Working Paper:
California's Children & Youth Behavioral Health Ecosystem

Authored by a multidisciplinary team led by Breaking Barriers California

Commissioned by CalHHS

breaking barriers
CREATING A COMMUNITY OF CARE

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Foreword

California's children and youth are experiencing a long-standing behavioral health epidemic, made increasingly acute by a global pandemic that has created incalculable losses for our families, significant ongoing health challenges, and interrupted education and learning. Social media, cyber-bullying and social disconnectedness compound stress in our youth. Structural inequity and economic conditions put prosperity out of reach for many.

Yet amid this crisis, there are many individuals and organizations across California working tirelessly to care for our children, youth and families and to improve our system overall. There is tremendous alignment across child-serving sectors to reimagine a more cohesive, equitable, child and youth-focused, prevention-oriented, trauma-informed ecosystem.

We now have an unprecedented opportunity to create lasting and fundamental changes to our system that can improve the mental health of generations of children and youth. Governor Newsom's Master Plan for Kids' Mental Health, along with additional landmark investments in the Community Schools Partnership Program, California Advancing and Innovating Medi-Cal (CalAIM), Universal Pre-K, juvenile justice realignment, the Extended Learning Opportunities Program, and Family First Prevention Services, among many others, propose to transform the way California serves the needs of our kids and families. The Children and Youth Behavioral Health Initiative (CYBHI), which forms the core of the Master Plan, has already begun shaping a vision and laying the groundwork for a redesigned and reimagined ecosystem. But to succeed, we need to clearly articulate what an integrated ecosystem looks like and how it would work. This paper – developed by a multi-disciplinary working group led by Breaking Barriers California – describes the key components and functionality needed to support that ecosystem.

The recommendations highlight how our work can, and why it must, be integrated and aligned to better serve our kids. The key themes it lays out – centering the needs of children and families, breaking down silos that separate those that serve them and deeply committing to a collaborative approach – drive our work at the CYBHI.

This paper is meant to be an iterative working paper that I hope will be used, referred to and updated as we move forward together on our transformative journey to better serve children and families. It represents an early milestone in the process, rather than the end. And while we recognize that this endeavor, which Governor Newsom called "the most significant overhaul of our mental health system in state history," will not be immediate or easy, it is possible.

Through the Master Plan for Kids' Mental Health, CYBHI and other related initiatives at CalHHS, the implementation of many of the key themes in this paper are already well underway, from ensuring children, youth and families voices are represented in every phase of our work to building a behavioral health workforce that is representative of California and working across sectors and agencies.

We at CalHHS, guided by our core principles of active listening, seeing the whole person and creating a culture of innovation, will continue our efforts to foster and participate in an inclusive, cross-sector, action-oriented dialogue to define the clear roadmap needed to realize the integrated ecosystem that Californians need and is outlined in this paper.

Reimagining and integrating our systems will require us to work differently, in ways that may seem challenging and unfamiliar. But if all of us in the child-serving system – public servants, educators, health care and service providers, policymakers, administrators, advocates, and so many others – are willing to take on this challenge together, then real, transformative change is possible, and we can make a lasting difference in the health and wellbeing of California kids and families.

In partnership,

Dr. Mark Ghaly, Secretary, California Health & Human Services Agency

Executive Summary

California is embarking on its largest-ever investment in transforming the way we support the behavioral health needs of our kids. For California youth and families—and the people who support them—the demand for **an integrated system centered on the needs of children, youth and families** is loud and resounding.

Serving as the core of California's Master Plan for Kids' Mental Health, the Children and Youth Behavioral Health Initiative (CYBHI) is a $4.7 billion, five-year initiative to reimagine and transform the way California serves the behavioral health needs of our state's children and families. As part of the CYBHI's efforts, CalHHS commissioned Breaking Barriers California to examine critical issues within the current system; help articulate how current systems would need to function differently to move toward the vision of a transformed behavioral health ecosystem; and, identify key strategies the CYBHI and partners can use in their efforts to strengthen our collective capability and capacity to create and operate a reimagined ecosystem that improves the behavioral health and wellbeing of California's kids.

To achieve these goals, Breaking Barriers convened a multidisciplinary team that conducted extensive research and literature reviews, and gathered input and recommendations from over 100 youth, families, and practitioners, across communities and geographies. They found that California youth do not receive the social, emotional and behavioral health support they need. Youth from low-income communities and those that are marginalized by social, economic and political inequities and structural racism – including youth who identify as Black and Brown, Asian American and Pacific Islander, girls and women, LGBTQIA+ and those with disabilities – often face greater needs and higher barriers to accessible and responsive support.[i]

Breakdowns in and Between Our Systems

Breaking Barriers' research found that systems that makeup California's ecosystem supporting the behavioral health of children, youth, and families – including our health care, early care, education, and social service systems – are disconnected from each other and from the young people, families and communities they serve. Youth and families frequently say they can't access the support they need, when and where they need it. Many also say, as do many who work in and with the systems intended to support youth and families, that our systems are understaffed, historically under-resourced, lack the tools and cultural competency needed to address the behavioral health needs of California's diverse communities, and are rooted in long-standing systems of oppression. As a result, these systems are frequently distrusted by children, youth and families and underutilized by those who most need support. These issues are structural, within the systems themselves. Despite the tireless efforts of many committed individuals and organizations over many years, today's child and youth behavioral health system is **under-serving families**, **missing key resources** and **structurally siloed.**

A Historic Opportunity for Transformation

The State of California has acknowledged these challenges and made a landmark commitment to transform its systems to better serve children and families. The Master Plan for Kids' Mental Health is an integrated, multi-year effort that brings together investments across disciplines to more holistically serve California's diverse children, youth, and families. Along with the CYBHI, the plan includes several other major investments focused on breaking down silos and expanding youth and families access to needed services and support, such as implementing community schools, expanding coverage for and access to behavioral health services in Medi-Cal and expanding and developing the behavioral health workforce.

These historic investments represent a unique opportunity to address and transform the behavioral health system to provide compassionate care and services for children, youth, and families. While investing more dollars into the existing system will provide services to more families and have positive impacts, we will miss and potentially waste a generational opportunity for greater impact if we don't

take on the hard work of improving underlying systems. The purpose and vision of these investments are bigger and far more ambitious. **To realize their potential and create deep, lasting impact, we must use this opportunity to fundamentally change the way our systems work.**

Reimagining Our Systems By, For, and With Children, Youth and Families

For our behavioral health systems to effectively serve our kids and families, they must center on the needs of the people they serve. Doing so requires not just crafting strategies with youth and families in mind, but **ensuring that youth and family needs, voices and perspectives are represented at every level, from leadership and goal setting to quality improvement and control processes**. Youth and families must be at the table, helping guide the efforts of our education, early care, health care, behavioral health, social services and other systems.

Integrated, Accessible, and Community-Informed Support

A fundamental flaw of our existing system is that it is siloed. Thus, integration is the foundation on which a new ecosystem must be built. A reimagined, integrated ecosystem can only be achieved through **a collective effort that unifies young people, families, communities and the professionals that serve them, in shared goals, shared accountability, and shared support for the whole person, from birth through early adulthood.**[ii],[iii],[iv]

Breaking down the silos separating so many complex systems requires action that is intentional, holistic and transformational. This paper identifies components that are necessary to operationalize an effective, integrated, accessible and community-informed behavioral health ecosystem.

This process begins with a reframing of our **vision, mindset and culture**. We must develop a clear, shared vision by, for and with children and families, empower communities and families as partners to elevate their interests and commit to addressing the root issues of structural inequity.

To succeed, an integrated ecosystem must align its **structure, organization and the way resources are shared**. That means creating and embracing an integrated approach to child wellbeing and alignment across the ecosystem; investing in capacity building, technical support, and a research agenda for initiating and building local ecosystems of care; and building a larger, more culturally competent and congruent behavioral health workforce.

Lastly, we must improve the ecosystem's **function, process and outcomes**. This requires us to develop community-defined shared outcomes, accountability and continuous improvement; adopt new data- and info-sharing processes and tools; implement effective approaches to integrated funding to maximize impact, and ensure coordinated care navigation for children, youth and families.

To realize this vision, we must take action across sectors – government, non-profit, health, education, advocacy and others.

If implemented through intentional integration efforts and a collective impact mindset and design, these necessary components increase the possibility that California can realize a reimagined behavioral health ecosystem that unifies children, youth, families, communities and those that serve them in support for one another, now and into the future.

It's one thing to say our systems need to work in concert, but making changes at the scale and level of complexity that is inherent in this work requires us to overcome many obstacles. While people may support the idea of integration, putting it into practice requires disruption, which can be challenging, and many may not have a clear understanding of how an integrated system will work or what it could look like. Our team has outlined a series of steps and principles to provide practitioners and systems leaders with the infrastructure, training, skills and support needed to make the elusive concept of integration a reality.

Seizing the Opportunity for Collective Impact

There has never been a more opportune time to integrate our systems of support to better serve children, youth, families and communities. The Master Plan for Kids' Mental Health, the CYBHI and other parallel investments can drive lasting systems change. Their collective implementation, using the principles of collective impact – a common agenda, mutually-reinforcing activities, continuous communications, shared measurement, and a strong backbone[v] – will strengthen our systems and ultimately transform them into a seamless and aligned ecosystem of support.

The recommendations laid out in this paper are intended to provide a pathway of proven strategies to work through the challenges inherent in creating an integrated, equitable and accessible system. They provide both a high-level framework for how a redesigned ecosystem would function, along with more detailed recommendations that can be used to help operationalize and implement integration at the local, regional and state levels.

These recommendations invite us to take a new, collective approach to transforming our systems. They call on us to partner across sectors and organizations, to build trust, take risks and lead with the communities we serve. When we unify our efforts, when we make changes to our mindsets, systems and organizational cultures, and when we implement improvements across the ecosystem, we can achieve extraordinary benefits for all California children and families.

Working Paper Purpose, Approach and Audience

This paper was commissioned by CalHHS to articulate the functional and capability changes needed in how systems operate at the practical implementation level to realize the vision of the Children and Youth Behavioral Health Initiative for a reimagined, integrated ecosystem that puts children and families at the center and supports prevention, early intervention and general wellbeing as well as improved support for young people facing complex mental health challenges. It aims to inform and inspire the work of implementers at the state and local level of the CYBHI and other state initiatives working to support the wellbeing and thriving of California's children.

The central writing team had multidisciplinary expertise with a shared enthusiasm for the CYBHI vision. In preparation for this paper, a comprehensive effort was conducted to gather input and recommendations from youth, families, and leaders across disciplines, communities and geographies in 100+ interviews and over a dozen larger advisory group meetings, with project support and thought partnership provided by Boston Consulting Group. This effort built upon the expansive work and stakeholder engagement already done by CYBHI, leveraging the input of those both within and outside of government.

In line with CalHHS' guiding principles, including seeing the whole person, focusing on equity, and delivering on outcomes, this working paper used **five guiding principles** to shape the development of an approach to realize an effective behavioral health ecosystem. These represent key approaches desired by children, youth, families and other stakeholders. Components of each principle are manifested within the paper's recommendations and should be used to guide future work.

Integrated care should be informed by and understood through **existing systemic inequities, societal context, community resilience, and whole-person care** for children, youth and families.

The redesign and future changes to the system should originate from a **children, youth and families-centered approach**.

The continuum of support for children, youth and families should **span from prenatal care to the transition to adulthood**, and centrally incorporate the science of child development and learning.

The **system should be incentivized and rewarded** for: accomplishing greater levels of integration and transparency on available services and supports, delivering more effective supports, and collectively improving outcomes for and with children, youth and families.

All should feel a **sense of belonging and be served in the spirit of *no wrong door*** as they access care, preventive services and supports.

