Imperial County: Collaboration and Self-Empowerment Drive CYBHI Implementation

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This case study focuses on Imperial County's experiences with implementing California's Children and Youth Behavioral Health Initiative (CYBHI). The CYBHI is an ambitious five-year, $4+billion systems change initiative focused on improving the behavioral health and well-being of children, youth, and families. To actualize the initiative's values and goals, the CYBHI is implementing 20 distinct workstreams, each designed to contribute to transforming the behavioral health ecosystem serving children, youth, and families.

This case study describes Imperial County's demographic characteristics, behavioral health needs, and resource availability. We then discuss the behavioral health ecosystem, including connections between organizations serving children and youth and themes regarding multisector collaboration. We describe Imperial County's experiences with implementing select CYBHI workstreams as of fall 2024.

Background and methods for the CYBHI evaluation and case study

Mathematica is evaluating the CYBHI on behalf of the California Health and Human Services Agency in partnership with Health Management Associates, James Bell Associates, and the Prevention Center of Excellence at the University of California, Los Angeles. The evaluation began in November 2022 and will continue through June 2026. As part of the evaluation, the research team completed case studies of the CYBHI implementation in nine counties, including Imperial County. The purpose of these case studies is to provide information about the relationships between entities in the children and youth behavioral health ecosystem at the county level and to gain insights into the local implementation of the CYBHI workstreams in the planning or active execution phase as of late fall 2024.

The research team conducted analyses of secondary data sources to capture the population and behavioral health system characteristics of Imperial County and California as a whole (see Appendix A for more detail on data sources). In addition, between April and July 2024, the research team conducted the Network and Ecosystem Experiences Survey (NEES) and key informant interviews with local leaders in Imperial County. The NEES explored the connections between organizations in Imperial County to better understand how they work together to support children and youth behavioral health. Using results from the NEES, we conducted a social network analysis and developed a network map showing the average strength of the connections between organizations in Imperial County's behavioral health ecosystem (see Appendix B for more detail on the network analysis methodology and measures).

Between summer and late fall 2024, researchers also conducted 10 interviews with individuals in Imperial County to understand CYBHI workstream implementation and multisector collaboration. Respondents across the survey and interviews varied and included purposively selected leaders from county behavioral health departments, county offices of education, school districts, Medi-Cal managed care plans, community-based organizations (CBOs), public health departments, and other local behavioral health, early childhood, juvenile probation, and child welfare leaders. Six individuals participated in both the survey and an interview.

I. Summary of Findings

Themes about the county's demographics and culture

Imperial County sits on the southernmost edge of California, on the border of the United States and Mexico. The county has a high level of poverty, has limited financial and staff resources, and is relatively geographically isolated. As a result, children and youth in the county have less access to behavioral health services and poorer health outcomes compared to the state as a whole. However, the county's interview respondents credit the small county's culture of self-sufficiency and collaboration for their creation of home-grown solutions and equitable change.

Behavioral health ecosystem multisector collaboration

Interview respondents in Imperial County perceived that agencies and organizations in the children and youth behavioral health ecosystem have strong and well-established relationships with each other. These connections facilitate collaboration on various programs and initiatives addressing the behavioral health needs of children and youth, including the CYBHI workstreams. Several of these efforts, such as the High School Mental Health Consortium and Elementary and Middle School Consortium, have introduced behavioral health services into school settings to lay the groundwork for implementation of the Student Behavioral Health Incentive Program (SBHIP) and CYBHI Fee Schedule workstreams. The county is still working to overcome some barriers to workstream implementation and multisector collaboration, including limited staff capacity due to workforce shortages and competing priorities from other ongoing initiatives.

Imperial County's experience, successes, and areas for opportunity with CYBHI implementation

Implementation of the CYBHI in Imperial County is progressing and has had positive impacts on multisector collaboration, mental health awareness, and the expansion of behavioral health services. Many of the county's workstreams build upon the ongoing efforts of pre-existing initiatives.

Workstreams that are designed to facilitate the delivery of behavioral health services in and near schools, including SBHIP and the CYBHI Fee Schedule, have been effective in initiating a productive relationship across the education and managed care plan (MCP) sectors. The county is also using these and other education sector workstreams, including the CalHOPE Student Support and Schools Initiative (CalHOPE), to promote wellness and mental health awareness among students, staff, and families. Implementation of the School-Linked Partnership and Capacity Grants is expected to support adoption of the CYBHI Fee Schedule; preparation to submit claims under the CYBHI Fee Schedule is in progress. The Imperial County Office of Education (ICOE) and managed care organizations are working toward solutions to support local education agencies (LEAs) with submitting and maintaining designated provider and practitioner lists for third-party administrator (TPA) credentialing, and with developing and instituting billing infrastructure and processes.

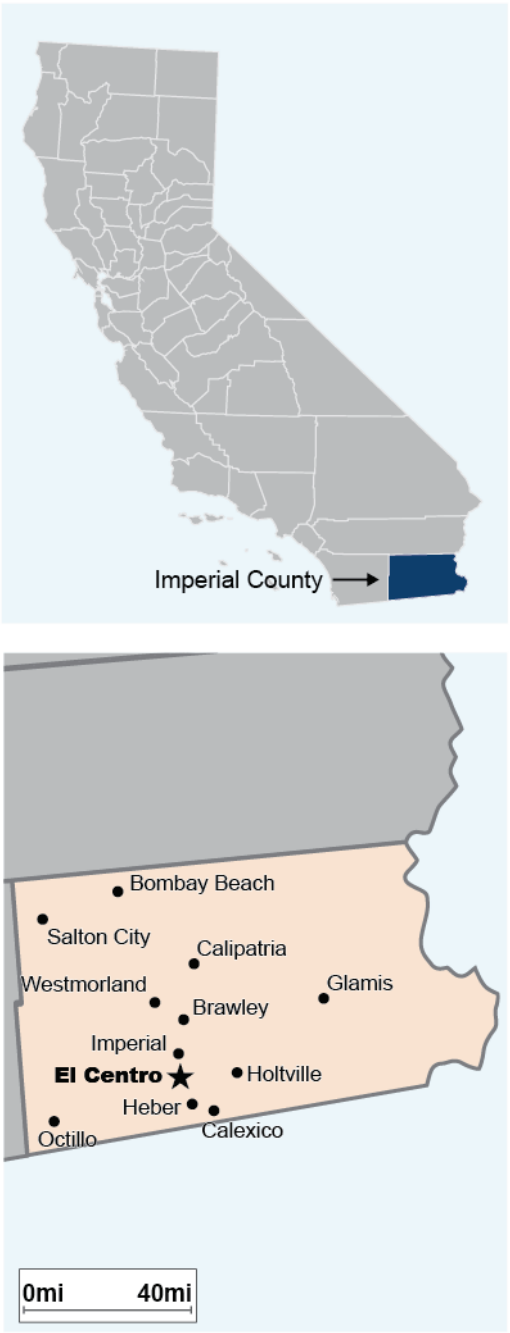
Imperial County was awarded a grant to scale Functional Family Therapy (FFT), an evidence-based practice, for the implementation of the home- and community-based sector workstream, Scaling Evidence-Based and Community-Defined Evidence Practices (EBPs and CDEPs). The Imperial County Behavioral Health Services Department (ICBHS) had delivered the FFT intervention within its community in the past, but due to significant staff turnover, its new professional staff need to be trained and certified to deliver this evidence-based intervention. Using grant funds from the Scaling EBPs and CDEPs workstream, ICBHS partnered with an organization to provide training and certification to its current behavioral health workforce.

At the time of the interviews in summer 2024, Imperial County was in the early planning stages for the Transforming Together demonstration. The county is prioritizing efforts to raise awareness of behavioral health services across districts while emphasizing the need for a strong, unified vision to integrate workstreams effectively.

Key progress with CYBHI implementation

- **SBHIP**: Imperial County is using SBHIP funds to provide (1) telehealth services through a partnership with a third party vendor; (2) behavioral health wellness programs in which they have behavioral health teams to conduct outreach, education, and engagement at schools; and (3) suicide prevention efforts in which the county plans to hire a coordinator to develop policies and train school staff on intervention and referrals.
- **School-Linked Partnership and Capacity Grants and the CYBHI Fee Schedule**: In summer 2024, Imperial County was in its early stages of planning for these workstreams. ICOE is determining approaches for LEAs to bill under the CYBHI Fee Schedule. It is considering establishing a service delivery reporting system for LEAs and centralizing administrative requirements at the county level. ICOE anticipates the technical assistance provided through the School-Linked Partnership and Capacity Grant to support LEAs with implementing the CYBHI Fee Schedule and aid ICOE in establishing a centralized billing system.
- **CalHOPE Student Supports and Mindfulness, Resilience, and Well-Being Supports**: Using CalHOPE funding, ICOE supported two districts in implementing social-emotional learning (SEL) strategies. ICOE selected two single-school districts because they had fewer resources than larger, multischool districts in the county. ICOE worked with the two districts to conduct a needs assessment and created five-year SEL goals. Teachers and school staff from the two districts received training on SEL and adverse childhood experiences (ACES) and an opportunity to practice strategies with CalHOPE staff. ICOE is still in the planning stages for implementation of Mindfulness, Resilience, and Well-Being Supports and intends to host a wellness conference for all the districts in Imperial County. In addition, ICOE will provide additional funding to the two supported districts to implement sensory rooms for students within schools.
- **Scaling EBPs and CDEPs**: The Scaling EBPs and CDEPs-funded project in Imperial County focused on re-establishing its FFT program within ICBHS. Imperial County had a running FFT program in prior years and is re-establishing it now that ICBHS has an adequate number of staff available to train and deliver the services. ICBHS pursued a contract with FFT partners to provide its therapists with training and certification to deliver FFT services.

