

*Analysis to Inform
Philanthropic Investment in
Children's Mental Health*

January 2018



Zellerbach
FAMILY FOUNDATION

Analysis to Inform Philanthropic Investment in Children’s Mental Health

January 2018

Introduction

The Zellerbach Family Foundation has long invested in efforts to improve California’s mental health system for children and youth. Over the years, much progress has been made. Yet there is growing consensus that children and youth who experience high levels of distress or face significant challenges to their mental health are, by many measures, under- or ineffectively served. Despite billions of public dollars available to California’s children and youth through a complex array of state and federal funding streams, too many children continue to struggle with emotional, social, and behavioral challenges that remain unaddressed, mistreated or, in some cases, exacerbated by the very systems charged with the children’s care and well-being. Individual counties and programs show promise of effective, integrated care. Overall, however, California’s approach to children’s mental health is fragmented, pathology-based, and driven by funding, with little acknowledgement of broader contextual and contributing factors, including historical and institutional oppression, which have a deleterious impact on children’s and youths’ mental health and overall well-being.¹

The current sense of urgency is informed and driven by a growing understanding of the pervasive impacts of trauma, at both the individual and community levels, as well as the implications of trauma for child well-being in general and mental health more specifically. Additionally, several present reform efforts specific to child welfare and systems-involved youth (e.g., Continuum of Care Reform and AB 1299, the presumptive transfer of county responsibility for mental health services) have instigated a closer examination of how these young people access behavioral health services and the quality of the services they receive. Although these reforms focus on a specific, limited group of youth, they also create an opportunity to look at children’s mental health more broadly and build on other emerging priorities including integrated health care, whole child education, and whole family or multi-generation care.

Fully embracing this opportunity to create sustained change will require equitable approaches to promoting children’s mental health and, when necessary, effectively treating mental illness. This relies on coordinated efforts based on a shared vision of child and youth well-being that is inclusive of social-emotional health, and that places youth and family voice and choice at the center. It also demands that historically fragmented systems share responsibility and accountability for the well-being of children and youth and address deeply entrenched cultural, financial, and administrative barriers. Ultimately, efforts must involve all child and family-serving systems—health care, child welfare, schools, and justice—in concert with communities.

Philanthropy can play a catalyzing and supportive role in advancing these efforts by helping to coordinate initiatives, and by supporting organizing, advocacy, collaboration, research, training, and more. The good news is that increased awareness about children’s mental health has generated the interest of an ever-growing diversity of funders. And there is more than enough work for all of us. However, it is imperative that funders work together to avoid unnecessary

¹ <http://www.psesd.org/wp-content/uploads/2017/10/Healing-the-Hidden-Wounds-of-Racial-Trauma.pdf>

duplication of efforts, or to mirror the fragmentation of child serving systems, and, in some cases, the advocates focused on them.

As an initial step towards these ends, the Zellerbach Family Foundation contracted with *i.e.* communications to conduct a landscape analysis of current advocacy efforts related to children's mental health in California. This was a follow up to a March 2017 convening of advocates, providers and funders, which revealed a wide range of interests, some overlapping but not always coordinated efforts, and ultimately more questions than answers about a clear path forward. The following report summarizes *i.e.*'s findings, the perspectives of some key advocates, and the pros and cons of various models for advancing collaborative strategies. This is intended as a starting point to help inform strategic, coordinated investments in a multi-system approach to children's mental health. It is not meant to be exhaustive, and we invite other stakeholders to contribute to it and our shared understanding of the key players and strategic opportunities in this complex field. Finally, it is important to acknowledge that this landscape mapping and subsequent report primarily focus on advocates with the hope of creating a more cohesive and strategic advocacy approach, and the expectation of including public agencies in future discussions.

The Zellerbach Family Foundation looks forward to partnering with and learning from other funders, advocates, policy leaders, administrators, providers, youth, and families as we pursue our collective efforts to promote more just, equitable, and healthy communities in which children and youth can thrive.

Background

In March 2017, on behalf of the Zellerbach Family Foundation, *i.e.* communications organized a convening of statewide funders, advocates, and providers to discuss how to move California forward in meeting the mental health needs of California's most vulnerable youth. *i.e.* also created a [literature/research review](#) in collaboration with meeting participants, as well as a [meeting summary](#).