This paper is a discussion tool to provide guidance on the necessary components to execute a collective impact approach that will provide the greatest likelihood for meaningful, ongoing impact on the behavioral health and wellbeing of children and youth. It is Breaking Barriers' hope that: youth, families and community members use this paper to back their advocacy efforts and get them a seat at the table in designing and improving child- and family-serving systems; practitioners and local leaders use it to unite and persevere in realizing meaningful change to public programs; and policymakers and leaders at the state level continue to provide the thoughtful, foundational action and support to see these very ambitious efforts through.

The Current State of Behavioral Health in California

> "The world that we're living in today did not happen overnight, it happened over decades and decades of neglect across the spectrum… What we have now is a fragmented [mental health] system, a system that is completely disconnected, a system that has failed and continues to fail millions and millions." [vi]
> -Governor Newsom

Poor behavioral health outcomes for children and youth

California's young people experience great adversity, leading to poor mental health and fewer opportunities to thrive. Their parents, caregivers and families struggle to meet basic needs due to economic and physical hardship. Leaders in the child and youth-serving sectors work tirelessly to generate policy, direct funding and design programs supporting youth and families across systems, especially for children with complex needs. Those who work directly with these groups often go above and beyond, but the needs they face continue to grow. The situation has reached crisis levels, overwhelming our behavioral health system. In California…

- Mental health is the #1 reason children ages 0-17 are hospitalized.[vii]
- Suicide is the #2 cause of death for youth ages 10-24.[viii]
- 1 in 5 children live with a mental health diagnosis.[ix]
- 58% of adolescents with family incomes below the poverty line reported moderate to serious psychological stress.[x]

Disparities across communities

Structural inequities and racism, exacerbated by the inequitable delivery of behavioral health services, lead to worse mental and behavioral health outcomes for youth and families in underserved communities. Those in marginalized and minority populations are disproportionately affected, including those who identify as Black and Brown, Native American, Asian American and Pacific Islander; girls and women; those who are LGBTQIA+, and those with disabilities.[xi]

These individuals face heightened challenges and more adverse childhood events (ACEs) than their peers.[xii] Their lived experiences and mental health outcomes are impacted by their social determinants of health.[xiii] For example:

- Poverty and debt can increase family and caregiver stress, which can lead to anxiety and depression.[xiv]
- Exposure to police violence amongst Black males is correlated with higher levels of PTSD than any other demographic group.[xv]
- Fear of deportation exacerbates anxiety, fear and depression in Latino and Asian-Pacific Islander communities.[xvi]

COVID-19 worsened what was already an epidemic

The mental health crisis and its disproportionate impacts among traditionally underserved communities has worsened in recent years. The trauma, grief, isolation and stress experienced during the COVID-19 pandemic further strained California's children, youth and families, resulting in decreased social connectedness, poorer educational outcomes, increased depression and anxiety, and increased loss of young life. During the pandemic:

- 1 in 3 high school students experienced poor mental health (most of the time or always) in 2021, and 1 in 2 experienced persistent feelings of sadness or hopelessness.[xvii]
- Substance use and abuse by youth and their family members rose significantly through 2020.[xviii] [xix]
- In 2020 and 2021, non-white children lost caregiving adults at 3.5x the rate of their white peers.[xx]
- Suicidality among Black youth in California increased by 28% in 2020, more than any other racial group.[xxi]
- Emergency department visits for suspected suicide among girls rose 50% nationally in 2021.[xxii]

Additionally, low-income communities and communities of color have borne the brunt of the pandemic's economic and physical effects, further exacerbating the disparities in child and youth behavioral health outcomes.[xxiii]

Changing the trajectory

Despite today's social inequities, the harms of the pandemic and concerning trends in outcomes, individuals and communities remain incredibly resilient. A person's behavioral health can improve with prevention and intervention at every stage of life. For example:

- Robust support for a child's family can set the foundations for healthy brain development in the womb.[xxiv]
- Good health, positive and nurturing relationships with adults, and exposure to safe neighborhoods provide a sense of security and skills to cope with challenges.[xxv]
- An enriching school environment fosters social connectedness and positive self-efficacy and mitigates against anxiety and depression.[xxvi]
- Preventive behavioral health programming at an early age can help buffer against the impacts of adversity.[xxvii]
- Timely, community-based interventions can help prevent behavioral health crises for children and youth.[xxviii]
- Well-coordinated, holistic care for complex and intensive behavioral health needs can lead to improved youth functioning and school achievement, and decreased justice-related events.[xxix]

That being said, many children, youth and caregivers express that they need a starkly different approach towards behavioral health than what is being offered today – the system has failed them and caused or exacerbated serious harm because the care offered is either inappropriate, ineffective, or altogether inaccessible. When asked what support today looks like, California youth responded:

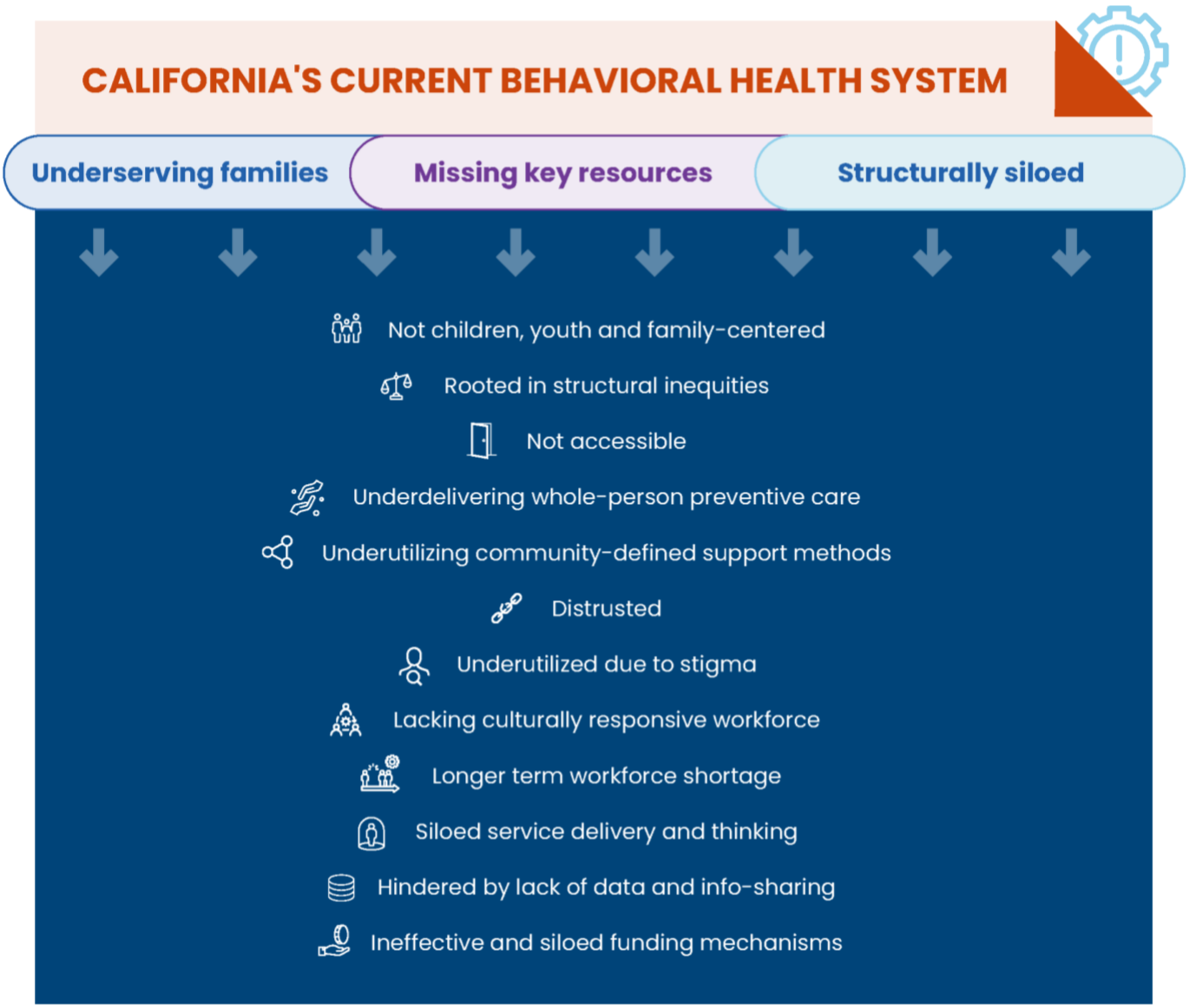
> "Unacknowledged harm gets in the way of hope. Many young people feel that the behavioral health systems they have encountered have not only failed to meet their needs but have actually caused harm. It's difficult to feel hopeful about the possibility of real change until that experience is acknowledged, feelings are validated, and people with authority take responsibility."

Breaking Barriers' analysis concluded that an equitable, accessible, appropriate, responsive, and effective ecosystem can only be achieved through a collective effort – one that involves young people and their families in the design and ongoing improvement of the ecosystem and that holds the child-serving system collectively accountable to children, youth and families from birth through early adulthood. To make this collective effort possible, there must be a shared understanding of the challenges to be addressed and shared integrated commitment to addressing them.

"A redesigned ecosystem for children, youth and families in California will advance equity; be designed for youth, by youth; start early and start smart; center around children, youth, and families; empower families and communities; provide right time, right place care; and be free of stigma." -Aspirations set forth by CYBHI

Key Current Behavioral Health System Challenges

Breaking Barriers research found that California's child and youth behavioral health system today is underserving families, missing key resources and structurally siloed.[xxx]



It is important to keep in mind that in the list of the challenges identified above–there are overlaps and interactions between issues. Also, efforts to address these cross-cutting problems need to take into account the disparate impact on various intersections of identities, particularly marginalized children and youth. In sum, today, California's child and youth-serving behavioral health system is:

Not adequately accessible

Affordability is a key barrier.[xxxi] On top of that, wait times for services are often months long due to limited workforce and system capacity, variation across payers, and lack of geographic and in-person coverage.[xxxii],[xxxiii] This results in children, youth and families experiencing barriers to accessing necessary support across the continuum of care. Efforts to raise awareness of available free and low-cost supports are often not high-impact or well-targeted, such as for vulnerable youth with frequent changes in insurance status. Furthermore, it can be traumatizing when people are not able to opt in or out of a certain intervention during a crisis (e.g., involuntary admissions, police involvement, family separation), highlighting the need for children and youth to have agency in their care and the critical importance of families and communities as their support system.[xxxiv],[xxxv]

> "It is a full-time job to get what you are entitled to (medication, education, health, food, etc.), you spend your entire day going from one system to another."
> -Education consultant

Rooted in structural inequities

Marginalized populations face greater adversity due to systemic oppression, resulting in more frequent and worsened behavioral health challenges.[xxxvi],[xxxvii] Interviewees further noted that past initiatives to address mental health have been an effort to minimize the symptoms of structural racism, doing little to address the roots of a system built on inequity. Children and youth have told us that beyond the burden oppression places on them, seeing their families suffer endangers their own mental health.

> "Certain communities lost trust in government because they have criminalized communities of color." -Education leader

Not centered on children, youth and families

It was often stated that decision-making structures are not currently designed for partnering with children, youth and families to center their needs or including their genuine participation in decision making. This gap creates a system that underserves everyone and lacks accountability for both system-level and community defined outcomes that matter to children, youth and families.

> "Youth need to be involved in the creation and transformation of systems; we must bring youth into the design process from the outset." -Youth

Distrusted by children, youth and families

For many, especially in marginalized communities, there is a mistrust of the systems intended to serve and support children, youth and families - rooted in historic and ongoing harmful practices and policies.[xxxviii] It is critical for the redesigned ecosystem to work to address these issues and rebuild trust with those being served; it needs to be and feel welcoming and empathic, rather than “scary” or “harmful.”

