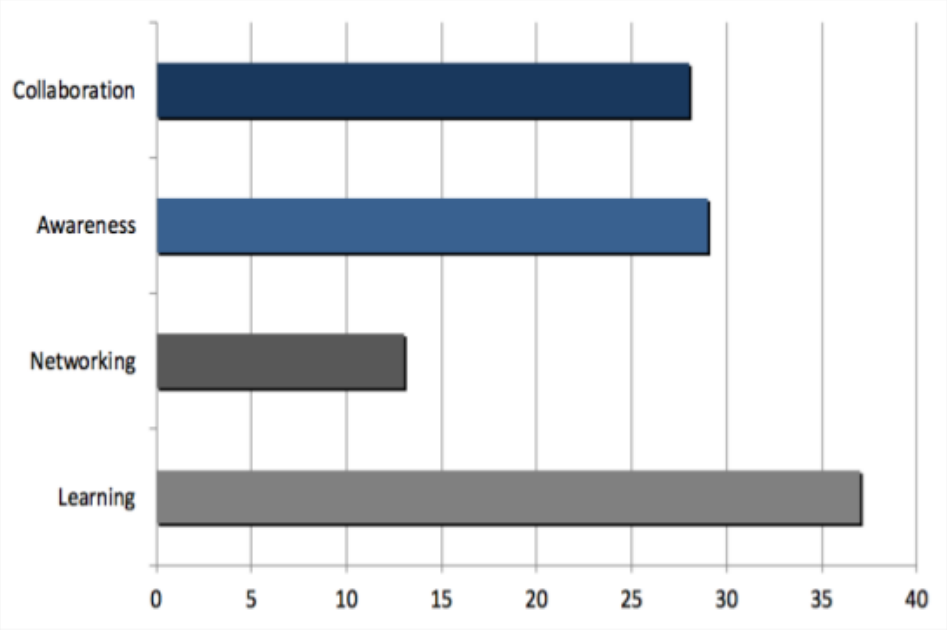
Overall the evaluations from both days showed a very high satisfaction rate and participants reported a strong sense of collaborative learning and professional development.



Participant Ratings of Symposium Events/Information



Why Did People Choose to Attend?



Coding the open-ended responses, four main categories emerged as the primary reasons to which respondents attributed attendance. Learning was the most frequent answer (n=37), followed by Awareness of services/needs (n=29), Collaboration (n=28), and Networking (n=13).

The majority of participants expressed thanks and commendations for an exciting, accessible, and relevant conference.

Created by S. Effertz exclusively for Breaking Barriers. 2018.

IV. FEBRUARY 2019 TRIAGE GRANT PROJECT IMPLEMENTATION UPDATES:

HUMBOLDT BRIDGE TO SUCCESS

TARGET POPULATION	K-4th grade; high school students
PERSONNEL	22 staff—Supervisors; School Specialized Staff; School Based Clinicians
SERVICES AND SUPPORTS	School based assessment, crisis response, community linkages and supports
FEBRUARY 2019 UPDATE	The Humboldt Bridges to Success program is now beginning to deploy County Mental Health clinicians as well as school district-employed navigators and family support technicians into the schools. The leadership team, comprised of County Mental Health as well as school district staff, continues to meet every two weeks to guide the program. Major accomplishments so far have included beginning cross organizational trainings, the first of which was attended by over 100 local educators and County Mental Health, probation, foster parents, and child welfare staff. Key program staff have met with over 90% of local school superintendents. In these meetings the program and its components are shared and discussed, and feedback of the perceived needs from the school leaders has been collected. The leadership team has almost completed the development of referral protocols and upon their completion will begin training school site leadership in the use of the process.

TULARE MENTAL WELLNESS SERVICES

TARGET POPULATION	All County-enrolled students/43 school sites
PERSONNEL	Social Worker (unknown number)
SERVICES AND SUPPORTS	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 practices.
FEBRUARY 2019 UPDATE	Tulare County has been meeting with local school districts and establishing partnerships to provide Triage Social Worker services at various school sites to support and promote mental wellness among the student population. Seven Triage Social Workers are currently supporting 24 school districts throughout Tulare County. The 24 partnership sites include three high schools and 21 elementary schools. Triage Social Workers are monitoring student mental wellness, linking students and families to community services, facilitating student mental wellness groups, providing home outreach to families, providing crisis support to students and families, and providing direct mental wellness support to individual students identified by school personnel. In addition to the seven Triage Social Workers on staff, four Peer Support Specialists work directly with the Triage Social Workers to promote mental wellness and recovery. The Mental Wellness Triage Grant has been added as a standing item on the agenda of the Tulare County Children's Services Improvement Council. This monthly meeting will provide an opportunity for ongoing collaboration between the Mental Wellness Triage team, Tulare County Health and Human Services, Psychiatric Emergency Team, and the various children's mental health clinics within the community.