Following the meeting, *i.e.* was tasked with creating a scan of organizational efforts in the state, combined with the perspectives of some field leaders. The overall objectives of this work are to provide the Zellerbach Family Foundation and other funders with an inventory and better understanding of organizations currently working to improve children's mental health in California, and to inform more coordinated and strategic investments in this area. This report also includes a brief overview of various models that can be used to structure collaborative efforts toward this end, as well as a link to [databases](#) with more detailed information, including an inventory of other states' reform efforts related to children's mental health.

Scan of Organizational Efforts in California

An initial step toward identifying a strategy moving forward is understanding the current landscape (e.g., what organizations currently exist with what areas of focus) in order to determine where a coordinated approach might align existing work with a broader reform effort.

Through web-based research and interviews with key stakeholders, *i.e.* developed a database of approximately 61 California organizations whose missions include advocating for child well-being in general and/or children's mental health (including trauma).² *i.e.* also identified existing state and regional collaborations focused on children's mental health and well-being, as well as related national organizations and state-level agencies. The resulting spreadsheets are not meant to be exhaustive of all organizations working on these issues, but rather attempt to capture those most active and central to the work.

Recognizing that many statewide advocacy organizations have cross-cutting interests, *i.e.* attempted to identify the primary target populations for each.³ Following are some high-level summary findings from the scan. The full database is available [here](#) and includes tabs for California advocacy organizations, existing collaborations, national organizations, state agencies, and other states' efforts related to children's mental health.

System Focus

Many organizations address children and youth at multiple points of entry, but most focus on one or more of the following systems or communities. The organizations in parentheses are offered as examples, not an exhaustive list, and many of them work in multiple systems but are categorized based on a primary focus.

- **Child welfare and juvenile justice systems** (Alliance for Children's Rights, Youth Law Center, National Center for Youth Law, East Bay Children's Law Offices, Children's Law Center of California)
- **Health care systems** (California Council of Community Behavioral Health Agencies (CCBHA), the Center for Youth Wellness, California Institute of Behavioral Health Services (CIBHS), Trauma Transformed, CMHACY, the California Health Collaborative)⁴
- **Schools** (Breaking Barriers, California School Based Health Alliance, Partnership for Children & Youth)

Target Population

Many organizations work across all age groups, whereas some focus on specific populations. Early childhood intervention is recognized as critical in reducing the severity of mental health challenges later in life. And support services for very young children can help prevent the stressors, trauma, and other inputs that can lead to the need for mental health care later on. At the other end of the age spectrum, transitional aged youth (ages 16-24) are particularly vulnerable to psychotic breaks; and they may need a variety of support services to help them deal with a range of life transitions (e.g., economic independence, education and employment, housing), especially if they have experienced the child welfare and/or juvenile justice system, and/or if they are

² A couple of notes on methodology: To address a broad definition of child well-being, *i.e.* included organizations addressing both trauma and mental illness. Also, while the search focused on advocacy organizations, a few leading providers who advocate on statewide policy were selectively included.

³ Organizations' work was categorized according to assessed understanding of the work, but organizations may self-identify differently.

⁴ Note: hospitals and universities were not included in the scan but there are standout entities innovating in children's mental health including Children's Hospital Los Angeles, Division of Adolescent Medicine; USC School of Social Work; Stanford; and Benioff Children's Hospital Oakland, among others.

gender non-conforming or identify as LGBTQ. Some organizations focus on school-aged youth in and out of school settings. Finally, several entities specifically target immigrant or other generally underserved children and youth across the age spectrum.

- **Very young children/Pre-K** (Children’s Institute, First Five California, Opportunity Institute, Too Small to Fail, Zero to Three)
- **School-age youth** (California School-Based Health Alliance, Partnership for Children and Youth, Student Mental Health Policy Workgroup)
- **Older/transition-aged youth** (Youth in Mind, RYSE, Humboldt County Transition-Aged Youth Collaborative, No Stigma No Barriers, California Youth Connection)
- **Immigrant or other underserved children and youth** (the Children’s Partnership, Western Center on Law and Poverty, the Prevention Institute, California Black Health Network, the California Pan-Ethnic Health Network)

