CYBHI Audiocast, Desert Mountain Children's Center Transcript

Lan Nguyen:
Providing consistent and timely mental and behavioral health supports is a challenge faced by agencies serving young children and their families. System administrators, service providers, educators and other staff often find themselves working in silos due to limited time and space for collaboration, which can lead to a fragmented system of care for young people. In this audiocast, you'll hear about Desert Mountain Children's Center, also called DMCC, an agency located in San Bernardino County, California, that brings a strong transdisciplinary and inter-agency approach to their mission of providing comprehensive mental and behavioral health services to children, youth, families, schools and communities. DMCC has also created an innovative early intervention program called the Comprehensive Assessment Research and Evaluation, or CARE program, that applies a transdisciplinary approach to mental and behavioral healthcare for young children.

Hi, my name is Lan Nguyen. In addition to my voice, you'll hear from three members of the Desert Mountain Children's Center team: Director Linda Llamas, Program Supervisor Theresa Vaughan, and Keri Gomez, CARE supervisor.

Desert Mountain Children's Center provides wraparound services for children ages zero through 21 in support of school districts and charter schools in the Desert Mountain Special Education Local Plan Area, or SELPA. Let's hear from Linda and Theresa, who will share a little bit more about the scope and reach of this comprehensive project and a bit more about the community served.

Linda Llamas:
We cover a wide range of area because we all share it, whether it's ourselves, community providers, employees of the school district who are associated with mental health. We all take care of our area, and they often overlap. Currently, we have three facilities. We started out with our largest facility, which is our Apple Valley facility, and that is where our main facility is. But that area alone, the high desert, which is where Apple Valley covers, it covers over 20,000 square miles of area. And so that means that we have all the way from... the top of the pass is what we call it, but it's the Hesperia, Oak Hills area, all the way to the border of Arizona. And so that's a large area just in and of itself. We also have a facility in Big Bear and in Yucca Valley. And those are our smaller areas, but still a large portion of what we do as well.

We also, on average over the past few years, have provided services to over 10,000 children. And so those are just direct clients that we've provided services to, not to mention all the times when someone has stopped one of our staff and asked for some clinical advice or some supports for classrooms or to just debrief about a student that maybe was struggling who didn't necessarily have permission to get counseling services. We're under the umbrella of San Bernardino County Superintendent of Schools. Then we have our overarching agency, which is CAHELP, California Association of Health and Education Linked Professions. And underneath the CAHELP is our Desert Mountain SELPA, our Desert Mountain charter SELPA, and then DMCC. So we function as our own entity. We function as a partner of the SELPA and the charter SELPA.

Theresa Vaughan:
The community is pretty diverse. And there's a few prisons up there, so you sometimes get a lot of transient families that move up to be close to their loved ones that are incarcerated at the time, because the housing is much cheaper in that area. Over 50% of the kiddos removed from San Bernardino County and placed into foster care are placed in our catchment area. So we have a lot of foster youth and foster families in that area as well.

When we talk about the different school districts, there's some really large school districts that we're responsible for and some really small school districts that we're responsible for too. So again, you might have a small school district, but the larger school districts and the community partners that work together for the betterment of the kids, the decisions that are made... are made with the whole community in mind. There's other community mental health partners in the area as well, and so we may provide, for example, the individual services for a kiddo, but one of the other community partners may do the wraparound services or Success First services.

Lan Nguyen:
The Desert Mountain Children's Center mission statement is, "The relentless pursuit of whatever works in the life of a child." And this is reflected in the thoughtful and creative ways that they have designed their systems and programs. One of the DMCC's most innovative programs is their CARE program, which is part of the DMCC's early intervention model. The CARE program serves children between the ages of two and six who would benefit from multiple services but are not currently receiving them elsewhere. Here's Theresa and Keri to describe the program structure.

Theresa Vaughan:
CARE stands for Comprehensive Assessment Research and Evaluation. It is the mental health services that a client is receiving that they get a 10-week intensive program to really try and see, how do we help them be most successful, what do we need to do to help them be most successful in school as well? So these are kiddos that are just having the most difficult time. Some of these kids have been kicked out of numerous preschools already, things like that. We take ten kids at a time. It's Monday through Friday, 8:30 to 12:30.

Keri Gomez:
Four hours a day, that is why we say it is intensive. And it is a simulated preschool environment. And so you do see circle time, we see outside play time, snack time, but we also have other things embedded during those four hours. And so they're able to potentially get OT in any given day during the week, they might have speech two to three times a week. And then we do other situations like play group, work stations... and those are all things that were created with intention to allow for working on social skills, "how do we apply coping skills when we're getting frustrated?" So it's definitely a mental health environment, and that's probably one thing we really have to stress, especially if the child has been referred by a district, is that it's a mental health placement and not necessarily an academic one.

