

“Meeting the challenges of Implementing a System of Care
(Placer County a Case Example) Model“
(Lessons Learned from System of Care Partnership)





Introductions

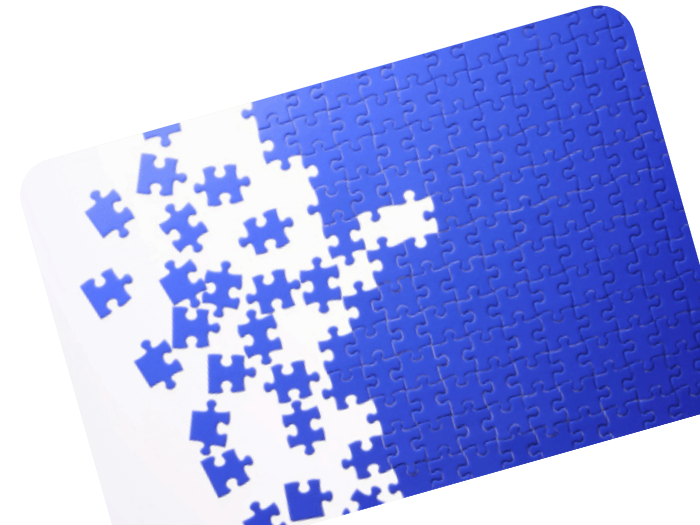
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Placer Co. Children's System of Care

Goals:

- ☞ Understand Interagency Collaboration (System of Care)
- ☞ Building a Multi-tier Integrated Approach
- ☞ Partnering in Practice
- ☞ Demonstrate the collaboration and integration of education with mental health, child welfare, probation and the courts.
- ☞ Key features of successful collaboration and strategies

- ☞ HAVE FUN and ASK QUESTIONS



Things to Think About



- System of Care Must Start at the top
 - Stakeholder in your County/State
 - Decision making authority



- Must have middle level coordination and supervision
- Ability to execute decisions



- Reach the level of implementation at the sites (Prevention /Intervention Teams)
- Be focused on keeping family, youth and children at the center of the plan

Quick Conversation About California



58 Counties

1,100 Districts

6.3 Million Students in
10,393 Schools

California Counties



25 school districts account for approximately 30% of this enrollment number

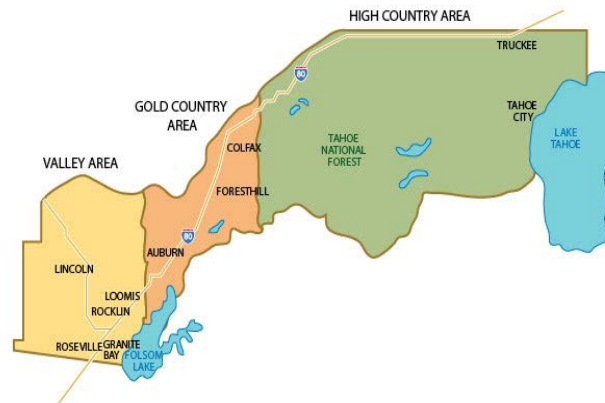
Placer County



Placer County

18 Districts

Population 375,391
90,093 Youth and Children



25 school districts account for approximately 30% of this enrollment number

Placer System of Care

- ∞ Established in 1988
- ∞ Placer Courts intent on bringing together youth family agencies
- ∞ Collaboration of Child Welfare, Mental Health, Probation, Courts, Human Services, Education and Parent Partner on System Management Resource Team
 - Directors, Bench Officers and COE Superintendent of youth and family agencies meets at least bimonthly
- ★ 2016 Semi Annual Participation of District LEA Superintendent (WPSUD)
 - Support the implementation of the System of Care at School Districts
- ∞ Create a seamless set of services for youth, children and families
 - One entry point for services



Placer System of Care

- Established in Welfare & Institutions Code 18986.60 (Assembly Bill 2547)

“Section 18986.60 of the Welfare and Institutions Code is amended to read:

18986.60. (a) Placer County, with the assistance of the appropriate state departments, within the existing resources of those departments, shall implement a program upon approval of that county, for the funding and delivery of services and benefits through an integrated and comprehensive county health and human services system.”



Placer System of Care

- ∞ Established in Welfare & Institutions Code 18986.60 (Assembly Bill 2547)
 - Funding and delivery of services and benefits through an integrated and comprehensive County Health and Human Services system
 - Universal Intake System
 - Services by as few as a single county employee, through an integrated coordinated service plan
 - Centralized management and support of client services
 - Combined provision of services (under blended funding)



Placer System of Care

- ∞ Adoption services
- ∞ Child abuse prevention services
- ∞ Child welfare services
- ∞ Delinquency prevention services
- ∞ Drug and alcohol services
- ∞ Mental health services
- ∞ Eligibility determination
- ∞ Employment and training services
- ∞ Foster care services
- ∞ Health services
- ∞ Public health services
- ∞ Housing services
- ∞ Medically indigent program services
- ∞ All other appropriately identified and targeted services



System of Care & Mental Health Services Act

- ∞ Collaboration enhanced by the California Mental Health Service Act (MHSA)
- ∞ November 2004, voters in the U.S. state of California passed Proposition 63, the Mental Health Services Act,
- ∞ Designed to expand and transform California's county mental health service systems
- ∞ Created Opportunities to further integrate and transform services

Education System of Care

∞ Placer County Office of Education

- Integration of staff from Superintendents Office to Student Service Practitioner
- Collaborate in Family Resource Community Collaborative (FRCC)
- Attend Executive Leadership Meetings / Collaborations
 - Policy Team ➡ Management Team ➡ Supervisors
 - ➡ Integrated Team Meetings
- Chair Integrated Processes:
 - Student Attendance
 - Student Mental Health and Wellness
 - Expelled / Court Community
 - Homeless Student Services
 - **Foster Youth Services Coordinating Program**

