



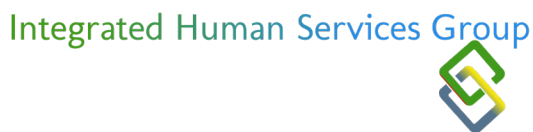
breaking barriers
CREATING A COMMUNITY OF CARE

2019 Breaking Barriers Symposium Briefing Book

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

ACKNOWLEDGEMENTS

We are happy to have generous ongoing sponsorship from the Mental Health Services Oversight & Accountability Commission, San Diego State University's Social Policy Institute, and Integrated Human Services Group. This year, we have also partnered with the Fostering Media Connections and The Chronicle for Social Change.



Thank you to our ongoing supporters, including the California Association of School Psychologists.



CONTENTS

INTRODUCTION	2
2018 GRANTEE UPDATES	3
SAMPLES OF STATE INITIATIVES IN SUPPORT OF LOCAL COLLABORATIVE PRACTICE	6
EXAMPLES OF SOME OF THE CALIFORNIA DOCUMENTS IN SUPPORT OF INTEGRATED SERVICE DELIVERY	8
MEDIA COVERAGE	9
AGENDA DAY ONE	17
AGENDA DAY TWO	18
PRESENTERS	19

INTRODUCTION

Welcome to Breaking Barriers 2019. This Symposium is an opportunity to 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 updates from counties that received 2018 MHSOAC grants for School-Based Mental Health Care delivery systems. You'll also find articles published in *The Chronicle of Social Change* on groundbreaking work happening in California to ensure the educational, social, emotional, and behavioral wellbeing of California's children and youth. Please also take a look at the resources which can be used in your efforts. Additional information will be distributed at the Breaking Barriers Symposium in Sacramento on November 20 and 21, 2019.

2018 GRANTEE UPDATES

This section contains brief updates from the four counties that received 2018 MHSOAC grants for School-Based Mental Health Care delivery systems. .

CAHELP/DESERT MOUNTAIN

The grant will allow triage staff to provide a multi-tiered system of prevention, intervention, and triage supports including: preventative supports, early identification, crisis interventions, crisis stabilization, mobile crisis support, intensive case management, and linkages to services for those children and youth at the school. Staff will utilize the Interconnected System Framework (ISF) to interconnect Positive Behavioral Interventions and Supports (PBIS) and school-based mental health supports. Districts, charters, and preschool programs have thus far:

1. Met with district/program leadership to review Interconnected Systems Framework readiness criteria to provide a continuous sustainability model through

Using Tiered Fidelity Inventory (TFI) Scores, an assessment tool used by PBIS teams to determine fidelity of Tier 1, Tier 2, and Tier 3.

Completing the Interconnected Systems Framework Survey on School Readiness for Interconnecting Positive Behavior Interventions and Supports and School Mental Health. This is to be completed by district and site teams for baseline data and progress monitoring.

Training and coaching for systematic use of universal screening tools used to identify students for early identification of at-risk behaviors. Identified tools are the ASQ/SE (Ages and Stages Questionnaire and Ages and Stages-Social Emotional Questionnaire) and the SRSS-IE (Student Risk Screening Scale-Internalizing/Externalizing). These are reviewed, and the following questions are discussed: What do you have? How do we get you started as a district/preschool program? What do we do now?

2. Communicated through family engagement and community opportunities that outreach services are available. These supports include linkage to services, training classes, and community outreach. Monthly summer engagement activities called Family Fun Days were held to encourage and support family engagement.

3. Provided trainings through our region, such as: Adverse Childhood Background, Youth Mental Health First Aid, continued PBIS trainings and coaching, trauma-informed care, social-emotional learning.

4. Prepared “Getting to Know Your Needs” survey that can be completed by anyone in the high desert community about additional trainings and/or additional resources that are needed.

We have encountered some barriers in our triage grant journey such as integration with current norms and beliefs for our existing PBIS team. Within our organization, the positive behavioral interventions and supports team and triage team are under one department. We have successfully merged as the Prevention and Intervention Team to continue to integrate the common language, ways of work, and systems required for the successful integration. Another barrier is increasing understanding that “there is no immediate fix” and this is a systemic change with a three to five year process. A pro and a con: As services are rendered, our school districts and community may not understand where services and supports are initially coming from, which may affect the required feedback we receive for these grant services.

With barriers come great successes. We have been in our new building for three months as a whole Prevention and Intervention team. We are thrilled that we have a space to work as a team in addition to the opportunity to further collaborate and continue grant services. As the school year has begun, new cohorts of PBIS school teams have started their training cycle, some of them in their fifth year of training and support through multi-tiered system of support. Our early-child PBIS team has also interconnected with mental health clinicians and special education specialists to re-brand the work to be Early Childhood Trauma-Informed PBIS as they continue to build in-depth knowledge on trauma and the developing brain. The San Bernardino County Preschool Services Division began their initial readiness work for Early Childhood Trauma-Informed PBIS which will provide additional support to students and families. In addition, our hired triage staff are providing trainings, visiting sites on their own without being accompanied by veteran staff.

HUMBOLDT BRIDGES TO SUCCESS

Humboldt Bridges to Success (HBTS) is a collaborative project, partnering the Department of Health and Human Services—Children’s Mental Health division with the Humboldt County Office of Education and public schools county-wide. The project is jointly managed, supervised, and staffed with personnel from both the County and Education systems. The primary goal of the project is to create a program that provides short-term, school-based mental health intervention and support to students who are in crisis or at risk of crisis. The program uses a team approach for mental health service delivery. Teams are

comprised of County employed mental health clinicians and school district employed case managers (student services coordinators) and peer support positions (family and child support coaches). These staff work alongside other school personnel (counselors, Special Education teachers, and administrators) to:

- (a) identify students in need of support,
- (b) determine and provide an appropriate limited duration treatment or treatments for the child over a limited number of weeks/months,
- (c) determine if the first or second treatment was successful,
- (d) if successful, slowly discontinue the treatment and continue to monitor the child, or
- (e) if not successful, access more intensive, longer term services and supports.

The project has a preventative, early intervention component. Staff provide education designed to increase knowledge, awareness, and recognition of mental health challenges encountered by young people, beginning from early childhood through early adulthood. This sharing of information aids in early identification of treatment need and stigma reduction.

The Humboldt Bridges to Success project is expected to have a positive impact on school attendance and academic performance both at an individual and aggregate level. Other anticipated outcomes include: increased social-emotional learning and problem-solving skills, holistic wellness, raised resiliency, and building positive connections between students and adults.

PLACER COUNTY MENTAL HEALTH TRIAGE SERVICES

Adult and TAY Physical and Behavioral Health Mobile Crisis Triage (P/B MCT)

This Physical and Behavioral Health Mobile Crisis Triage (P/B MCT) will provide appropriate behavioral health crisis intervention and assessment in the community to those experiencing a mental health crisis, with the added benefit of providing physical health care triage services. The addition of a nurse will provide a smoother transition into the Psychiatric Health Facility or Crisis Residential Facility. In many instances the nurse will be able to provide needed medical clearance and thereby help avoid an unnecessary visit to the emergency department for someone in crisis. In addition, the nurse will help with any imminent physical health care needs, provide diagnostic evaluation of any physical co-morbidities that are exacerbating presenting symptoms and behaviors. The nurse will also help provide quick linkage to primary care services, and offer valuable

physical health follow-up services for up to 60 days post-crisis and assist with any urgent crisis needs in the behavioral health clinic.

MCT teams also provide follow-up services for individuals not requiring psychiatric hospitalization. Follow-up services include referrals and linkages to various county and community resources, advocacy, case management, and brief supportive therapy.

Family Mobile Team

The Family Mobile Team (FMT) will respond to family and youth crises in the community with Roseville patrol officers or immediately after the scene is secured. They will also collaborate with the school resource officers affiliated with Roseville Police, and will respond to the school campuses if needed. The team will also provide follow-up support and brief case management to families and youth encountered by the team or at the request of Roseville police. To facilitate collaboration, FMT will be co-located with the centrally located Roseville Police Department. The team will closely collaborate with their Children's System of Care (CSOC) colleagues in Child Welfare Services and Children's Mental Health, should they be already involved with the family, and will assist in a smooth transition for those youth and families interested in and eligible for ongoing mental health services provided by CSOC if not already engaged.

The FMT will have two mini-teams consisting of the practitioner and Parent/Family Partner so that one team can be available to respond to crises, while the other team is completing follow-up support to the youth and/or family. The Youth Advocate has a critical role in follow-up services with youth involved in crises to connect with youth on school campuses or after school.

School/County Collaborative

This is a joint project between Placer County Office of Education and Placer County Children's System of Care, in collaboration with Roseville Joint Union High School District and Roseville City School District. The intent is to deepen the existing county-wide education, mental health, child welfare, probation, and community partnerships. Outcomes from this project will primarily focus on providing increased and efficient services to students who are at-risk or currently experiencing mental health needs, although school-wide and county-wide outcomes will be measured.

School-based mental health staff will provide a continuum of integrated mental health services at Roseville High School, Woodcreek High School, Buljan Middle School, Cooley Middle School, Sargeant Elementary School, and Spanger Elementary School. Staff will include Mental Health Specialists (1 FTE for each high school and middle school; 0.5 FTE for each elementary school) and a Family/Youth/Community Liaison (someone with lived experience utilizing the county's systems) for each school, a Project Coordinator and the County Clinical Supervisor.