> "[School-based support and/or mental health services] is always fraught with fears and running thoughts such as, ‘Is this person going to use it against me? Are they going to sit here and blow it out of proportion?’ Like, what can they do? I feel like it's always this kind of backstabbing stuff that I'm worried about.”
> -High school student

Missing a culturally competent workforce

Many highlighted that the behavioral health workforce lacks cultural competency, congruence, lived experience and meaningful diverse representation. Even when a young person does receive behavioral health care, it is not often with a provider who is resonant with their identity. Barriers to building a more representative workforce include low pay, lack of robust pathways for diverse candidates, and stringent credentialing and licensing requirements.[xxxix] In addition, the entire child-serving workforce would benefit from more information and trauma-informed training to enhance cultural competence and congruence.[xl]

> "You have a disconnect between race and class. 75% of Medicaid is Black and Brown, and 65% of clinicians are white." -Workforce Health Director

Siloed in its service delivery and thinking

Interviewees noted that as a result of siloed organizational structures and processes, policy barriers and misaligned incentives, child-serving entities are often disconnected, mistrustful of one another, incentivized to shuffle responsibilities, and operate in a mindset of resource scarcity. Most importantly, the complexity of navigating this siloed system at both the state and local levels prevents people from accessing services they need, when they need them. This results in many children and youth 'falling through the cracks.'

> "Fourteen different silos in 58 different counties - how do you expect young people to have the same access across the state?" -Medical Director

Ineffective and siloed in its funding mechanisms

Interviewees identified the sources of funds and how they are used as a structural barrier, describing them as excessively partitioned, overly complex, and under-spent / under-utilized. This prevents funds from being used in alignment with the needs of children, youth and families. In addition, a perceived scarcity of dollars and the siloed nature of systems creates incentives to prioritize minimizing costs over providing effective care.

> "There is a lot of competition over service delivery, who gets to do what, and also cost containment. For example, you go to them, but you don't qualify for welfare." -Behavioral health leader

Hindered by insufficient data/information sharing

The ability to provide effective care for individual children and youth, as well as support systemic evaluation, is hindered by insufficient data and information sharing. Child-serving entities are not effectively coordinating to provide care for individual children and youth, due to culture, policy, infrastructure and processes. Furthermore, inconsistency and inequity in information collection leads to misrepresentative or incomplete data and analysis on the effectiveness of today's system across populations.

> "Between HIPAA and FERPA, there's just no flow of information and we don't have a complete picture. We try to become health outcome-oriented, but it's hard to put the pieces together." -Healthcare services professional

Underdelivering whole-person preventive care

The system has had a longstanding focus on treating severe, acute diagnoses, often via intensive methods and medication, rather than funding and scaling whole-person preventive care, early intervention, non-clinical services and supports (e.g., safe outdoor space, community events, nutrition), and step-up/step-down care.[xli] Children and youth often reach crisis levels before behavioral health is addressed at all. Even then, care is often insufficient, compounded by families' economic hardships.

> "Just like we have to make sure that [children] get yearly physicals [we need to make sure] that each child gets an emotional evaluation as well." -Parent

Experiencing a long-term workforce shortage

The drastic shortage in supply and pipeline of child and youth behavioral health practitioners, especially specialized providers, has been well-documented.[xlii] Additionally, there is insufficient training and support for adults who work with children and youth. As a result, there is a dearth of people available to deliver services to children and youth, along with a mismatch between the skills that child-facing adults are equipped with and the increasingly prevalent needs of children and youth.

> "You cannot have one counselor for every 900 students; that's a factory model." -Education leader

Underutilizing community-defined methods of support

Today's services and supports are not meeting the needs of communities. Community-defined supports such as safe spaces to discuss mental wellness, traditional healing, access to green spaces, community-building events, and art therapy are frequently not prioritized or sufficiently resourced.[xliii]

> "You don't need to be a therapist to be therapeutic." - Children's mental health leader

Underutilized due to stigma

People are often deterred from seeking support due to systemic, societal and institutional stigma. This can result in problems becoming more severe through lack of treatment. Behavioral health providers themselves can be subject to bias and contribute to stigma against mental health and substance use issues. As a result, youth and families often do not experience the system as welcoming, empathetic or accepting.

> "[I'd] be scared that my teachers are going to think that something is wrong with me." -Community college student

Reimagining California's Behavioral Health System

With the above reality in mind, we are in a moment of unprecedented opportunity to create real change. The public, policy makers and public servants have brought behavioral health to the top of their agendas. We have reached a breaking point for the system as the global pandemic and racial reckoning have drawn necessary attention to the drivers of poor behavioral health outcomes. There is strong commitment in favor of action throughout California, with legislative initiatives including, but not limited to SB75[xliv], AB 2083[xlv] and the Mental Health Student Services Act (MHSSA)[xlvi] laying the groundwork for meaningful collaboration and alignment.

There has been unprecedented funding to the child-serving system at the direction of the Legislature and as a result of the Governor's leadership. A record **$4.7B** was dedicated to the Children and Youth Behavioral Health Initiative (CYBHI), which is core to the Governor's Master Plan for Mental Health in California.[xlvii] Breaking Barriers has identified myriad investments by California with great potential for pursuing vision-aligned initiatives to support whole child and youth co-creation including: **>$5B** invested in CalAIM,[xlviii] **$4.1B** in community schools,[xlix] **$2.7B** in universal pre-K,[l] **>$4B** in expanded learning,[li] **$2.6B** in behavioral health infrastructure and bridge housing,[lii] **~$1B** in educator workforce development,[liii] **>$120M FY23** in juvenile justice realignment,[liv] **$500M** in family first prevention services,[lv] **$7.2B** in CalWORKS,[lvi] and **$600M** for universal school meals.[lvii]

These initiatives in concert with the CYBHI present a unique opportunity to build on each other and collectively address foundational challenges such as poverty and food insecurity while also supporting education and behavioral health. Together, these initiatives represent an historic, once-in-a-generation investment, unheard of in California or any other state. This new investment needs to be leveraged within and across systems to transform the existing investment in child and youth health which are in excess of $75B per year and a public education system in excess of $110B per year.[lviii]

CalHHS's Children and Youth Behavioral Health Initiative (CYBHI) creates a powerful vision to enhance, expand and redesign the systems that support child and youth behavioral health. The goal of the CYBHI is to reimagine mental health and emotional well-being for all children, youth and families in California by realizing equitable, appropriate, timely and accessible behavioral health services.

The CYBHI is being designed and implemented in partnership with CalHHS departments, education stakeholders from early childhood, K-12 and higher education, other State agencies, subject matter experts, community partners and stakeholders on the ground and in the field, and children, youth, and their families. Appendix D provides an illustration of the CYBHI's workstreams.[lix] Strong momentum and early progress is emerging across the initiatives, tracking towards milestones over the next 5 years.

Integration and Collective Impact are the Pathway to a Reimagined Ecosystem

"First, we need system integration - there is so much duplication of effort, missed opportunities and barriers." - Education leader

The totality of our challenges today are daunting – there is no disputing this fact. For decades, the state's child-serving systems and the dedicated staff within them have worked tirelessly to care for complex, interconnected human beings with systems that are functionally and structurally siloed, falling short in achieving the ecosystem Californians need.[lx] [lxi]

Through interviews conducted and information gathered, Breaking Barriers found that the system today does not reflect an accessible, responsive, effective, or sustainable ecosystem for child and youth behavioral health. **More strikingly, the most frequently cited solution to achieving such an ecosystem by nearly every interviewee was better integration across a diverse set of child-serving systems which are largely not incentivized or supported to work that way – integration that is bolstered by robust community involvement and a shared vision and approach.**

Notably, within currently segregated sectors, there are bodies of work that point to this very effort of integration. Yet, these efforts (which go by different names such as – system of care, collective impact, interconnected systems framework (ISF), and multi-tiered system of support) remain siloed making it difficult to fully realize the effectiveness of each or to align efforts across service sectors.

Research indicates that systems that are holistically unified and intentionally designed to pursue meaningful coalition building, comprehensive support and shared practice and accountability are successful beyond those that operate under siloed collaboration models.[lxii] Further, when this meaningful cross-sector collaboration is operational, the return on the publicly invested dollar is significant. Short-term funding is more wisely invested as it contributes to prevention, early intervention and the ability of children and their families to achieve long-term gains, such as educational success and socioeconomic stability, as well as helping ensure that children with intensive behavioral health service needs have those needs met in a timely and more effective way. Our current systems, despite historic, incremental improvements, represent the former siloed, disjointed, and targeted efforts.[lxiii]

The case for a fully integrated ecosystem

"The dynamic is siloization, they define the issue according to their needs, not the child's needs. In an ideal world, we would have the child and family's needs first and foremost." -Public health leader

A **truly integrated ecosystem** needs to weave together partners, initiatives and investments in order to center children, youth and family voices; realize comprehensive services and supports that are mutually reinforcing; coordinate funding; and hold us collectively responsible for progress and improved outcomes. **Seamless integration** of behavioral health and education is a core component to this vision.

It is through intentional and dedicated efforts to shift the culture of local governmental and non-governmental organizations that we will succeed. We must build a reality in which we create common – not competing – objectives, share – not hoard – funding, build up the capacity of – not replace – trained professionals, and incentivize – not penalize – professionals for their collaborative efforts. We have a once in a generation opportunity to **think in new ways**, embrace **joint responsibility**, and **identify the path to move as one** towards a new future.

There's no doubt change will be difficult, requiring effort, collaboration, and accountability. Many of the successful integration efforts that show the path to this redefined ecosystem take time, perhaps years and even decades, with each starting in a different place than the next. But what remains constant is the child-, youth- and family-centered focus that invites a collective of professionals and systems to join with children, youth and families in shared leadership, care and support for one another. Skeptics might point out that there is already funding dedicated to pursuing integration and that the existing policy framing already defines the solution. However, it is this illusion that may cause us to miss the opportunity that currently sits before us. What is needed is not remaining within our current boundaries set out by the policy architecture, but instead **radically letting go of these boundaries and redefining them together** as one seamless and responsive child-serving system.

Research indicates that the throughline to success is the intentional implementation of a collective impact approach.[lxiv] [lxv] [lxvi] Without adherence to the unifying principles of collective impact – a common agenda, mutually-reinforcing activities, continuous communications, shared measurement, and a strong backbone – efforts and initiatives across health, education, child welfare, juvenile justice, and other settings will not organically align into the ecosystem California children, youth and families deserve. This is true even when the stated goals of these efforts seem to align on paper. This working paper offers a concrete set of **10 necessary components** (described at length later in this document) to be implemented through a collective impact mindset and design to realize the reimagined behavioral health ecosystem that California seeks.

Breaking Barriers' efforts validated this, finding that without intentional collective impact work towards a united ecosystem, these initiatives will continue to remain siloed and fall short of achieving a holistic child serving ecosystem that maximizes impact by, for and with California's children, youth and families.[lxvii] [lxviii] [lxix] In addition, it's not possible to realize a collective impact effort, such as a fully integrated and responsive child serving system, without robust technical assistance that can support adult learning, understand the challenges behind systems change, and institute sustainable infrastructure for that change.

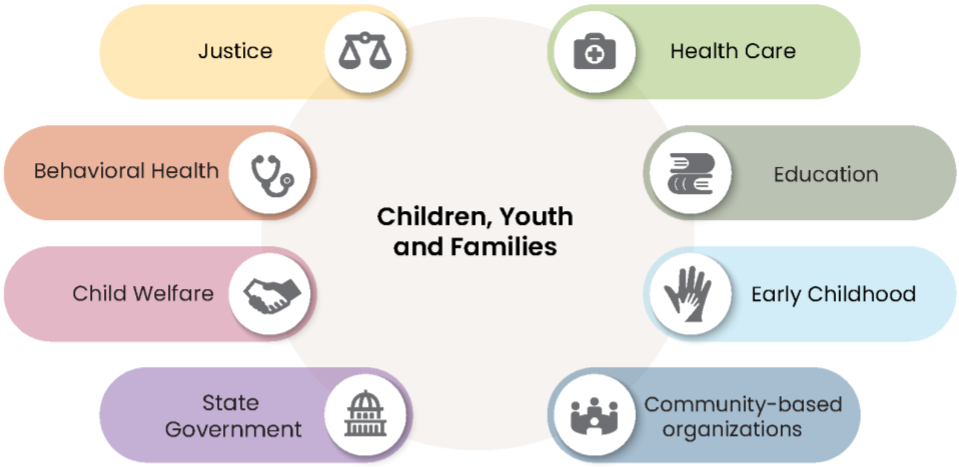
The graphic below illustrates a model of an ecosystem that unifies children, youth, families, communities, and those that serve them in support for one another, now and into the future.