Prevention to Crisis Continuum

In California, 8.5 percent of children aged 4-11 are determined to need mental health care services, yet parents report that 70 percent of them go without counseling or support.⁵ Often funding for treatment is contingent upon a clinical diagnosis and/or involvement in a system (e.g., child welfare or juvenile justice). Thus, many of the scanned organizations work to address mental health challenges in the context of systems involvement or crisis response (e.g., Alliance for Children’s Rights, Seneca, United Advocates for Children and Families, Lincoln, the Children’s Institute, the Steinberg Institute, National Center for Youth Law, East Bay Children’s Law Offices). In recent years, with increasing understanding of trauma, systemic inequities, and social determinants of health, more advocates are focusing on holistic, preventive care through schools, communities, and health care settings (e.g., Children’s Partnership, Western Center, Children Now, RYSE, Prevention Institute, United Advocates for Youth, CPEHN). While more preventive efforts may well reduce the need for crisis and intensive intervention, reform is needed across the continuum.

Perspectives and Key Themes

To better understand the landscape of children’s mental health services, along with challenges and opportunities for moving forward, *i.e.* identified key informants, primarily from leading statewide advocacy organizations. Following are the key informants interviewed for this project:

- **Mayra Alvarez**, President, The Children’s Partnership
- **Janis Lambert Connallon**, Health Policy Associate, Children’s Defense Fund
- **Haydée Cuza**, Executive Director, California Youth Connection (CYC)
- **Kanwarpal Dhaliwal**, Associate Director, RYSE
- **Elizabeth Estes**, Executive Director, Breaking Barriers, along with **Reed Connell**, Managing Partner, Director of Policy and Advocacy, Social Change Partners, and Advisory Council, Breaking Barriers; and **Sylvia Pizzini**, Volunteer, Breaking Barriers, and Assistant Secretary (retired), California Health and Human Services
- **Gwen Foster**, Director of Mental Health (Retired), CalSWEC; Board Member, Seneca
- **Patrick Gardner**, President, Young Minds Advocacy

⁵ <http://newsroom.ucla.edu/releases/three-of-four-california-children-with-mental-health-needs-don-t-get-treatment>

- **Jesse Hahnel**, Executive Director, National Center for Youth Law
- **Ted Lempert**, President, Children Now, along with **Kelly Hardy**, Senior Managing Director, Health Policy; **Susanna Kniffen**, Senior Director, Child Welfare Policy; and **Brad Strong**, Senior Director, Education Policy
- **Maggie Merritt**, Executive Director, and **Adrienne Shilton**, Policy Director, Steinberg Institute
- **Deanna Niebuhr**, Senior Director, Community Schools Initiatives, Partnership for Children and Youth
- **Amy Ranger**, Acting Executive Director, and **Lisa Eisenberg**, Policy Director, California School Based Health Alliance
- **Lynn Thull**, Consultant for Mental Health Policy and Practice Improvement, California Alliance for Children and Families; CMHACY
- **Oscar Wright**, President and CEO, United Advocates for Children and Families

The general themes highlighted below emerged from the [March 2017 convening](#), as well as the key informant interviews. These themes are not all-inclusive of the challenges facing systems, advocates, and providers, but collectively they offer a set of framing priorities for funders and advocates to organize efforts moving forward.

Focus on well-being

Systems should do no harm and actively promote mental health in addition to treating mental illness. The traditional frame of reference for mental health care focuses on a clinical diagnosis. A broader frame would provide equitable supports and care for children, youth and their families at all life stages and with the goal of overall wellness and well-being. This includes fully integrating behavioral health into health care; bolstering school based health centers; and intentionally addressing the atmospheric, historical, interpersonal and embodied trauma through policies and practices.

Build a trauma-free system of care

Challenges to children’s mental health and wellness are often associated with trauma, particularly in early childhood, and may be exacerbated by the very systems charged with serving children, youth and their families (e.g., schools, child welfare, justice system). In fact, current delivery systems for mental health often re-traumatize already vulnerable young people, e.g., waiting to intervene until they are system-involved or failing in school, separating them from their families and communities, and locking them in systems that are not easy to navigate or culturally appropriate. Additionally, students of color and those with disabilities are significantly more likely to be suspended or expelled from school, rather than receiving the supports that they need. Unfortunately, an increased awareness about racial disparities and the impact of trauma on physical health, educational achievement, and social emotional outcomes has not yet translated to a practice or paradigm shift that focuses on equity and trauma prevention at the individual, community and institutional levels.