The Mental Health Specialists and Family Liaisons will form a team along with existing school-based mental health professionals (e.g. school counselors, school social workers, school psychologists), to create six school-based Wellness Centers/Campuses. While many services may be accessed in group and individual settings, there is an emphasis on school-wide services. School staff will have opportunities for trainings, support, and education to increase their capacity to meet the needs of students with mental health needs.

TULARE COUNTY OFFICE OF EDUCATION MENTAL WELLNESS TRIAGE GRANT

An MHSOAC School-County Collaborative Initiative

Tulare County Office of Education (TCOE) Mental Wellness Triage Grant (MWTG) collaborated with 24 school districts to provide a clinical social worker one day per week for two years, free of charge. From January 2019 to June 2019, our team of seven Triage Social Workers provided 2,464 individual services to 887 students. In addition, 225 individual students participated in 227 group services. Group services included: Anger Management, Social Skills, Coping Skills, Mindfulness, Friendship, and Self-Esteem. Our team participated in seven school/ community events to increase awareness and support student mental wellness needs. The Triage Social Worker trainers provided 12 trainings to 341 participants. Trainings included: Trauma Informed Practices in Schools, Mindfulness in the Classroom, Self-Care for Helpers, Social Emotional Learning, Mental Health and Absenteeism, Commercially Sexually Exploited Children, and Youth Mental Health First Aid. All seven Triage Social Workers, as well as the four Peer Support Specialists, completed 12 weeks of MindfulSchools.org training. The MindfulSchools.org curriculum was piloted at one of the school sites, providing classroom mindfulness training to 92 students in kindergarten through third grade. We asked all 24 partner school sites to participate in an end of the school year survey to evaluate the MWTG services rendered. The feedback received from school administrators was overwhelmingly positive. The only complaint expressed was the desire to have the Triage Social Worker on their respective sites more frequently due to the vast needs of the students and families!

SAMPLES OF STATE INITIATIVES IN SUPPORT OF LOCAL COLLABORATIVE PRACTICE

Contained in this section are brief summaries of some of the 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

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>

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>

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/ISF

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 Social Emotional Behavioral Health (SEBH) continuum for children and their families. In addition, this work is expanding to include an integrated systems framework which engages a broader range of partners and interventions to address SEBH.

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

<http://www.mhttc.org>

SCHOOL BASED HEALTH AND WELLNESS CENTERS

With the support of many, including the Center for Healthy Schools and Communities and the California School Based Health Alliance, 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>

http://www.achealthyschools.org/schoolhealthworks/assets/153_school_health_initiative_framework.pdf

<http://www.schoolhealthcenters.org>

EXAMPLES OF SOME OF THE CALIFORNIA DOCUMENTS IN SUPPORT OF INTEGRATED SERVICE DELIVERY

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.

<http://www.cdss.ca.gov/Portals/9/CCR/FINAL%20Integrated%20Core%20Practice%20Model.pdf?ver=2018-05-22-085704-833>

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 policies 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.

https://www.dhcs.ca.gov/services/MH/Documents/Information%20Notices/IN%2018-022%20Integrated%20Core%20Practice%20Model%20and%20Integrated%20Training%20Guide/Integrated_Core_Practice_Model.pdf

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.

<https://www.sierrahealth.org/AB1790-Implementation-Guide>

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.

MEDIA COVERAGE

The following articles were recently published in *The Chronicle of Social Change*.

WHEN A CHILD'S ISSUES ARE BIGGER THAN JUST ONE AGENCY

THE HON. PATRICK J. MAHONEY (RET.)
PUBLISHED IN *THE CHRONICLE OF SOCIAL CHANGE*
SEPTEMBER 10, 2019

I spent more than seven years as a trial court judge in San Francisco addressing the needs of children and families. I was tasked with formulating a plan to address the harm before me. In doing so, I received information from lawyers for the parties, expert reports, recommendations of probation officers, social workers and court mediators. Collectively, the information described the family often with conflicting facts, detailed the child's experiences and needs, and offered an array of recommendations.

A common thread ran through each case: the challenge of delivering services to the children and families. According to Merriam-Webster, a "barrier" includes "a law, rule, problem ... that makes something difficult or impossible." When seeking to address the needs of youth at risk, there are a myriad of barriers. This is particularly true when the needs involve more than one service provider.

The reason is the very nature of any organization, the structure within which it operates. In the public sector, the structure is created not by a single source but multiple sources with varying agendas. Take a child welfare agency. Its employees operate within a county budget and its employees' wages, hours and benefits are governed by work rules and articulated policies.

The budget is derived from various sources: county funds, state funds, federal programs and private grants. Each allocation comes with its own set of rules that constrain what can and cannot be done. When a need arises for services, the agency's response flows from these constraints, best captured in the phrase, "This is how we do things."

That is fine if the youth's needs fit the agency's protocol. All too often the challenging cases do not fit neatly into any one agency's protocol.

Take this example, a composite of challenges confronting a young person who finds herself in the juvenile delinquency system. "Lee" is arrested for sex trafficking for the third time in the past two months. On the prior occasions, Lee is taken to a diversion program and provided a list of resources, which she ignores. This time she finds herself in juvenile court with a report describing her life.

She has run away from home and does not want to return.

Lee says her stepfather has molested her and her mother is incapable of protecting her. She has no other family who could take her in. She has missed a substantial chunk of school time and when she does attend, Lee does poorly and acts out, resulting in expulsions. She refuses to cooperate with the police to identify her abusive pimp to whom she has returned on the prior occasions.

To secure services in the delinquency system, Lee needs to be found guilty of a crime and that is not what she needs. She needs a safe place to live, hands-on support that dissuades her from returning to the streets and intensive mental health services to address the abuse, neglect and educational support.

The delivery of this array of services cuts across a range of entities. The juvenile justice and child welfare systems, mental health providers, schools and a nonprofit with expertise in serving the "Lees" of that county should all be involved. The successful implementation of the plan for Lee hinges not just on identifying the services, but having the oversight to implement such a plan.

For this reason, it is critical that service providers form a collaborative structure to take responsibility for addressing each of Lee's distinct needs and designate a lead agency to ensure the services are provided. Such a collaborative requires each provider to seed a portion of its autonomy and blend its resources with those of others.

Although Lee's situation is complex, the needs of children and families all too often do not fit within a single agency's protocols. An effective collaborative is the mechanism to cut through the inherent barriers of public sector organizations that hamper creative and client-focused services. The formation of a collaborative structure will enable each member of the collaborative to fulfill their mission: providing critical and effective services to youth and families.

The Hon. Patrick J. Mahoney (Ret.) served as a judge for the Superior Court of San Francisco for 13 years before retiring in 2013. He also worked as a civil litigator and now provides mediation and arbitration services. Mahoney serves on the advisory council for the Breaking Barriers Symposium, a working conference that focuses on providing practical ideas to help break the barriers to care for California's youth and their families.

CALIFORNIA'S SURGEON GENERAL READIES STATEWIDE SCREENING FOR CHILD TRAUMA

JEREMY LOUDENBACK PUBLISHED IN *THE CHRONICLE OF SOCIAL CHANGE* SEPTEMBER 19, 2019

Pediatrician and best-selling author Nadine Burke Harris, left, was named [California's first-ever surgeon general](#) in January. Now she is helping implement an ambitious trauma-screening effort across the state.

Soon after being appointed California's first-ever surgeon general, Nadine Burke Harris took off on a barnstorming tour across the state to talk about adverse childhood experiences and toxic stress, an issue she calls "the biggest public health crisis facing California today."

Before the pediatrician was appointed to her position in January by Gov. Gavin Newsom (D), Harris had founded and led the Center for Youth Wellness, organization focused on addressing toxic stress and the study of adverse childhood experiences, or ACEs. Over the past decade, she has become a leading voice on the subject of ACEs, the scientifically proven idea that multiple incidents of childhood trauma can place people at risk of a lifetime's worth of health issues. That role has carried her across the country, from helping nurture ACEs advocacy work in California to national meetings of the American Academy of Pediatrics and even the [White House](#).

Newsom approved a [budget](#) in June that will help California move toward universal ACEs screening, a goal that Harris has long supported. The state is setting aside about \$45 million next year to reimburse Medicaid providers in the state for trauma screenings of adults and children, and another \$50 million to train primary care providers on how to administer these screenings.

As she prepares to put California's ACEs screening process in motion, Harris talked with *The Chronicle of Social Change* about Newsom's agenda, plans for a statewide screening process, and how doctor shortages are affecting children's health.

I hear that you emailed then-candidate Gavin Newsom on the campaign trail to bring up childhood trauma. What made you do that and what did you say to him?

What made me do that was frankly I had just finished a wonderful exchange with Tonette Walker, who is the former first lady of Wisconsin. First Lady Walker had led a big ACEs initiative in Wisconsin. Then she convened 11 Republican first spouses on the issue of ACEs and toxic stress. To see so many other states that were beginning to have this conversation, I reached out to Newsom on the campaign trail and said "Hey, where is California on this issue?"