Exhibit 1. Imperial County's geography



II. County Background

County characteristics

Imperial County is located on the southeast border of California. Covering 4,481 square miles in Imperial Valley (Exhibit 1),[1] the county is rural with some remote regions and is considerably less population dense than the state—with an average of 43 residents per square mile compared to 254 statewide (Exhibit 2). The county's population of 179,000 residents has a larger proportion of children and youth compared to the state, with more children ages 0–4 (7 percent compared to 5.4 percent statewide) and youth 5–19 (23.8 percent compared to 19 percent statewide), and comparable numbers of young adults ages 20–24 (7 percent compared to 6.8 percent statewide). The county's residents are predominantly Hispanic or Latino (86.1 percent), with the majority of Mexican origin due to the county's proximity to the U.S. and Mexico border. Its predominantly Hispanic population is expected to grow by 60 percent during the coming decade, making Imperial County one of the fastest-growing areas in the nation.[2] A lower proportion of youth ages 5–17 are English proficient (72.6 percent) than statewide (91.6 percent).

Imperial County is ranked 56th (out of 57[3]) on the Healthy Places Index within California, signifying that the county has some of the lowest access to healthcare, housing, education, and other characteristics that support a healthy population in California. Relative to the state as a whole, a larger proportion of the population in Imperial County is below the 200 percent federal poverty line (42.8 percent compared to 27.6 percent), and the county has a lower median income ($37,738 compared to $52,520), a higher unemployment rate (11.7 percent compared to 5.3 percent), and higher food insecurity overall and for the population ages 0–18 (24.5 percent compared to 13.5 percent). Imperial County's unemployment rate is typically higher than the Southern California average due to a larger share of seasonal agricultural workers; the agriculture industry is the third largest employer in Imperial County, behind the public sector and health care. Additionally, the adult population in Imperial County has slightly lower rates of high school graduation than the rest of the state (70.7 percent compared to 78.8 percent) and approximately half the rate of college graduation (15.3 percent compared to 34.1 percent). Consistent with Imperial County residents being more economically disadvantaged than California as a whole, a much larger proportion of county residents are covered by Medi-Cal compared to the state (63.2 percent compared to 39.3 percent statewide).

Exhibit 2. Imperial County's population characteristics

Metric	Imperial	California	Year(s)
Population			
Total population (N)	178,713	39,029,342	2022
Population, 0–4 years (N; %)	12,486; 7.0%	2,118,386; 5.4%	
Population, 5–19 years (N; %)	42,598; 23.8%	7,404,396; 19.0%	
Population, 20–24 years (N; %)	12,495; 7.0%	2,639,787; 6.8%	
Five-year population change (%)	-2.3%	-1.3%	2017–2022
Five-year population change, 0–24 years (%)	-5.6%	-5.4%	
Density (population per square mile)	43	254	2020
Race and ethnicity			
White, non-Hispanic (%)	9.1%	33.7%	2022
Black or African American, non-Hispanic (%)	1.8%	5.2%	

[1] U.S. Census Bureau. "County Profile: Imperial County, California." n.d. https://data.census.gov/profile?q=Imperial+County,+California. Accessed October 21, 2024.

[2] Beyene, A. "The Need." Sustainable Energy Center, San Diego State University. January 21, 2022. https://imperialvalley.sdsu.edu/research/sec/need.

[3] The Healthy Places Index does not include Alpine County and therefore ranks 57 of California's 58 counties.

Metric	Imperial	California	Year(s)
American Indian and Alaska Native, non-Hispanic (%)	0.8%	0.3%	2022
Asian, non-Hispanic (%)	1.3%	15.3%	
Native Hawaiian and other Pacific Island American, non-Hispanic (%)	0.0%	0.4%	
Some other race, non-Hispanic (%)	0.0%	0.6%	
Two or more races, non-Hispanic (%)	0.9%	4.3%	
Hispanic or Latino (%)	86.1%	40.3%	
Birthplace and language			
Foreign-born, 0–24 years (%)	8.6%	7.2%	2022
English-proficient, 5–17 years (%)	72.6%	91.6%	
Education (18+ years)			
High school or higher (including college) (%)	70.7%	78.8%	2022
College degree or higher (%)	15.3%	34.1%	
Economic indicators, socioeconomic, neighborhood characteristics			
Population within urban blocks (%)	81.6%	94.2%	2022
Population within rural blocks (%)	18.4%	5.8%	
Population below 200 percent of the federal poverty line (%)	42.8%	27.6%	
Median income (USD)	37,738	52,520	
Unemployment (%)	11.7%	5.3%	
Households with high housing cost burden (%)	Suppressed	40.3%	2019
Food insecurity, overall (%)	17.0%	10.5%	2021
Food insecurity, 0–18 years (%)	24.5%	13.5%	2022
Healthy Places Index (rank)	56	N/A	2015–2019
Diversity Index (rank)	56	N/A	2022
Health status			
Population with a disability (%)	14.5%	11.7%	2022
Population with a disability, 0–17 years (%)	7.6%	4.0%	
Health insurance status (population 0–25 years)			
Medi-Cal or other means-tested public coverage (%)	63.2%	39.3%	2022
Private coverage (%)	37.1%	60.2%	
Uninsured (%)	4.6%	4.9%	
TRICARE/military coverage (%)	0.8%	1.7%	
Medicare coverage (%)	1.4%	1.0%	

Note: Researchers conducted analyses of secondary data sources to capture population and behavioral health system characteristics of Imperial County and California as a whole, providing the most recent year available for each data source as of September 2024 (see Appendix A for more detail).

Behavioral health needs and resource availability

Prevalence of behavioral health need in the county relative to California as a whole

Overall, indicators show that Imperial County children and youth have roughly similar levels of behavioral health well-being and needs compared to children and youth statewide. The overall well-being of children and youth in the Southern California region, where Imperial County is located, closely matches that of California as a whole (Exhibit 3). Other Southern California region youth have comparable rates of feeling connected and supported by adults, as well as similar rates of youth who feel connected and supported by friends. Within Imperial County, children and youth also have comparable rates of behavioral health challenges to children and youth statewide (Exhibit 3). For

example, a similar percentage of children and youth insured through Medi-Cal have a mental health diagnosis or emotional symptoms compared to children and youth insured through Medi-Cal statewide (17 percent compared to 18 percent). Slightly more students reported seriously considering attempting suicide in the past 12 months in grade 9 (18 percent compared to 15 percent statewide), and a somewhat higher proportion of students in grades K–12 were chronically absent in Imperial County compared to statewide (28 percent compared to 25 percent statewide). Notably, almost twice as many students in grade 9 reported school absence due to mental health issues (18 percent compared to 9 percent statewide).

Children and youth in Imperial County have better outcomes than the state as a whole on some other indicators of behavioral health. For example, fewer children in the county engaged in reported self-harm behaviors compared to the statewide average (2.10 emergency department visits for self-harm per 1,000 children and youth compared to 4.43 statewide),[4] and rates of reported youth suicide are also lower (2.79 deaths by suicide per 100,000 children and youth compared to 4.4 statewide).[5] Protective factors such as community cohesion and family support may contribute to these lower reported rates. However, these data may not fully reflect the true prevalence of behavioral health challenges. Factors such as social stigma, underreporting, and disparities in access to behavioral health services can influence the likelihood of self-harm and suicidality being reported, potentially leading to an underestimation of actual rates. This phenomenon—of immigrant and particularly Hispanic populations having equal or even better health outcomes despite economic disadvantages—has been documented across multiple health outcomes in multiple settings throughout the United States, and underlying reasons for this (including those offered above) are not fully understood.[6,7]

Exhibit 3. Prevalence of behavioral health outcomes

Metric	Imperial	California	Year(s)
Overall mental well-being for children and youth[a]			
Youth ages 12–17 who felt their family stood by them during difficult times (%)	69%	73%	2022
Youth ages 12–17 who felt at least two nonparent adults took genuine interest (%)	57%	58%	
Youth ages 12–17 who felt supported by friends (%)	74%	72%	
Behavioral health challenges			
Children and youth insured through Medi-Cal with a mental health diagnosis or emotional symptoms (%)	17%	18%	2022
Children and youth insured through Medi-Cal with a substance use disorder diagnosis (%)	2%	3%	
Rates of suicidal ideation			
Students in grade 9 who reported seriously considering attempting suicide in the past 12 months (%)	18%	15%	2019–21
Students in grade 11 who reported seriously considering attempting suicide in the past 12 months (%)	17%	16%	

[4] California Department of Health Care Access and Information. Emergency department data requested via https://hcai.ca.gov/data/request-data/data-documentation/. 2023.

[5] Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple cause of death data (2018–2023) from the CDC WONDER online database, released 2025. Accessed at http://wonder.cdc.gov/mcd-icd10-expanded.html. Data are compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

[6] Fernandez, José, Mónica García-Pérez, and Sandra Orozco-Aleman. "Unraveling the Hispanic Health Paradox." *Journal of Economic Perspectives*, vol. 37, no. 1, 2023, pp. 145–168.