Key Factors for a System of Care



First and Foremost

It's Collaboration



Not Clobberation



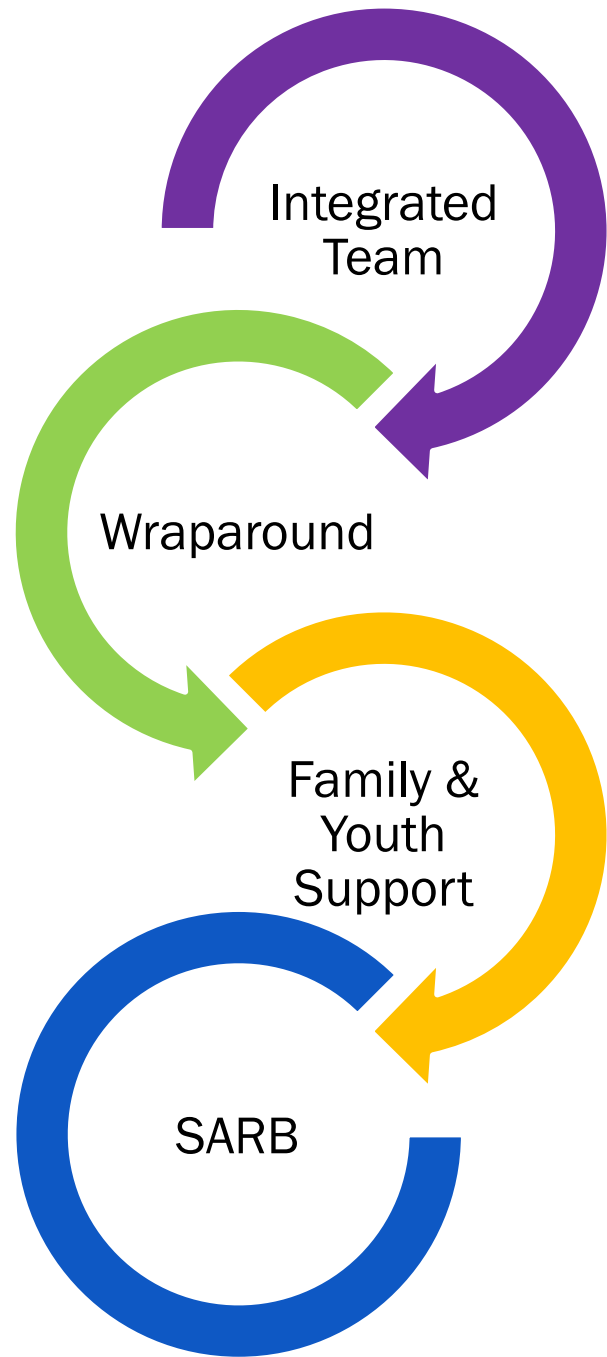
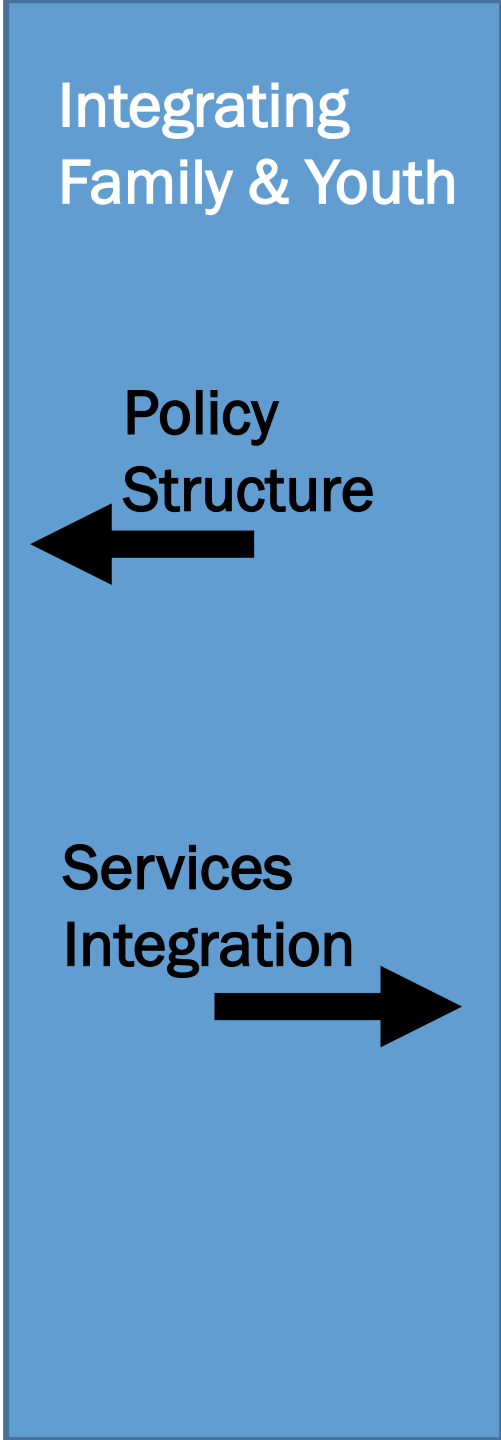
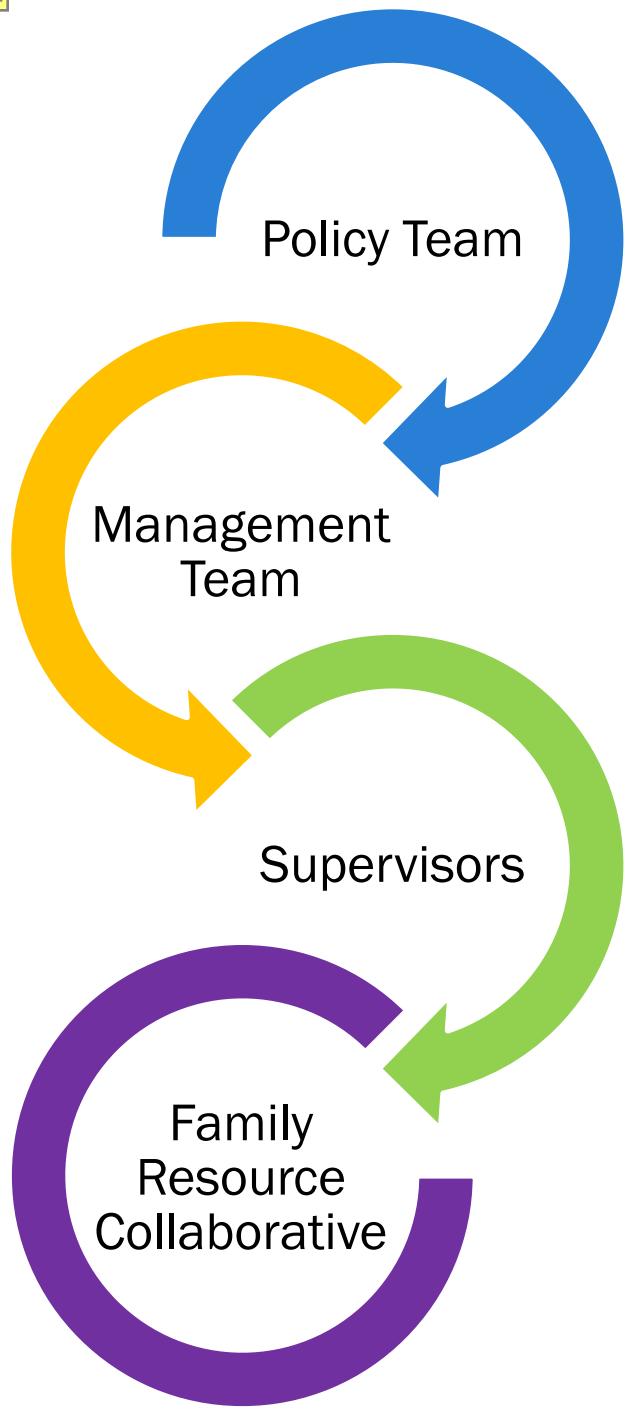
Key Factors for a System of Care

- ∞ Relentless pursuit of integration and collaboration with intention
- ∞ Participation at the highest level
 - <COURTS>
- ∞ Memorandum of Understanding
 - Central Policy and Procedures
- ∞ Focus on children, youth and families always at the center of decision making and included in decision making
- ∞ Understanding others perspective, language and culture
- ∞ Process to resolve disagreements
- ∞ Understanding agencies Mission and Vision