I will say, don't raise something with Gavin Newsom unless you are prepared for him to do something about it because he responded in fine form and California is now leading the nation in our response to ACEs.

The governor just approved a hefty chunk of money for

trauma screening in this year's budget. What does it mean for California as a state to have regular screening for a children's Medi-Cal population?

He has really put this money where his mouth is and what putting these dollars behind screening says is that California is serious about this. This is not some unfunded mandate but that we are truly investing in routine screening, early detection and early intervention. We're not asking doctors to do this on their own time and not be reimbursed for it. We're valuing their time.

My job is to help to implement training our 88,000 primary-care providers on how to screen and how to respond with trauma-informed care. That's phenomenal. The thing that's even more critical is that one of the things we've recognized is that it doesn't begin and end with screenings ... the move toward universal screenings for ACEs for our Medicaid population, that is simply a lever by which we can engage and organize all our program activities.

The governor has not just invested the dollars to reimburse providers for screenings, he's also invested \$50 million in after school education and safety programs, additional dollars to increase state preschool, early learning and childcare and workforce issues. All of these are connected. It's not just the screenings, it's the investments across the landscape.

What are a couple things you learned about training doctors on screening during your time with Center for Youth Wellness?

Many people would guess that the most important thing about training doctors to do ACEs screening in primary care is how to do the actual screen. Actually, the most important thing is what to do when you have a positive screen, making sure you have a critical protocol in place just like you would if you had a patient with a positive test for pneumonia. What are your next steps, how to follow up and ensure the patient gets the care they need?

Physicians are often worried about not having resources for their patients. No one went into medicine to not to have resources for their patients...I think that there's the presumption that every patient who scores positive for ACEs needs mental health services. You know what? Not every patient does. In fact, most patients don't. One of the most important things a primary care physician can learn is how to guide patients around which symptoms may be related to history of adversity and what are the tools that they can use to manage and improve their outcomes. Tools like sleep, exercise, nutrition, mindfulness, mental health and healthy relationships. For some folks, there's a fear that every person is going to require a ton of resources that we don't have. In practice, in the places that have piloted this and those that have done it at scale, it turns out that's actually not the case.

The one other thing I would also add is that one of the exciting pieces is that, for a lot of this stuff, we have a lot of resources in place already but it's about coordination and alignment of these resources. It's not about re-inventing the wheel, it's not about going out and requiring a ton of brand new resources or new money. It's about how do we do a better job of early detection, early intervention and implementing the interventions that we know improve outcomes. All the research shows that early detection and early intervention work. How do we align that with the existing resources that are out there? A lot of it is coordination of what already exists.

On your state listening tour, you said that an issue that came up several times was primary-care shortages across the state. How big of an issue is this for California?

I think I was aware of it before, but it was something else entirely to see it up close and see how many of our communities, particularly in rural Northern California or in the Inland Empire, are really struggling for resources.

Right now, we're looking at how do we provide access to services? A great example of a potential solution is at UCSF [University of California, San Francisco], which has a [psychiatry consultation telemedicine service](#) that they launched in several rural counties. Any primary care clinician who wants to do a consultation with their patients can call a hotline and get information from a trained psychiatrist to say, "Hey, what's the right next step in my patient's management?"

Thinking about how do we provide that full spectrum of care using innovations and current, existing programs, how do we deploy these resources differently and what are the opportunities for us to improve some of the services and improve the access for families. It's definitely something that I'll be weighing in on.

This interview has been lightly edited for length and clarity.

Jeremy Loudonback is the child trauma editor for The Chronicle of Social Change.

WHY WE NEED A NEW SYSTEM OF CARE FOR CALIFORNIA'S YOUNGEST CHILDREN AND THEIR FAMILIES

ALEX BRISCOE PUBLISHED IN *THE CHRONICLE OF SOCIAL CHANGE* SEPTEMBER 25, 2019

In a paper released today, the [California Children's Trust](#) and the [First 5 Center for Children's Policy](#) propose a paradigm shift in how California conceptualizes, delivers and funds a system of care for MediCal eligible infants, toddlers and their families.

[Whole-Family Wellness for Early Childhood: A New Model for MediCal Delivery and Financing](#) is co-authored by Ken Epstein and Alicia F. Lieberman of the University of California, San Francisco—two of our state's leading lights on mental health, youth development and dyadic therapy—along with myself and Nila Rosen of the California's Children Trust.

The California Children's Trust is a coalition-supported initiative to re-imagine how California defines, funds, administers and delivers children's social, emotional, developmental and mental health supports and services. We serve a coalition of more than 400 community-based organizations, providers, administrators and advocates partnering to confront systemic failures, institutional racism and social inequities in California's behavioral health and child-serving systems.

The crisis we formed to confront is real. Self-reported mental health needs for children have increased [61 percent since 2005](#). Hospitalizations for suicidal thoughts and attempts have gone [up 104 percent](#) over the past decade and intentional self-injury rates have doubled. Nationally, suicide is now one of the leading causes of death for

children, outpacing cancer and car accidents.

On average, there is a 10-year delay between the onset of children's mental health symptoms and any kind of intervention. Across all insurance types, [more than 65 percent](#) of children with a major depressive episode don't receive any help at all. The reality is that we are failing to meet the needs of our children and their families.

The need for family- and community-centered care is particularly critical in pregnancy and the first five years of life, when the architecture of the brain is established and neural connections grow at the fastest rate in a person's lifetime. During this period, the brain shapes key abilities for long-term wellness, such as forming trusting relationships, being open to learning, and regulating emotions. Healthy, loving caregivers promote healthy development in young children; thus, the whole-family context is vital.

Currently, California's Medicaid system, known as MediCal, focuses on delivering individual services for children outside the context of their families and communities. For example, healthcare providers and systems must determine a young child's "psychopathology" before they offer mental health care or are reimbursed for it. Yet many clinicians do not receive training in early childhood mental health, and the diagnostic criteria are based on adult symptoms, calling accurate diagnosis into question. At the same time, young children in genuine distress due to family conflict, community violence, economic hardship and parental mental illness may not fall under a diagnosis, but still need support.

Traditional medical model interventions often pathologize children and their families. Perhaps most critically for young children, our current reimbursement models do not allow for the kind of care and support we know works: dyadic models including child-parent psychotherapy and family support. The relational foundation of these approaches are not reflected in how we define or reimburse mental health services for young children and their families.

The data is telling. Children 0 to 5 have the lowest access rates of California's 5 million children in the state's Medicaid mental health program, known as MediCal. Access rates are under 3 percent. And after a 33 percent increase over the past five years, more than half of California's children are now covered by the same federal entitlement that successfully immunizes more than 80 percent of low-income children.

We are proud to collaborate with the First 5 Center for Children's Policy in this work. We have no illusions that payment reform will allow us to treat away structural racism and the stabilization of poverty. Like most complex social problems, the origins of the youth mental health crisis are deeply embedded in the fabric of our social contract.

The reality of structural racism, the pathologizing of the poor and an underfunded safety net designed to benefit the people who work in it—not the people it serves—are all realities that will require more than a brief. These historical realities have been exacerbated by new forms of public speech and communication—namely a digital society

that has subjected children and families to the perpetual compare-and-contrast imagery of a society that equates wealth with value, and fame with merit.

For 25 years I have worked directly with marginalized communities. In my hometown of Philadelphia I helped start one of Pennsylvania's first charter schools, which re-enrolled 18- to 24-year-olds in school while rehabbing abandoned houses for homeless families. I worked as a therapist in the Oakland public schools, started federally qualified health centers in schools there, worked for a Level 1 pediatric trauma center, and have designed and led programs for children in foster care and juvenile justice. I also led one of California's largest public health systems. I have seen a lot of human suffering.

And I believe California is poised for change at scale. We welcome your review of this brief and our other materials detailing how California can fund and scale a new approach to supporting the social and emotional health of children and families.

Alex Briscoe is the principal for The California Children's Trust. Previously, he served as director of the Alameda County Health Care Services Agency, where he oversaw an agency with an annual budget of \$700 million dollars and 6,200 employees. He 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.

THE FIGHT AGAINST PRESCHOOL PUSHOUT

SARA TIANO AND JEREMY LOUDENBACK IN *THE CHRONICLE OF SOCIAL CHANGE* OCTOBER 16, 2019

When the parents or caregivers of young children start the San Bernardino County, California, CARE program, they are desperate.

One mother said she hadn't been able to go to the store in four years because of her 5-year-old son's challenging behaviors. A grandfather recalled that before his preschool-age grandson started classes, he wasn't yet verbal, but after the 10-week CARE program, he was able to hear the boy express love for his mother in words for the first time.

"If you visit CARE during the first week, the kids are off the hook," said Ron Powell, the former administrator of special education programs in San Bernardino County who helped design the program 11 years ago. "There's a lot of screaming, crying and kicking, all kinds of protest behaviors going on because they can't control their big feelings. And then you come back toward the end, they're walking in lines, they're sitting together and playing together and sharing things with one another. It's quite a transformation."

The CARE program is one the state's therapeutic preschools, designed to address the behavioral and educational issues often faced by many preschoolers in the state, often those who already have a sizeable history of trauma. In recent years, Powell's CARE program has spread to San Francisco, Solano and Fresno counties, part of an effort to extend a robust onramp to early childhood education to children who can fall through the cracks.