[7] Ruiz, J.M., P. Steffen, and T.B. Smith. "Hispanic Mortality Paradox: A Systematic Review and Meta-Analysis of the Longitudinal Literature." *American Journal of Public Health*, vol. 103, no. 3, March 2013, pp. e52–e60.

Metric	Imperial	California	Year(s)
Emergency department visits and hospitalizations for children and youth with behavioral health-related conditions			
Inpatient hospitalizations per 1,000 children and youth for any behavioral health diagnosis	7	12	2022
Emergency department visits per 1,000 children and youth for any behavioral health diagnosis	26	32	
School engagement, as measured through absenteeism and suspension			
Students in grades K–12 who were chronically absent (%)	28%	25%	2022–23
Students in grade 9 reporting school absences due to mental health issues (%)	18%	9%	2019–21
Students in grade 9 reporting school absences due to alcohol or drug use (%)	0%	1%	

Note: Researchers conducted analyses of secondary data sources to capture population and behavioral health system characteristics of Imperial County and California as a whole, providing the most recent year available for each data source as of September 2024 (see Appendix A for more detail).

[a] These well-being metrics are measured only at the regional level. Imperial County is part of the other Southern California region, as defined by the California Health Interview Survey (CHIS). This region also includes Orange, Riverside, San Bernardino, and San Diego counties. It excludes Los Angeles County, which serves as its own region for the CHIS.

Resource availability

Imperial County has a shortage in the behavioral health workforce for children and youth (Exhibit 4). Specifically, the county faces a significant shortage of psychiatrists, with only 10 child and adolescent psychiatrists per 100,000 children and youth compared to the statewide average of 17, and just 23 nonpsychiatrist behavioral health providers licensed with county Medi-Cal Specialty Mental Health Services plans per 100,000 children and youth, while the statewide average is 37. There are also few outpatient and school-based behavioral health services available in Imperial County, but key informant interview respondents shared examples of progress. Thus, although publicly available data from 2021 and 2024 (Exhibit 4) indicate that there are no outpatient and school-based programs for children and youth, this report will describe some of these services offered by ICBHS and ICOE (see the following box, which describes some of the outpatient behavioral health services available in Imperial County through ICBHS).

Exhibit 4. Availability of behavioral health care resources

Metric	Imperial	California	Year(s)
Primary care health professional shortage area designation	Full shortage	N/A	2019
Mental health professional shortage area designation	Partial shortage	N/A	
Number of federally qualified health centers (FQHCs) or FQHC look-alike sites per 100,000 children and youth ages 0–25 years	12	20	2024
Number of child- and adolescent-focused psychiatrists per 100,000 children <18 years	10	17	2022, 2024
Number of nonpsychiatrist behavioral health providers licensed with county Medi-Cal Specialty Mental Health Services plans per 100,000 residents	23	37	2021
Number of outpatient treatment programs for young adults per 100,000 children and youth 0–24 years[a]	0	4	2021
Number of school-based health programs with mental health services per 100,000 children and youth <18 years	0	4	2024

Note: Researchers conducted analyses of secondary data sources to capture population and behavioral health system characteristics of Imperial County and California as a whole (see Appendix A for more detail).

[a] The numerator for this measure is based on the number of outpatient treatment programs for *young adults*, while the denominator is inclusive of all children and youth 0–24 years, because documentation suggests that many of these programs may pertain to children as well as young adults. (See Manatt Health and Anton Nigusse Bland. "Assessing the Continuum of Care for Behavioral Health Services in California: Data, Stakeholder Perspectives, and Implications." Report prepared for California Department of Health Care Services. January 2022. https://www.dhcs.ca.gov/Documents/Assessing-the-Continuum-of-Care-for-BH-Services-in-California.pdf).

ICBHS offers a comprehensive range of outpatient mental health services and supports for children and youth, including:

- **ICBHS Youth and Young Adult Full-Service Partnership** (FSP) is a wraparound service model for children and youth with severe emotional disturbance and for transition-age youth with severe mental illness in the cities of El Centro, Brawley, and Calexico. The FSPs provide children and youth with case management, behavioral health treatment, crisis services, juvenile justice support, and other social supports around education, housing, and mentoring.
- **The Children and Adolescents Outpatient Services Division of ICBHS** offers a variety of specialty mental health services at its outpatient clinics located in the cities of Calexico, El Centro, Brawley, and Winterhaven.
- **The Holistic Outreach Prevention and Engagement** (HOPE) project supports youth and young adults who have experienced psychiatric emergencies, such as hospitalizations or involuntary holds. The program offers services to support enhancing social, emotional, physical, and mental well-being, ultimately seeking to prevent future psychiatric crises.
- **Casa Serena** is an ICBHS respite care program offered to children, youth, and adults experiencing emotional distress. The program aims to support individuals in de-escalating and regulating their emotions to avoid the need for psychiatric hospitalization.
- **Vista Sands Children's Socialization programs** is a collaboration between ICBHS and school districts in the cities of Brawley, Calexico, and El Centro to provide behavioral health services for elementary-age children with emotional and behavioral issues that affect their ability to function at home, at school, and in the community.
- **The Middle School Behavioral and Educational Program (Soaring Hawks),** a partnership between ICBHS and ICOE Special Education Local Plan Area and led by Heber Elementary School District, provides educational and therapeutic interventions to middle and junior high students in the district who experience symptoms related to anxiety, emotional distress, anger dysregulation, post-traumatic stress, depression, or other behavioral health challenges that impact their daily functioning and learning.

Interview respondents expressed concern that the behavioral health resources in Imperial County do not adequately address the needs of children and youth with specialized mental health conditions or who are ages 0–5. Respondents explained that in Imperial County, mental health services are available through outpatient programs, community health centers, or regional facilities. For more specialized care, including residential and inpatient treatment, families must often look outside the county. For example, youth in foster care with significant behavioral health needs are often placed in specialized group homes with psychiatrists and counselors. Although there is one such home for boys in the county, it frequently lacks available beds, leading to placements outside the county. Respondents also agree that Imperial County should prioritize greater investment in early childhood behavioral health services. Currently, services in the county are mostly reactive (that is, the behavioral health department responds quickly to referrals), and the county lacks proactive, early interventions to support young children's mental health.

The limited availability of behavioral health staff in Imperial County is rooted in geographic isolation, socioeconomic challenges, and the broader trends driving behavioral health workforce shortages experienced across the United States. Imperial County faces a significant shortage of behavioral health clinicians and psychiatrists, impacting access to mental health services for its children, youth, and families. Interview respondents identified several key reasons for the shortage. Many psychiatrists and therapists previously employed within ICBHS transitioned to private practice or smaller clinics, most often outside of Imperial County, as the financial incentives offered in other regions were perceived as more favorable. Interview respondents from ICBHS noted that they experienced high turnover during the COVID-19 "Great Resignation," in which many therapists transitioned to other positions, attracted by better schedules, pay, and benefits that ICBHS could not compete with. Additionally, the ability to provide telehealth services in the private sector became an attractive alternative for the few behavioral health professionals who continued to reside in the county.

However, interview respondents said the landscape of behavioral health services in Imperial County is undergoing a significant transformation, marked by renewed efforts in recruitment and community engagement. Interview respondents noted that there is a positive shift in workforce dynamics as ICBHS began recruiting new therapists through partnerships with universities in the region, such as San Diego State University and Northern Arizona University. This approach has fostered a "home-grown" workforce, with newly graduated social workers from the Imperial Valley region eager to join the team. Respondents shared that there are ample opportunities for higher education in human services at the two local universities, as well as well-developed volunteer and internship programs. They indicated that these efforts have led to recruitment of local individuals who bring a holistic approach to behavioral health and an understanding of the needs of families experiencing poverty, rural health issues, and other barriers. Overall, although the initial losses during the "Great Resignation" were challenging, ICBHS's current recruitment efforts suggest a promising recovery for the behavioral health workforce in the area.

Addressing inequitable access to behavioral health services and supports

Interview respondents expressed that Imperial County has not been able to fully address its population's behavioral health needs due to lack of resources, training, and stigma. Respondents noted that the county lacks specialized training and monitoring for behavioral health staff interacting with children and youth from communities that are typically underserved by the current system, including those who identify as Black or African American, Hispanic, or transgender. Additionally, according to interview respondents, people living in Imperial County, like many other rural regions, experience stigma around behavioral health care and are hesitant to seek services.

> "There are programs, but there is still that stigma, unfortunately. And it can be in any culture. But 85 percent of our population is Hispanic. And for the Hispanic culture, it's very much, you shouldn't talk about personal problems outside of the family unit. 'If I'm not crazy, why do I need to go to mental health?' And the other thing I've seen is, 'I don't want to go to the clinic because it's a small town. If somebody sees me walk in, what do I do?' And there is still the idea that any child that comes in gets medicated. And you have aunties talking to each other saying, 'I have a friend whose son, many moons ago, went and got medication and now he's on drugs.' Which is totally not the case. We have campaigns and we're talking about it, and it's getting better."
>
> —CBO respondent

Delivering behavioral health services has been challenging due to the inaccessibility of remote regions, but the county is working to deliver care directly to families' homes. Despite the county's well-staffed behavioral health department, interview respondents shared that behavioral health staff have been unable to reach children and youth who reside in remote areas and in regions near the United States and Mexico border due to long driving distances, lack of transportation options, and concerns about personal safety. To combat these issues, ICBHS is working to provide mobile services that will deliver care directly to families' homes.