Leverage multiple funding streams

The vast majority of California’s children and youth have some level of coverage to respond to mental illness, yet recent reports indicate there is a significant gap in actual services provided. According to [Young Mind Advocacy’s 2017 report](#) *California’s Children and Youths’ System of Care: An Agenda to Transform Promises Into Practice*, approximately 96 percent of children in

California have or are eligible for health insurance, including more than 5.5 million covered by MediCal. Yet, more than one quarter million eligible California children with serious mental health needs receive no MediCal assistance at all. While children may have coverage, there may be an inadequate number of providers or appropriate services in their area. Some providers are unable to access MediCal funding which requires significant infrastructure and financial risk to set up and manage a reimbursement system. Other providers prefer to offer services without the need to pathologize children through a diagnosis as required for reimbursement. Additionally, schools are limited by a fixed amount of state allocated funding for education related mental health services, regardless of the needs of its students. Lack of sufficient funding for education and substance abuse programs further exacerbates the unmet needs of children and youth, with an estimated 20 percent or less of youth with needs being served.⁶ Finally, substantial [funding streams through California's Mental Health Services Act \(MHSA\)](#) are available to address innovation, community services and supports, and prevention and early intervention, with estimates of almost \$2 billion available for county distribution. However, very little public funding is available for prevention outside of MHSA, and it remains unclear whether the MHSA funds are reaching the intended populations or having the desired effect. Effectively meeting the needs of children and youth requires creative blending of these funding streams aligned around the needs of children, youth and their families.

Promote a coordinated, multi-agency approach

Efforts to more effectively address children's mental health needs have primarily focused on system-involved youth and a "fail up," pathology-based approach to accessing services. Youth who exhibit signs of neglect, abuse or emotional challenges may not receive necessary support or intervention until they are in foster care or juvenile hall. Many organizations in the scan focus on providing services to children, youth and families in, or at risk of entry into, the child welfare and juvenile justice systems. While this is a relatively small population overall, it tends to carry the highest need and the highest cost. And yet, the needs of many of these youths still are not appropriately addressed, particularly in crisis situations. Future efforts should cross sectors and embrace the goal of "no wrong door" with shared responsibility and accountability for clearly defined and agreed upon outcomes, which requires a long-term commitment to address significant financial, political, cultural and information sharing barriers.

Incorporate community-based practices

Promising community-based practices and innovations should complement evidence-based practices to support mental health and treat mental illness. An emphasis on evidence-based practice often translates into limited support for culturally relevant community-based practice, particularly those that are less clinical and may not have a robust evidence base. Additionally, cumbersome Medi-Cal reimbursement requirements can present barriers to community-based, trauma informed services. As a result, community-driven healing centers for marginalized youth that provide services outside of clinical settings, as well as organizations that focus on long-term, deep youth- and community-led liberation work (e.g., RYSE and United Advocates for Children and Youth), have access to fewer resources, making them difficult to sustain or document effectiveness.

⁶ California's Children and Youths' System of Care: An Agenda to Transform Promises Into Practice, Patrick Gardner, May 2017

Funder Role

A pivotal role of funder investment is to catalyze system change that includes the full spectrum, from state agency leadership charged with children's mental health (DHCS) and integration with other agencies responsible for child well-being (CDSS, CDE, CDPH), mirrored in county leadership (Boards of Supervisors) and agency integration (schools, health, welfare, probation) to the provider and community level including young people and their parents and providers.

Private funding (via a pooled fund, and/or leveraging public sources, e.g, MHSA, SAMSHA) could be used to catalyze or initiate a statewide, multi-organizational effort(s) to implement a coordinated strategy for improving children's mental health and well-being. Following are brief descriptions of several collaborative models that could be used toward this end, along with some examples as well as strengths and weaknesses of each.

Campaign/Coalition

A campaign or coalition model, which includes participation of various stakeholder groups, can be effectively mobilized to represent a common interest using unified communications/messaging, strategies, tools, and events to focus on actionable issues.

Pros: Diverse stakeholders; nimble body able to adjust according to evolving need

Cons: A non-hierarchical structure can lead to priority-setting, credit- and leadership- sharing, and other strategic and tactical challenges; difficult to execute efficiently on a common agenda; public entities most often on the outside.