But therapeutic preschool environments are more than just a warm and fuzzy exercise in helping youngsters learn—they're also an important bulwark against what some call the preschool to prison pipeline. As California implements an ambitious effort to curb school suspensions and expulsions, schools across the state are exploring therapeutic preschool models like Powell's as a way to help children address significant behavioral issues and keep them prepared to succeed in the state's education system.

PRESCHOOL PUSHOUT

In 2005, Yale researcher Walter Gilliam released [a groundbreaking study](#) that provided an alarming look at a school

discipline issue that few had imagined. Pre-K students, ages 3 and 4, are expelled from school at a rate more than three times that of children in grades K-12. African American children were twice as likely to be expelled than white kids.

More recent data—like [this 2017 analysis](#) from the [2016 National Survey of Children's Health](#)—found that about 50,000 preschoolers were suspended at least once during the year and an additional 17,000 preschoolers believed to have been expelled, with continuing racial and gender disparities.

As a result, preschool can quickly become a place of stress rather than a safe space to learn and grow, make friends and have fun.

“There is a sense of, ‘I’m not going to be liked here; I’m going to be scolded all the time,’” said Alicia Lieberman, the director of child trauma research at the University of California, San Francisco.

Experiencing this kind of discipline in preschool can have lasting impacts on the child—research has shown that children who are suspended in preschool are more likely to drop out of high school and become incarcerated, according to the [Center for American Progress](#).

Over the past four years, that research has propelled [many states](#) to propose legislation that would restrict preschool and kindergarten suspensions and establish processes for intervening in cases of extreme behavioral issues.

That includes California, which has taken big steps to curb suspensions and expulsions for school children in recent years, including [legislation](#) this year that extends a ban on school suspensions related to disruptive behaviors and defying school authorities to now include grades K-8.

And in 2017, the state passed an anti-exclusion [law](#) that would address preschool pushout by requiring state preschools to exhaust a series of interventions before expelling a student. If a California school does resort to expulsion, they must help find an alternative program for that child. That has meant many school administrators are searching to give early childhood education and pre-K teachers better tools to work with preschoolers who exhibit behavioral issues.

“What we found is that those who work with young children are not prepared to deal with their emotionally dysregulated states,” said Powell of San Bernardino County. “They don’t know how to deal with that. The only tool available to them often ends up being exclusion, where they end up suspending children for misbehaviors.”

INSIDE THE CLASSROOM

In a boxy building on the outskirts of a large medical center in Torrance, California, 12 children ages of 3 to 5 gather each weekday to undergo four hours of therapy. This may sound impossibly intense, but to these little ones—students at the [Children's Institute](#) therapeutic preschool—it’s just another day at school.

They’ll sing songs, enjoy story time in a cozy nook stuffed with cushy, oversized pillows and get in some messy play with arts and crafts. The colorful classrooms are adorned with finger-painted masterpieces and well stocked with picture books, stuffed animals and building blocks. In one corner, bowls of sand and seashells for little hands to explore are spread out atop a “sensory table” and in another part of the room, a play kitchen, complete with a wooden stove, holds endless opportunity for make-believe games. Outside is a tree-shaded playground, a set of tricycles and prolific sidewalk chalk drawings.

Here each activity is designed with a therapeutic purpose in mind and led by counselors specialized in addressing childhood trauma—even playing with dolls often leads to kids talking through problems they’ve experienced at home.

Therapeutic preschools like this one were created to serve young children who fail to thrive in traditional preschool and daycare settings. Some have been suspended or even expelled from mainstream programs due to aggressive or otherwise “out-of-control” behaviors. Others show developmental delays that hinder their growth and learning capacity.

Many of these children have some kind of history with the child welfare system—around 50 percent of the students at the Children’s Institute program are system-involved. Oftentimes, the behaviors that result in kids struggling in preschool develop in response to early childhood traumas like physical or sexual abuse, neglect and even poverty.

The behaviors that lead to kids struggling in traditional preschool settings include things like biting, spitting, hitting and running away, though sometimes the effects of maltreatment also show up as anxiety, depression and withdrawn behaviors, according to Nicole Fauscette of the Children’s Institute. Children who have experienced sexual abuse sometimes display sexualized behaviors.

TRAUMA-INFORMED INTERVENTIONS

[Research shows](#) that these experiences impact children’s brain development to the point of resulting in a noticeable difference in brain size and structure when compared with the brains of children who weren’t maltreated. This can affect their ability to grow, plan and regulate stress.

Typical preschools aren’t equipped to care for kids showing these behaviors or recognize trauma as the underlying cause, according to Lieberman. Aggressive behaviors can scare teachers and other parents, and trying to manage kids who are facing these challenges can frustrate staff and lead them to respond in ways that exacerbate rather than de-escalate the situation.

At therapeutic preschools, staff and volunteers are trained to understand the symptoms of trauma, what the resulting behaviors might mean and how to respond in ways that help the child move past the moment’s outburst, grow and heal.

At the Children's Institute, in addition to the specially trained staff, they have design elements in place to help mitigate the somatic stress responses that can become problematic. A "quiet cube"—a child-sized cubby in the corner of a room—offers kids a place to escape to when they feel themselves getting worked up and needing a break to calm down. According to Fauscette, this tool helps the children feel a sense of autonomy over their body and emotional regulation.

EARLY INTERVENTIONS

For the past 11 years, the San Bernardino County CARE program has been working with preschoolers with the most intensive emotional and behavioral health needs. Based on a [partial hospitalization model](#), the program serves children with significant behavioral problems, including children who have been prenatally exposed to drugs and alcohol, those with developmental delays and children on the autism spectrum.

The 10-week program provides 10 children younger than 6 with 4.5 hours a day of specialized treatment and therapy while requiring the daily participation of parents or caregivers. After 10 weeks, children go on to other educational programs, including mainstream pre-k or kindergarten programs, and staff checks in on children at their new schools for three weeks to make sure their new teachers are prepared to handle challenges when they arise.

Powell said that the program arose because of the heavy need there, including many children from the county's foster care system.

"We had kids that were just falling through the cracks," Powell said. "They weren't making it in school and parents were keeping them home. We really didn't have anything for them. If we didn't get ahead of them early on, these kids wouldn't even be able to get into school."

To make the CARE program sustainable, the county created a multi-agency model of providing care through school-based health centers that drew on a blended pot of funding from the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) entitlement, as well as money from several different county departments.

But while Powell saw the success of the CARE program, he also wondered if there wasn't an opportunity to do more, especially for a wider number of children who didn't all exhibit strong symptoms. But California's mental health system is based on a model where only diagnosable conditions are eligible for reimbursement under EPSDT and then, usually for services based more on treatment rather than prevention.

To create the new Mini-Miracles program, Powell drew from the early childhood mental health consultation model, a promising practice that 14 other states have deployed. It places mental health professionals in mainstream

preschool classrooms to support teachers and provide an immediate response during class for students who become emotionally dysregulated, or severely agitated. By having an embedded therapist in class, Powell said children who need more intensive services are able to be identified and linked to services much earlier.

In addition to the in-class therapists, the classrooms were also stocked with "calming center" tools, like weighted blankets and rocking chairs, methods kids can use to help them self-regulate.

"You don't always have to use the most intensive level of therapy in order to solve the problem," Powell said. "We may not be able to control what happens to a child, but we can change the environment in order to teach children how to identify their big feelings and to regulate their own behaviors."

The program has since expanded throughout all of the school districts in the county with funding from several sources, including the Department of Mental Health. The program is also being offered through the state's preschool and kindergarten programs in the county after the benefit of program caught the eye of school administrators who have chipped in money from the state's Local Control Funding Formula program.

PARTNERING WITH CAREGIVERS

While these early education intervention models focus on providing mental health care to the child, working with parents or caregivers is a big part of the process to set the family up for ongoing progress.

"The parent is really the long-term therapist, so our goal is to give them all the tools that we can," said Fauscette, senior clinical supervisor for day treatment intensive at the Children's Institute.

At the Children's Institute, the therapists on staff do home visits and meet in teams with the children and parents to identify stressors in the kids' lives and discuss how the school can support them through those challenges. They try to educate parents about the developmental lags associated with trauma and what kind of associated symptoms and behaviors they might see in their kids.

Powell's model also focuses on working hand-in-hand with children's parents and teachers "creating an environmental milieu that includes pretty much all the meaningful adults in a child's life and getting them on the same page."

Though there's a lack of rigorous methodological evaluations of therapeutic preschool environments, studies have shown that when used as an intervention, they lead to improved cognitive and motor skills and better emotional regulation. And importantly, these programs show high levels of success in helping children reintegrate into mainstream classrooms, putting them back on normalized academic tracks early on. At the Children's Institute, virtually all of the kids either exit into a traditional

kindergarten program or reintegrate into a typical preschool setting.

“When you relationally help a child, that becomes a healing aspect, that’s the buffer against all the negative experiences they’ve had,” explained Jesus Parra of the Children’s Institute. “That kickstarts the development again and we see cognitive leaps.”