Interview respondents perceive that systemic racism contributes to the lack of resources in Imperial County, but they are committed to reducing inequities in behavioral health access. The respondents explained that, historically, Imperial County has had fewer resources than neighboring, wealthier counties to develop and sustain programs for its community. This has left its largely minority-race and immigrant children and youth without adequate support. Additionally, county departments previously lacked the time and resources needed to apply for federal and state funding opportunities that could create equitable change. A community-based organization (CBO) interview respondent emphasized that strong leadership currently at ICBHS is changing the narrative of Imperial County and taking a self-empowered approach to creating solutions. For instance, an interview respondent explained that ICBHS staff were trained on how to create compelling funding applications to develop initiatives for its communities. Interview respondents credited Imperial County's self-empowered and solutions-oriented culture for obtaining resources and developing new initiatives to enhance access to behavioral health services and supports.

"We are the poster child for systemic racism when it comes to services available, especially in rural communities and communities of color. When you have [named wealthier county] talking about rural needs and getting funding for it, well, that's kind of criminal given that Imperial County is not. But at the same time, we've got to be able to make a bona fide ask. ICBHS is showing leadership in addressing some of the disparities and equity issues around services to disadvantaged communities. Their staff are participating in professional development opportunities with peer counties and exchange resources, strategies, and initiatives funded by state and federal grant opportunities. We're no longer taking a victim approach to it. They now have the talent and ability to find out where the money is, pursue it, and use those unfortunate demographics to strengthen our ask."

—CBO respondent

III. Systems Change, Connections, and Multisector Collaboration Across the Ecosystem

Through the CYBHI, the California Health and Human Services Agency (CalHHS) seeks to inspire systems change by strengthening opportunities for partnership across sectors and building foundational elements for more coordinated efforts across the children and youth behavioral health ecosystem. When planning the CYBHI, CalHHS commissioned the Working Paper: California's Children and Youth Behavioral Health Ecosystem to gain insight into critical issues within the behavioral health ecosystem and identify ways to strengthen collective capacity and capability to transform the ecosystem, with a goal of improving the behavioral health and well-being of all California's children and youth.

To better understand the behavioral health ecosystem and how connected systems are across sectors as context for understanding CYBHI implementation in Imperial County, we conducted the Network and Ecosystem Experiences Survey (NEES), which asked respondents from child- and youth-serving organizations about their relationships with each other. Using information from the survey, we created a network map showing the connections between nine organizations in Imperial County based on the ratings provided by the eight organizations that completed the survey. The map depicts the average strength of the connection between organizations (Exhibit 5).

Understanding connections across the behavioral health ecosystem in Imperial County

In Imperial County, we invited nine child- and youth-serving organizations to complete the NEES via email and received responses from eight. Invited organizations included government agencies and departments; a managed care plan; and CBOs, including organizations that serve diverse communities. We asked survey respondents, such as directors and executive directors, how their organizations currently work with the other organizations invited to complete the survey to support children and youth behavioral health. Respondents rated their organizations' working relationships with the other organizations invited to complete the survey on a 5-point scale: (1) coexist, (2), cooperate, (3) coordinate, (4) collaborate, and (5) integrated.[8]

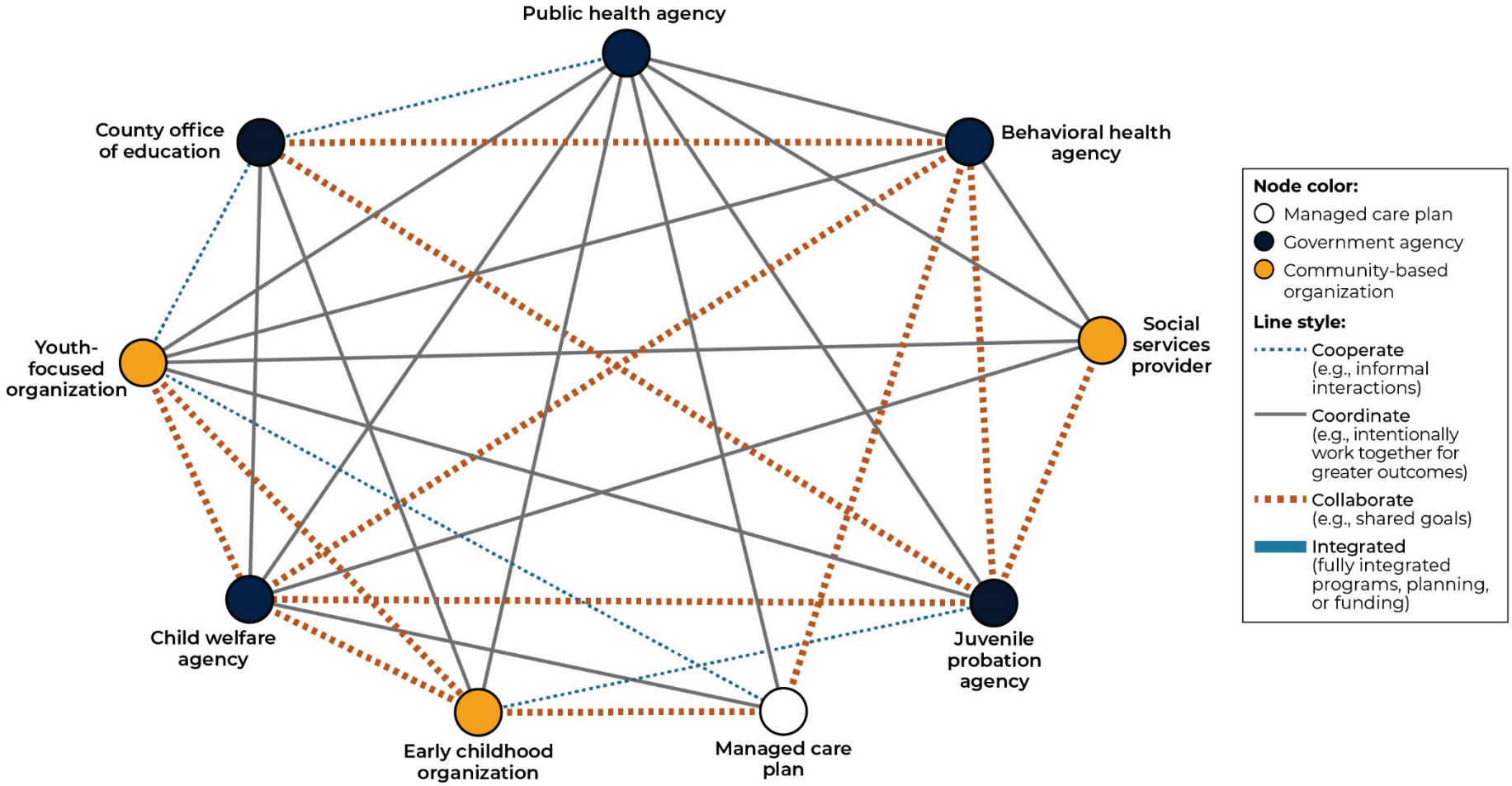
We used these ratings to conduct a network analysis and develop a network map (Exhibit 5) showing the average strength of the connections between organizations, based on each organization's rating of the other.[9,10] A line between two organizations shows that a connection exists. No line indicates that the organizations either coexist or no connection was reported (for example, due to missing data). Thicker, darker lines represent stronger connections in the network. See Appendix B for more information about the network analysis methodology and measures.

[8] We did not ask interview respondents to define terms such as "collaboration" and "integration," so their use might vary from the definitions provided to survey respondents.

[9] In Imperial County, there were instances where only one organization rated a connection between two organizations. Using data that included responses from both sides of a connection, we conducted an agreement analysis to understand whether survey respondents tended to rate the strength of their relationship in similar ways. Based on this analysis, we concluded that there was a high level of agreement in the observed data. Thus, we trusted that a connection rated by a single respondent was a reliable representation of the strength of the connection between organizations.

[10] The ratings of connections between organizations are subjective and reflect the perspectives of the individuals who completed the survey on behalf of their organizations at a single point in time.

Exhibit 5. Connections across Imperial County



Note: Coexist = limited or no relationship between organizations (no connection); Cooperate = informal interactions on specific activities or projects; Coordinate = intentionally plan/work together for greater outcomes; Collaborate = shared mission, goals, decision makers, and/or resources; Integrated = fully integrated programs, planning, or funding.

Perceptions of multisector collaboration to support children and youth behavioral health

Multisector relationships and collaboration

In Imperial County, agencies and organizations work across sectors to support children and youth behavioral health. The network of child- and youth-serving agencies and organizations in Imperial County is highly connected, with all entities having five or more connections in the network (Exhibit 5). The average strength of the network is 3.2, indicating that agencies and organizations typically coordinate to support children and youth behavioral health. For instance, most connections in the network map (44.1 percent) have an average strength of "coordinate," indicating that they intentionally work together to achieve greater outcomes. Approximately one-third of connections in the network map (32.4 percent) have an average strength of "collaborate," likely reflecting formal partnerships between entities that may have shared goals or resources, whereas 11.8 percent of connections have an average strength of "cooperate," representing informal interactions between entities. In Imperial County, government agencies tend to have strong connections with each other and with some CBOs. Child welfare, behavioral health, and juvenile probation collaborate with each other, and behavioral health and juvenile probation both collaborate with the county education office. Public health organizations coordinate or cooperate with all other government entities.