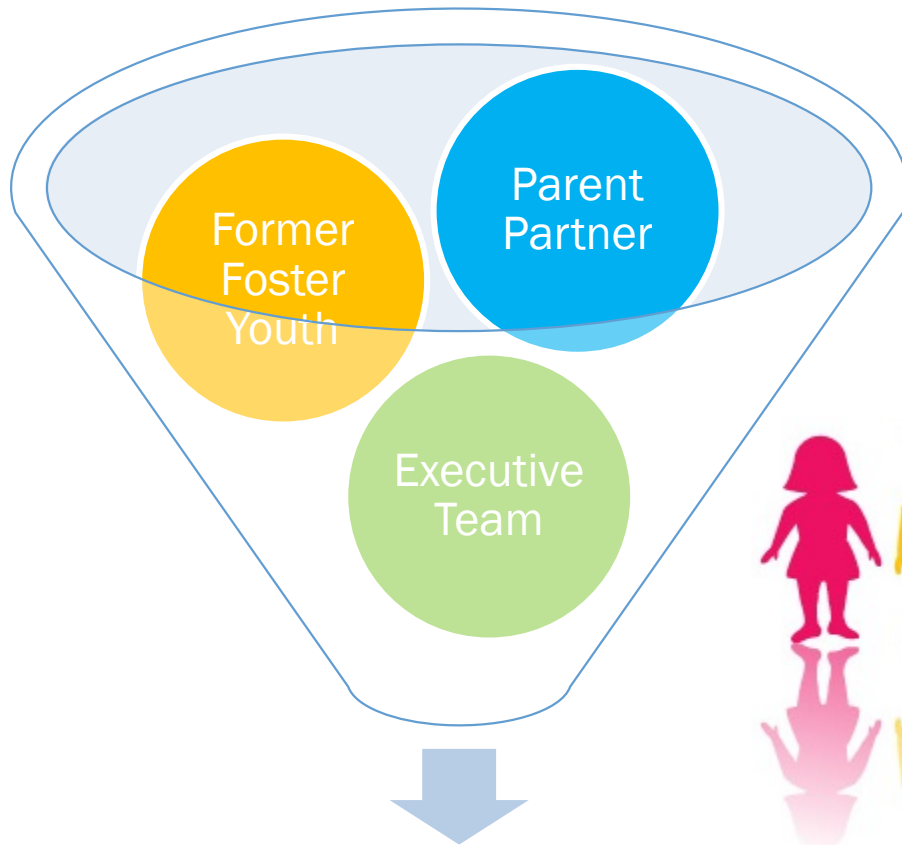


Key Factors for a System of Care

- ∞ Include Youth and Families in Organizational Structure
- ∞ Inclusion of Family and Youth Voice at every level of organization decision making (Keep It Real)
- ∞ Should be child centered and family focused, with the needs of the child and family dictating the types and mix of services provided.



Integrating & Family Voice



Creating integrated family voice at all levels



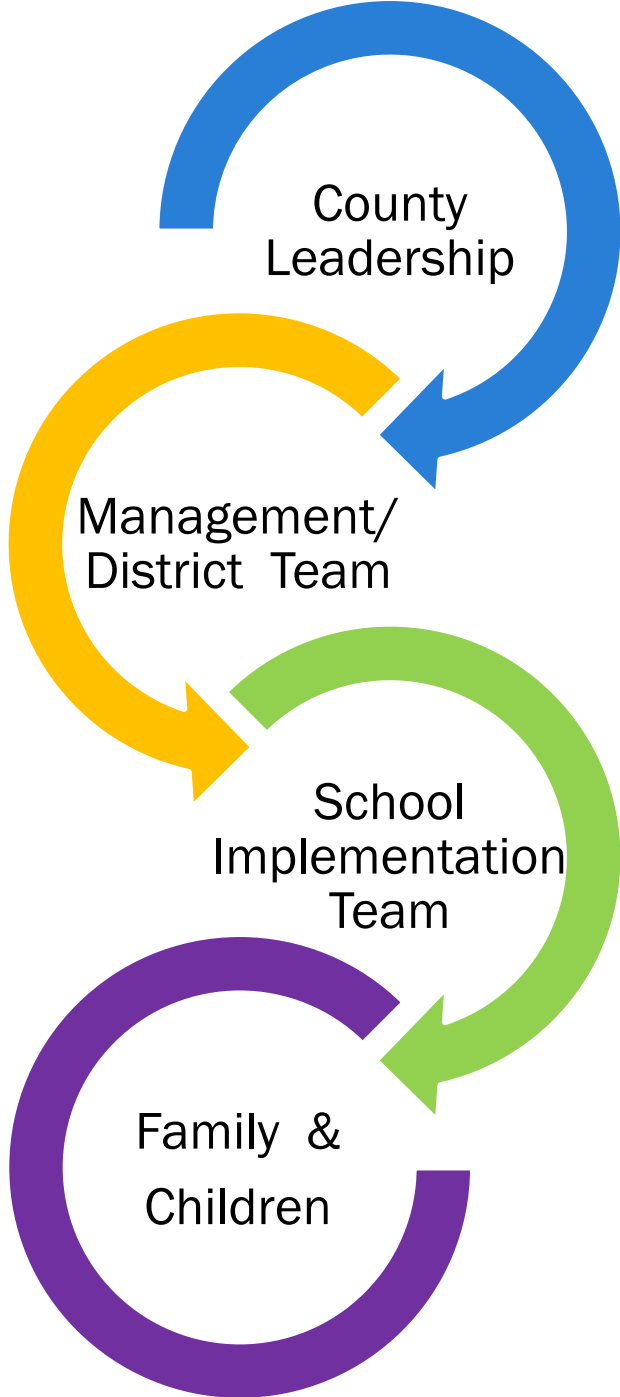
System of Care — Reaching Schools

Organizing Systems & Supports

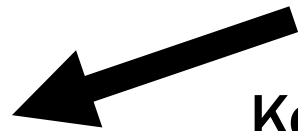


Do you ever feel like this?