HOW ONE COUNTY IS WORKING TOGETHER TO ADDRESS YOUNG PEOPLE AT RISK OF SUICIDE

JENAE HOLTZ IN *THE CHRONICLE OF SOCIAL CHANGE*
OCTOBER 30, 2019

In San Bernardino County, a largely rural, high desert community of about 21,000 square miles that boasts nearly 2.2 million residents, we really struggle to coordinate help for children and youth experiencing suicidal ideation due to the lack of psychiatric services available in our area.

Recently, our organization—a consortium of San Bernardino County school districts and charter schools that helps to provide behavioral health supports and professional development—was approached by a local hospital, St. Mary Medical Center, to enter into a discussion about how to support these extremely vulnerable children and youth. Located in Apple Valley, California, St. Mary’s shared the story that the number of children and youth exhibiting suicidal behaviors and thoughts has increased drastically. The rate of suicide among our children and youth in San Bernardino County is disturbingly high at [7.4 per 100,000 children](#).

Unfortunately, St. Mary’s is not equipped to provide psychiatric services to patients who appear in the emergency room due to the fact that they are designed to address medical issues, triage the emergencies as they enter the emergency room and absence of residential psychiatric resources in our region. The closest psychiatric facility for children and youth is at least an hour drive away and bed space is limited. As a result, children and youth coming to the emergency room at St. Mary’s are sometimes held there up to four days until a bed is available at the psychiatric facility, according to center administrator Kevin Mahaney.

When CAHELP talked to St. Mary’s about how to better assess children and youth for suicidal risk, we realized that there are many barriers to addressing the issue. For example, even though many programs run from 8 a.m. to 5 p.m., children and youth rarely showed up in the ER during those hours; typically they were admitted in the middle of the night. Also, it can be difficult for one agency to be able

to provide an entire spectrum of services for youth in need of intervention.

As we brainstormed how to better serve children and youth, we started talking about all of the various contractors in the area and what part each organization could play toward a solution, especially when it comes to more robust services to prevent placing children in out of home care. The discussion revealed that there are several agencies in our community that hold contracts with the San Bernardino County Department of Behavioral Health to support children and youth in crisis.

CAHELP, specifically our member organization [Desert/Mountain Children’s Center](#), holds the contract for the Children’s Intensive Services program, which are aimed at children and youth at risk of losing their home or school placement due to behaviors and psychiatric issues. Victor Community Support Services holds the contract for Success First/Early Wrap, a wrap-informed full service partnership program that offers up-front, time-limited services to children and youth who struggle with emotional disturbances and co-occurring disorders who are at risk for psychiatric hospitalization or losing their current residential placement.

And the Community Crisis Response Team—trained mental health professionals authorized to conduct suicidal assessments—operates directly from the county’s Department of Behavioral Health, while Valley Star operates a Crisis Walk-In Clinic to provide up to 24 hours of care for primarily adults, with one bed designated for children and youth.

The Crisis Walk-In Clinic had previously approached administrators from St. Mary’s to discuss collaborating on assessing children and youth for suicidal risk. St. Mary’s was concerned about the lack of bed opportunities at the clinic and had delayed this effort. But we realized that it made sense for the Crisis Walk-In Clinic to provide the initial mental health assessment and when hospitalization was not deemed necessary, to then connect the child and

family immediately to Desert/Mountain Children's Center's Children's Intensive Services program or Success First/Early Wrap when appropriate. As an outcome of this initial discussion, we are now meeting with all the agencies involved and our three local hospitals to formulate a system of support for our children and youth exhibiting suicidal ideation.

Although the high desert area of San Bernardino County is a rural community, I believe the same issues occur in our urban areas. There may be more availability of mental health personnel to assess suicidal ideation in urban areas, but some of the same issues of bed capacity and referral coordination still apply.

This discussion generated interest in how a community with various providers for children and youth, could come together to reduce the need of psychiatric hospitalization, increase direct service in a timely manner and improve the lives of children, youth and their families.

Jenae Holtz is the chief executive officer of the [California Association of Health and Education Linked Professions](#), Joint Powers Authority, which consists of the Desert/Mountain SELPA, Desert/Mountain Charter SELPA and the Desert/Mountain Children's Center.

DAY ONE: NOVEMBER 20, 2019

7:30 – 8:30	ARRIVAL, REGISTRATION, BREAKFAST	
8:30 – 8:50	Welcome	California State Senator Jim Beall (CA-15)
8:50 – 9:15	Opening Speaker	Jevon Wilkes, Executive Director, California Coalition for Youth
9:15 – 10:15	Panel Presentation: <i>Meeting the Challenge of Childhood Trauma for California's Youngest Students</i>	Presented by Fostering Media Connections Moderator: Daniel Heimpel , President and Founder, Fostering Media Connections Panelists: Chandra Ghosh Ippen , Associate Director of the Child Trauma Research Program, UCSF California State Senator Richard Pan (CA-6) Giannina Pérez , Senior Policy Advisor for Early Childhood, Office of the Governor of California
10:15 – 10:30	BREAK	
10:30 – 11:15	Panel Presentation: <i>Interagency Leadership Teaming as the Cornerstone of Integrated Care</i>	Moderator: Rick Saletta , Consultant, Breaking Barriers Panelists: Honorable Colleen Nichols , Presiding Juvenile Bench Officer, Placer County Twylla Abrahamson , Children's System of Care Division Director, Placer County Mike Lombardo , Executive Director Prevention Services and Supports, Placer County Office of Education Judy Webber , DCFS Deputy Director, Ventura County Dina Olivas , Youth and Family Senior Manager, Ventura County Behavioral Health Chris Ridge , Director of Pupil Services, Oxnard School District (Ventura County)
11:15 – 12:15	Facilitated Breakout Session: <i>Interagency Leadership in California: How We Move Forward in Counties and the State</i>	
12:15 – 1:00	LUNCH AND KEYNOTE: The Medicaid Map: Who Funds What and How to Access It	Alex Briscoe , Principal, California Children's Trust
1:00 – 2:15	Panel Presentation: <i>Stories from the Field: What We Have Learned in Shared Financing and Possibilities for Future Reform</i>	Moderator: Alex Briscoe , Principal, California Children's Trust Panelists: Toby Ewing , Executive Director, Mental Health Services Oversight & Accountability Commission (MHSOAC) Ronald Powell , former Chief Executive Officer, Desert/Mountain SELPA Timothy Hougen , Deputy Director for Children and Youth Collaborative Services (CYCS), Transitional Aged Youth (TAY), and Mental Health Services Act (MHSA) Christine Stoner-Mertz , Chief Executive Officer, California Alliance of Children and Family Services
2:15 – 3:15	Facilitated Breakout Session: <i>Implementing Shared Financing: How We Move Forward in Counties and the State</i> Deep Dive Session: <i>More on Implementing Shared Financing with Alex Briscoe</i>	
3:15 – 3:30	BREAK	
3:30 – 4:45	County and Stakeholder Groups Report Out: <i>How Has Our County's Children's Integrated Approach Progressed in the Last Year, and What Are Our Emerging Goals?</i>	
4:45 – 5:00	Closing Remarks	
5:00 – 6:00	Networking Happy Hour	

DAY TWO: NOVEMBER 21, 2019

7:30 – 8:30	ARRIVAL, REGISTRATION, BREAKFAST	
8:30 – 8:45	Welcome	
8:45 – 9:30	Morning Speaker: <i>Interagency Data and Outcomes Management</i>	Daniel Stein , President, Stewards of Change Institute, and Co-Principal Investigator, National Interoperability Collaborative (NIC)
9:30 – 10:30	Panel Presentation: <i>Enhancing Outcomes through Collaborative Information and Data Sharing</i>	Moderator: Richard Knecht , Integrated Human Services Group Panelists: Rebecca Gudeman , Attorney and Senior Director, Adolescent Health, National Center for Youth Law Elizabeth Estes , Founder, Breaking Barriers; Attorney, Atkinson, Andelson, Loya, Rudd & Romo April Fernando , Policy Fellow, Chapin Hall Daniel Stein , President, Stewards of Change Institute, and Co-Principal Investigator, National Interoperability Collaborative (NIC)
10:30 – 11:15	Facilitated Breakout Session: <i>Shared Data and Outcomes: How We Move Forward in Counties and the State</i> Deep Dive Session: <i>More on Shared Data and Outcomes with Daniel Stein</i>	
11:15 – 11:25	BREAK	
11:25 – 12:10	Keynote: <i>Building Accountable Communities: Health and Prevention</i>	Jeremy Cantor , Senior Consultant, JSI Research & Training Institute, Inc.
12:10 – 1:30	LUNCH & PANEL PRESENTATION: <i>School Health Partnerships and Innovations</i>	Moderator: Maureen Burness , Co-Executive Director, California Statewide Special Education Task Force Panel/2018 MHSOAC Triage Grantee Counties: Gabriel Bennett , Senior Program Manager, Humboldt Bridges To Success Natalie Sedano , Prevention and Intervention Lead Specialist, CAHELP (California Association of Health and Education Linked Professions JPA) Mary Xavier , Clinical Supervisor, Mental Wellness Triage Grant, Tulare County Office of Education, Behavioral Health Services Ali Murphy , Coordinator of Integrated Mental Health, Placer County Office of Education, Prevention Supports and Services
1:30 – 2:20	Facilitated Breakout Session: <i>Building Accountable Communities: How We Move Forward in Counties and the State</i> Deep Dive Session: <i>More on Building Accountable Communities with Jeremy Cantor</i>	
2:20 – 3:10	County and Stakeholder Group Report Out	
3:10 – 3:25	Closing Remarks	

PRESENTERS



TWYLLA ABRAHAMSON

Twylla Abrahamson, Ph.D., is currently employed by Placer County as a Deputy Director for Health and Human Services over the Children’s System of Care, is the Compliance Officer, and shares oversight of the QI Manager position for the county as well. She was formerly employed as a Health Program Manager in Sacramento County Adult Mental Health Services, and prior to that spent 16 years with a Sacramento area full service non-profit mental health agency holding leadership positions in research and evaluation, quality improvement, IT, and program areas of mental health day treatment, residential services, outpatient, and wraparound. Twylla is a licensed psychologist, and has also taught doctoral students at Alliant International University and the Professional School of Psychology for 19 years.



