

# COLLABORATION SUMMARIES

## CALIFORNIA CHILDREN'S TRUST

ACSA's Mental Wellness Task Force has been working alongside California Children's Trust to ensure that all children in California receive the support they need for healthy development and social/emotional well-being. By working together to reinvent our state's approach to children's social, emotional, and developmental health, this collaboration has looked at innovative ways to provide funding through the federal share of Medicaid expenditure matched with a public, non-matched, non-federal dollar.

Myriad factors have given rise to the need for such strategy. There is a growing consensus that the current design and outcomes are unacceptable, along with growing revenues (Mental Health Services Act and Realignment) in context of the Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT) Entitlement and the addition of new science and learning that highlights the promise of behavioral health education.

Here are the three main takeaways from the ACSA Mental Well Task Force and California Children's Trust collaboration:

### **Maximize federal funding by leveraging existing revenues.**

There are currently billions of unspent state and county dollars that are eligible for federal matching funds. We can expand funding for children's services without new state investments and can invest our existing state funding to finance federal entitlements and incentivize counties to increase their investment of additional local resources to access federal financial participation.

### **Broaden access to services that children and youth need, while enhancing quality, integration, and accountability for outcomes across child-serving systems.**

We can transform our fragmented, pathology-driven mental health systems into a unified approach that provides a foundation for resilience and healthy development. These actions could include: Adopting anti-racism and poverty reduction goals and strategies; increasing the inclusion of children and families with lived experience in the design, delivery, and evaluation of behavioral health programs and strategies; developing plans to meet the obligations of the Federal Mental Health Parity Law; and encouraging consistent implementation of SB 1287 (Hernandez), which clarifies the broad definition of medical necessity so that all children who need supportive services can access them.

### **Change how we purchase services for children.**

We can create systems that directly include experiences of children and families if we explore possibilities such as: Unifying child-serving departments by adopting a standard set of child well-being indicators; piloting collaborations that transform procurement practices; and implementing strategies to pay for value (meaningful outcomes) rather than volume (units of service).

ACSA has joined the coalition that intends to provide comments on the California Advancing and Innovating Medi-Cal (CalAIM) initiative, which seeks to improve the quality of life and health outcomes of Californians by implementing broad reforms for across Medi-Cal programs. Please find the letter regarding the CalAIM initiative below.

Secretary Mark Ghaly

1501 W. Capitol Avenue  
Sacramento, CA 95814

Acting Director Richard Figueroa  
California State Capitol  
Sacramento, CA 95814

**RE: CalAIM/HEALTHY CALIFORNIA FOR ALL INITIATIVE**

Dear Acting Director Figueroa, Secretary Ghaly, and CalAIM Workgroup Members:

The above organizations write to provide comments on the California Advancing and Innovating Medi-Cal (CalAIM) initiative, which seeks to improve the quality of life and health outcomes of Californians by implementing broad reforms across Medi-Cal programs.

**While we support Medi-Cal reform and the state's move toward whole-person care, no conversation about children's health or behavioral health is complete without schools, educators, and early learning and care providers at the table.** Youth from ages 5 to 18 spend nearly half their waking hours at school. During this time, teachers and school administrators act as parentis in locus, which often entails meeting children's physical and mental health needs. Districts-of-residence are legally liable for ensuring that children with special needs can access a free and appropriate education, a duty which frequently requires school staff to act as both educator and health care provider. Yet, for some reason, the state has chosen to exclude schools from important conversations about proposed health and behavioral health reforms. **We urge the Administration to increase its communication and outreach regarding CalAIM to schools, appoint school administrators, parents, teachers, and staff to CalAIM workgroups, and ensure that education stakeholders have adequate representation in all forums where major reforms to youth mental and physical health are being considered.**

**Current CalAIM proposals fail to address the youth mental health crisis manifesting in California schools.** Since 2005, there has been a 30 percent increase in youth suicide rates, including a 200 percent increase among girls 10-14. Suicide is now the second leading cause of death for youth ages 10 to 24.<sup>1</sup> One in five California high school students has considered suicide in the last 12 months.<sup>2</sup> That this epidemic continues to grow is no surprise, given that the Centers for Disease control estimates that 13% to 20% experience a mental disorder annually,<sup>3</sup> yet only 4.1% of Medi-Cal eligible youth in California receive mental health services.<sup>4</sup> The current mental health delivery systems are clearly not reaching California's children, and they

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<sup>1</sup> Centers for Disease Control and Prevention. Suicide rising across the US.  
[www.cdc.gov/vitalsigns/suicide/index.html](http://www.cdc.gov/vitalsigns/suicide/index.html)