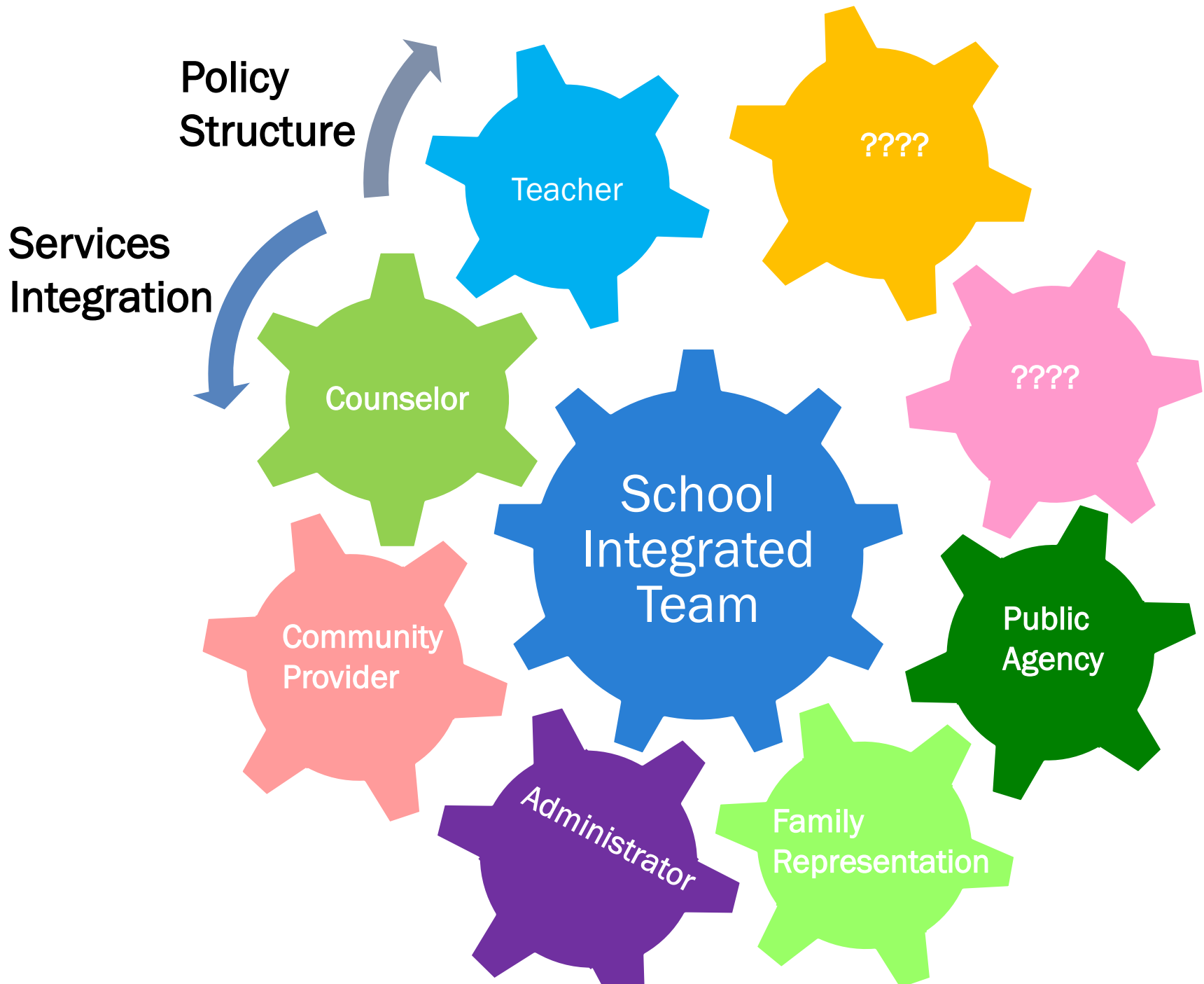




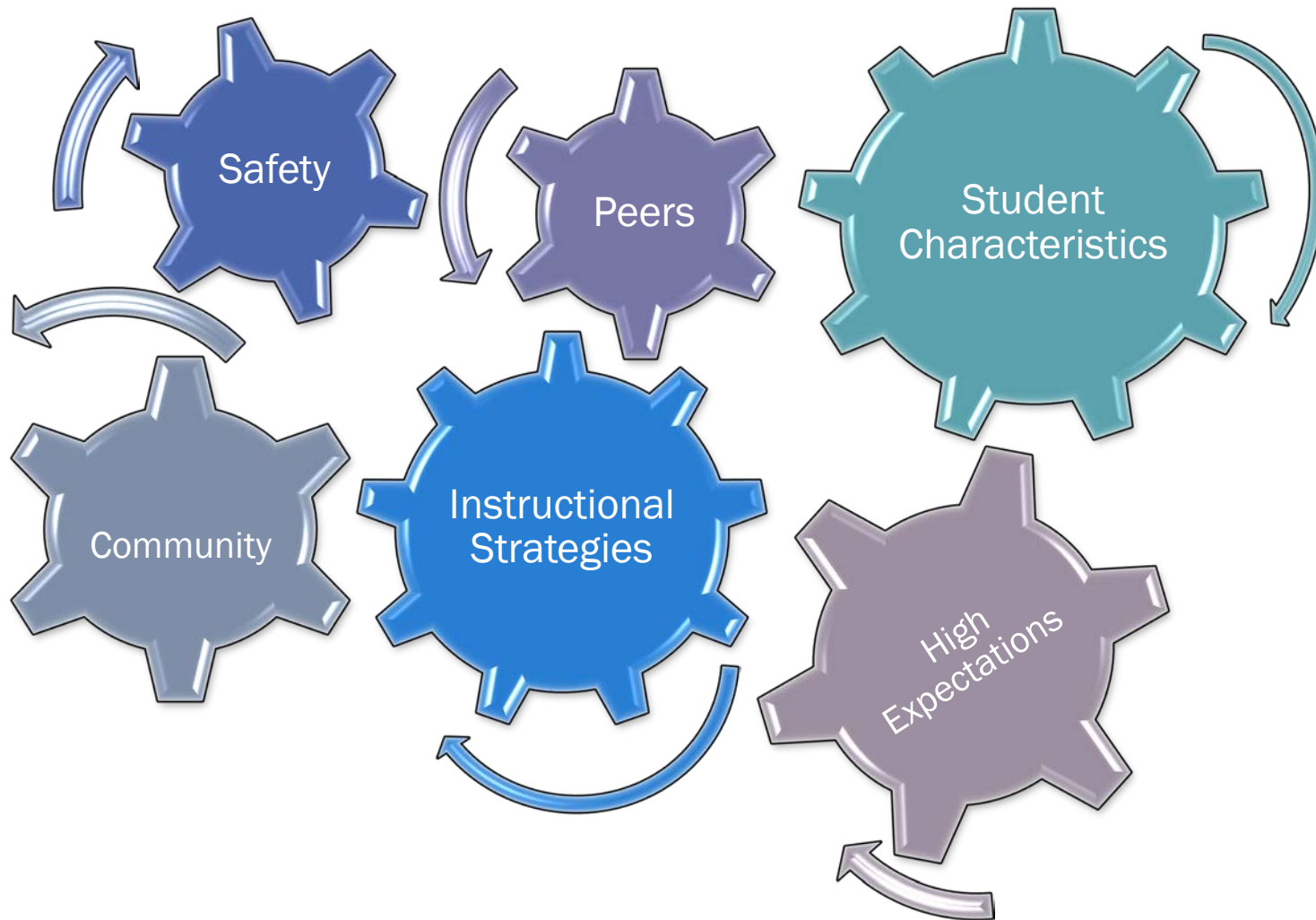
Cascading Down to the School Level



Keeping Family and Children at the Center of Decision Making



The Context of Learning

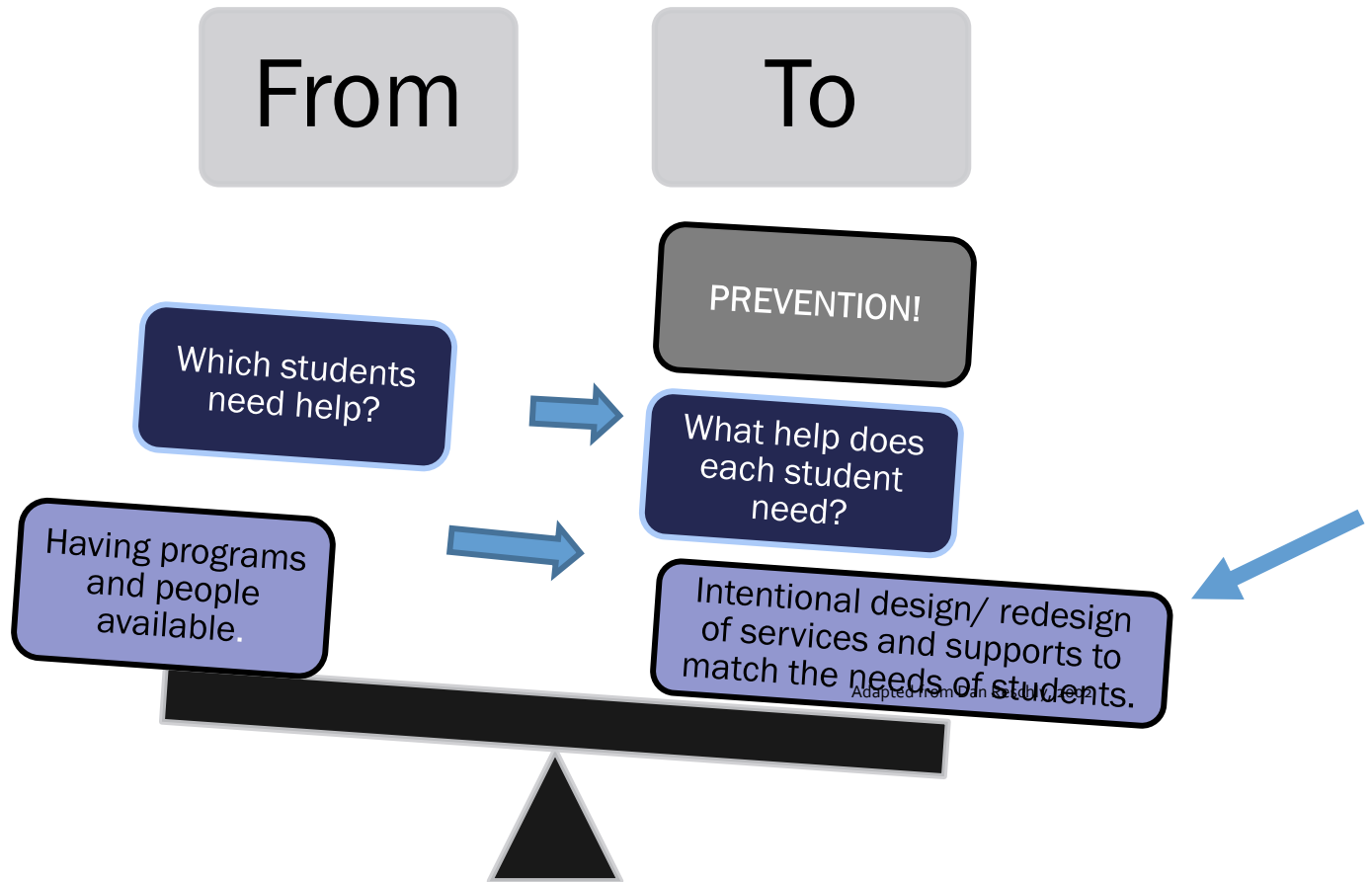




**Multi-tier System and Support
helps put the pieces together**

What MTSS is not...

JUST ANOTHER INITIATIVE

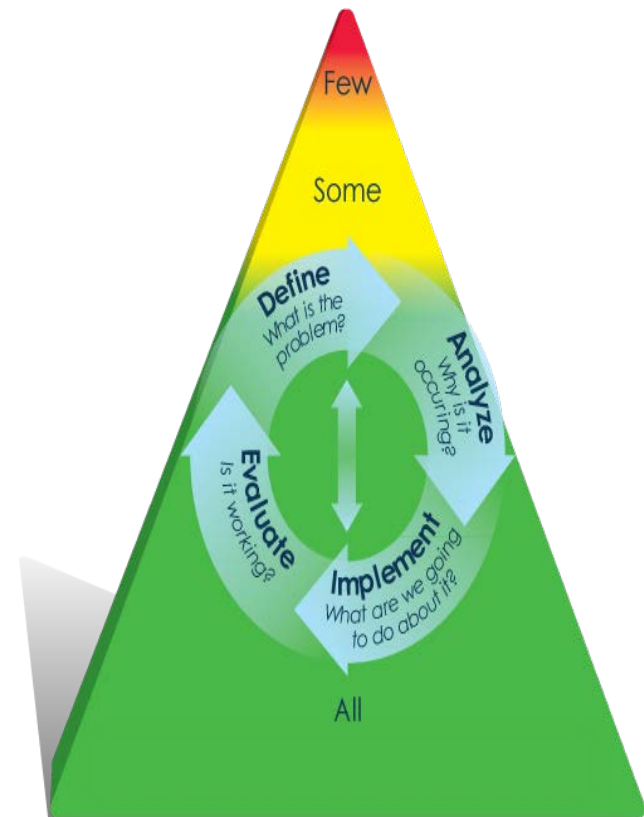


Start with a Framework in Mind



MTSS Defined