JIM BEALL

As a San Jose city councilman, Santa Clara County supervisor, and state legislator, Senator Jim Beall has amassed over 30 years of expertise and knowledge in transportation, tackling a wide range of road, mass transit, and highway projects. In 2017, Beall, chairman of the Senate Transportation and Housing Committee, played a pivotal role at the State Capitol by presenting solutions to California’s biggest problems—shoring up the state’s crumbling transportation infrastructure and addressing the shortage of affordable housing. He is the author of SB 1, legislation passed and signed into law this year, to increase funding by \$5.4 billion annually for sorely needed repairs of California’s aging transportation infrastructure. The bill has the capacity to create thousands of jobs statewide and it also invests \$25 million into pre-apprenticeship and job-training programs to lift people into good-paying jobs with benefits. Beall and his wife, Pat, live in San Jose. Beall is a San Jose State University graduate with a degree in Urban Planning.



GABRIEL BENNETT

Gabriel Bennett, MFT, is Senior Program Manager at Humboldt Bridges to Success, Humboldt County. Gabe has over 25 years of experience in the mental health field and has worked for Humboldt County for the last three years. Gabe received the Honorable Achievement of Excellence in 2011 for Humboldt County Mental Health after his in school counseling program reduced school violence and related suspensions by over 40 percent. In addition to managing the Humboldt Bridges to Success Program, Gabe also manages Humboldt County Juvenile Hall and New Horizons, an intensive in-custody mental health treatment program.



ALEX BRISCOE

Alex Briscoe, Principal at The California Children’s Trust, 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.



MAUREEN BURNESS

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 an Advisor to the Executive Board of Breaking Barriers, as a “Friend of the Board” to California Mental Health Advocates for Children and Youth and for the California Children’s Trust. She recently led California’s Statewide Special Education Task Force for Special Education, was a Commissioner for the state Advisory Commission on Special Education, and served as Assistant Superintendent for SELPAs in Northern California for over 20 years.



JEREMY CANTOR

Jeremy Cantor, MPH, is a Senior Consultant with JSI California. His work is focused on health equity and social determinants of health; the intersection of public health, prevention and clinical care; and translating academic and practice literature into tools and resources for on-the-ground practitioners and policymakers. Jeremy is currently the Sustainability and Financing Technical Assistance provider for the California Accountable Communities for Health Initiative, Project Director for a Blue Shield of California Foundation project focused on developing valuation strategies for multi-sector collaboratives, and Project Lead on research into Medi-Cal investment to address individual social needs and community determinants of health. He holds a BA from Haverford College and a Master’s in Public Health from UC Berkeley.



ELIZABETH ESTES

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 five 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 disputes 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.



TOBY EWING

Toby Ewing, Ph.D. is the Executive Director of the Mental Health Services Oversight and Accountability Commission, the state agency that oversees mental health services in California.

In his four years with the Commission, Toby led efforts to launch California's first Mental Health Innovation Summit with support from federal, state and local mental health leaders, as well as foundations and the private sector, and is now working to launch an innovation incubator to provide ongoing support to mental health innovation. The Commission has launched a transparency platform to provide valid and reliable information on mental health funding, services and outcomes. In 2019 the Commission will develop a statewide strategy on mental health prevention and early intervention, a separate initiative on workplace mental health, and will be developing a Policy Fellowship for mental health consumers and practitioners to help shape California's mental health system.

Toby has worked on governance reform, government oversight and improving outcomes of public programs for many years. He has worked on a range of public policy issues, including mental health, child welfare, immigrant integration, workforce and education, and veterans projects. From 2011 through 2014, Toby served as a consultant to the California State Senate Governance and Finance Committee. He also served as Director of the

California Research Bureau from 2009 to 2011. Prior to that, for eight years he was a Project Manager with the Little Hoover Commission, an independent body charged with improving government.

Toby did his undergraduate studies at Grinnell College, received a Ph.D. in Sociology from Syracuse University and served as a Fulbright Scholar in Central America.



APRIL FERNANDO

Dr. April D. Fernando is a Policy Fellow at Chapin Hall. Fernando assists with the development, implementation, and utilization of Transformational Collaborative Outcomes Management (TCOM) and the Child and Adolescent Needs and Strengths (CANS) in mental health systems. She is currently working on the implementation in the Illinois system of care. Fernando has been providing training and technical assistance on the CANS and other TCOM tools since 2009.

Prior to coming to Chapin Hall, Fernando was the Chief of Clinical Operations at WestCoast Children's Clinic, an outpatient community psychology clinic in Oakland, CA, where she spent over 20 years overseeing program operations, research and evaluation, and training. She was also an Associate Professor at Holy Names University, where she taught courses in the undergraduate and graduate psychology programs, and was co-director of the Counseling Psychology Masters Program for several years. A practicing child and adolescent psychologist, Dr. Fernando

has been active in the training and supervision of clinical psychologists to work with traumatized and marginalized populations and is a national leader in efforts to better serve commercially sexually exploited children. She currently serves on the board of the California Psychological Association Foundation.

Dr. Fernando holds a PhD and a Masters in Clinical Psychology from the California School of Professional Psychology as well as a Bachelor of Arts in Psychology from the University of California, Berkeley. She received the CANS Program Outcome Champion Award from the Praed Foundation in 2011 for her work, which included the development of the CANS-Commercially Sexually Exploited version that is used in several states.



CHANDRA GHOSH IPPEN

Chandra Ghosh Ippen, PhD, is a child psychologist and children's book author. She is currently the Associate Director of the Child Trauma Research Program at the University of California, San Francisco, and the Director of Dissemination and Implementation for Child-Parent Psychotherapy (CPP). She is a member of the board of directors of ZERO TO THREE and has spent the last 26 years conducting research, clinical work, and training in the area of early childhood trauma. She has co-authored over 20 publications on trauma and diversity-informed practice, including the manual for CPP and a randomized trial documenting the efficacy of CPP.

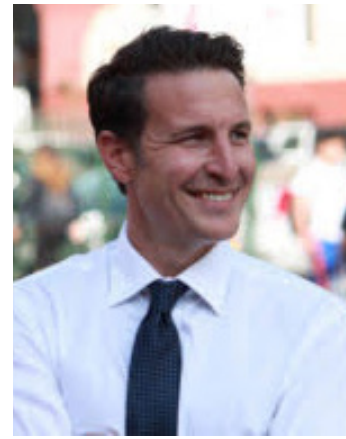
She is also author of a number of children's books including "Once I Was Very Very Scared," "You Weren't With Me," "Holdin Pott," and the "Trinka and Sam" story series, which has reached over 200,000 families across the world.

She also has a lifetime mission to bake 1,000 pies and a pie in all 50 states.



REBECCA GUDEMAN

Rebecca Gudeman, JD, MPA, is Senior Director of Health at the National Center for Youth Law. Gudeman specializes in issues of health access for youth, including consent, confidentiality and information sharing law. In addition to her advocacy work, she trains and consults nationally to help public and private systems better collaborate and deliver care to young people. Prior to joining NCYL, Gudeman was a lecturer at the Universidad de las Americas in Mexico City and an attorney with the Children's Rights Project at Public Counsel, where she created Public Counsel's Teen Legal Clinic program. The program was one of the first school-based legal assistance programs in the country. In 1997, she was named the American Bar Association's Young Lawyer Child Advocate of the Year and in 2016, received the national chapter recognition award from the Society for Adolescent Health and Medicine. She holds undergraduate and graduate degrees from Harvard and a law degree from UCLA.



DANIEL HEIMPEL

Daniel Heimpel is the president and founder of Fostering Media Connections, a national nonprofit news organization dedicated to issues facing vulnerable children, youth and their families, an educator and an award-winning journalist.

He has taught graduate students on the intersection of journalism and child policy at USC's Sol Price School of Public Policy, U.C. Berkeley's Goldman School of Public Policy and the University of Pennsylvania's School of Social Policy and Practice. In addition, through the Journalism for Social Change Massive Open Online Course, offered on the edX learning platform, Heimpel has trained thousands of students globally.

Heimpel has written and produced stories about vulnerable children for Newsweek, The Los Angeles Daily News, LA Weekly, The Seattle Times, The Oprah Winfrey Network, KPCC and KCRW, among many others. This coverage has garnered him journalism awards from the Children's Advocacy Institute, The Los Angeles Press Club, The North American Resource Center for Child Welfare, The National Association of Social Workers, The Child Welfare League of America and California Mental Health Advocates for Children and Youth, and The California Social Work Archives, among others.