<sup>2</sup> USC, New Study of California High Schools Finds Significant Correlation Between School Attributes and Suicide Ideation Among Students, <https://dworakpeck.usc.edu/>

<sup>3</sup> Centers for Disease Control and Prevention. What are Childhood Mental Disorders?  
[www.cdc.gov/childrensmentalhealth/basics.html](http://www.cdc.gov/childrensmentalhealth/basics.html)

<sup>4</sup> Department of Health Care Services. Performance Outcomes and System Reports and Measures. March 2018.  
[www.dhcs.ca.gov/provgovpart/pos/Pages/Performance-Outcomes-System-Reports-and-Measures-Catalog.aspx](http://www.dhcs.ca.gov/provgovpart/pos/Pages/Performance-Outcomes-System-Reports-and-Measures-Catalog.aspx)

will continue to fail to do so until the state implements a whole-person care strategy that includes schools. **We urge the Administration to adopt a research-based whole-child behavioral health delivery system that reflects the fact that youth are 21 times more likely to receive mental health services if they are provided on a school campus.**<sup>5</sup>

**Local Education Agencies (LEAs) and county behavioral health departments are experiencing the same claiming and billing issues, but CalAIM fails to address issues with the LEA Billing Option Program (LEA BOP).** Both LEAs and county behavioral health departments are struggling with the certified public expenditure claiming model, audits and documentation requirements, and diagnosis prerequisites. CalAIM proposes solutions to all of these concerns for county behavioral health departments, but leaves schools and students in the same broken system that has led many schools to drop out of LEA BOP in the last decade. In 2016-17, only half of California LEAs drew down any federal funding for the health and mental health services they provided. Of those that did draw down federal dollars, most schools submitted claims for only a fraction of the eligible activities they performed. By applying CalAIM reforms that simplify the claiming process to LEA BOP, we believe California could draw down up to \$2 billion in federal funds without incurring any additional state costs. **We request that the Administration extend the reforms proposed in CalAIM to LEA BOP and adopt a delivery system that allows schools to maximize their investments in student health services.**

We urge the Administration to schedule a meeting with the signatories of this letter to further discuss CalAIM and the need to include schools and educators in Medi-Cal reform conversations. Our point of contact is Amanda Dickey, who can be reached at [adickey@ccsesa.org](mailto:adickey@ccsesa.org) or 530-301-3510.

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<sup>5</sup> Journal of Adolescent Health, 2003. Vol. 32, No. 6, <https://www.apa.org/monitor/2009/01/school-clinics>



## CASEL - SACRAMENTO CITY UNIFIED SCHOOL DISTRICT

The Collaborative for Academic, Social, and Emotional Learning (CASEL) is a trusted source for knowledge about high-quality, evidence-based social and emotional learning (SEL). CASEL supports educators and policy leaders and enhances the experiences and outcomes for all PreK-12 students. This transformative approach is a systematic framework for evaluating the quality of social and emotional programs, and applies this framework to identify and rate dissemination to school across the United States.

While many teachers instinctively know that social and emotional skills are important, historically schools have primarily focused on teaching academic content and have been less intentional about supporting the social and emotional skills that are important to learning and life success.

Proactively, ACSA sought the opportunity with CASEL to provide social and emotional learning to enhance student achievement. The program integrated within Sacramento City Unified School District (SCUSD) involves processes through which children, adolescents, and adults acquire and apply the knowledge, attitudes, and skills necessary to understand and manage emotions, nurture growth mindset, make responsible decisions, and other attributes that positively affect a student's social well-being.

A growing body of research proves that SEL is fundamental to academic success and, if we truly want to prepare our students for college and careers, must be woven into the work of every teacher in every classroom and every after school and summer enrichment program. CASEL research shows that students who receive well-implemented SEL rank 11-percentile points higher in academic achievement, show a 22 percent increase in social and emotional skills, decreased suspension rate (0.3 percent), and a 6 percent increase in students' sense of safety. When students feel safe and confident in the school environment, not only are they more likely to achieve, but their stress level decreases. ACSA continues to monitor and advocate policies that promote healthy and safe school climates.

The systematic implementation provided by SCUSD supports a positive climate, culture, and community for all. Based on the SCUSD Core Value of recognizing an inequitable system, the district works vigilantly to confront and interrupt inequities and provide opportunities. This has improved outcomes in several areas, including bullying incidents decreasing by 18.2 percent, graduation rates up 6.4 percent to 85 percent of students graduating, and overall supports and engagement up 12 points and 16 points in two high schools, according to the 2014 School Climate Report Card.