> "…I think we are working very well together. We now have documents that memorialize our defined roles and also kind of chalk the field on how we can operate together and expedite services. From an administrative standpoint, in the last five years we have matured tremendously, again, by defining roles and responsibilities, producing documents among agencies that allow us to engage and protect confidentiality, and then there's passion and willingness for collaboration. So, all those boxes are checked."
>
> —CBO respondent

Interview respondents identified strong relationships between organizations and government agencies in the ecosystem that facilitate collaboration on various programs and initiatives, including CYBHI workstreams, but may not be reflected in the network map. For example, although there was no connection observed between the MCP and the county office of education in the network map, interview respondents reported that the two organizations were working together on two CYBHI workstreams, SBHIP and the CYBHI Fee Schedule.

Previous and ongoing multisector initiatives helped establish the trust and culture of collaboration among Imperial County organizations and agencies that will facilitate CYBHI efforts. Interview respondents explained that multisector collaborations, many of which existed before the CYBHI, helped build strong relationships between organizational and agency leaders. Due to the small population size of Imperial County, respondents felt that all the leaders of agencies and organizations know one another, enabling them to work closely and communicate regularly. Additionally, collaboratives are supporting better information sharing, including through Assembly Bill 2083 and other formalized interagency efforts in which organizations and agencies meet regularly and discuss the children and youth they mutually support. Imperial County's mental health consortiums and SBHIP aim to integrate mental health staff into schools to facilitate referrals and liaise between behavioral health and education sectors, which is expected to reduce the information gaps regarding children and youth care. As an added facilitator, respondents explained that members of multisector collaboratives in Imperial County are typically in multiple collaboratives and thus convene frequently to fulfill their many commitments. These respondents highlighted that partnerships built through earlier initiatives will be their greatest asset for CYBHI implementation because there is already an established trust and a shared understanding in the county that collaborative work is valuable. However, respondents also emphasized the importance of building on the existing collaboratives to move CYBHI work forward, instead of creating new coalitions.

> "What you will find is that the same individual attending meeting A is the same individual attending meeting B, C, D, or coalition advisory group, etc. So in that sense, partners, locally, truly know each other."
>
> —Education respondent

Spotlight on multisector collaboratives that support children and youth behavioral health

School-based mental health consortiums

Imperial County implemented two school-based mental health consortiums: the School-Based Mental Health High School Consortium and the K–8 Consortium. The School-Based Mental Health High School Consortium, established in 2020 through the Mental Health Student Services Act (MHSSA) grant, is an interagency partnership between ICBHS, ICOE, and eight local high school districts The consortium aimed to build a tiered system of early identification and access to services to address behavioral health issues for students in Imperial County high schools. The county expanded its consortium work to the K–8 setting in 2023 with a $15 million School-Based Mental Health Services grant from the U.S. Department of Education.

Through the mental health consortiums, ICOE and ICBHS created staff roles dedicated to offering mental health support to students in schools. ICOE staffed the high schools with mental health specialists to provide prevention and early intervention services such as cognitive behavioral therapy and suicide prevention techniques. The health specialist provides multitiered services including (1) outreach and education; (2) on-site, short-term interventions for children and youth; and (3) referrals to ICBHS for a higher level of care. The mental health specialist also communicates with parents and caregivers to help combat stigma in the community around receiving mental health support. Additionally, ICBHS provides a school-based community service worker to ensure that each referral is processed and sent to ICBHS. Interview respondents shared that this collaborative staffing structure was successful in closing gaps between identifying a behavioral health need and the student receiving services. Respondents explained that before the consortium rollout, children and youth had a high no-show rate when referred to behavioral health services, and schools had no way to track whether a referred service was received.

The mental health consortiums contributed to greater understanding of behavioral health within the school and changed the school's response strategy to mental health concerns. Interview respondents described the value of the mental health consortium work in providing knowledge about behavioral health to the education space. The behavioral health department invited guest speakers to the consortiums' meetings to increase awareness about behavioral health among attendees. Interview respondents said this helped create a shared language and greater understanding between the behavioral health and education sectors. Notably, respondents explained how the increased awareness changed education staff's approach when addressing a behavioral health issue—for instance, if a student had a behavioral health challenge or was facing a truancy issue. Since the rollout of the consortium, education staff have taken a more health-focused approach rather than punitive measures to addressing behavioral health concerns.

> "…we're learning how to further enhance our communication, our collaboration efforts. And ensure that these kids that really need our services are being referred and that they are being seen. With the stigma, I think it's really, really helped, these ongoing conversations, because the school now is talking to the parents more, and they're becoming more receptive to our services."
>
> —Behavioral health respondent

Other multisector collaboratives

Several other multisector collaboratives support children and youth behavioral health in Imperial County. Interview respondents identified the Vera-Funded End Girls Incarceration initiative, for which Imperial County established a coalition that includes the public health department, department of social services, CBOs, and other entities to address gender-based inequities in access to services that can prevent incarceration. Survey and interview respondents also identified other collaboratives in the county, including the Assembly Bill 2083 interagency team, the Justice Involved Youth Meeting, Child Abuse Response Team, Pathways to Wellbeing, and the Maternal, Child, and Adolescent Advisory Board.

> "Now [education staff are] understanding when we're talking about mental health and reducing stigma for them to identify those red flags in youth. Before, their go-to was calling the police, or the resource officer, if there was a youth with crisis, or calling the parent to come pick them up, or they would tell them, "Take them to Behavioral Health." If it was a behavioral issue thing immediately, like I said, it was punitive for the most part…. There was a lot of effort put into the why, and I think that's when we've been able to provide a lot of that information, bringing speakers to these consortium meetings on certain subjects that the school's requesting to learn more of. That's really exciting for us because…we're speaking the same language now."
>
> —Behavioral health respondent

IV. CYBHI Workstream Implementation Findings

The CYBHI is implementing 20 distinct workstreams, each designed to contribute to transforming the behavioral health ecosystem, with many intended to improve multisector collaboration. To date, the workstreams are at various stages of implementation and active to varying degrees across California counties.

Overview of workstreams in Imperial County

Overall, Imperial County is locally implementing nine workstreams that involve the distribution of funding to county or community entities, including 32 grants as of September 2024.[11] This case study discusses Imperial's implementation experiences with education sector workstreams, including SBHIP; School-Linked Partnership and Capacity Grants; the CYBHI Fee Schedule; Safe Spaces; the CalHOPE Student Support and Schools Initiative; Mindfulness, Resilience, and Well-Being Supports (in addition to experiences with the Transforming Together demonstration); and one workstream occurring in home and community settings: Scaling EBPs and CDEPs. Other workstreams active in the county include programs under the Broad Behavioral Health Workforce Capacity workstream, Certified Wellness Coach Employer Support Grants, and Behavioral Health Continuum Infrastructure Program (BHCIP) grants. For example, Imperial County has two BHCIP Round 4 grants intended to fill gaps in infrastructure by adding a community mental health clinic and a community wellness/youth prevention center. Broad Behavioral Health Workforce Capacity programs active in the county include the Community-Based Organization Behavioral Health Workforce Grant Program, the Peer Personnel Training and Placement Program, the Health Professional Pathways Program, Psychiatric Education Capacity Expansion Grants, and Social Work Education Capacity Expansion Grants.

Implementation of workstreams designed to facilitate the provision of clinical care in and near schools

Imperial County focused SBHIP on funding new services to address its identified behavioral health needs, and the county plans integrate the school-based workstreams by using the School-Linked Partnership and Capacity Grants and the CYBHI Fee Schedule to sustain the new services. ICOE conducted a needs assessment with a Medi-Cal MCP, Community Health Plan of Imperial Valley, the ICBHS, and CBOs that identified stigma and suicide prevention as its key focus areas. As a result, the county focused SBHIP funds on three areas: (1) providing telehealth services, (2) conducting outreach and engagement around wellness, and (3) training staff and developing policies to address suicide prevention. County leaders hope that the CYBHI Fee Schedule will support the county in sustaining SBHIP services. At the time of the interviews in summer 2024, ICOE was still in the early planning stages for School-Linked Partnership and Capacity Grants, but respondents shared that they anticipate the technical assistance (TA) provided through the program to support LEAs with implementing the CYBHI Fee Schedule and aid ICOE in establishing a centralized billing system.

[11] The sum of CYBHI workstreams and grants operating in this county includes all awards to entities operating CYBHI workstreams within the county as of fall 2024, including awards that aim to reach multiple counties. For the purposes of calculating the number of awards at the county level, we relied on either publicly available award announcements or direct departmental confirmation of counties in which awardees operate or intend to use funding; as a result, select Broad Behavioral Health Workforce Capacity programs for which this information is currently unavailable are not reflected in these estimates.

The CYBHI Fee Schedule, SBHIP, and the School-Linked Partnership and Capacity Grants

The **CYBHI Fee Schedule** provides a consistent and predictable funding mechanism for school-linked services by establishing a specific set of behavioral health services and rates at which Medi-Cal and commercial plans must reimburse school-linked providers. The Fee Schedule provides guidance for LEAs to receive reimbursement for school-linked behavioral health services using a fee-for-service model. Specifically, it (1) defines the scope of services for outpatient mental health and substance use disorder treatment, (2) identifies applicable billing codes and rates for behavioral health services, and (3) specifies which providers may bill for behavioral health services. The Fee Schedule requires commercial and public payers to pay school-linked providers. In addition, behavioral health services provided under the Fee Schedule may not require co-payments, co-insurance, deductibles, or any other form of cost sharing. Unlike the certified public expenditure approach of the LEA Medi-Cal Billing Option Program (LEA BOP), LEAs receive reimbursement for the entire service rate, which frees up local funds for further investment in schools and prevents the administrative burden of cost settlement reconciliation.