Examples:

[Health4All](#) aka the [California Children's Health Coverage Coalition](#) (Children Now, Children's Defense Fund, PICO California, Children's Partnership, UWBA)
[Opioid Safety Coalitions Network](#)

Funder Collaborative/Pooled Funding

Funder collaboratives come together to carry out strategic philanthropy to support public interest projects. Support includes fiscal sponsorship, administrative assistance, contract management and compliance oversight.

Pros: can make for more ambitious objectives; can help catalyze reform in public systems where foundations are a pathway to public entity leadership; a neutral body that doesn't represent a single funder/organization's interest but rather a collective vision

Cons: Seen as driven by the set of objectives of a group of funders, not by grassroots stakeholders or target interest groups; priorities of funders can shift over time; time-limited, not an institutional entity

Examples:

[Hope and Heal Fund](#)

[Fund for Shared Insight](#)

[Fund for a Safer Future](#)

Additional Resources:

[New Venture Fund](#)

State-level council of key public and private stakeholders

An advisory body or commission responsible for improving the collaboration and processes of the multiple agencies and the courts that serve the children in a given system (e.g. child welfare, mental health, education). Members of this body may include government agency directors, managers and staff, as well stakeholders in the community, service providers, leading researchers, attorneys and advocates. The council can engage in activities such as creating ad hoc committees to address different issues or provide a venue for all parties involved to become informed of relevant research and activities across the state.

Pros: High level of visibility/accountability for public agencies; serves as a watchdog entity; could be a “strategy” under another model (e.g., funder initiated, campaign, or collective impact)

Cons: Limitations on ability to see work through to implementation; top-down approach, doesn’t engage local stakeholders as central organizing principle

Examples:

[Los Angeles Blue Ribbon Commission on Child Protection](#)

[California Blue Ribbon Commission on Children in Foster Care](#)

[California Child Welfare Council](#)

[Keeping Kids in School and Out of Court](#)

Collective Impact (Community of Practice)

Collective impact is a framework that guides how organizations come together to solve complex social problems by meeting five conditions:

1. **Common Agenda:** A shared vision for change
2. **Shared Measurement:** Agreement on the ways success will be measured and reported
3. **Mutually Reinforcing Activities:** Engagement of a diverse set of stakeholders across sectors, coordinating a set of differentiated activities through a mutually reinforcing plan of action.
4. **Continuous Communication:** Frequent and structured open communication across the many players to build trust, assure mutual objectives, and create common motivation.
5. **Backbone Support:** Ongoing support by dedicated, independent staff, including guiding the initiative’s vision and strategy, supporting aligned activities, establishing shared measurement practices, building public will, advancing policy, and mobilizing funding. Backbone staff can all sit within a single organization, or they can have different roles housed in multiple organizations.

Pros: Provides an opportunity to combine the different organizational efforts identified around a shared agenda; has had some successful examples of impact

Cons: Criticism of this approach has included that racial justice has not been essential to its work, and it imposes shared metrics without necessarily incorporating past learning or research⁷. In addition, although Collective Impact has been described as a “systems-change” approach, its core strategies do not by their default nature engage partners within the community as equals, or address the causes of social problems directly or their political, racial, and economic contexts.⁸

Examples:

[Education Equals](#)⁹

[Opportunity Youth Network](#)

Foundation “Initiative” (FFI)

Distinct from a ballot initiative (like Prop 63, MHSA), a foundation-funded initiative underwrites organizations, provides support (e.g., convenings, TA) and coordinates activities (often with an intermediary) directed to a set of goals (systems change, policy advocacy, behavior change). Similarly, such an initiative may be a large grant from a government agency, e.g., SAMSHA, which provided \$4 million over four years to underwrite Trauma Transformed.

Pros: This model may also include or adopt some “collective impact” approaches, e.g., shared measurement; philanthropy can establish a bold set of objectives for public systems to meet.

Cons: Time-limited according to the duration of the grant, and if not a significant investment (or multiple foundations, see below) then the capacity of the initiative could be limited. Gives foundations the power to set the agenda for the effort.