To learn more about potential partnerships, district implementation and guidance, please visit <https://drc.casel.org/how-it-works/>.

## DR. DAVID SCHONFELD – USC / NATIONAL CENTER FOR CRISIS AND BEREAVEMENT

ACSA's work around supporting the student and the educational community has taken a holistic lens when it comes to supporting superintendents and administrators of affected communities and the students they serve. Not only should there be emphasis on prevention of traumatic experiences, but significant attention needs to be paid to those who have already been affected. Trauma has no expiration date, and is dealt with by the individual in non-linear ways. ACSA collaborated with Dr. David Schonfeld to combat this epidemic of bereavement and post-traumatic experiences. Dr. Schonfeld is a developmental-behavioral pediatrician and director of the National Center for School Crisis and Bereavement (NCSCB). The center promotes an appreciation of the role that schools play to support students, staff and families at times of crisis and loss; collaboration with organizations and agencies to further this goal; and serves as a resource for information, training materials, consultation and technical assistance.

Schonfeld is an expert of pediatric bereavement and crisis and has provided consultation and training in the aftermath of a number of school crisis events and disasters within the United States and abroad, including school and community shootings in Newtown, Connecticut; Townville, South Carolina; flooding from hurricanes Sandy in New York and New Jersey; and Hurricane Katrina in New Orleans. He has also conducted school-based research involving children's understanding of and adjustment to serious illness and death, as well as school-based interventions to promote adjustment and risk prevention.

The Center provides services around crisis response, education and training, and advocacy and research. Those services include free and immediate technical assistance and training to schools and communities that are responding to crises, with a focus on supporting their student in both the short term and through long-term recovery. The Center also offers free education, material, and expert consultation and trainings for school professionals and communities preparing for or responding to crisis events. Lastly, the center's due diligence with advocacy in research is paramount in their support for policies in schools. The NCSB's work has become increasingly important as school shootings in the United States have increased 750 percent over the last 15 years, and a 223 percent increase in those affected by natural disaster. Crisis and loss can significantly impact learning, behavior, and development among children. The Center envisions a nation of resilient schools prepared to appropriately respond to and support their students in times of crisis and loss.

For districts and site leaders seeking additional resources, the NCSB has numerous online resources from books to templates that can be found at <https://www.schoolcrisiscenter.org/resources/online-resources/#>.

# CASE STUDIES

## SAN DIEGO – CITY HEIGHTS PARTNERSHIP FOR CHILDREN

The City Heights Partnership for Children is a collaboration that began in 2017 with a larger effort called the San Diego Regional Cradle to Career Initiative. United Way San Diego spearheaded this initiative to develop a regional vision, accountability structure, and capacity-building model designed to address the varied challenges presented in the San Diego region. This effort looked to connect existing work and retrofit established partnerships into a more effective, sustainable model that will impact the region.

The City Heights Partnership for Children became a strategic alliance of parents, youth, residents, nonprofits, governments, academic and philanthropic institutions aligned to create a common goal that addresses opportunities to access resources for the wellbeing and academic success of approximately 9,000 children and youth attending 13 public schools in City Heights. This partnership was founded on two basic principles:

1. All young people, regardless of race, ethnicity, immigration status, or socio-economic status, deserve a first-rate education that will allow them to fully develop their human potential.
2. The San Diego regional economy requires an increasingly skilled workforce. We need our new generation to be our best-educated generation.

City Heights is a multicultural community in the City of San Diego comprised of 16 separate neighborhoods with families, many of whom are refugees or immigrants from east Africa, Vietnam, Cambodia and Latin America. With a population of nearly 80,000, City Heights is bordered by three major freeways— Interstate 15, I-805 and I-94. Many families live in poverty, with the median income in City Heights at \$26,170, compared to San Diego County's median income of \$51,920 in 2008. The median age of individuals in City Heights at 27.5 years of age is younger than the county median age of 34.9. In the 2012-2013 school year, there were 8,912 K-12 students in City Heights, who comprised 7.9 percent of the San Diego Unified School District's students and 1.7 percent of students in San Diego County.

In addition to poverty, these neighborhoods are challenged by a variety of issues, including substandard housing conditions, availability of predominantly low-wage jobs, and low educational attainment, as well as gang presence and the violence that comes with it.

The Partnership convened the community, leveraged resources, catalyzed partners, coordinated efforts, co-designed strategies, provided accountability, and assured that the focus of the effort would be based on a shared common vision and objective.

The Partnership also recognized that each partner would have many competing activities for their time and energy, which led to diversifying the methods each partner organization used in the partnership.