TIMOTHY HOUGEN

Timothy E. Hougen, Ph.D. is the Deputy Director for Children and Youth Collaborative Services (CYCS), Transitional Aged Youth (TAY), and Mental Health Services Act (MHSA) within the San Bernardino County Department of Behavioral Health. Dr. Hougen has historically served children, adolescents, families, and adults through a variety of mental health programs. The focus of these programs has been children and youth with serious emotional difficulties and adults with serious and persistent mental illnesses.

CYCS includes several different department operated programs, all of the children’s contracted programs which include EPSDT Medi-Cal funding, and oversees the implementation of state-wide efforts (e.g., Continuum of Care Reform and Presumptive Transfer of Medi-Cal). TAY oversees the specialized provision of services at One-Stop TAY Centers, Crisis Residential Treatment, and Shelter Beds. MHSA provides administrative oversight to the various MHSA programs with a close focus on implementation of Prevention and Early Intervention Programs and Innovations Projects.

Dr. Hougen completed his bachelor’s at the University of California at Santa Cruz; his master’s and doctorate at Rosemead School of Psychology, Biola University; his internship at the University of Rochester, School of Medicine and Dentistry; and his fellowship at Catholic Charities in San Diego.



RICHARD KNECHT

Richard Knecht has delivered program operations, leadership, strategic planning and training services to public and private healthcare and human service systems for more than 29 years. He is recognized for his work in designing, adapting and implementing integrated Systems of Care for public human service agencies.

Trained as a Marriage and Family Therapist, he is the former Chief Operating Officer of a large behavioral health hospital, and the former Sr. Vice President of Program Operations at the River Oak Center for Children. Richard spent 10 years leading Placer County’s highly regarded children’s system. He is a past board president at Ifoster.org, the country’s online resource portal for Foster and Kinship care youth and their providers.



MICHAEL LOMBARDO

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 a 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 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.



ALI MURPHY

Ali Murphy, LMFT, is a Licensed Marriage and Family Therapist and Coordinator for Integrated Mental Health at the Placer County Office of Education, Prevention Supports and Services Department. Her current work includes the implementation of six wellness programs in Roseville, CA, schools through a collaborative grant with Placer County's Children's System of Care (CSOC) and the Mental Health Services Oversight and Accountability Commission (MHSOAC). She previously worked as the Quality Assurance and Compliance Officer in Sutter County. Prior to that experience she worked in multiple Northern California counties as a clinical supervisor and clinician for community based mental health agencies. She worked in full service partnerships (FSP) and provided trauma informed counseling to youth and families. She has provided mental health trainings to school staff and is passionate about helping school staff and families work together to improve outcomes for students. She has specialized training in birth to 5 mental health and is trained in Parent Child Interaction Therapy (PCIT). Her current role includes increasing awareness of student and staff mental health through trainings, development of policies and procedures, and program implementation.



COLLEEN M. NICHOLS

The Hon. Colleen M. Nichols has been a Judge in the Superior Court and Presiding Judge of the Juvenile Court of Placer County, California, since 2005. Nichols is chair of Placer County's SMART policy team, a county collaborative to ensure integration of services between Health and Human Services, Probation, Education, Courts and the Community for the benefit of children and families in Placer County. Nichols was a commissioner for the Superior Court of Placer County for 11 years. During this time, she was instrumental in the creation of a drug court and a dependency court in Placer County. She also helped develop the Placer County Proposition 36 drug-court program, and chaired the Juvenile Law Education Committee of the Judicial Council. She has served on the faculty of Witkin Judicial College from 2003-2010, and has extensive experience teaching juvenile justice courses to judicial officers, and court and community partners from 1998 to present. Nichols earned a B.A. in political science from California State University, Chico, in 1981. After graduating, she spent one year working as a paralegal for Legal Services of Northern California in Sacramento. She then enrolled at the University of California, Davis School of Law, completing a J.D. in 1985.



DINA OLIVAS

Dina Olivas, LCSW, received a BA in Sociology from Loyola Marymount and a Master's in Social Work from California State University, Long Beach. As a bi-cultural community-based Social Worker, she began her career conducting street outreach with runaway & homeless youth and pregnant and parenting teens. She was a Case Manager, Supervisor and went on to become the Clinical Coordinator with the NATEEN Program at Children's Hospital Los Angeles. She is a founding member of the Children's Institute International High-Risk Youth Speakers Bureau. At Huntington Memorial Hospital she provided direct services at the NICU and Good Samaritan Hospital. Dina worked as a counselor, then manager, at the California Institute of Technology University Employees Assistance Program. She also worked with the Los Angeles Unified School District as a Clinical Specialist. During her years in LA, Dina participated in Critical Incident Debriefing and Disaster Counseling in response to earthquakes, civil unrest, and family and community violence.

Upon relocating to Ventura County she joined the Ventura Behavioral Health Department: Youth & Family Division as a school-based clinician. She later joined a specialized team working with HeadStart. In 2003, she pursued a certificate in Infant Childhood Mental Health. She moved into administration in the Santa Clara Valley, championed as a

zero-to-five treatment program with Ventura County First5 Program and EPSDT funding. In 2011, she became the Manager in East County, with the priority of transforming school-based services into Educationally Related Social Emotional Services (ERSES) as per legislative shifts; she also managed Simi Valley and Thousand Oaks Clinics and three school sites. In 2014 she was tasked with implementation of Katie A. Reform/Pathways to Wellbeing with the Ventura County Child Welfare Subsystem and with CCR creating a trauma-informed approach in healing families. Dina became the Youth and Family Senior Manager in 2017, and was recently hired as the Ventura County Behavioral Health Division Chief of Youth and Family Services. During the last 18 years of service to the Ventura County community, Dina's guiding belief is that our work is "all about the relationship"—from supporting our staff to remain healthy as they serve the children, youth and families to honoring those we serve through genuine helping relationships since healing only occurs in relationships.



RICHARD PAN

Dr. Richard Pan is a pediatrician, former UC Davis educator, and State Senator proudly representing Sacramento, West Sacramento, Elk Grove and unincorporated areas of Sacramento County. Dr. Pan chairs the Senate Committee on Health and the Budget and Fiscal Review Subcommittee on Health and Human Services. He also chairs the Senate

Select Committees on Children with

Special Needs, Asian Pacific Islander Affairs and the 2020 United States Census. He serves on the Senate Committees on Business,

Professions and Economic Development; and Education. Dr. Pan continues to practice pediatrics at Sacramento Primary Care Center.

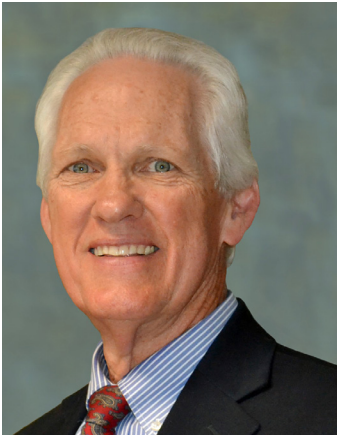
First elected to the State Assembly in 2010, Dr. Pan was later elected to the State Senate in 2014 and 2018. He strives to keep our communities safe and healthy. *TIME magazine* called Dr. Pan a "hero" when he authored landmark legislation to abolish non-medical exemptions to legally required vaccines for school students, thereby restoring community immunity from preventable contagions. Dr. Pan also authored one of the most expansive state laws regulating health plans eliminating denials for pre-existing conditions and prohibiting discrimination by health status and medical history. Prior to serving in the legislature, Dr. Pan was a UC Davis faculty member and Director of the Pediatric Residency Program. Dr. Pan co-founded and served as chair of Healthy Kids Healthy Future, and helped create the Sacramento Health Improvement Project. Dr. Pan also serves on the United Way California Capitol Region Board and served on the BloodSource board and the Sacramento First Five Commission.

Dr. Pan and his wife are raising two young sons and run a dental practice where they balance expenses, meet a payroll and understand the challenges of running a small business. The son of immigrants, Dr. Pan attended public schools and earned his Bachelor of Arts in Biophysics from Johns Hopkins University, a Medical Doctorate from the University of Pittsburgh and a Masters of Public Health from Harvard University.



GIANNINA PÉREZ

Giannina Pérez has been appointed Senior Policy Advisor for Early Childhood in the Office of the Governor. Pérez is an early childhood policy leader and strategist with nearly 20 years of experience in state policy, advocacy, and government. Most recently, she worked with Early Edge California to expand professional development opportunities for the early learning workforce and ensure more young children learning English have the supports they need to succeed. For more than a decade, she worked at Children Now, where she led the organization's work on policies impacting young children (prenatal to age eight) and their families. As Senior Director of Early Childhood Policy, she helped develop a comprehensive platform that included child care, preschool, kindergarten readiness, home visiting, developmental screenings and intervention, family support, child welfare, and overall early childhood systems building. She has also worked in the California Legislature for State Senator Hilda Solis and Assemblymember Cindy Montañez, focusing on women's and children's issues including expanding educational opportunities and financial assistance for child care providers, ensuring women receiving public assistance have more opportunities to attend college, and greater protections for survivors of domestic violence. Pérez earned a Master of Public Policy degree from the University of California, Los Angeles School of Public Affairs.