Collective Impact For An Integrated System

The New Normal: What is needed to ensure integrated, equitable, accessible and community responsive support for children, youth and families?

Who is Involved:

Young people, families and those who support them.



What is Required:

An Integrated Youth- and Family-Serving System

Centering children, youth and families in leadership, shared goals, program and system design, accountability and continuous improvement

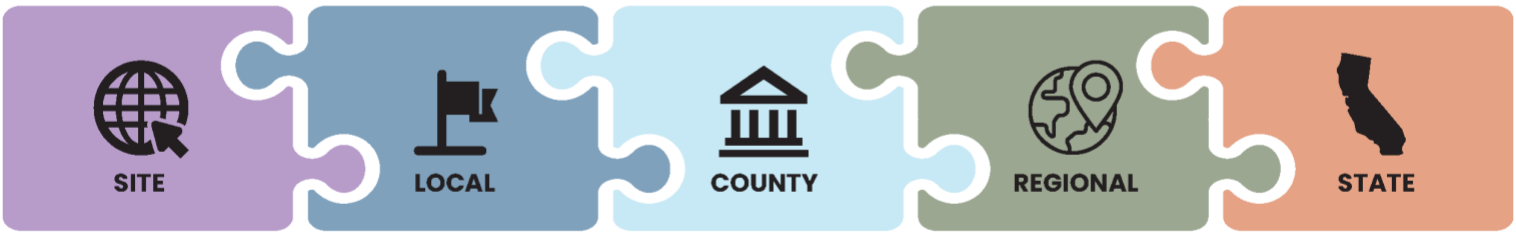
Larger, culturally responsive and congruent workforce

Incentives for integrated financing and maximization of state and federal funding

Providing training and coaching that operationalize integration and new ways of working

How:

Action at every level, from clinic and school sites to county departments all the way to state agencies



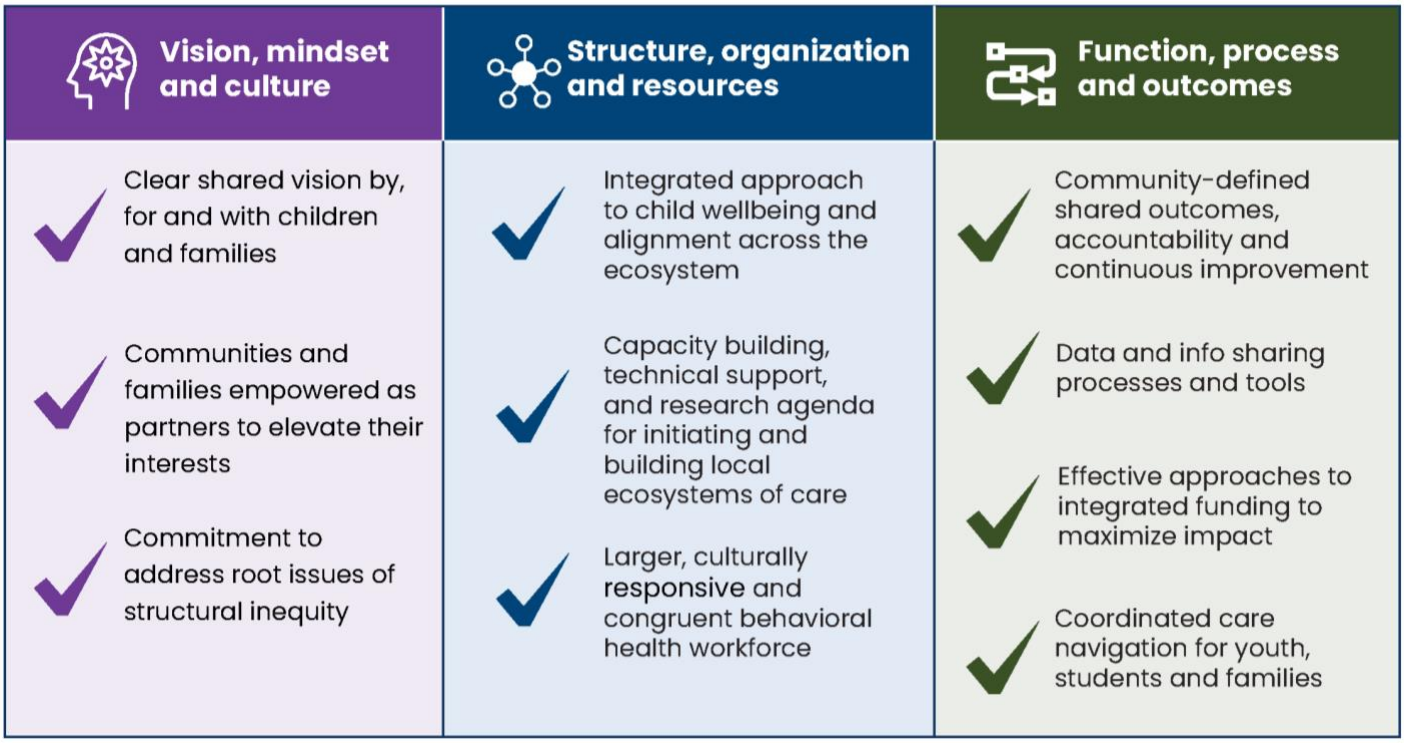
- Clear shared vision
- Communities and families empowered as partners
- Addressing root issues of structural inequity
- Integrated approach and alignment across the ecosystem
- Capacity building, technical support and research
- Larger, culturally responsive and congruent behavioral health workforce
- Shared outcomes, accountability and continuous improvement
- Data and info sharing
- Effective and integrated funding
- Coordinated care navigation

A starting point for discussion, this graphic demonstrates how the necessary components for collective impact described below could structurally and operationally fit together to realize a redesigned behavioral health ecosystem from the state level, to the local level, and across California's communities for children, youth and families. Critically, it represents the creation of integrated leadership at the state and local/regional level that is necessary to develop and deliver against shared vision, goals and outcomes. It highlights how this integration connects children, youth and families to those that serve them, as partners in the design and delivery of a comprehensive array of supports and services, from prevention to intensive intervention. Together, this model reflects the evolution of our mindset, structure and processes to a collective impact approach that realizes a redesigned behavioral health ecosystem.

Necessary components for a redesigned ecosystem

Based on the interviews and research conducted, along with the experiences of the writing development team, this section offers Breaking Barriers' ten proposed necessary components that are intended as a tool for dialogue and action to realize the equitable, accessible, appropriate, timely, responsive, and effective reimagined ecosystem California seeks to achieve. Three core areas of work emerged as necessary to realizing a redesigned ecosystem:

1. Shift to a shared vision, mindset and culture
2. Align structure, organization and the way resources are shared
3. Improve function, process and outcomes



Each of these components is necessary and must work together to realize meaningful practice and systems change. This is not just a checklist. It is a set of guiding principles and related work that is in itself interconnected and can only be effective if implemented as a whole including each of the interworking parts. The information below includes a description of the component, the rationale for it as part of a collective impact approach, and examples of implementation efforts through CYBHI, other state initiatives, and work in the field.

Vision, mindset and culture

Successful transformations require clarity of purpose and genuine change in culture. Such foundational shifts make change sustainable, because vision, mindset and culture shape the multitude of actions, small and large, that occur in the system.

Clear shared vision by, for and with children and families

Necessary Component 1:
Clear, shared vision by, for and with children, youth and families where child-serving entities join with each other, and with youth and their families, to ensure that services and systems are fully aligned with the needs and desires of the people being served.

> "When you look at a family's perspective, you realize how fragile and disconnected the pieces are. The poor parents try to hold the pieces together and there's nothing making it more user friendly." -Health policy expert

At state and local levels, behavioral health agencies and organizations frequently operate with divergent visions created without significant input from the children, youth and families served. This creates visible misalignment between needs and actions, which nearly all interviewees cited as an impediment to the behavioral health system being effective. SAMHSA offers this counsel to policymakers and practitioners, "children and youth themselves, and the families and caregivers who care for them, hold the greatest interest in achieving successful outcomes and the community as a whole benefits when those outcomes lead to productive adult citizens who have overcome barriers and obstacles to reach maturity." To create the common agenda required for successful collective impact, child-serving entities across the state should join with each other and children, youth and families to define a shared vision that can be propagated across the state, adapted to local needs, and embedded into shared goals, organizational cultures and practices.[lxx,lxxi]

Examples of Necessary Component #1 in Practice:

CYBHI	Other State Initiatives	From the Field
Engagement of youth and parents in identifying the systems changes needed through the CYBHI to support youth wellbeing and behavioral health and in shaping the approach, structure and goals of multiple CYBHI workstreams.	The California Department of Education Community Schools Partnership Program, Medi-Cal Comprehensive Quality Strategy, California Accountable Communities for Health Initiative, and CDPH-funded All Children Thrive program engage youth and families in setting the vision and goals and designing the work of the initiative.	The City of Salinas and Monterey County brought together more than 70 community members and organizations to define a clear, unified mission, vision and strategy to reduce gang violence. The strategic work plan developed by the coalition, the Community Alliance for Safety and Peace, created a single operational structure to implement the shared strategy, prioritizing meaningful community engagement. These efforts set the stage for a 60% decrease in youth violent assaults in Monterey County from 2006-2015.

Communities and families empowered as partners to elevate their interests

Necessary Component 2:
Communities and families empowered as partners to elevate their interests where young people, families and other community members get a seat at decision-making tables to ensure that culturally responsive, whole-person preventive care; early intervention; non-clinical services and supports are available.

> "Right now we have unidirectional communication from agencies to families. But we need meaningful bidirectional communication instead. Families and youth need to be co-creators of the environment." -Psychologist

Historically, the behavioral health system has not consistently centered the needs of children, youth and families. The youth and families engaged by Breaking Barriers emphasized the importance of their having agency and genuine voice both in care decisions and in policymaking. Research also supports the claim that partnership with communities and families is a core element of success: as the Institute for Local Government observed in a systems change study, governments must "authentically view and relate to consumers and their family members as part of the solution and an equal partner in reaching shared intentions and goals."[lxxii] A transformed behavioral health ecosystem needs to put children, youth and families in true positions of power, which would result in the elevation and centering of their needs and desires that child-serving entities exist to support.[lxxiii] True partnership will support the continuous communication and trust-building necessary for collective impact.

Examples of Necessary Component #2 in Practice:

CYBHI	Other State Initiatives	From the Field
Youth are directly helping shape the design and practice of CYBHI workstreams including the Reducing Stigma Public Awareness Campaign, name and role of the new "Wellness Coaches," investments in training of transition-aged youth peer support personnel, and design of the virtual services platform.	Multiple state initiatives formalize requirements for community and family input, including the Community Schools Partnership Program, the Office of Child Abuse Prevention Strong Communities Grants, Integrated Core Practice Model in the child welfare system and the California Reducing Disparities Project.	Expecting Justice seeks to center the "voices, experiences and solutions of Black and Pacific Islander women and birthing persons" to support infant and maternal health in San Francisco. One mechanism that Expecting Justice has employed to ensure their voices are centered is to ensure that those with lived experiences "have the 'last word' in the steering committee before any votes are taken."

Commitment to address root issues of structural inequity

Necessary Component 3:
Commitment to address root issues of structural inequality where the accessibility of services and supports is improved because distrust is proactively acknowledged and healed.