PLACER WELLNESS CENTERS

TARGET POPULATION	Students at eight large schools in Roseville
PERSONNEL	School Social Worker; Family/Youth/Community Liaison, and a School Counselor, Nurse, and/or Psychologist
SERVICES AND SUPPORTS	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.
FEBRUARY 2019 UPDATE	The PCOE project coordinator and clinical supervisor have been meeting with the school districts and school site administration to begin implementation of the Wellness Centers. The meetings have focused on identification of current school resources, policies, and programs related to wellness and mental health. The teams have discussed specific challenges of the student populations, and the status of the current implementation of PBIS. PCOE staff have also met with many community partners to learn about community resources that will inevitably be part of the services and resources offered to students and families.

CAHELP—SAN BERNARDINO

TARGET POPULATION	Preschools and 15 other district sites
PERSONNEL	One Program Manager, six Intervention Specialists, three Parent Partners, six other Aides/Support and Admin Staff
SERVICES AND SUPPORTS	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.
FEBRUARY 2019 UPDATE	CAHELP filled 15 positions within three months. Project partners Desert Mountain Special Education Local Plan Area (DM SELPA) and Desert Mountain Children's Center (DMCC) are working to integrate their processes and organizational logistics. A trans-disciplinary Triage Grant Team that encompasses DM SELPA and DMCC staff leaders has been formed, scheduled for the year, and is progressing toward a shared vision of collaboration. Regional and individual district meetings are currently being held to coordinate supports currently in place for students, staff, and families through grant resources as well as the other partners serving in the district or community. Outreach to family resource centers has been widely received and the Outreach Team is meeting community needs by creating a new Outreach Collaborative beginning in March.

V. RECOMMENDATIONS:

RECOMMENDATIONS:

The following recommendations arise from the experience of planning and implementing the 2018 Breaking Barriers Symposium:

1) Deliver Second Round of School-Based Mental Health Grants

There appears to be significant interest, as evidenced by attendance and participation in Breaking Barriers, to further develop local partnership capacity for delivery of school-based mental health and intervention. While this year's event engaged 25 counties in a shared conversation, that number does not fully represent statewide local work in this area. In addition, many of the counties who attended were non-grantee applicants of the above referenced MHSOAC grant opportunity and have expressed ongoing interest in being included. Further grant making on the part of the state would yield additional learning and development of effective interventions.

The OAC and its partners in Sacramento should develop, replicate, and sustain this type of grant making opportunity.

2) Invest in Technical Assistance to Support and Incentivize Collaboration

The state's goals in any model of technical assistance or ongoing learning community would pursue the following objectives:

1. Identify effective, efficient, and equitable working models which comprehensively serve the needs of students and families.
2. Share statewide and local research and data on needs, initiatives/improvement efforts, and resources available.
3. Develop cross-system, community-centric policies that are designed to align, support, and sustain a comprehensive, whole person approach that works across public and private systems to provide necessary and effective services and supports to all children and their families.
4. Develop and communicate a clear definition of and roadmap for transformational innovation, and provide Behavioral Health and school districts with guidelines to use in understanding the meaning of process, outcome, and impact evaluations.
5. Provide Technical Assistance Webinars or other training opportunities on areas identified as barriers, particularly in the areas of governance, financing, and information sharing between agencies.
6. Identify the emerging public-private collaborations and partnerships such as the local initiatives described in the Breaking Barriers panel *"From Breaking to Building—Sustainable Financing Strategies for Integrated Services"* and the closing Plenary, *"California Accountable Communities Health Initiative: Coming Together Across Communities to Improve Community Health."*
7. Finally, define the desirable, feasible, and viable shared governance, policies, goals, and performance metrics that are essential to ensure health, wellbeing, and opportunity for California's children, youth, and families and the communities where they reside.