SBHIP focuses on developing a behavioral health infrastructure by helping MCPs and LEAs partner to address identified gaps in school-based behavioral health infrastructure through a set of targeted interventions. Counties and LEAs can select one to four targeted interventions from a list of 14 outlined by the California Department of Health Care Services (DHCS); depending on the interventions selected, SBHIP activities may support increasing capacity for promotion and prevention or decreasing administrative barriers to clinical care in or near schools and are intended to enhance partnerships between LEAs and MCPs.

School-Linked Partnership and Capacity Grants are one-time investments intended to enhance school-linked behavioral health services and support operational readiness for the Fee Schedule. The Santa Clara County Office of Education, in partnership with the Sacramento County Office of Education, oversees fund distribution to all 58 COEs and provides training and TA to help COEs successfully implement the Fee Schedule; counties and LEAs are responsible for drafting implementation plans that reflect and address locally defined infrastructure development needs.[1] Seventy percent of the funds allocated should be used to achieve LEA operational readiness to implement the Fee Schedule. This can include work in the following four areas: Medi-Cal enrollment, service delivery infrastructure and capacity building, data collection and documentation, and billing infrastructure.

Certified Wellness Coaches (CWCs) are a new behavioral health professional role established under the CYBHI for people holding associate's and bachelor's degrees. This workstream is linked to other investments in the CYBHI to support overall scaling and innovation of the behavioral health workforce. CWCs will primarily serve children and youth and operate as part of a care team in a wide variety of settings, including school-linked settings. The creation and integration of this role into school-linked behavioral health provider teams is intended to help address workforce shortages and support the sustainability of the CYBHI Fee Schedule by adding another reimbursable provider type. In July 2024, through the Certified Wellness Coach Employer Support Grant Program, 64 grants were awarded to educational institutions and to school-based and school-linked health and behavioral health agencies to support hiring of CWCs.

Stigma posed challenges for implementation of school-based workstreams; as a result, Imperial County shifted its focus toward building community awareness and engagement. To address the county's geographical access barriers, ICOE initially planned to purchase mobile units as part of SBHIP to provide behavioral health services at school sites. However, the office realized early in implementation that stigma associated with receiving behavioral health services in the community may impede children and youth from seeking care, particularly given cultural and parental hesitancy to allow children to receive services. As a result, the county shifted its service structure to establish behavioral health teams within participating schools to conduct outreach, education, brief intervention, and referral services, building on its MHSSA-funded Mental Health Consortium work.

Both managed care and education respondents are preparing to support LEAs in implementing the CYBHI Fee Schedule. Respondents shared that school staff are not trained in billing for behavioral health services and are balancing multiple responsibilities that might make additional training burdensome. Although the TPA is intended to facilitate billing processes for the CYBHI Fee Schedule, managed care and education respondents plan to offer additional support to minimize barriers for the schools. In the interest of alleviating LEA burden, education respondents shared that ICOE is considering creating a centralized data reporting system for school staff to submit data to ICOE, which will then work with the TPA to process claims. To operationalize this approach, respondents anticipate that ICOE will need to acquire or develop an electronic health record-like system and engage a consultant to formalize the memoranda of understanding with the LEAs.

> "On their [school] campus, we don't want folks having to memorize these codes and submit all these claims. We want some sort of system where they can just document what they're doing and then, on the back end, things can be submitted. Then those monies that are distributed can then be reallocated to those districts."
>
> —Education respondent

> "In Imperial County, from what I've seen, is that when something gets baked in and owned by the community the way this is, I would be hard-pressed to think that it won't continue. When we look at partners like ICOE and their immediate grasp of the importance of this work, I think it is indicative of their perspective and their desire to keep this going."
>
> —Managed care respondent

Interview respondents are confident that these school-based workstream efforts will be sustained, given the strong emphasis on their value in Imperial County and the leadership ICOE took to move the work forward. Although at the time of the interviews, respondents were still planning their sustainability strategy, they had confidence that SBHIP efforts will be sustained due to shared commitment to the value that SBHIP brings. Both managed care and education respondents emphasized that the county is determined to uphold access to behavioral health services. Managed care respondents highlighted ICOE's enthusiasm to lead the charge in bringing behavioral health supports into school settings. For instance, as part of SBHIP, counties had the option to hire an external consultant to conduct a needs assessment to determine their SBHIP focus areas. ICOE opted to lead its own needs assessment and partnered with a multisector team to create a shared understanding of the county's needs, determine supports needed for schools to incorporate behavioral health services, and determine how to sustain efforts long term.

In addition to SBHIP and the CYBHI Fee Schedule, Imperial County is also supporting the provision of school-based behavioral services through the CWCs workstream. Both ICOE and Imperial Unified School District applied for and received funding through CWC Employer Support Grants to support adoption of CWCs as part of the school behavioral health workforce in Imperial County.

Implementation of workstreams facilitating classroom and campus supports for behavioral health

Imperial County implemented multiple stages of the CalHOPE Student Support and Schools Initiative to facilitate SEL in schools; at the time of the interviews, the county was still in the early stages of determining the effectiveness of its efforts. ICOE implemented three components of CalHOPE: (1) raise awareness about SEL through communities of practice, workshops, and guest speakers; (2) train coordinators at two schools on the use of restorative practice; and (3) provide resources for the schools to create calming corners, build sensory rooms, and purchase sensory tools for emotion regulation, such as fidget spinners for the classrooms. ICOE identified two schools with limited existing resources to receive additional supports with SEL through CalHOPE. These two focal schools received additional SEL and trauma-informed training along with resources and supports from CalHOPE staff for implementing SEL strategies. The two schools are also preparing to administer the Kelvin Pulse Survey, which is funded through the Mindfulness, Resilience, and Well-Being Supports workstream, to collect data on school climate and student well-

being. To further enhance educator capacity to support students, ICOE has also promoted the Safe Spaces training among education leaders across the county.

Workstreams facilitating classroom and campus supports for behavioral health

The **CalHOPE Student Support and Schools Initiative** workstream focuses on providing training and support to educators to help them develop SEL environments, which build students' skills and destigmatize behavioral health concerns. By equipping educators with additional skills to bolster students' resilience, these programs increase mental health competency among some adults with whom children and youth interact the most.

The **Mindfulness, Resilience, and Well-Being Supports workstream** builds on this foundation by funding student-facing programs that promote SEL, mindfulness, and well-being in schools and data collection tools for schools to obtain real-time information about students' well-being.

Implementation of the Transforming Together (T2) demonstration to integrate CYBHI workstreams and the California Community Schools Partnership Program (CCSPP)

ICOE intends to focus T2 work on raising awareness and building capacity among districts to connect with behavioral health services. T2 is a demonstration project in Imperial County and three other California counties intended to support coordinated implementation of the CYBHI and the CCSPP (see text box). Several LEAs in Imperial County were awarded CCSPP implementation grants, which provide funding for community schools. ICOE was also awarded a county-wide CCSPP coordination grant, which funds coordination of county agencies, CBOs, and other external partners and supports implementation of the community schools in the county.

Through T2, ICOE is focusing on building school staff awareness of behavioral health resources in their communities, including at community schools. ICOE decided to focus on this because it found that school staff had little awareness of the behavioral health supports in the community and what they offered, especially within districts that did not participate in SBHIP or the county's MHSSA-funded mental health consortiums. Interview respondents shared that their work has been slow because of limited staff capacity at ICOE and within LEAs. Additionally, ICOE is still refining the vision of T2 and anticipates additional guidance from the state.

Leveraging the intersection of schools and behavioral health: Transforming Together

The CYBHI is one piece of California's comprehensive statewide approach to address the negative effects of the COVID-19 pandemic on student learning and social and emotional well-being. With the passage of the CCSPP in 2021, the state allocated $4.1 billion to establish and expand community schools. Community schools are designed to connect students to local services and resources that address the needs of the whole child. The California Community Schools Framework, in alignment with most traditional community school models, incorporates four evidence-informed pillars: (1) integrated support services, (2) family and community engagement, (3) collaborative leadership and practices for educators and administrators, and (4) extended learning time and opportunities. Guided by this framework, the CCSPP awards grants to support schools' efforts to partner with community agencies and local government to address students' academic, cognitive, physical, mental, and social-emotional needs.

To integrate efforts to improve students' behavioral health and well-being across the education and behavioral health sectors and maximize their impact, CalHHS and the California Department of Education have partnered on a demonstration project called T2. The project, administered by the San Bernardino County Superintendent of Schools, draws upon the principles of the Ecosystem Working Paper and seeks to break down silos and build coordinated systems that center children, youth, and families. T2 is intended to identify effective, scalable tools and approaches for enabling integration across systems.