> "Until you acknowledge it is a bad system, you're working in it so you're reinforcing it. The system has criteria that discriminates against specific groups. The core of the system is flawed." -Social worker

Nearly every individual and group interviewed highlighted structural inequity as a key driver of poor behavioral health outcomes. There are countless forms of inequity that inhibit children, youth and families from flourishing, including structural racism and poverty, disability status, discrimination based on gender or sexual orientation and exclusion due to language barriers. These inequities often manifest as a lack of access to quality schools, good paying jobs, healthy food, quality healthcare, affordable housing, and safe neighborhoods, with many of these inequities perpetuated by the behavioral health system. To truly and fully serve all children, youth and families, and to proactively heal the distrust that has been created by this inequity, a strong commitment to address the root issues of structural inequity is required.[lxxiv]

Examples of Necessary Component #3 in Practice:

CYBHI	Other State Initiatives	From the Field
The CYBHI Equity Working Group is bringing together those with lived experience, government representatives, educators, providers, researchers, advocates, and others to develop a recommended equity framework for the initiative and an Equity Tool for CalHHS to incorporate and center equity at the process level. For example, some HCAI workforce programs provide financial wrap-around supports to improve student outcomes.[lxxv]	There are multiple ongoing efforts in the state to address root causes. For example, The *California ACEs Aware Initiative* has screened more than 600,000 Californians in Medi-Cal with work to create treatment plans to help patients heal from the impacts of trauma and toxic stress. The Community Schools Partnership Program grants target local education agencies based on prevalence of low-income, English learner, and foster students as well as rates of suspension and drop outs, allowing funding to flow to highest-need areas.[lxxvi] The California Department of Social Services recently awarded $25 million in grants for *universal basic income pilots* for pregnant individuals and former foster youth.	In Maricopa County, Arizona, the regional behavioral health authority piloted the integration of housing support services into mental health clinics, which served majority women and a disproportionate number of Black Maricopa County residents (more than twice as many by percentage). A statistical analysis by University of Chicago researchers published in *Health Affairs* showed that the pilot drove a 20% reduction in psychiatric hospitalizations and a 35% decrease in total behavioral health costs.

Structure, organization and resources

For decades, child and family serving systems have attempted to coordinate and collaborate. While sometimes leading to improvement, these efforts fall short of a sustainably aligned approach for use of resources, policy and practice necessary to achieve whole-person care.

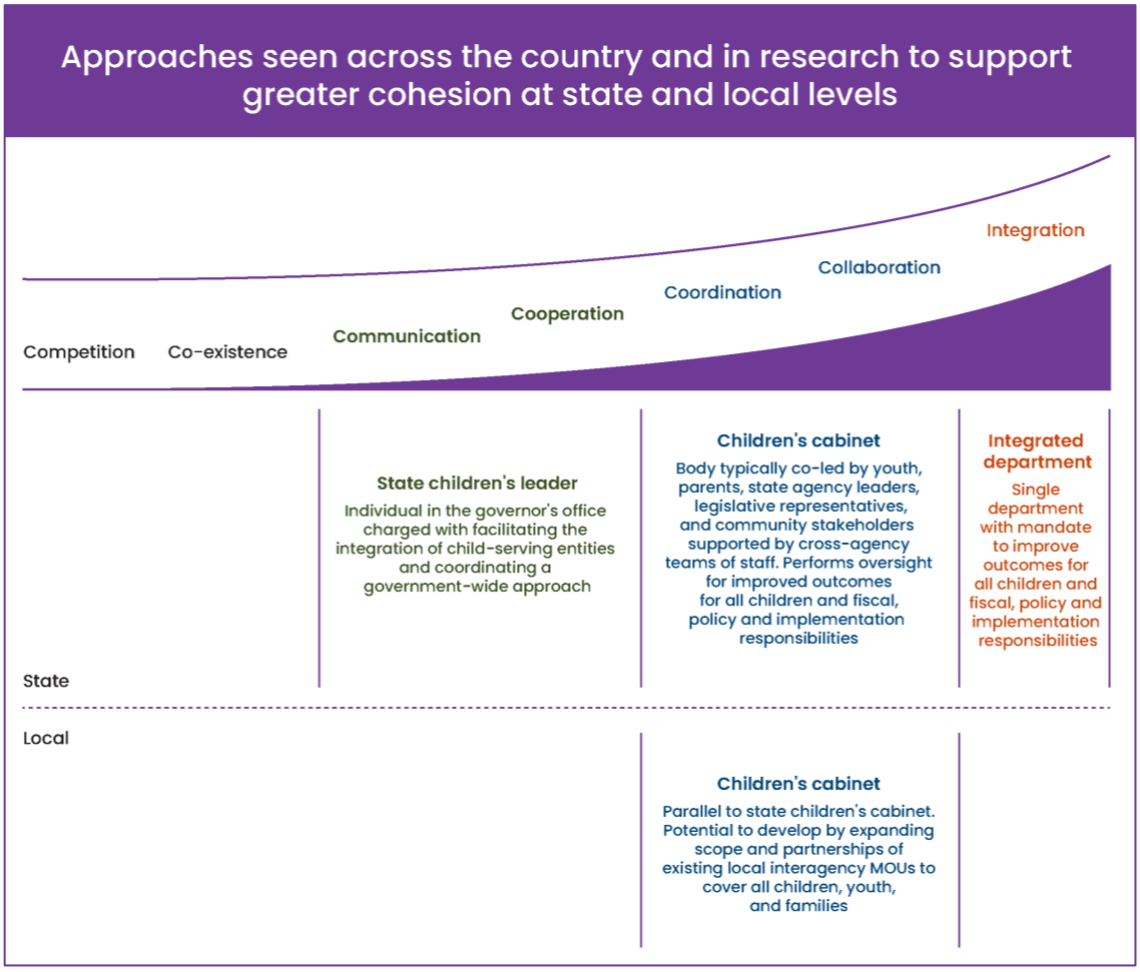
Integrated approach to child wellbeing and alignment across the ecosystem

Necessary Component 4:
Integrated approach to child wellbeing and alignment across the ecosystem where child-serving organizations inside and outside of government work together to provide a full array of supports that can be seamlessly accessed.

> "Across mental health, health, and schools, we don't have an organization or collaborative framing to continuously think about how to integrate the work."
> -School system leader

Many aspects of the existing child-serving system at both the state and local levels have developed in siloes, inhibiting their efficacy and efficiency. Critically, these siloes undermine the ability of children, youth and families to receive seamless care and benefit from the cohesive programs and policies that a well-organized system can deliver. Siloing has also historically contributed to a mindset of scarcity among entities who must compete with one another for limited resources. Moreover, "micro-integration" efforts do not fully address the challenges facing children, youth in families and may even create new siloed integration efforts.

To sustain success and align vision, personnel, programs and policy across the state and local levels requires moving up the cohesion spectrum. At the state level, the development and proper resourcing of a collective impact structure that brings together agency leaders, families, and youth, perhaps leveraging and expanding an existing state-level body, could move the system up the cohesion spectrum. At the local level, greater cohesion could be achieved by expanding existing interagency leadership teams to cover all children and youth, bring young people and families into decision making roles and committing resources to adequately staff coordination and integration efforts themselves.



Research from the California Health Care Foundation shows that higher levels of cohesion deliver superior outcomes for children, youth and families.[lxxvii] Arizona's integration of various state agencies' roles in physical and behavioral health resulted in "increases in preventive care and reductions in hospitalizations due to better-coordinated care for dual eligible individuals," according to a review from the California Health Care Foundation.[lxxviii] In Washington, a similar integration resulted in improvements to 11 of 19 outcome measures, ranging from substance use disorder treatment penetration and follow-up visit rates to percent employment.[lxxix] A state collective impact structure and local expanded interagency leadership teams would form the "strong backbone" that research proves necessary to guide collective impact efforts.[lxxx]

Examples of Necessary Component #4 in Practice:

CYBHI	Other State Initiatives	From the Field
CYBHI is working to build foundational elements for more coordinated efforts across the youth BH ecosystem, including for example the Student Behavioral Health Incentive Program, which provides financial support for strengthening behavioral health partnership infrastructure—between Medi-Cal Managed Care Plans, County Offices of Education (COEs), Local Educational Agencies (LEAs), and county behavioral health department and other stakeholders—to identify appropriate Targeted Interventions to meet the greatest needs of student populations and increase the number of TK-12 students receiving preventive and early intervention BH services.	Several state initiatives include development of integrated, cross-system infrastructure to improve outcomes for children and youth, including System of Care/AB 2083, ACEs Aware Networks of Care, planning and implementation of the Families First Prevention Services Act, CalAIM Enhanced Care Management, and the work of the Office of Youth and Community Restoration.	Sacramento, Ventura and Solano counties, among others, have AB 2083 System of Care MOUs that address “all children and youth” rather than only those involved in the child welfare system, expanding the set of entities and stakeholders who come to the table to develop shared policy and practice. Calaveras, Monterey and Santa Clara County System of Care Interagency Leadership Teams are actively led by education or judicial representatives, ensuring that collective action includes a broad set of entities that serve children. Maryland Children's Cabinet Local Management Boards convene local stakeholders for planning, coordination, and influencing allocation of state resources for children, youth and families. The local boards collaborate with the Children’s Cabinet to fulfill state priorities and coordinate services.

Capacity building, technical support, and research agenda for initiating and building local ecosystems of care

Necessary Component 5:
Capacity building, technical support, and research agenda for initiating and building local ecosystems of care so that child-serving organizations have the know-how to effectively engage the community and achieve full-service integration.

"To the extent you can create systems with local level flexibility, but core accountability, is critical. Identifying what's most needed and how to implement that at the local level is complex, and having structures like Technical Assistance to flexibly support local communities is helpful." -Implementation Researcher

"Once we have a clear focus, then we tie together programs, approaches, and practices that will help fix our system." -Child advocacy leader

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The design of the current child-serving sectors in California actively promote and incentivize siloing, even in technical assistance pursuits. To overcome these silos, the knowledge, skills and abilities needed to provide comprehensive care – including prevention and early intervention – must be collectively taught, nurtured, and applied in the more specific context of education, health, and other sectors alongside the specific technical assistance (TA) needs of that discipline. Studies in change management have found that training and demonstration alone are not enough to create meaningful practice change. Ongoing practice and coaching, as offered through technical assistance, is critical for sustained adoption and implementation over time.[lxxxi]

In order to foster and accelerate collective mindset and action, a statewide support for child and family-serving systems should be established, such as a Center of Excellence, to actively bring sectors together that use integration as its origin instead of a single discipline. This would foster innovation, support the transformation of policy implementation and practice, and align resources to deliver timely access to necessary, effective, and equitable services for all children and families.

Examples of Necessary Component #5 in Practice:

CYBHI	Other State Initiatives	From the Field
CYBHI includes technical assistance and capacity building as part of several workstreams that could be built upon and connected with other aligned TA and capacity building efforts such as community schools.	Several state initiatives embed technical assistance and capacity building to support the development of more coordinated, equitable systems, including Community Schools, the California Accountable Communities for Health Initiative, California Health in All Policies Task Force, the CDSS Integrated Core Practice Model, and Office of Child Abuse Prevention planning funds, that provide a strong foundation for technical support in a collective impact approach. [lxxxii]	The National Center for School Mental Health (NCSMH) at the University of Maryland functions as a national center of excellence for school-based mental health, supporting local systems in planning and implementation of initiatives such as Multi-Tiered System of Supports, data-driven decision making, and cultural responsiveness and equity. New Hampshire, through SB 14, has established a System of Care Resource Center for children's behavioral health to support the implementation and operation of trauma-informed and evidence-based children's behavioral health services in the system. The center is to act as a clearinghouse for information and statewide resources on evidence-based practices. Additionally, it will facilitate collaboration among agencies and service providers.

Larger, culturally responsive and congruent behavioral health workforce

Necessary Component 6:
Larger, culturally competent and congruent behavioral health workforce so that child-serving organizations have the capacity to deliver on culturally responsive, community-informed and -designed supports and services.