3) Develop a Hub to Host and Facilitate Communities of Learning

Based on this year's symposium and the participants' expressed need for effective and efficient comprehensive care modeling at the local level, there is significant demand for some form of statewide cross-system/system of care evolution and a Hub that identifies, supports, and disseminates the lessons learned in adaptive leadership for the increased capacity, workforce competency development, and performance accountability to achieve the desired goals.

Some model of technical support—which would bring key leaders from those conversations into consistent ***shared learning environments*** and engagement with new partners—would add significant value to the field's learning.

The goals of this statewide Hub would include at a minimum the following:

- **Support for Implementation of Promising Practices/Service Delivery Models**
  In order to address the complex needs of students and their families, this assistance should support, assist, and facilitate local organizational and community readiness, initial and ongoing implementation activities, quality and outcome monitoring, sustainability, and "scaling up" of promising models being considered by the counties.

- **Workforce Development Activities**
  Persons with lived experience possess unique capacity and perspective, but often lack the skills or power to effect transformative processes. Technical assistance processes should identify existing constituencies where consumers of public youth and family services are present, and mobilize their voices as part of the technical assistance and training to school-mental health partnerships. This TA would thereby enhance the transfer of skill, knowledge, and expertise to service recipients, other interested citizens, administrators, educators, practitioners, and policymakers.
- **System Connection and Integration**
  In order to be fully successful, county systems must build and sustain local multi-agency systems. Those with expertise in provision of services can help reach out across a county to map the needs of children and families in the area, the gaps in service delivery, and then work collaboratively with public and private stakeholders to realize a path to delivery of those necessary services in both school and community based settings. Statewide TA should also be delivered in ways that support parallel reform and system improvement efforts happening in Education, Child Welfare, Probation, and Behavioral Health.
- **Clearinghouse of Resources, Lessons Learned, and Ongoing Shared Learning**
  In order to strengthen and expand the cross-system and county-to-county learning, such a clearinghouse would identify approaches to improve the access, quality, and outcomes of care that California provides to youth, families, and communities with behavioral health needs. Such a clearinghouse would provide web-based and in-person learning opportunities as well as research to evaluate the efficacy of shared goals and practices.

4) Engage State-Level Partners in These Efforts

The OAC should join with other state-level agencies in shared support of local innovation and learning. Perhaps one of the best opportunities is AB 2083. While the focus of 2083 is on youth in the state's dependency or delinquency foster care system, or students with developmental disabilities, the statewide interagency leadership process is well suited to address the needs of those students, who comprise a large subset of the youth involved with multiple systems and need timely, effective mental health care in schools. While there are a number of successful Prevention and Early Intervention (PEI) services/supports available, the capacity is insufficient to meet the current needs. Among other things, the bill requires key state departments to develop and execute a memorandum of agreement, which in part supports the provision of technical assistance to counties with regard to those children.

RECOMMENDATIONS FOR COMMUNITY STAKEHOLDERS:

As noted in the February 2019 Implementation Updates, each of the four funded school-county collaboratives is in the process of developing their service model and building a network of supportive relationships. All school sites have organized parent groups, and most superintendents maintain parent advisory councils. Engaging these bodies regarding the need for collaborative projects is an excellent way to stay informed and voice recommendations or offer resources.

Breaking Barriers encourages the broader community to support the success of the collaborative projects as well. Local private and public stakeholders can advocate for the comprehensive supports that children and families in their community need. Anyone can engage the state administration and legislature to encourage them to make those services and supports available. All private and public stakeholders can advocate for a state hub to study, facilitate, and incentivize best practice in integrated service delivery for all of California's children and their families in school and community based settings.

School-county collaboratives, whether funded through the Triage grant program or not, should unite with public and private partners and other stakeholders to understand the unmet social, emotional, and behavioral health needs of children in their community and strategize solutions. To this end, collaboratives should find existing structures within their communities with which to engage. Potential partners include local planning bodies, boards of supervisors and education and their committees, local advocacy coalitions, and provider associations. Breaking Barriers can facilitate connections with districts and public agencies if CBOs, advocates, parents, or other stakeholders are interested in supporting the success of identified projects.

VI. CONCLUSION:

2019 is certain to be a significant year for children's policy and planning in the state of California. Breaking Barriers is committed to continuing to partner with state and county agencies in support of collaborative approaches to meeting the academic, social, emotional, and behavioral health needs and outcomes of children and their families. The Advisory Council will support continued dialogue through the spring, and will convene the fourth annual Breaking Barriers Symposium in fall 2019.

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