Theresa Vaughan:
And then there's the parent meetings once a week where before the kiddos get out, the parents come a little bit early and one of the staff is teaching on a topic of the day. It could be the OT talking about OT stuff. It could be the speech and language path talking about speech. Could be one of the intervention specialists talking about visual schedules, or Keri does one of the last ones where it's reintegrating back to school, and what do you need for that? And so there's a variety of parent meetings that go on once a week as well.

Lan Nguyen:
DMCC attributes a significant portion of their accomplishments, including the positive impact of the CARE program, to this transdisciplinary approach. By bringing together professionals from different disciplines and encouraging collaboration and integration, they are able to provide more comprehensive and coordinated support for the diverse mental and behavioral health needs of young children in their service area. Their use of transdisciplinary as opposed to multidisciplinary emphasizes the role each member of the team plays in developing a holistic understanding of the needs of their clients. Here's Linda describing the distinction between a transdisciplinary approach and a multidisciplinary approach.

Linda Llamas:
We use the term transdisciplinary team versus multidisciplinary team, and that really is the idea that what we all do overlaps for the child. No one discipline is better than the other, and no one discipline is more important than another. We are all in the room so that we can help the child and we can see from different lenses about how to do that and how to integrate each modality of treatment into helping the child and the family be most successful. And so we see a lot of successes within the CARE program.

Theresa Vaughan:
I think the importance of a transdisciplinary team and why it's so important in the work that we do is it does give you different lenses through which to see a client's behavior. And it's being able to come together and discuss that and really tease out where we're going to start or what we're going to use to try and help this client be successful.

Keri Gomez:
Within our transdisciplinary team, so we do have an OT[1], we do have a speech pathologist, we have a licensed clinician, and then we have some Bachelor level. And so they all come with their own areas of expertise. And so there is an opportunity for, I think, the client to truly be seeing the whole child when you have a transdisciplinary team, because we're not just focusing on one particular area... from looking at pottying rituals, to eating and how is snack going, to how is play, how is their gross and fine motor? And so you're looking at so many aspects of this little child's life. And we are able to really look at developing strategies and coping skills and goals for each of those areas. And so having this team really

[1]OT or Occupational Therapy helps kids play, improves their school performance, and aids their daily activities. With OT, kids can: Develop fine motor skills so they can grasp and release toys and develop good handwriting or computer skills.

allows for that. And it's really beautiful to see the impacts that we can see across multiple areas. And it's not just one lens that we're all trying to conform to. We're able to help this child in multiple areas.

Lan Nguyen:
Equally as important to breaking down the disciplinary silos within DMCC is breaking down the silos across agencies. This involves working closely with various agencies and partners to support more effective and seamless service delivery, improving outcomes for the children, families and communities they serve.

Theresa Vaughan:
We have monthly meetings with providers in the county. And so we're able to really talk about what do we need to do work collectively to help kiddos? I mean, today, for example, earlier, because we're all under the same mental health plan, being contracted with the Department of Behavioral Health, I had three kiddos that I did warm handoffs to our partnering agencies and other locations, because the kiddos moved.

And so it's just simple. The family's not having to get a new referral, do this, do that. I just said whatever, we already had the referral, the consent to treat, all of those things that we had from children and family services. And they just follow the kiddo. Then those kiddos get services more immediately because it's not waiting on a referral, waiting on a new thing. And so it's just a whole big system of working together for the best of the kiddos. And the same with IEP[2] teams. Even my little kids can have IEPs. And so, again, it's the IEP teams and the relationships building with the different districts and the different schools and working together for the best of the kids.

Linda Llamas:
There are a lot of times where DBH will understand that there is a need and maybe a particular provider has a need for referrals. They'll connect us together and say, "Hey, if you guys are needing help with referrals, do you want to connect with this other organization that's within our provider network?" And we work together and share the referrals just to assure that services are provided in a speedy manner. And so that's the start of, and the modeling of how we work together, because there's really so many kids to see that there is no shortage. And so we're not fighting over who has what area. And there are clear, clear boundaries about that. I mean, there is an understanding about that, but there are times when we have to make overlapping decisions to help families. And that's really encouraged and that's modeled.

And then the other part of that is that we also do that with our school districts. And so the school districts that belong to our SELPA, we're meeting with them once a month, not to mention, we have clinicians assigned to every single site. Anytime a school needs to connect, they have our information. We're connecting with them in monthly meetings in a physical way, whether it's through telehealth or

[2]An IEP or Individualized Education Program is a legal document under United States law that is developed for each public school child in the U.S. who needs special education.

in-person, and providing mental health updates to our school districts, and getting feedback from the schools regarding what they need. So that's another point of collaboration that we do when we're looking at the larger sense of what this transdisciplinary team looks like. It's not just DMCC who's practicing this type of care. It's facilitated by DBH and by us with the school districts, as well and with the school districts to us.