"Research has shown that communities of color have less access to health and behavioral health services. And once they do get access, they are much less likely to continue with services if those services are not culturally competent."
-Education leader

"The workforce is depleted, exhausted, enraged and no one addresses it. We need organizations and systems that care and support the wellness of the workforce so we can recruit and retain people." -Social worker

A consistent theme in interviews and research was that the behavioral health workforce is insufficient to meet the needs of the children, youth and families they serve or to sustain the wellbeing of those workers. Often, there is misalignment between the cultural responsiveness and congruence of the workforce and the communities being served. Moreover, communities are not asked to give input on the solutions which will address the cultural concerns of the community so that solutions can be informed, responsive and effective. Expanding the size of all professions in the behavioral health workforce, including paraprofessionals and primary care physicians, is necessary to increase access to timely, local care, as well as decrease the risk of burnout. Additionally, acting to improve the cultural responsiveness and congruence of the workforce will help enable BIPOC and LGBTQIA+ youth to feel seen, heard, and understood, and help workers feel valued and fairly treated. Lastly, investing in career pipeline programs and including peer and other community defined supports in workforce development curricula can provide an effective expansion of the workforce long term.

Examples of Necessary Component #6 in Practice:

CYBHI	Other State Initiatives	From the Field
A core focus of the CYBHI is developing a larger, more diverse and representative Behavioral Health Workforce that reflects the diversity of California's children and youth, including investing in career pipeline programs, loan repayment and scholarship programs, development of the new Wellness Coach role, building the Substance Use Disorder Workforce and supporting community-based organizations to recruit and retain BH staff, all with a focus of drawing people from underserved communities to workforce opportunities.	California has made robust investments in developing the behavioral health workforce including $1.4B in the 2022 Budget Act for building a larger, more diverse health and BH workforce and investments in the education arena to increase the number of Pupil Personnel Services-credentialed professionals, such as school counselors, psychologists and social workers.	Placer County's adult system of care offers employment for individuals with lived mental health experience through the AMI Housing Transitional Employment Program to help build work history and prepare them for positions in the public and private sectors. Employees serve as Peer Advocates and Navigators in the adult system of care, mobile crisis team and Health360 program for physical health. Monterey County has a similar program. Eight high schools in California are serving as pilot sites for student and youth peer-to-peer programs through a partnership between The Children's Partnership and DHCS. The aim of this program is to improve opportunities for youth of color to connect and heal with members of their communities and identities and inform a set of recommendations for a model statewide youth peer-to-peer strategy.

Function, process and outcomes

Positive and life-long behavioral health outcomes are affected by a variety of factors including social, biological, educational, academic, economic and environmental circumstances. And yet, service delivery systems and compliance vehicles are generally not designed to collectively compare and analyze their respective attempts to measure impact. While many voices clamor for more accountability, those efforts remain disconnected and focused frequently on “accountability” to the funder, not to the youth and families being served.

Community-defined shared outcomes, accountability and continuous improvement

Necessary Component 7:
Community-defined shared outcomes, accountability and continuous improvement where the design, functioning and continuous improvement of the ecosystem of care reflects and addresses the needs and desires of the people being served.

"We need to engage communities in building the solutions. They have to design, develop, and have ownership, or it will be just another 'done unto you'."
-Family advocate

"An integrated system must include representatives from the communities and families. It cannot be a bureaucrat-driven organization." -Policy leader

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Accountability for child-serving entities at the state and local levels depends on the definition of clear outcomes and mechanisms for continuous improvement. Shared measurement of progress is one of the key conditions for achieving collective impact according to research.[lxxxiii] Shared outcomes and continuous quality improvement are also fundamental components to system integration as they hold the shared accountability processes that unite the system and its leadership in accountability to clear outcomes and a means by which to measure collective progress. Interviewees also emphasized that setting goals was critical to creating incentives for action. Outcomes must hold multiple entities jointly accountable, measure effects (e.g., improved socialization) and not just processes (e.g., number of visits), and be chosen by the children, youth, families and communities whose wellbeing they measure to be truly meaningful. As community researcher and advocate Rich Harwood has observed, “*The success of collective impact depends on genuine ownership by the larger community that starts with placing a value, not only on expert knowledge, but also on public knowledge that comes only from authentically engaging the community.*”[lxxxiv]

The cross-entity outcomes should be transparently conveyed through an intuitive dashboard, and community bodies should be empowered to hold the entities that serve them to account for those outcomes. Transparent, shared accountability across agencies creates incentives to align actions. To turn accountability into progress, it is also critical to provide support to help child-serving agencies and organizations build on their strengths and address their shortcomings.[lxxxv]

Examples of Necessary Component #7 in Practice:

CYBHI	Other State Initiatives	From the Field
Multiple CYBHI workstreams, such as the public awareness stigma campaign, Wellness Coach work, trauma-informed training for educators, scaling of EBPs/CDEPs and SBHIP, are rooting outcomes goals in needs identified by communities and working in partnership across agencies at the state and local level to advance those goals. The evaluation of the CYBHI includes development of outcomes goals informed by communities throughout the state and use of ongoing learning and improvement approaches.	Several agencies are pioneering outcomes measurement and reporting that strengthen the foundation for advancing outcomes important to the community and supporting continuous quality improvement, such as the DHCS Comprehensive Quality Strategy that includes a specific focus on children, the Local Control and Accountability Plan (LCAP) process in K-12 education, and the California Reducing Disparities Project that includes local evaluation of pilot projects using community-based participatory research.	Monterey County has the Monterey County Children's Council that brings together agency and community leaders of the child serving system of care to address community level needs and shared outcomes. The annual reports are a unique way of looking at community level shared outcomes. Mono County agencies came together to create a public-facing dashboard (Mono County Child and Health Well Being Dashboard) that captures a cross-sectoral set of outcomes and outputs that will inform interagency planning, resource allocation and community engagement. The City of Salinas and Monterey County brought together more than 70 community members and organizations to define a clear, unified mission, vision and strategy to reduce gang violence. The strategic work plan developed by the coalition, the Community Alliance for Safety and Peace, created a single operational structure to implement the shared strategy, prioritizing meaningful community engagement. These efforts set the stage for a 60% decrease in youth violent assaults in Monterey County from 2006-2015. At the state level, Maryland's Children's Cabinet employs the Results-Based Accountability™ framework to focus planning, decision-making, and budgeting based on desired results and outcomes for children and families. The cabinet partnered with the state's child-serving agencies to define a group of eight well-being outcomes (results) that are measured by tracking quantifiable proxies for success (indicators). Outcomes and indicators are updated in real time through a Child Well-Being scorecard and used for performance measures for all programs funded through the Children's Cabinet Interagency Fund.

Data and information sharing processes and tools

Necessary Component 8:
Data and information sharing processes and tools support the overall responsiveness and effectiveness of the ecosystem of care.

> "Information sharing is a huge issue in our county and others. We have been trying to come up with an information sharing agreement and it has been really difficult with HIPAA. People are traumatized telling their story again and again."
> -School system leader

Nearly all providers and program leaders that Breaking Barriers interviewed emphasized that essential data is not available when needed throughout the child-serving ecosystem. This includes personal data for the purpose of care coordination and service delivery, as well as aggregated data to measure outcomes and facilitate quality improvement. There also remains a lack of clarity on what information can be shared, along with inconsistency and inequity in data collection. Relevant personal data must be made available to new service providers, as authorized by those being served, to reduce the retraumatizing that comes from needing to retell stories time and time again to new providers. Additionally, organizations and systems should engage in coordinated data collection and reporting (e.g., through a shared dashboard and accountability system) to measure progress towards shared goals and outcomes, a recognized key condition of achieving collective impact. Data must also be disaggregated appropriately to understand and address inequity across the ecosystem.

Examples of Necessary Component #8 in Practice:

CYBHI	Other State Initiatives	From the Field
CYBHI is currently exploring ways to work across state agencies and with field partners to provide additional clarification on compliant data sharing in health and education. CYBHI workstreams such as SBHIP and the new Wellness Coach role are also working to build ecosystem infrastructure for appropriate data sharing and cross-system coordination.	The Community Schools grants also require grantees to collect and share data.[lxxxvi] The Cradle-to-Career System will facilitate longitudinal tracking of educational and employment data to better equip policymakers, educators, and the public to address disparities and improve outcomes for all students throughout the state. In the health ecosystem, the CalHHS Data Exchange Framework is aimed at accelerating and expanding the exchange of health information data among health care entities, government agencies, and social service programs beginning in 2024. The DHCS Comprehensive Quality Strategy provides a pathway towards data-driven improvements within Medi-Cal, focused on eliminating health disparities and whole-person care with transparency and accountability.[lxxxvii] DHCS is also launching the Population Health Management (PHM) strategy, which will catalyze data-driven risk assessment by managed care plans.[lxxxviii] Finally, in education, the California School Dashboard provides important data and transparency with an equity lens.[lxxxix]	Ventura County (as well as certain other counties) reports community and behavioral health data through dashboards that help direct local programmatic priorities (as the Community Health Dashboard and One Child One CANS). This data, ranging from substance use statistics and behavioral indicators to hospitalization metrics, illuminates disparities along age, gender, racial/ethnic, and sexual orientation lines. Additionally, Ventura County's emerging "One Child One CANS" approach will increase CANS information sharing across behavioral health and child welfare agencies, reducing the need for families and children to retell traumatizing stories to different agencies. At the state level, the Child Welfare Indicators Project employs an interagency data sharing agreement with the Department of Social Services. The Child Welfare Indicators Project produces performance outcomes reports, leveraging data from extracts from the Child Welfare Services/Case Management System.

Effective approaches to integrated funding to maximize impact

Necessary Component 9:
Effective approaches to integrated funding to maximize impact and support

> "The hurdle that we face is fiscally the money comes in these little pods, and it is a huge hurdle when it comes to philosophy and approach." -Health department leader

> "If you ever look at California's Medi-Cal claim per enrollee compared to other states, we're 47th out of the 50 states. Considering the amount of wealth in California, it's abysmal." -Funding expert

Across the board, those in the system who use public and/or private funding to deliver care and programs emphasized that funding sources are challenging to access and highly varied in requirements. This is born out in the state-by-state comparison data as well, where California draws one of the lowest per child rates of Medicaid funding compared to other states across the country.[xc] The opportunity in which to identify how to draw larger proportions of those resources is vital as California is investing billions of additional one-time and ongoing state resources. Local leaders have long held the burden of managing the myriad of state and federal funding streams emerging each year, with limited guidance on how to best integrate resources across the many funding streams. These factors lead to the child-serving system being unable to effectively leverage one-time investments or repurpose ongoing funding, resulting in under-utilization of funding, perceived scarcity and the prioritization of cost control over service provision. Instead of integrating and braiding funding across service sectors in this funding climate the opposite happens – i.e., the opposite of integrating funding is incentivized when funding streams are difficult to utilize in the first place.

Given the influx of new investments such as CYBHI, Community Schools, and the Expanded Learning Opportunities Program, state and local leaders must thoughtfully and collectively weave together this abundance of resources in order to sustainably support programs and services so families can get what they need, when they need it. Indeed, academic research shows that care approaches enabled by effective funding integration can drive significant returns: in Massachusetts, the Children's Behavioral Health Initiative helped drive a 32% decrease in hospitalization and 40% decrease in member inpatient expenditures; in Maine, "overall mental health expenditures decreased by 28%."[xci]

Examples of Necessary Component #9 in Practice:

CYBHI	Other State Initiatives	From the Field
The CYBHI's Statewide All-Payer Fee Schedule for School-linked Behavioral Health Services aims to develop and maintain a statewide fee schedule for outpatient mental health and substance use disorder services at or near school-sites, which will provide ongoing funding for these services and strengthen the opportunity for coordination and partnership of COEs, LEAs, MCPs, county BH departments, and providers.[xcii]	Innovative funding and payment reform is underway in California to direct resources towards programs and initiatives addressing the needs of children, youth and families. CalAIM has many efforts to expand care, such as CalAIM Behavioral Health Payment Reform, transitioning counties from a cost-based approach to a more streamlined process to increase reimbursement to counties for services provided and incentivize quality.[xciii]	California Accountable Communities for Health Initiative (CACHI) provides technical assistance to local Accountable Communities for Health (ACH) to create local "Wellness Funds" that weave together and align funding from various sources to pursue the ACH's multi-sector goals. These wellness funds are intentionally built to support the communities shared goals and supported through financial architects that bridge that to navigating the complex rules of the various funding sources. In addition to federal and state grants the funding sources can take the form of membership dues and/or tax deductible giving. In a partnership between Sacramento County's COE and Department of Health Care Services, schools were designated as satellite centers of the county-operated health center allowing school-based services eligible for reimbursement through MediCal. This partnership leveraged existing funding streams and maximized federal contribution to ensure long term sustainability.