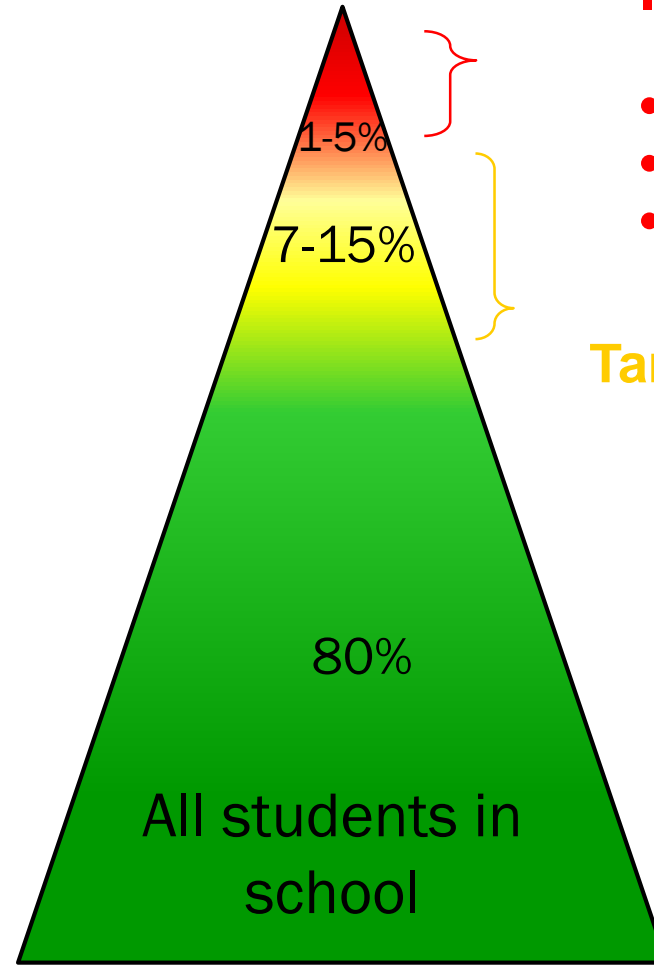
MTSS is a coherent continuum of evidence based, system-wide practices to support a rapid response to student needs, with frequent data-based monitoring to inform decision-making and empower each student to achieve their potential.



Multi-tier System and Supports

Universal Prevention All Students

- Core Instruction
- Preventive
- Proactive
- Common Social Expectations
- Common Referral System
- Strength Based Behavior System