The Partnership created several tenants to working collectively to achieve their overall objective in five key areas:

1. *A Common Agenda.* Having a common community vision provided the basis for how the Partnership could work and promote success for our children and their families, and all actively pull in the same direction.
2. *Strong Data Capability.* Better use of data helps practitioners and community members see clearly what is working and what is not. This also allowed the Partnership to set benchmarks and use data to track results and make adjustments as necessary.
3. *Funding Alignment.* Private and public funders can help accelerate progress by using City Heights Community Partnership's indicators as investment metrics and by supporting system-building strategies. All community investors are encouraged to work together while maintaining autonomy and individual accountability.
4. *Increasing Committed Partners and Building Alliances.* The Partnership realized that achieving their desired level of change takes a committed and sustained effort. Success will only be possible with significant alignment among major implementers, including the community.
5. *Building Stronger Systems.* City Heights Partnership for Children is setting system-level improvement targets and, with the help of their Work Groups, are creating Action Plans that will help propel progress.



### Accountability Structure





## **SAN MATEO COUNTY**

San Mateo County has a long history of collaboration between local government entities, nonprofits, foundations and non-public entities that has endured for over 30 years. These relationships were developed during California's implementation of the Children's System of Care. The Children's System of Care (CSOC) program was established in 1984, when the Governor and Legislature created a pilot program to meet the needs of high-risk children and youth who were being served by multiple agencies. The key features of the program are: Interagency collaboration; family partnership; cultural competence; and outcome evaluation. Keys to implementing a successful CSOC program were the development of a multi-agency and multi-disciplinary service delivery system and a continuum of supports and services for children with serious emotional disturbances and their families.

Components of this multi-government collaboration continue to exist today. These relationships include public education, juvenile justice, behavioral and mental health, the court system, health care providers, community-based organizations, and foundations. Each organization is intimately involved in the planning, implementation and evaluations of programs, and program delivery through Memorandums of Understandings that dictate how resources are allocated and the services provided. Below are several examples of how these partnerships have evolved and the current initiatives that San Mateo County is involved in.

### **ALIGNMENT CHILD AND YOUTH SYSTEM OF CARE**

After the end of state funding for CSOC, San Mateo County governmental partners formulated a plan to ensure structures, protocols and communication pathways continue. The county intended to ensure an ongoing commitment and MOU for partnerships, communication and sharing of fiscal resources. The CYSCOC group replicates all the best parts of the prior CSOC format with adjustments meant to allow our partners to focus on locally defined areas of focus, which included revamping our juvenile hall system, coordinated supports for youth on probation, integration of schools into great crisis, emergency and community safety planning, and an ongoing focus on student services and outcomes.

### **WATCH ME GROW**

Watch Me Grow is funded by First 5 San Mateo County and Lucile Packard Children's Foundation. The foundation supports providers serving children and families to better coordinate agency efforts to ensure positive outcomes for children up to the age of 5. The foundation's main goal is for parents to better understand their child's developmental milestones and encourage their readiness to learn and succeed in school, as well as to ensure parents are linked to all available resources to support their children. Pediatricians recommend that all children under the age of 5 have a developmental screening, which is used to link families to appropriate services. Since 2007, Watch Me Grow has partnered with health care providers, early educators, community-based organizations, and families to ensure children achieve their optimal, healthy development.

### **THE BIG LIFT**

The Big Lift is an initiative spearheaded by the Peninsula Partnership Leadership Council (PPLC), a coalition of government, education, nonprofit, foundation and business leaders in San Mateo County. The goal of The Big Lift is to provide quality preschool for all 3- and 4-year-olds and make full-day kindergarten standard practice in all school districts. In addition, the PPLC has established these goals for their community:

- Go from 58 percent of students reading at grade level by 3rd grade to 80 percent by 2020
- Increase kids ready for kindergarten from 50 percent to 80 percent Better Attendance Goal
- Reduce chronic absence by 50 percent
- Provide 80 percent of kids reading below level a quality enrichment program

The PPLC worked together to analyze the best data, best research, and evidenced-based practices and interviews with top education leaders to develop The Big Lift. After conducting a thorough review of all the research and developing the plan for The Big Lift, the coalition raised \$30 million in initial funding from the Social Innovation Fund (a program of the Corporation for National and Community Service), County of San Mateo Measure A funds (a local tax increase), national and local foundations, businesses, and other organizations. The Big Lift initiative is currently being implemented in five school districts for the initial implementation phase. These districts include Cabrillo Unified School District, La Honda-Pescadero Unified School District, Jefferson Elementary School District, and South San Francisco Unified School District.