Lan Nguyen:
The power of the DMCC approach is clear, but as with many organizations in the wake of the COVID-19 pandemic, they have experienced challenges with staff retention.

Linda Llamas:
We've seen an in influx in staff leaving to go work for other agencies, to work remotely, and for other reasons. But I've never heard a staff member say that they're leaving because they were unhappy with how they were treated at the agency. So we've had to make some changes in terms of upping our show of appreciation to staff, upping our support to staff. Even though we are very spent as well, trying to make the adjustments ourselves too, we have to be there for each other. And we're doing that in various ways. So we're doing more celebrations with our staff, more recognitions with our staff, more individualized connections, purposeful connections with our staff. And I think we're starting to see a decrease in staff leaving, but it's still that expectation of staff are really trying to evaluate what's best for them in their lives. And of course, we want what's best for them and their families, and it makes sense.

Lan Nguyen:
In addition to internal turnover, Keri highlighted challenges around the inter-agency work due to external staff turnover within partner organizations. Leaning into who they are as an organization and the importance of relationships have been key.

Keri Gomez:
So like in most industries upon returning from the pandemic, I think it's important to highlight that even just the relationship is ongoing, a lot of turnover, a lot of people in new positions. And so even though we may have established relationships within some of our districts, it's still never ending. We still have to put in the work. We still have to keep up and reintroduce ourselves sometimes, because it's a new person and a new position and sometimes even new to the area, and they have no idea... "What's CARE? I keep hearing about it, or I keep hearing about SART[3] or DMCC. Who are you guys?" And so I think it's important to highlight, too, it's not just that first connection. It's the ongoing connection and reintroducing. I think that reinforces that we're here, we're not going anywhere, we're here to support you guys. But truly continuing to make those relationships and connections, because it doesn't end. It really doesn't, especially as times change and people change.

[3]SART stands for Screening Assessment Referral & Treatment. This program utilizes a team of professionals including therapists, clinical nurses, pediatricians, a neuropsychologist, psychiatrists, occupational therapists, and speech and language therapists to screen, assess, refer, and treat children from birth to six years of age who may have been prenatally exposed to drugs, alcohol, and/or violence.

Lan Nguyen:
In closing, the DMCC team reflected on the impact of their body of work as a whole and shared what keeps them motivated is seeing the positive outcomes for the children and youth they serve.

Theresa Vaughan:
How do we know there's success? You see it. You have a kid who came in with no speech and by the end of the ten weeks is able to tell their parent, and this is a true story, "I love you" for the first time. How do we know that there's success? Every client has a client recovery plan. It's looking at those goals and seeing the successes there. But our biggest measure of success is the reports that we hear back from our families and just the different things that their kiddos are doing. They're able to take their kid to the grocery store for the first time. Before, they could never take them out to a restaurant, and now they can sit at a table and eat with them. Kiddos just being able to build attachments and seeing less struggles based on the trauma. They're able to sit in a classroom, a kindergarten classroom or preschool classroom, and complete an assignment. Things like that, I mean, I think that's a big part of how we measure the success, is from just what we see and what people share with us.

Linda Llamas:
You see the pre and the post data, which is all great, but those personal stories, the story that Theresa will always remember, are the stories that are shared with her. The calls that I get from family members who show appreciation of the teammates who are helping them, those are the stories that I will remember. The numbers are great, but I won't remember them as much. It's so exciting though, to see a child start treatment with a percentage of adaptive behavior at 35%, and they leave our program with adaptive behaviors at 55%. That's great, but what is the story within that? And it could be that story of that child saying, "I love you," and attaching to the parent for the first time, and then the subsequent feeling of the parent, which is, "I feel loved and I feel connected to my child." That's the work that is so incredible about what we do, because it's not just working with the individual. It's the benefits that you see around the individual, as well.

Lan Nguyen:
As the team shared, despite challenges, the work is rewarding and integral to improving the mental and behavioral health of youth. In closing, here's Linda with some advice for others who may be struggling with doing this important work.

Linda Llamas:
And then advice for others? Try it. Get in there and talk to whoever will listen and who wants to do this work. Get help from partners who are willing to help you. Go look at models of care. Ask for what's needed, and the greatest part of that is that there are a lot of people who are willing to help. There are a lot of entities that are willing to help. And just keep trying until you get the right person at the table, because this work is so magnificent, and you see such progress.

Lan Nguyen:

Thank you to the Desert Mountain Children's Center team for sharing how they are increasing access to mental and behavioral health services for youth in their community. We hope you enjoyed this audiocast, which is one part of a series of stories highlighting promising practices across California to support children and youth mental and behavioral health and wellbeing. The series is supported by California's Children and Youth Behavioral Health Initiative, a historic $4.7 billion investment by the state of California to enhance, expand and redesign the systems that support behavioral health for children and youth across the state.