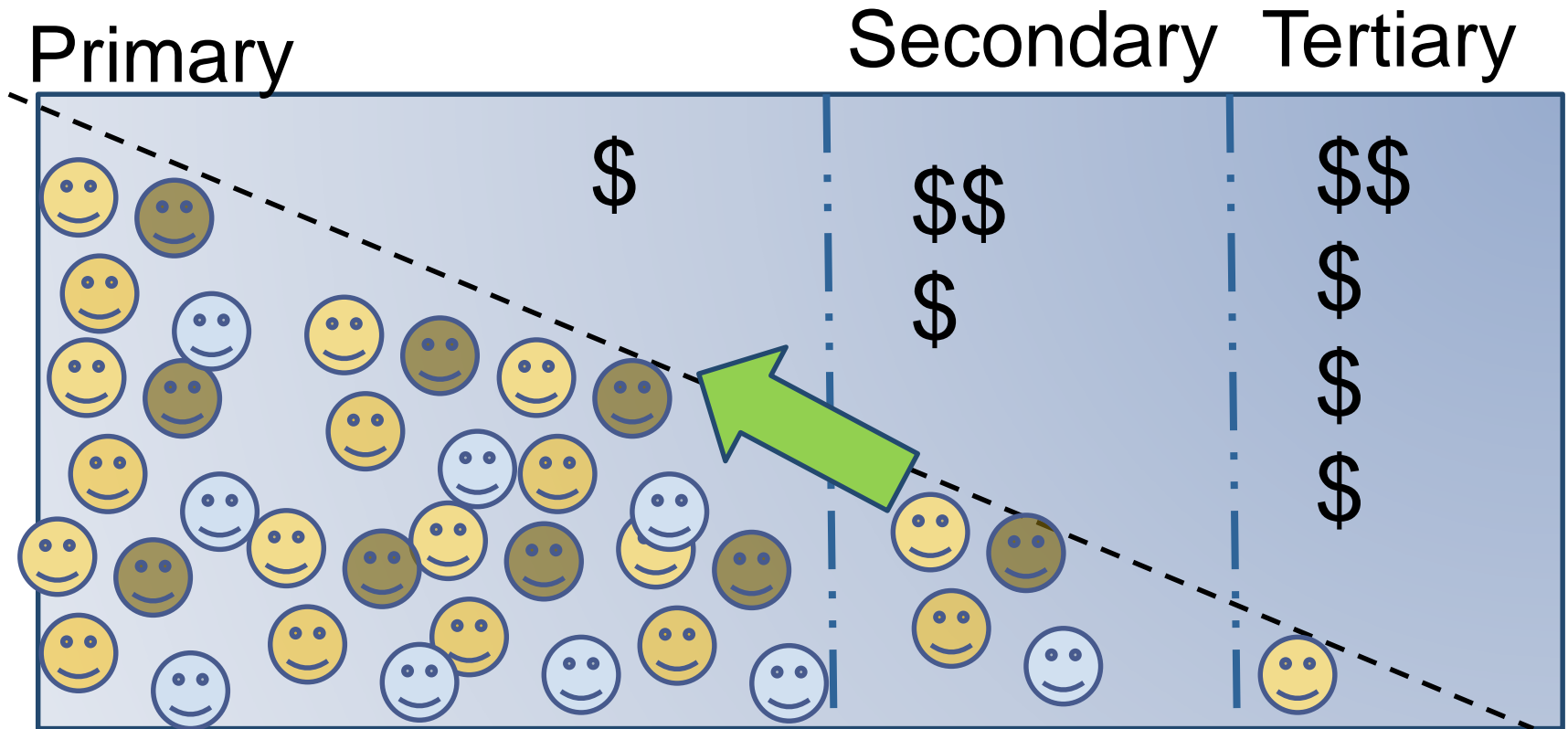
Intensive Intervention Few Students

- Individualized
- Function-based
- High intensity

Targeted Intervention Some Students

- Supplemental (to reduce risk)
- High Efficiency
- Rapid Response

Helps more students with lower cost...





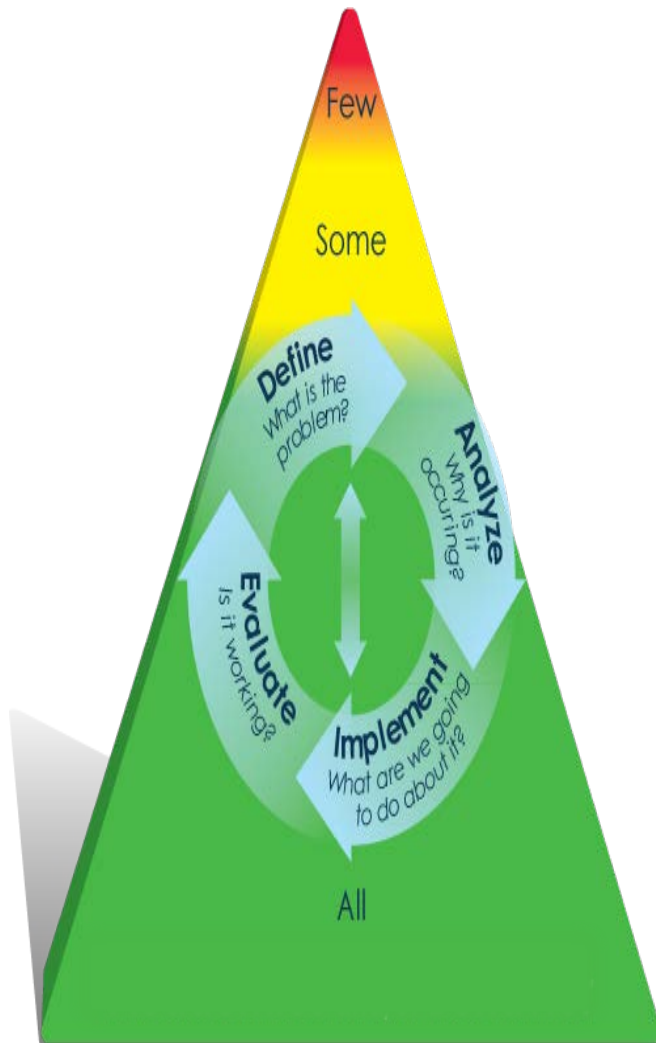
Integrating Multi-tier Support Between Public Agencies, Community Agencies and Schools



- Integrated **Collaborative** System of Care
- School based teams
- Nesting providers into school sites
- Coordinating connections between providers and schools



Multi-tier System of Support for Student Wellness (School Supports)



Tier III: Individual Practical Behavior Plan

Special Education

Wraparound

Applied Suicide Intervention Training

Incredible Years

Tier II: Check In Check Out

Check and Connect

Second Step Teaching Pro-Social Skills

Steps to Respect

Mental Health First Aid

Signs of Suicide

Tier I: Universal Interventions – All Students

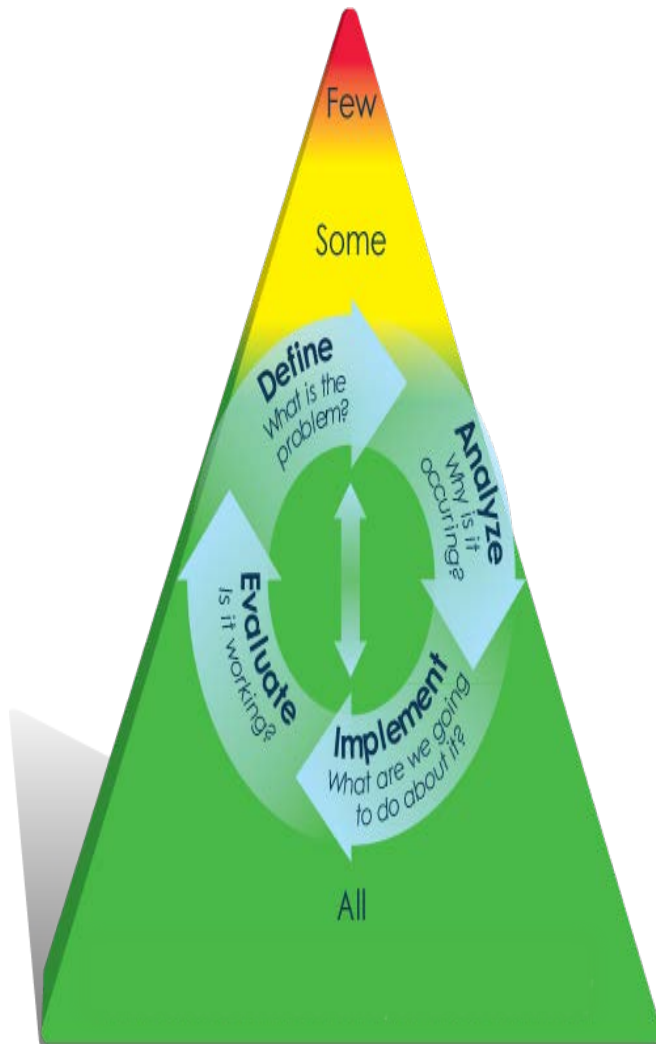
Second Step Kognito At Risk

Simulation Steps to Respect

Eliminating Barriers to Learning

NAMI On Campus High School

Multi-tier System of Support for Student Wellness (Community Supports)