Coordinated care navigation for children, youth and families

Necessary Component 10:
Coordinated care navigation for children, youth and families where there is no wrong door to accessing care and young people and their families can get the support they need, when they need it – where instead of being a difficult puzzle to solve, the child-serving system truly serves them. Increasing system capacity and coordinated access for youth with the most intensive needs, such as youth engaged with child welfare or juvenile justice systems, is critical.

"It is a full-time job to get what you are entitled to (medication, education, health, food, etc.). You spend your entire day going from one system to another."
-Policy expert

"We've all heard of 'no wrong door': someone is supposed to help and you get to the right resources. But it often feels like 'Not my door. Not my door. Not my door.'"
-Therapist

Today, the environment in which our children and youth are growing up provides support, but it is far too often disjointed, misses the mark, and is not seamless between sectors such as education and health. Studies show that approximately 50% of children and youth in California with known behavioral health needs are not receiving appropriate treatment and care. There was unanimous agreement among those interviewed that many barriers prevent access to care. These barriers are often difficult and not intuitive when navigating care options for either families or child-serving professionals. Children, youth and families often do not receive the services they need in a timely effective manner because it is not apparent to them what services are available or to those they can ask for help. To compound this challenge each child-serving entity provides specific services for a defined population (e.g., age, race, geography, insurer) and are often unaware of complimenting, adjacent support for the children and families with which they do interact. Families are responsible for navigating this complex array of multiple services agencies who are often not connected to each other and for finding the right services, which often have months-long waiting lists or are unavailable at a price families can afford when needed. For children with overlapping entitlements, child-serving entities shift responsibilities to one another for providing the service.

The behavioral health ecosystem should instead provide easy access in trusted places and seamless care with child-serving entities collectively wrapping themselves around families to get them what they need, when and how they need it. This comprehensive continuum of support must be available to all children and youth. And a reimagined system should include prevention and early intervention supports, while also ensuring access to services and supports for youth that have higher, complex needs. Research has demonstrated integrated, collaborative coordination of care within universal, secondary and indicated supports and services can improve outcomes and reduce costs in the future for all children and youth.[xciv],[xcv]

A reimagined behavioral health ecosystem with increased capacity and greater access to services in a coordinated manner for youth with high level needs is critical. California's cross-sector Child Welfare Council Behavioral Health Committee has developed a "Comprehensive Array of Services for All Children" that offers a reference guide for stakeholders toward a shared understanding of the necessary (and in many cases, legally mandated) services and supports, spanning the education, public behavioral health, child welfare/juvenile justice, and pediatric primary care service provision systems, that must be in place to ensure children and families have what they need to succeed. Use of the Comprehensive Array could assist ecosystem partners in coming to a shared agreement of what services and supports are crucially needed from the public-facing systems involved in the CYBHI; clearly identifying where gaps in these care continuums exist in practice, and filling those gaps; clearly identifying the roles, responsibility and ownership of service types provided by each

system, with accompanying accountability and payor dispute mechanisms; and securing any additional needed legal protections to meet extant need not currently reflected in existing legal entitlements. This list is necessarily a working document, as needed services and support at all levels will change with community feedback and research developments related to best practice. It is important to note that a continuum of supports/array of services must first start with Universal Supports for all children that are focused on prevention first with secondary and intensive supports available, and functional referral pathways in place for all children who need additional supports layered on to universal supports.

Examples of Necessary Component #10 in Practice:

CYBHI	Other State Initiatives	From the Field
The CYBHI is working on multiple initiatives to make resources and services–including wellness supports, prevention, early intervention and treatment services–more accessible to children, youth and families. For example, CYBHI through the Behavioral Health Continuum Infrastructure Program (BHCIP) is addressing service gaps by investing $480.5M in expanded service capacity for youth, including psychiatric acute care, substance use disorder services, and outpatient community mental health clinics. The Behavioral Health Virtual Services platform will provide online screening, informational resources and app-based wellness supports, online counseling and coaching services, and connection to clinical services in the community as needed. CYBHI includes multiple components to increase access to BH services and supports in school and school-linked settings, reaching children, youth and families where they are. Additionally, the new Wellness Coach role, the CYBHI public education campaigns and new Medi-Cal dyadic services benefit will all support families in navigating and connecting to needed services.	To streamline access to help, California's Crisis Care Continuum - Plan (CCC-P) is working to build connections among crisis care services such as the 988 Suicide and Crisis Lifeline, mobile crisis supports and prevention-oriented "warm lines" such as CalHOPE.[xcvi] Through the Community Schools grants, community schools coordinator roles are being deployed to serve as a connector across youth/parent/family engagement, community partnership, academic support and behavioral health services.[xcvii] Family empowerment centers across the state of California offer families with children and youth with disabilities access to accurate information, specialized training and peer-to-peer support in their communities.[xcviii]	At the Desert/Mountain SELPA SART (Screening, Assessment, Referral & Treatment) clinic, standardized procedures are used that begin at time of referral. Each child is screened and assessed by a multidisciplinary team of nurses or pediatricians, and speech/language and occupational therapists with appropriate referrals and hand-offs to treatment providers across a wide variety of disciplines. This program focuses on children under 6 with the goal of early intervention to promote successful integration into the elementary school setting. On the state level, New Jersey Children's System of Care contracted with a system administrator (PerformCare) to create a single point of access (24/7 phone line) to a wide array of behavioral health, intellectual and developmental disability services as well as substance use treatment for children, youth and families throughout New Jersey.

Next Steps: Putting a Collective Impact Approach and the 10 Necessary Conditions into Practice

Together, the collective impact model and necessary components to advance it that emerged from Breaking Barriers' research reflect the evolution of our mindset, structure and processes to a collective impact approach that, if operationalized across our systems, provide California with the greatest opportunity to realize the positive impacts of a redesigned behavioral health ecosystem for children, youth and families. The proposed approach to implementing the necessary components is a targeted set of recommendations intended to have the most positive impact in an imperfect world – they are not an exhaustive or perfect set, but rather are meant to start a dialogue and spur action on the use of a collective impact approach and integrated system that is tailored to the context and needs of youth and families. Below are the suggested implementation steps at the local/county/regional and state level.

Local/County/Regional Implementation Steps

1. **Identify and build a leadership team that sets vision and mission, and holds children and families at its core.**
    - 1.1. Connect existing local, county and regional integrative structures, such as interagency leadership teams, community school teams, and Accountable Communities for Health, with each other and with parents and youth to form a collective impact structure that covers all children and youth in a region
    - 1.2. Identify the infrastructure and approach that can be used to cultivate authentic input from children, youth and families and adapt vision and goals
    - 1.3. Identify and formalize specific opportunities for youth and families to take decision-making and input roles, especially in interagency leadership structures
    - 1.4. Prioritize equitable participation in interagency leadership

2. **Conduct a needs assessment and develop shared goals.**
    - 2.1. In tandem with aligning on a vision with youth and families, identify forums for community engagement to identify needs and develop a set of shared goals that can become transparent metrics for success tracked through a local dashboard aligned with state dashboard
    - 2.2. Allow historically underserved communities to identify the actions necessary to create an ecosystem that earns back trust and serves them well
    - 2.3. Proactively recognize and acknowledge past mistakes and harmful programs, policies and practices, and identify solutions in collaboration with those harmed to eliminate harm going forward

3. **Initiate actions on service array and workforce.**
    - 3.1. Define the universal array of behavioral health supports and services at the local/county/regional level for child, youth and families, from prevention to intensive levels, that draws on an asset map and gap analysis to improve those services on an ongoing basis
    - 3.2. Define transparent pathways for youth, families and child-serving individuals (e.g., educators, healthcare providers, etc.) to receive necessary services and supports, from prevention to intensive levels
    - 3.3. Harmonize roles and responsibilities across agencies for existing entitlements, services and supports, and process for clarifying circumstances with overlapping responsibilities (e.g, interagency role and responsibility alignment and alternative dispute resolution processes) with the goal that no child or youth falls through the cracks
    - 3.4. Amplify and support the innovative ideas of students, trainees, professionals of color and other underrepresented groups to expand workforce

3.5. Create pipeline programs that support, engage and increase number of individuals of color and other underrepresented groups to expand workforce
3.6. Take regulatory action to decrease the amount of documentation required in public behavioral health systems to free capacity for serving children, youth and families

4. Put into place conditions for sustainability including financing, continuous quality improvement, and data-processes.

4.1. Take advantage of state allocated incentive funds that are allocated and can be braided, for example through regional/local interagency leadership teams, for children, youth and families with overlapping needs to achieve shared goals
4.2. Maximize use of new opportunities, such as the CYBHI Statewide All-Payer School-linked Fee Schedule, to increase funding sustainability and reduce billing complexity
4.3. Build capacity to engage children, youth and families in feedback and quality improvement processes at every level of the behavioral health ecosystem, including progress tracking through shared dashboard
4.4. Invest in community-informed ethics and equity standards for sharing of individual and aggregated data
4.5. Invest in the creation of unified, cross-agency public dashboards (e.g., leveraging the collective impact structure proposed in component 4 and local interagency leadership teams) to support tracking of progress against shared outcomes

State Implementation Steps

1. Identify a leadership team that constructs vision and mission, and holds children and families at its core.

1.1. Create, incentivize and resource (e.g., staff and fund) a collective impact structure that brings together state agency leaders, along with children, youth and families, in genuine decision-making roles
1.2. Seek alignment and buy-in from state agencies on a shared vision and goals defined with strong input from children, youth and families and adaptable by local entities
1.3. Identify and formalize specific opportunities for youth and families to take decision-making and input roles, especially in state interagency leadership structures

2. Identify needs, long-term goals and steps for implementation, including train and onboard.

2.1. Identification by historically underserved communities of the actions necessary to create an ecosystem that earns back trust and serves them well
2.2. Proactive recognition and acknowledgement of past mistakes and harmful programs, policies and practice, followed by identifying solutions in collaboration with those harmed to eliminate harm going forward
2.3. In tandem with aligning on a vision with youth and families, identify forums for community engagement to develop a set of shared outcomes that can become transparent metrics for success tracked through a dashboard
2.4. Define the universal array of behavioral health supports and services that should be available for all children with clearly understood agency roles and responsibilities for adaptation locally, e.g., Child Welfare Council's work defining a universal array for child welfare involved youth and youth at risk of involvement[xcix]
2.5. Define clear support and navigation pathways for youth, families and child-serving individuals (e.g., educators, healthcare providers, etc.) to receive necessary services and supports, from prevention to intensive levels
2.6. Identify, align and implement interagency technical assistance and capacity building [across the state] that facilitate integrative service delivery of local interagency leadership teams including on issues of process, funding, data and information sharing

2.7. Amplify and support the innovative ideas of students, trainees, professionals of color and other underrepresented groups to expand workforce
2.8. Identify barriers to licensure and credentialing through boards and other entities and act to reduce them through regulatory or legislative changes
2.9. Take regulatory action on a state level to decrease the amount of documentation required in public behavioral health systems to free capacity for serving children, youth and families