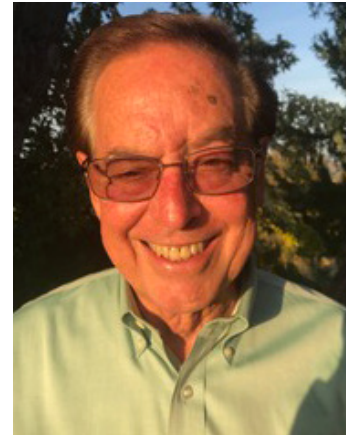
RONALD POWELL

Ronald J. Powell, PhD, has over 45 years of experience as an administrator, consultant, educator, and adjunct faculty at the University of California, Riverside, in the field of special education. As a published author, accomplished public speaker, and a recognized expert in the administration of school-based mental health services, Dr. Powell has been instrumental in the development of a variety of exemplary programs for at-risk youth. Dr. Powell currently serves as a consultant to school districts, county agencies and nonprofit organizations to facilitate the adoption of trauma-informed practices that address the emotional and behavioral health needs of children from hard places. Dr. Powell serves on the Board of the Children's Fund of the Inland Empire and has been honored with the Lifetime Advocate Award by the Child Abuse Prevention Council for San Bernardino County and the Lifetime Achievement Award by the California Mental Health Advocates for Children and Youth.



CHRIS RIDGE

Chris Ridge holds a Master's degree in Educational Leadership and has served in public education for 23 years as a teacher, school administrator and district administrator. Currently he is Director of Pupil Services for Oxnard School District (OSD), a K-8 school district with roughly 16,000 students. As Director of Pupil Services, he oversees social, emotional, health and wellness supports for OSD students. He is an advocate for OSD students, most of whom are Latino, English Learners living in conditions of poverty. Chris is committed to working in partnership with county agencies and community based organizations to strengthen unified efforts to provide timely access to services for Oxnard families. He is most interested in removing systemic barriers that limit access to education for students living in conditions of de facto triple segregation.



RICHARD SALETTA

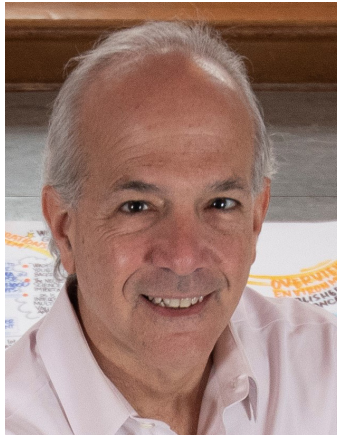
Richard Saletta, MSW, LCSW, MFT, is a Licensed Clinical Social Worker and Marriage Family Therapist. He has spent the last 45 years committed to the development of public, private and community partnerships as well fiscal and program policies/strategies to benefit children, families and adults. Richard is an adjunct professor at the School of Social Work, CSU Chico, a Commissioner on First Five, Placer County, a board member of the Placer Community Foundation and serves on the Breaking Barriers Statewide Advisory Committee. Richard recently completed a seven-year assignment as Special Master for the Federal Court, Central District, Los Angeles, for the statewide Katie A. and Emily Q. class action lawsuits. Prior to his retirement in 2006, Richard served as Chief for Placer County's Systems Management, Advocacy and Resource Team (SMART) where he was responsible for overseeing the development and implementation of Placer County's at-scale children and family centered system of care. Placer's 'No Wrong Door' approach utilized an integrated children's budget and governance structure to implement a comprehensive outcome-focused services system that integrated administration and programs and held accountable all cross-system resources, i.e., Child Welfare, Mental Health, Alcohol and Drug Services, portions of Juvenile Probation, Alternative Education, Special Education, Foster Youth Services, Medi-Cal Eligibility, and Public Health Nursing for at-risk and high risk children and

their families. This also included responsibility for County Wide Adult/Child Medi-Cal Managed Care and emergency services administration and implementation. Richard has served on numerous state and county committees and boards promoting comprehensive outcomes for children and families. Richard is a veteran and served during the Vietnam era. His early life and professional experiences in education, probation, child welfare, residential care and state mental hospital in part provided the foundation for his passion in this field.



NATALIE SEDANO

Natalie Sedano, CAHELP (California Association of Health and Education Linked Professions JPA), is a Prevention and Intervention Lead Specialist at Desert/Mountain SELPA. Natalie has been in the field of education for over 14 years. She holds a Masters degree and PPS credential in Educational Counseling and in School Psychology. Natalie has worked as a special education aide, a school counselor, and an intervention specialist for at-risk youth. Natalie has been a school site and district PBIS coach. Enthusiastic and determined, she is passionate about advancing education effectiveness by interconnecting school mental health and school-wide positive behavioral support. She is an advocate for systems and ensuring that the “whole” child is addressed.



DANIEL STEIN

Daniel Stein is President of the Stewards of Change Institute (SOCl), a unique not-for-profit think tank and advocacy/implementation organization. He is also Co-Principal Investigator for the National Interoperability Collaborative (NIC), a new “Community of Networks.” SOCl is built on the foundational belief that responsible information-sharing is the key to achieving systemic and enduring advancements in the health and wellness of children, adults, families and communities. SOCl’s mission is to improve lives by initiating, inspiring and implementing transformational change in Health and Human Services at all levels of government, industry and the nonprofit sector. For over a decade, Stein has been a thought-leader, educator and advocate in promoting and implementing “interoperability” by working nationally in the private and public sectors—at the local, state and federal levels—to instigate systemic change. Through the Stewards of Change Consultancy, which is the implementation arm of SOCl, Stein also has provided his expertise and experience nationally to create the strategies, operational regimes, tools, trainings and materials needed to achieve tangible results and fulfill the Institute’s mission.



CHRISTINE STONER-MERTZ

Christine Stoner-Mertz, LCSW, is the Chief Executive Officer of the California Alliance of Child and Family Services, a 143 member association that serves as the collective voice for organizations that serve children, youth and families throughout California. The Alliance provides public policy advocacy, executive support, policy expertise and collegial support for members’ chief executives and senior staff, as well as advocating on behalf of children and families served through California’s public systems.

Ms. Stoner-Mertz served as President and CEO of Lincoln, an agency delivering a range of community-based behavioral health services in the San Francisco Bay Area, from 2005–2019. She led the organization through a transformational period, moving from a residentially based services focus to designing an array of culturally responsive community and school-based services for children and youth ages 0–21. Her deep commitment to equity is reflected in the transformation of services at Lincoln.

A licensed clinical social worker in California, Ms. Stoner-Mertz received her MSW from the University of Michigan and began her career in California in 1985, as co-founder of Seneca Family of Agencies, where she was instrumental in the development of programs and oversight of operations for 15 years. In 1999, she founded inFocus Consulting and Development, LLC, and provided consultation to over

50 private behavioral healthcare providers as well as the California State Department of Mental Health, various county departments of mental health and social services, and school districts. As a sought after expert on MediCal EPSDT program design and implementation, Ms. Stoner-Mertz developed one of the first Medi-Cal Specialty Mental Health Services Manuals.

Ms. Stoner-Mertz has served on the boards of directors of the California Alliance, the California Council of Behavioral Health Agencies, the National Council of Behavioral Health Organizations, and has been the recipient of numerous service and leadership awards during her career, including the Jefferson Award for Public Service.



JUDY WEBBER

Judy Webber is a licensed clinical social worker and serves as Deputy Director for the Human Services Agency in Ventura County, California, overseeing Children & Family Service programs since 2004. Judy's career spans 35 years in both the public and private sector of social services and health care. Judy is a former manager with the transitional services department, and business & employment services department and was previously the Deputy Director for Adult Services. She has served people throughout her career as a group home worker, patient care worker, and clinician in a variety of settings including hospitals, community college settings and

community mental health clinics. She is now in her 17th year as a Child Welfare Director and is passionate in her efforts to transform CPS. She describes her work in child welfare as both the ultimate challenge, and her greatest achievement.



JEVON WILKES

"All of my life experiences lead me to this opportunity. To utilize my education, talents, passion, and lived experience to serve in a capacity to help California's disconnected youth, get connected."

Jevon Wilkes, Executive Director, California Coalition for Youth (CCY), has dedicated over 11 years to CCY as both a Youth Board Member and as the Membership Vice Chair for the organization. Jevon received a Bachelor's Degree in Communication Studies from the California State University Channel Islands.

Jevon's passion for serving vulnerable youth populations comes from his lived experience with homelessness, the foster care system, and being a disconnected youth, giving him a wide understanding of the vital work CCY is doing. Jevon is excited to lead CCY forward and answer the call of thousands of youth in need of support and to spearhead the effort in advocating for public policies that improve their lives and help them learn how to empower themselves.



MARY XAVIER

Mary Xavier, LCSW, has over 20 years of experience working with children and families. She worked in various capacities at Tulare County Child Welfare Services from 1999 to 2012. She became a clinician with the Tulare County Office of Education Behavioral Health Services program in 2012, and in August 2018 she was promoted to clinical supervisor to implement and oversee the Mental Wellness Triage Grant. Mary is also a field instructor for various universities, supervising internship placements for graduate social work students.