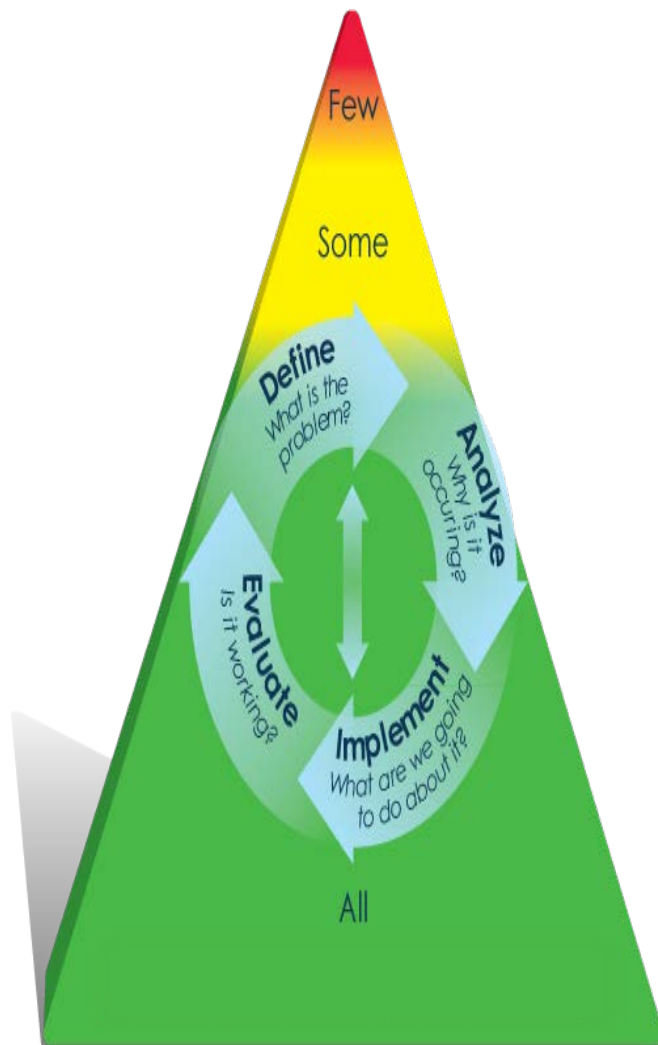


Tier III: Functional Family Therapy
Wraparound
Parent Child Interactive Therapy
Incredible Years **Maternal Depression**
Trauma Focus Cognitive Behavior Therapy

Tier II: A2Y Mentor Program
Active Parenting **Diversion**
Teaching Pro-Social Skills
White Bison
Native Art/Drumming
Parent Project/Parent Project Latino

Tier I: Universal Interventions – All Students
Network of Care
Sierra Native Alliance
Latino Leadership Counsel

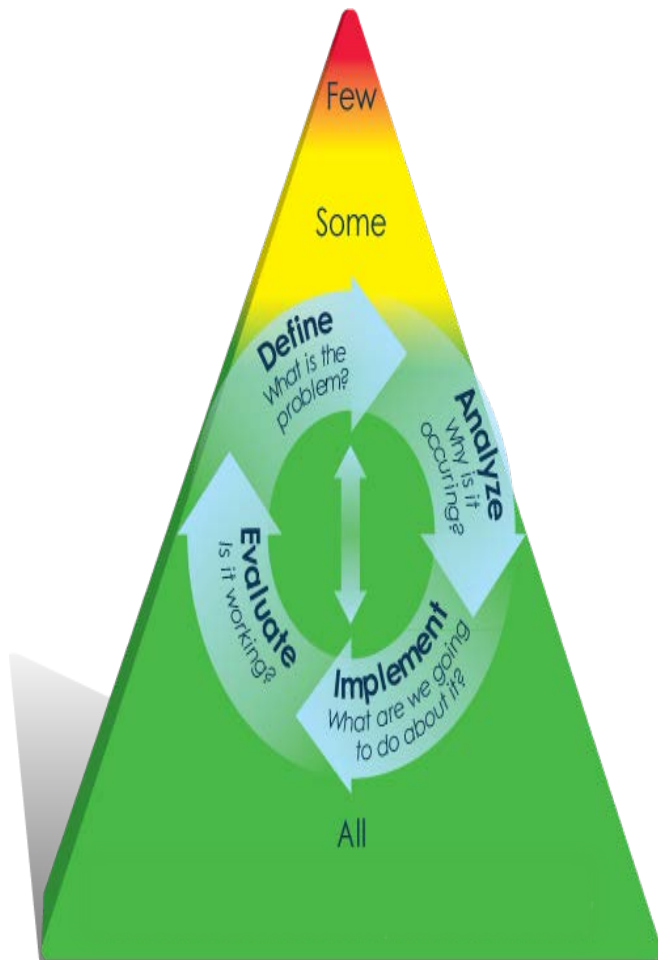
Multi-tier System of Support for Student Wellness (Suicide Prevention)



Tier III Indicated / Individual:
Applied Suicide Intervention
Skills Training

Tier II: Targeted / Selected:
Mental Health First Aid
Signs of Suicide

Tier I: Universal Interventions – All
Students:
Eliminating Barriers to Learning
NAMI on Campus
Kognito
Signs of Suicide
QPR Training



Tier III: _____

Tier II: _____

Tier I: _____

Multi-tier System of Support for Student Wellness

Multi-Tier Supports for Student Wellness

Sample

School Site _____

| Tier Intervention | Define What the Problem is? Data Source/Evidence | Analyze Why it is Occurring | Implement What are we going to do about it? G=Gap C= Community F= Family S= School | Evaluate Is the solution working? |
|-------------------|---|--|--|---|
| Tier I | Inconsistent referrals to the office as evidenced by large number of referrals for minor referrals that could be remediated by instructors. Data Source: ODR Forms | Data showed inconsistency in a large number of referrals. Observation from administration indicates lack of consistency in referrals sent to the office. | (S) Utilize PBIS to create consistent policy and process for discipline matrix. Train staff in elements of PBIS strategies and classroom management. | Review ODR Forms. Use SWIS/Aries to track discipline Determine percent decrease of referrals. |
| | Increase number of ODRs for defiance among freshman students evidenced by ODR and Aries | Lack of school engagement and | | |
| | Increased truancy among Latino sophomore students. Evidenced by school attendance records. | | | |
| | | | | |
| | | | | |
| | | | | |

MTSS Mapping

Multi- Tier Supports for Student Wellness

School Site _____

| Tier Intervention | Define What the Problem is? Data Source/Evidence | Analyze Why it is Occurring | Implement What are we going to do about it? | Evaluate Is the solution working? |
|-------------------|---|--|---|--|
| Tier II | Student use of alcohol increased in 2012 school year. Evidenced by Healthy Kids Survey, Office Discipline referrals and student report to counselors. | Larger number of youth experimenting with alcohol appears to be from lack of alternative coping strategies | (C)Utilize support of CORR to implement small group intervention of youth who are identified using. (C) (Tier I: Support Social Host Ordinance with HHS Prevention Services) | Pre-Post Survey of Students Monitor ODRs & CHKS Parents Survey |
| | Increase number of students for counseling with Depression and Stress | | | |
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MTSS Mapping