Implementation of home- and community-based sector workstreams

Home- and Community-Based Sector Workstreams

The **Scaling EBPs and CDEPs grant program**, administered by DHCS, distributes grants to organizations seeking to scale EBPs or CDEPs. EBPs are defined as having rigorous empirical evidence of effectiveness in improving children's and youth's behavioral health, whereas CDEPs are community-based behavioral health practices that have reached a strong level of support within specific communities. The program is distributing five rounds of grants to organizations seeking to scale EBPs or CDEPs to enhance the accessibility and quality of prevention services and clinical care offered in their communities. Many of these grant awards focus on training additional behavioral health care providers in EBPs. The five grant rounds cover (1) parent and caregiver support programs and practices, (2) trauma-informed programs and practices, (3) early childhood wraparound services, (4) youth-driven programs, and (5) early intervention programs and practices.

ICBHS is using the Scaling EBPs and CDEPs workstream to restart its FFT program, which addresses key needs in the community for flexible, home-based services. ICBHS trained its therapists in FFT in the past, and respondents reported anecdotally that the service was well-received within the community. Specifically, interview respondents credited FFT with addressing transportation and scheduling barriers and combating stigma their communities face. County behavioral health respondents shared that FFT enabled therapists to deliver services in the privacy of a family's home, and they experienced successful family engagement in care. However, ICBHS experienced turnover during the COVID-19 "Great Resignation," when most of its staff trained in FFT left the department for other roles. ICBHS has hired a new cohort of therapists and partnered with nearby universities to train and hire more therapists over time, but interview respondents reported that staff thought a family support piece was missing from their intervention toolkit. ICBHS designated funding from the Scaling EBPs and CDEPs workstream to bring that evidence-based practice back into its gamut of services. Interview respondents anticipate that once staff are trained and implementing FFT, the evidence-based practice will be sustained because it is a Medi-Cal billable service, and the department now has a more stable workforce pipeline due to its new partnerships with nearby universities.

> "FFT gives you the ability to meet the family halfway. A lot of the time, families have barriers to transportation. Or they have the stigma of coming into a mental health clinic. One of the benefits is that our clinicians are going to be mobile and be able to meet at the parents' or caregivers' place of residence, or other community area that they choose at their time and their schedule. Because you're really trying to work with the family that's part of that engagement, like, what works best for you? What day of the week? And I think that is something that FFT really talks about, is the importance of working with families and meeting them halfway."
>
> —Behavioral health respondent

Functional Family Therapy[12]

FFT is an evidence-based intervention for youth and families. Rather than viewing children and youth behavioral health challenges as individual issues, FFT uses a relational lens to help families adjust their interactions and create healthy family dynamics. The strength-focused family counseling model offers short-term services in both clinic and home settings, and can also be provided in schools, child welfare facilities, probation and parole systems, and mental health facilities.

See Appendix C for additional details on the implementation of select workstreams in Imperial County.

V. Conclusion

Children and youth in Imperial County experience similar rates of behavioral health challenges compared to those statewide. Responses from key informant interviews highlighted substantial gaps in inpatient and residential services and access barriers, which are exacerbated in remote areas of the county and among Hispanic populations due to transportation barriers and stigma. Additionally, children and youth with complex behavioral health needs and those ages 0–5 have limited resources to support their behavioral health needs.

[12] FFT LLC. "Functional Family Therapy (FFT)." n.d. https://www.fftllc.com/fft https://www.fftllc.com/fft. Accessed October 29, 2024.

Although initial implementation is still under way, our analysis—drawing from available data, early implementation findings, and interviews with leaders—indicates that Imperial County is using CYBHI resources in ways that are addressing barriers for some of these underserved populations. Specifically, respondents praised Imperial County's leadership in developing "home-grown" solutions to its challenges by using the SBHIP workstream and CalHOPE funding to (1) enhance its school-based behavioral health services, including offering telehealth services; (2) provide community-based education and outreach to raise awareness and combat stigma around behavioral health; and (3) integrate SEL throughout its schools' curricula. These school-based efforts are helping serve students, such as those who live in remote areas, where they spend much of their time. Additionally, the county behavioral health department grew its available services by (1) recruiting behavioral health professionals from local universities to develop a workforce with local and cultural knowledge of the community and (2) enhancing its service options to include care in the home or community to mitigate burdens families face in making appointments.

Overall, Imperial County is positioned to positively impact the children and youth behavioral health ecosystem at the outpatient level, in a way that is responsive to their population's needs, by establishing culturally relevant services that families can access within schools, in the community, and at home. To ensure the sustainability of its efforts, the county is exploring (1) ways to leverage resources across agencies and across the CYBHI and related efforts, including through the Transforming Together demonstration, and (2) strategies for supporting behavioral health service providers and local LEAs with CYBHI Fee Schedule billing. Respondents said the county continues to face a gap in inpatient and residential services. Continued investment in this area may help close these gaps over time, expand access to behavioral health services, and improve outcomes.

> "I think we have everything we need. The uniqueness of Imperial County is we're at the southernmost part of California and we have large counties around us. And we've always been self-sufficient because we're a small county. And we know that, although we can rely on our partners, sometimes they're going to take care of their own first. So we've always been self-sufficient and we've always made things work. For this grant, like I'm saying, even though we could maybe foresee some possible challenges, we're always planning on how to overcome them. I think that's just something that has been engraved in our system since the beginning."
>
> —Behavioral health respondent

Appendix A: Data Sources for County Population Characteristics, Prevalence of Behavioral Health Symptoms and Diagnoses, and Behavioral Health Resources

Variable	Source	Year(s)
Population		
Total population (N)	American Community Survey accessed at https://data.census.gov/table	2022
Population, 0–4 years (N; %)		
Population, 5–19 years (N; %)		
Population, 20–24 years (N; %)		
Five-year population growth (%)	American Community Survey accessed at https://data.census.gov/table	2017–2022
Five-year population growth, 0–24 years (%)		
Density (population per square mile)	U.S. Census accessed at https://maps.geo.census.gov/ddmv/map.html	2020
Race and ethnicity		
White, non-Hispanic (%)	American Community Survey accessed at https://data.census.gov/table	2022
Black or African American, non-Hispanic (%)		
American Indian and Alaska Native, non-Hispanic (%)		
Asian, non-Hispanic (%)		
Native Hawaiian and other Pacific Island American, non-Hispanic (%)		
Some other race, non-Hispanic (%)		
Two or more races, non-Hispanic (%)		
Hispanic or Latino (%)		
Birthplace and language		
Foreign-born, 0–24 years (%)	American Community Survey accessed at https://data.census.gov/table	2022
English-proficient, 5–17 years (%)		
Education (18+ years)		
High school or higher (including college) (%)	American Community Survey accessed at https://data.census.gov/table	2022
College degree or higher (%)		
Population within urban blocks (%)	U.S. Census accessed at https://www2.census.gov/geo/docs/reference/ua/2020_UA_COUNTY.xlsx	2020
Population within rural blocks (%)		
Population below 200% of the federal poverty line (%)	American Community Survey accessed at https://data.census.gov/table	2022
Median income (USD)		
Unemployment (%)		
Households with high housing cost burden (%)	KidsData.org analysis of the American Community Survey	2019
Food insecurity, overall (%)	Feeding America's Map the Meal Gap accessed at https://map.feedingamerica.org/	2021
Food insecurity, 0–18 years (%)		
Healthy Places Index (rank)	Healthy Places Index accessed at https://map.healthyplacesindex.org/	2015–2019
Diversity Index (rank)		

Variable	Source	Year(s)
Health status		
Population with a disability (%)	American Community Survey accessed at https://data.census.gov/table	2022
Population with a disability, 0–17 years (%)		
Health insurance status (population 0–25 years)		
Medi-Cal or other means-tested public coverage (%)	American Community Survey accessed at https://data.census.gov/table	2022
Private coverage (%)		
Uninsured (%)		
TRICARE/military coverage (%)		
Medicare coverage (%)		
Prevalence of behavioral health outcomes		
Children and youth insured through Medi-Cal with a mental health diagnosis or emotional symptoms (%)	T-MSIS Analytic Files accessed at https://resdac.org/cms-virtual-research-data-center-vrdc and Mathematica analysis	2022
Children and youth insured through Medi-Cal with a substance use disorder diagnosis (%)		
Youth ages 12 to 17 years old who felt their family stood by them during difficult times (%)	California Health Interview Survey, UCLA Center for Health Policy Research, and Mathematica analyses. Applied for data here: https://healthpolicy.ucla.edu/our-work/california-health-interview-survey-chis/access-chis-data	2022
Youth ages 12 to 17 years old who felt at least two nonparent adults took genuine interest (%)		
Youth ages 12 to 17 years old who felt supported by friends (%)		
Students in grade 9 who reported seriously considering attempting suicide in the past 12 months (%)	California Healthy Kids Survey County Reports accessed at https://calschls.org/reports-data/search-lea-reports/ and Mathematica analysis	2019–2021
Students in grade 11 who reported seriously considering attempting suicide in the past 12 months (%)		
Students in grade 9 reporting school absences due to mental health issues (%)		
Students in grade 9 reporting school absences due to alcohol or drug use (%)		
Inpatient hospitalizations per 1,000 children and youth for any behavioral health diagnosis	California Department of Health Care Access and Information. Applied for data here: https://datarequest.hcai.ca.gov/csm	2022
Emergency department visits per 1,000 children and youth for any behavioral health diagnosis		
Students in grades K–12 who were chronically absent	California Department of Education accessed at https://www.cde.ca.gov/ds/ad/filesabd.asp	2022–2023