3. Put into place conditions for sustainability, including financing, continuous quality improvement and data processes.

3.1. Incentivize local leaders to engage and build capacity with a collective impact approach to financial resource arrangements in which funds could be allocated and braided, for example through local interagency leadership teams, for children, youth and families to achieve shared goals.
3.2. Maximize access to federal funding opportunities
3.3. Create new opportunities, such as the CYBHI Statewide All-Payer School-linked Fee Schedule, to increase funding sustainability and reduce billing complexity
3.4. Create opportunities to engage children, youth and families in feedback and quality improvement processes at every level of the behavioral health ecosystem
3.5. Establish a common, shared research agenda across state-based Institutions for Higher Education and research institutions focused on the impacts, benefits and improved outcomes as a result of implementation steps articulated in this paper
3.6. Invest in the creation of unified, cross-agency public dashboards (e.g., leveraging the collective impact structure proposed in component 4 and local interagency leadership teams) to support tracking of progress against shared outcomes
3.7. Invest in community-informed ethics and equity standards for sharing of individual and aggregated data
3.8. Create guidance and provide technical support on acceptable info sharing across child-serving agencies, e.g., on HIPAA / FERPA building on US HHS student health record guidance

Conclusion

For every youth, family and individual that serves and supports them, the demand for an integrated child-serving system is loud and resounding. This paper is an analysis and consolidation of over 100 interviews and bodies of research, including youth, families, and state and national experts that show a path to realizing the unified, equitable, appropriate, timely and accessible behavioral health ecosystem that California's Master Plan, the CYBHI and parallel investments are building toward. These efforts have the unique potential to endow broad and deep adaptation of the entire integrated system that along the way will result in vast additional returns to social and economic progress that not only contribute additional taxable resources for future generations but also lessen the exponential draw on public resources over time.[c, ci]

Together, we can realize communities where everyone belongs and is joined in support for one another. While achieving this will require changes and improvements across the ecosystem and will no doubt present challenges to our current mindsets, practices and systems, the benefits will be extraordinary and not simply words on a page. Community spaces will be safe and accessible for all. Community members will be welcome to attend gatherings of local, county or regional integrated care leaders working collaboratively to create structures (e.g, rules, processes, and funding) that are bound by their collective commitment and memorialized in agreements. Those receiving services will experience how professionals are working with one another to frequently communicate the needs of children, youth and families. Schools will be havens for children, youth and families seeking care, accessible with the frequency, speed, and quality to support a healing-centered outcome. Care will be destigmatized and equitably delivered, and services will be accessible and easy to navigate with the support of a culturally competent and congruent workforce. In sum, we will unite in care.

If our shared aspiration for a redesigned behavioral health system becomes a reality, children, youth and families will say:

"Instead of feeling alone in our struggles, my friends and I know who to ask and where to go to get what we need - even when it's late at night and we're online."

"My child's school has a place where they can get support, which gives me peace of mind after a few hard years during the pandemic."

"When I looked for a counselor, I found one who made me feel safe. They look like me, speak the language I speak, have time for me, and know the day-to-day experiences of my community first-hand."

"Our community has a say on how we help kids, and that includes things that help us keep our kids healthy like after school activities."

"The adults in my life work together and know how to help me, and it doesn't come at a cost I know we can't afford."

Call to action

The path forward must be designed and implemented from a new paradigm: one that genuinely pursues **wholeness**, and in which children, youth, families, communities and those that serve them unite in **collective impact** to realize an integrated, equitable, appropriate, timely, accessible, and youth-centered behavioral health ecosystem. There has never been a more opportune time to align and integrate our existing systems of care to better serve children, youth, families and communities using the **enabling principles of collective impact**: a common agenda, mutually-reinforcing

activities, continuous communications, shared measurement, and a strong backbone. The Governor's Master Plan for Kids' Mental Health, the CYBHI and various, large parallel investments represent movement toward the necessary components that can enable lasting system change. Their collective implementation, if executed holistically and in an integrated way, will strengthen them and ultimately transform them to a seamless, aligned and integrated ecosystem of support.

These recommendations invite and even demand that we shed our individual interests in exchange for **collective ownership, collective action, and collective legacy**; that we partner across sectors and organizations to build trust, take risks and either test new approaches or shift our existing ones, and that we authentically partner and lead with the communities we serve. Achieving lasting, sustainable change will not be easy, but these challenges pale in comparison to those California's children, youth and families face today trying to navigate and access the support they need and deserve. As a state and system of healers, we must lean into this challenge, pushing our own mindsets, inviting curiosity, suspending judgment about what has or has not worked or who is responsible, and **partnering with our children, youth, families and communities** to achieve the integrated ecosystem Californians deserve.

Appendices

A. Acknowledgements

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B. Methodology

The paper, researched and written by Breaking Barriers California, was commissioned by CalHHS to develop recommendations to support and sustain a reimagined behavioral health ecosystem set forth by The Children and Youth Behavioral Health Initiative (CYBHI). This ecosystem aims to address the mental health and emotional well-being of all children, youth and families in California by ensuring delivery of equitable, appropriate, timely and accessible behavioral health services and supports.

As such, this paper is meant to serve as a discussion tool to provide guidance on necessary components and shape dialogue across the ecosystem to deliver on the CYBHI vision. The recommendations are intended to provide both a high-level framework for what a redesigned ecosystem should look like while also providing the beginnings of tactical elements for those eager to get started.

In preparation for the writing of this paper, input and recommendations were gathered from leaders across different disciplines, communities and geographies as well as a comprehensive review of existing literature and research.

To craft the paper, Breaking Barriers assembled a writing team consisting of members with a shared enthusiasm around the CYBHI vision and deep, diverse and multidisciplinary expertise which spanned across child-and-youth serving sectors. This team worked to solicit and incorporate feedback from diverse experiences:

- Breaking Barriers reviewed reports from over 30 focus groups CYBHI held with youth and parents to gain their insights and recommendations on what an improved behavioral health ecosystem for children and youth would be, as well as incorporated findings from a series of nine community engagement sessions about the CYBHI held throughout California with diverse groups facilitated by The Social Changery.

- The writing team conducted interviews with over 100 leaders, youth and families across the behavioral health ecosystem and represented over 20 California counties and national experts beyond the state. These interviewees provided information across relevant fields, functions and perspectives, allowing the team to distill the key challenges of the current ecosystem, create emerging necessary components to the challenges and ideate the reimagined future state.

- Collective input sessions were held with youth, families, experts, a range of stakeholders and state agencies to gather and incorporate additional feedback on emerging insights to shape recommendations, build a working paper draft that includes connections to ongoing work across the state, and release working paper alongside a series of conversations to support dialogue and ignite change.

C. Terms glossary

Definition of key terms used throughout the paper, primarily regarding behavioral health and the broader ecosystem:

Term	Explanation
AB 2083	Requires each county to develop and implement a Memorandum of Understanding (MOU) outlining roles and responsibilities of local entities that serve children and youth in foster care who have experienced severe trauma
ACEs	Adverse childhood experiences, potentially traumatic events that occur before a child turns 18 years old
ACH	Accountable Communities for Health, a vehicle for cross-sector collaboration on community health issues
BH	Behavioral Health
BHCIP	Behavioral Health Continuum Infrastructure Program
BIPOC	Black and Indigenous People of Color
CACHI	California Accountable Communities for Health Initiative
CalAIM	California Advancing and Innovating Medi-Cal
CalHHS	California Health and Human Services Agency
CalWORKS	Public assistance program that provides cash aid and services to eligible families that have a child(ren) in the home
CANS	Child and Adolescent Needs and Strengths Assessment Tool
CCC-P	California's Crisis Care Continuum Plan
CDE	California Department of Education
CDSS	California Department of Social Services
Children-and-youth cabinets	Governmental bodies that coordinate child-and-youth-serving entities
Children, youth and families	Meant to be inclusive of all those served and eligible to be served by the child and youth behavioral health ecosystem, including their families, caregivers and supportive network

Term	Explanation
COE	County Office of Education
Community schools	A “whole-child” school improvement strategy where the district and school work closely with teachers, students, families, and partners
Community-based intervention	Multicomponent interventions that generally combine individual and environmental change strategies across multiple settings aiming to prevent dysfunction and to promote well-being among population groups in a defined local community
CBO	Community-based organization
Continuum of Care	The entire range of behavioral health supports, ranging from promotion and prevention to treatment and recovery
CRDP	California Reducing Disparities Project
CYBHI	Children and Youth Behavioral Health Initiative
DHCS	Department of Health Care Services
DHS	Department of Health Services
Economies of scale	Cost advantages that enterprises obtain due to their scale of operation, and are typically measured by the amount of output produced per unit of time
ELOP	Expanded Learning Opportunities Program
Expanded learning	Enables schools to offer 9-hour days (6 hrs. instruction and 3 hrs. expanded learning) and summer sessions for K-6
FERPA	Federal Educational Rights and Privacy Act
HIPAA	Health Insurance Portability and Accountability Act
ICPM	Integrated Core Practice Model
LCAP	Local Control and Accountability Plan
LEA	Local Education Agency
LEA BOP	Local Education Agency Medi-Cal Billing Option Program; reimburses LEA the federal share of the maximum allowable rate for approved health-related services provided by qualified health service practitioners to Medi-Cal eligible students

Term	Explanation
LGBTQIA	Lesbian, gay, bisexual, transgender, queer, intersex, asexual
Medi-Cal	California's Medicaid program
MHSA	Mental Health Services Act
MHSOAC	Mental Health Services Oversight and Accountability Commission
MHSSA	Mental Health Student Services Act (MHSSA) provides grants for partnerships between county mental health agencies and local education agencies to deliver school-based mental health services to young people and their families
MOU	Memorandum of Understanding
No wrong door	Philosophy that individuals should be seamlessly connected to needed services regardless of their entry point to the system
Positive self-efficacy	An individual's belief in their capacity to act in the ways necessary to reach specific goals
PTSD	Post Traumatic Stress Disorder
SB 1184	Confidentiality of Medical Information Act
SB 803	Allows certification of Peer Support Specialists
SB 75	Full scope Medi-Cal to children under the age of 19
SDOH	Social determinants of health
Social connectedness	A sense of belonging to a group, family, or community
Step-up/Step-down care	Short- to medium-term residential care, either as a means of early intervention (Step-up) or to support the transition from hospital to home (Step-down)
Universal array	Describes the universe of available services and supports for children and youth

D. CYBHI Workstreams

<table>
<tr><th>Workforce Training and Capacity</th><th colspan="2">Behavioral Health Ecosystem Infrastructure</th><th>Coverage Architecture</th><th>Public Awareness</th></tr>
<tr><td>Wellness Coach Workforce (HCAI)</td><td rowspan="2">School-Linked Partnership and Capacity Grants (DHCS)</td><td rowspan="2">Student Behavioral Health Incentive Program (DHCS)</td><td rowspan="3">Enhanced Medi-Cal Benefits – Dyadic Services (DHCS)</td><td>Public Education and Change Campaigns (CDPH)</td></tr>
<tr><td>Trauma-informed Training for Educators (OSG)</td><td rowspan="2">ACEs and Toxic Stress Awareness Campaign (OSG)</td></tr>
<tr><td>Broad Behavioral Health Workforce Capacity (HCAI)</td><td rowspan="2">Behavioral Health Continuum Infrastructure Program (DHCS)</td><td rowspan="2">Youth Suicide Reporting and Crisis Response (CDPH)</td></tr>
<tr><td>Early Talents (HCAI)</td><td rowspan="6">Statewide All-Payer Fee Schedule for School-Linked Behavioral Health Services (DHCS/DMHC)</td><td rowspan="2">Targeted Youth Suicide Prevention Grants and Outreach Campaign (CDPH)</td></tr>
<tr><td colspan="3">Behavioral Health Virtual Services Platform and Next Generation Digital Supports (DHCS)</td></tr>
<tr><td colspan="3">Healthcare Provider Training and e-Consult (DHCS)</td><td rowspan="2">Parent Support Video Series (DHCS)</td></tr>
<tr><td colspan="3">Scaling Evidence-Based and Community-Defined Practices (DHCS)</td></tr>
<tr><td colspan="3">CalHOPE Student Services (DHCS)</td></tr>
<tr><td colspan="3">Mindfulness, Resilience and Wellbeing Grants (DHCS)</td></tr>
<tr><td colspan="3">Youth Peer-to-Peer Support Program (DHCS)</td></tr>
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