Multi- Tier Supports for Student Wellness

School Site

| Tier Intervention | Define What the Problem is? | Analyze Why it is Occurring | Implement What are we going to do about it? | Evaluate Is the solution working? |
|-------------------|---|---|--|--|
| Tier III | Decreased attendance among small group of Latino Students. | 3 Latino students decreased attendance due to familial cultural differences for school. High conflict related to cultural issues. | (C) Refer students and family to Functional Family Therapy (FFT) (C) Refer to Latino Leadership Counsel | Monitor pre-post attendance patterns Monitor ODR |
| | High percentage of freshman students with Special Education Designation | | | |
| | Increase number of students seen by counselors expressing suicidality. Students in this group have a higher than average rate of Chronic Truancy. | Students with a high degree of risk factors stemming from stress, depression and adverse childhood experiences | (S) Train three staff at each campus in Applied Suicide Intervention Skills Training (G)(S) Define Tier I and Tier II programs to increase protective factors. (S) (C) Explore NAMI on Campus (G)(S) Explore Tier II intervention Reconnecting Youth. | Monitor number of students referred to primary care giver Pending Exploration Pending Exploration Pending Exploration |
| | | | | |
| | | | | |

MTSS Mapping

Integrated in System of Care

Model of Integrated Collaborative Multidisciplinary Team

Team Consists of:

Educational Liaison

On-Going Child Welfare/Social Workers

Eligibility Worker

Public Health Nurse

Adoptions Worker

Probation

Other Agencies in the Building:

*Independent Living Program (ILP)

*Intake/Emergency Response

*Functional Family Therapy

*Drug Court

*Wraparound Services

*Family Advocates

*Youth Advocates

*Family Support Counselors

*Children's Mental Health





Integrated in System of Care

∞ Role of Student Support Practitioner – Foster Youth Educational Liaison

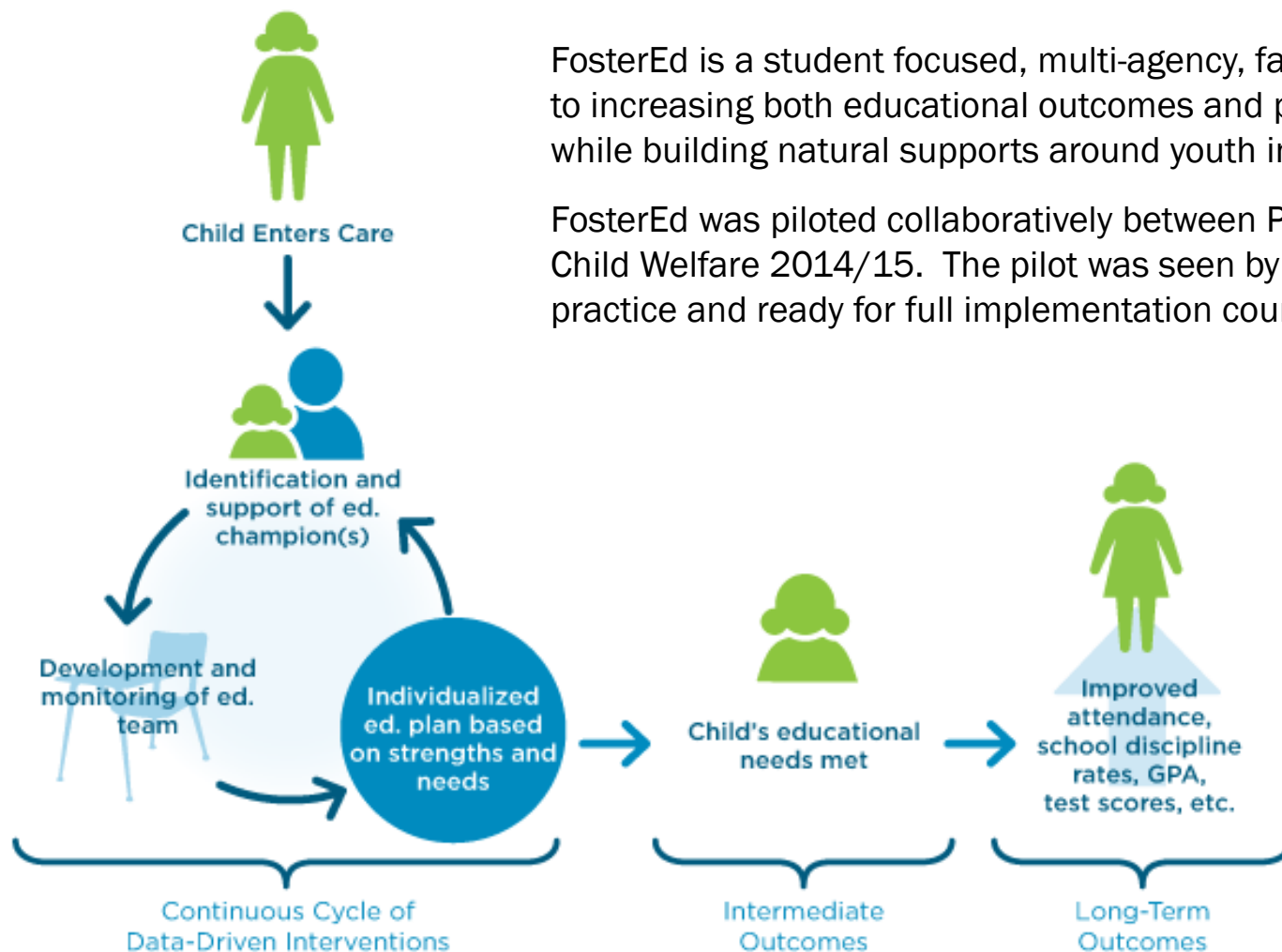
- Assists schools in identifying foster youth and determining their academic needs and barriers to their success (including social/emotional/behavioral)
- Assists schools in educational records searches, transfer requests, and helps ensure immediate and appropriate enrollment for foster youth
- Provides educational advocacy and referrals for academic support, vocational and transitional services, and other community/county services as needed

Integrated in System of Care

∞ Role of Student Support Practitioner – Foster Youth Educational Liaison

- Provide trainings to schools/districts, System of Care staff, community partners and community college on legislation and programming that impacts youth in foster care
- Attends Team Decision Making (TDM) and AB12 meetings to help support foster youth and team
- Facilitates FosterEd Team Meetings to support foster youth needing a higher level of intervention and support with a collaborative team approach
- Works closely with Foster Youth District Liaisons to support all foster youth
- Attends multidisciplinary team meetings at Children System of Care for case management and collaboration, including educational updates related to foster youth

FosterEd Program



FosterEd is a student focused, multi-agency, facilitated approach to increasing both educational outcomes and protective factors while building natural supports around youth in foster care.

FosterEd was piloted collaboratively between PCOE, PUHSD and Child Welfare 2014/15. The pilot was seen by all as a promising practice and ready for full implementation county wide.

Integrated in System of Care

- ∞ FosterEd: Encourages, empowers and educates youth and families in their educational endeavors through a multi-disciplinary collaborative approach.
 - Foster Youth identified based on risk factors/indicators (i.e. attendance, grades, behavioral referrals, peer relations) → FosterEd (Tier 3 support)
 - Identify a supportive team (i.e. foster parent, bio parent (if appropriate), social worker, school staff, CASA/mentor) – including an Educational Champion (may or may not be person with Ed Rights)
 - Facilitate a team meeting – including a focus on strengths, what’s in place that’s working well, areas of concern/need, brainstorming ideas, and action plan
 - Monitor data, on going team meetings (as needed), accountability toward goals, clear and transparent communication i.e.: group emails with “reply all”
 - Document effective strategies/interventions for student for future reference

College Transition and Collaboration

- ∞ “Case Studies in Successful Collaboration Between Child Welfare and Higher Education” John Burton Foundation 2013

PARTNERSHIPS FOR SUCCESS



Case Studies in Successful Collaboration Between Child Welfare and Higher Education

September 2013

Improving Outcomes for Youth Using System-Wide Collaboration



QUESTIONS?

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