Examples:

[Trauma Transformed](#)

[Blue Shield Against Violence](#)

[Frequent Users of Health Services Initiative](#)

[Healthy Returns Initiative](#)

[PreventViolence.org](#)

[Making Connections for Mental Health and Wellbeing Among Men and Boys](#)

[Positive Youth Justice Initiative](#)

⁷“Collaborating for Equity and Justice: Moving Beyond Collective Impact,” *Nonprofit Quarterly*, Jan 9, 2017, accessed Oct, 2017,

<https://nonprofitquarterly.org/2017/01/09/collaborating-equity-justice-moving-beyond-collective-impact/>.

⁸“Ten Places Where Collective Impact Gets it Wrong,” *Global Journal of Community Psychology Practice*, Vol 7, Issue 1, Mar 15, 2016, accessed Oct, 2017, <http://www.gjcpp.org/en/resource.php?issue=21&resource=200>.

⁹Please note that the Education Equals initiative was a 5-year project that ended in 2016.

Promising State Approaches

In addition to researching different collaborative models, *i.e.* conducted a brief web-based scan of other states' approaches and found 24 states with a reference to a "systems of care" approach to children's mental health. Highlights of the findings are summarized below, and each identified stated is listed in the attached [database](#), with a brief description and links to more information.

Systems of care are driven by a variety of public and private entities:

- Federal SAMSHA funding inspired [COACT Colorado](#)
- State agency inspired, e.g., Washington State Department of Social and Health Services led to [Creating Connections](#); Hawaii Department of Health developed [Family Guidance Centers](#) in schools
- University inspired, e.g., [Virginia Association for Infant Mental Health](#)
- Advocacy inspired, e.g., [Illinois Children's Mental Health Partnership](#), created by the Illinois Children's Mental Health Act (SB 1951), which arose from advocacy work, then led to a Task Force, new legislation, etc.
- Medicaid waiver, e.g., [Wyoming Quality Counts](#)
- Partnerships between state agency and universities, e.g., [Texans Care for Children](#)

States are lifting up their results inspiring system-wide accountability:

- Texas' use of a dashboard based on goals, which are transparent to the public <http://www.txsystemofcare.org/data-dashboard/>. DHCS could have a similar data dashboard
- Note: Pennsylvania is also using a dashboard, but it is not publicly accessible

Systems reform doesn't need to happen top-down:

- Tennessee's system of care stands out as family- and youth-informed as well as multi-faceted, comprehensive and innovative: <https://www.tn.gov/behavioral-health/topic/system-of-care-initiative-for-children-youth>

Other notable state approaches:

- Delaware's statement of mission/vision for their System of Care: <http://kids.delaware.gov/pbhs/pbhs.shtml>
- Florida's use of private, community based providers: <http://www.myflfamilies.com/service-programs/mental-health/system-care-CMH>
- Illinois' public/private partnership which oversees implementation of a comprehensive Children's Mental Health Plan <http://icmhp.org/about-icmhp/who-we-are/>

Additionally, prior to this brief scan, Casey Family Programs introduced the [NJ System of Care model](#) to child welfare and behavioral health leaders in California, and subsequently a subset of leaders went to New Jersey. Although New Jersey is a state administered system, many of the principles and approaches are being considered for adoption in California, notably by San Francisco. Casey Family Programs also produced a report, "[Systems of Care in Child Welfare: Examples and Lessons Learned from the Field](#)", which included more in-depth analysis of Colorado, Pennsylvania and Iowa.

Conclusion: Moving Forward

This scan identified organizations, collaboratives and individuals committed to children's mental health reform at a moment when the system is poised for change and funder investment could catalyze significant system transformation. However, the breadth and complexity of these issues will require long-term commitment and a multi-faceted approach that includes all child serving systems at the local and state level, as well as community-based providers, young people and their parents/caregivers. The hope is that this document, and the accompanying data, will help to prevent unnecessary and unproductive duplication of effort and promote collaboration by increasing funders' awareness about who is doing what in this space and who brings what expertise. Reform efforts might adopt one or more of the collaborative models outlined above, and they might emulate approaches used in other states, which are summarized, based on cursory research, in the [attached spreadsheet](#). The Zellerbach Family Foundation hopes that this document serves as a tool to encourage increased dialogue, coordination, and collaboration among advocates, funders and others interested in improving children's mental health in California.