Variable	Source	Year(s)
Behavioral health care resources		
Primary care health professional shortage area designation	Social Determinants of Health Database from Agency for Healthcare Research and Quality, accessed at https://www.ahrq.gov/sdoh/data-analytics/sdoh-data.html	2019
Mental health professional shortage area designation		
Number of child and adolescent psychiatrists per 100,000 children <18 years	American Academy of Child and Adolescent Psychiatry, U.S. Census, accessed at https://www.aacap.org/AACAP/Advocacy/Federal_and_State_Initiatives/Workforce_Maps/Home.aspx	American Medical Association Masterfile 2024, U.S. Census 2022
Number of nonpsychiatrist behavioral health providers licensed with county Medi-Cal Specialty Mental Health Services plans per 100,000 residents	DHCS Needs Assessment accessed at https://www.dhcs.ca.gov/Documents/Assessing-the-Continuum-of-Care-for-BH-Services-in-California.pdf	2021
Number of outpatient treatment programs for young adults per 100,000 children and youth 0–24[a]	DHCS Needs Assessment accessed at https://www.dhcs.ca.gov/Documents/Assessing-the-Continuum-of-Care-for-BH-Services-in-California.pdf	2021
School-based health programs with mental health services per 100,000 children and youth <18	School-Based Health Alliance accessed at https://www.schoolhealthcenters.org/school-based-health/sbhcs-by-county/	2024
Number of FQHCs or FQHC look-alike sites per 100,000 children and youth 0–25	HRSA FQHC and look-alike locator accessed at https://data.hrsa.gov/data/reports/datagrid?gridName=FQHCs	2024

[a] While the numerator for this measure is based on the number of outpatient treatment programs for *young adults*, we used a more inclusive denominator of all children and youth 0–24 years because the original data (https://www.dhcs.ca.gov/Documents/Assessing-the-Continuum-of-Care-for-BH-Services-in-California.pdf, Table E-4) suggest that many of these programs may pertain to children as well.

Appendix B. Network Analysis Methodology and Measures

This appendix describes our network analysis methods and measures for Imperial County.

Methodology

We invited nine organizations to complete the NEES via email and received responses from eight organizations (for an 89.0 percent response rate). Invited organizations included government agencies and departments; a managed care plan; and CBOs, including organizations that serve diverse communities. Administrators of child- and youth-serving organizations, such as directors and executive directors, rated the strength of their organizations' connections with other organizations invited to complete the survey on a 5-point scale, ranging from (1) coexist to (5) integrated.[13, 14]

After using R software to conduct a network analysis based on these ratings, we then produced and developed the network map using Kumu software. We also used the ratings to calculate the average strength of the entire network.

Exhibit B.1 shows the 5-point scale that survey respondents used to rate their organizations' connections with other organizations.

Exhibit B.1. Connection ratings and descriptions

Score	Rating strength	Rating description
1	Coexist	No or limited relationship between organizations
2	Cooperate	Informal interactions on specific activities or projects
3	Coordinate	Intentionally plan or work together for greater outcomes
4	Collaborate	Shared mission, goals, decision makers, or resources
5	Integrated	Fully integrated programs, planning, or funding

When two organizations rated their connection with each other, we calculated the average strength of their connection for inclusion in the network map. For example, if Organization A and Organization B rate their connection with each other as "cooperate" (2) and "coordinate" (3), respectively, the average strength of the connection between the two organizations is 2.5, or "cooperate."

In Imperial County, there were instances where only one organization rated a connection between two organizations. To determine whether to include these ratings in our analysis and network map, we conducted an agreement analysis using data that included ratings from both sides of a connection (that is, both organizations rated the connection). This analysis showed us whether two organizations that reported a connection with each other tended to rate the strength of their relationship in a similar way. Because the 5-point rating scale is subjective, we defined agreement as two organizations providing the same rating or being only 1 point apart. For example, if one organization rated the connection "cooperate" (2) and the other organization rated it "coordinate" (3), we considered them to be in agreement. Using this standard, we then calculated how often organizations agreed with each other about the strength of their relationships.

Across all nine counties included in the case studies, a high rate of agreement (70.0 percent or greater) suggests that connection ratings are generally in agreement with each other, and thus a single organization's rating of the strength of the relationship can be used as a representation of the actual strength as reported by both ends of the connection. In Imperial County, the agreement score was 77.8 percent. Due to this high rate of agreement, we concluded that a connection rated by a single respondent was a reliable representation of the strength of the connection between

[13] Adapted from the Tamarack Institute's Collaboration Spectrum Tool: https://www.tamarackcommunity.ca/hubfs/Resources/Tools/Collaboration%20Spectrum%20Tool%20July%202017.pdf?hsLang=en-us.

[14] The connections in the network map may not represent the perspectives or experiences of all organization staff.

organizations. Therefore, we included connections in the network analysis and map where only a single organization rated the strength of a relationship.

Network measures

Exhibit B.2 shows the social network analysis summary statistics and descriptions for Imperial County.

Exhibit B.2. Imperial County network analysis summary statistics

Network measure	Statistic	Description
Possible network size	9	Number of organizations invited to take the survey.
Number of possible connections	72	The total number of possible connections between all 14 organizations invited to complete the survey. Because each organization rates its relationship with every other organization, there are two possible connections between any two organizations (each organization's rating of the connection).
Observed network size	9	The number of organizations included in the network map. This count includes organizations that did and did not respond to the survey.
Number of observed connections	61	The total number of connections reported by organizations that completed the survey. This excludes missing data and "not applicable" responses.
Number of unidirectional connections	7	A unidirectional connection is observed when only one of the two organizations rates the strength of the connection.
Reciprocated connections	54	The number of connections that were bidirectional (both organizations reported the strength of the connection with each other).
Average strength of the network	3.20	The average strength rating for the network, where the denominator is the number of observed connections.

Exhibit B.3 shows the average connection strength range, rating, and the number and percentage of connections in the network map that fell under each rating category.

Exhibit B.3. Number and percentage of connections in the network map by average strength rating

Average strength range	Rating strength	Number of connections	Percentage of connections
1.0–1.99	Coexist	4	11.8
2.0–2.99	Cooperate	4	11.8
3.0–3.99	Coordinate	14	44.1
4.0–4.99	Collaborate	11	32.4
5.0	Integrated	0	0.0
	Total		**100.0**

Appendix C. Details on Implementation of Selected Workstreams

Workstream: Student Behavioral Health Incentive Program

Short overview

- The county's SBHIP projects focus on three areas: (1) telehealth, (2) behavioral health and wellness programs, and (3) suicide prevention.
  - The county partnered with a third-party vendor to provide telehealth services.
  - ICOE developed behavioral health teams to conduct outreach, education, and engagement at schools.
  - ICOE intends to hire suicide prevention coordinators at the county level to develop policies to address suicide prevention and train school staff on interventions and referrals.

Key implementation findings

Imperial County conducted a needs assessment to determine SBHIP focus areas, with an emphasis on using SBHIP to build on earlier efforts.

- ICOE led the needs assessment, partnering with health plans, CBOs, the county behavioral health department, and the LEAs participating in SBHIP.
- Imperial County used SBHIP to build on efforts to integrate behavioral health into schools through Mental Health Consortiums. The Mental Health Consortiums were funded by the MHSSA and previously allowed ICOE to hire behavioral health staff in schools.

Stigma posed a challenge for Imperial County, so it shifted its SBHIP strategy from delivering mobile services at schools to community awareness, engagement, brief intervention, and referrals.

- ICOE initially planned to purchase mobile units to deliver behavioral health services to all county schools in an effort to reach students in remote areas. Given parents' and caregivers' hesitancy around use of the mobile health units, ICOE was concerned that stigma associated with receipt of behavioral health services would impede use of these services. ICOE chose to shift its focus to supporting hiring of mental health and wellness coordinators in schools to provide outreach, education, brief intervention, and referrals to ICBHS.

ICOE has had challenges hiring county-level suicide prevention coordinators.

- ICOE is recruiting for a licensed behavioral health clinician but has not yet been able to hire. While waiting for this position to be filled, ICOE has spread responsibilities across other staff involved in SBHIP.

Sustainability and what's next

Respondents credited SBHIP for creating new partnerships between managed care and education.

- Education respondents noted that SBHIP facilitated a new partnership between the education sector and health plans.
- According to education interview respondents, the new partnership between the two sectors could offer ways to offset costs of the services implemented through SBHIP. For instance, the managed care plans are involved in the Imperial County local community improvement plan, which has financial resources that might offset some costs.

> "It's like, look, if you value these services, we need to collaborate on plans on how to sustain it moving forward beyond these one-time funds. That's where we're bringing folks on board to the standardized fee schedule."
>
> —Education interview respondent

Imperial County hopes to use the CYBHI Fee Schedule to sustain the school-based behavioral health services put in place through SBHIP.

- Interview respondents said they are determining how they will implement the CYBHI Fee Schedule and are committed to aligning it to support billing for services the county implemented through SBHIP.

Workstream: CYBHI Fee Schedule	
Short overview	• Two of the county's SBHIP LEAs engaged in Cohort 1 of the CYBHI Fee Schedule. No LEAs participated in Cohort 2. • At the time of the interviews, ICOE was still determining approaches for LEAs to bill under the CYBHI Fee Schedule. It is considering establishing a service delivery reporting system for LEAs and centralizing administrative requirements at the county level. • Managed care interview respondents are determining with ICOE how to best support Fee Schedule implementation.
Key implementation findings	**All sectors understand the value of the Fee Schedule in Imperial County, but implementation has not fully begun.** • Interview respondents said financing school-based behavioral health supports through the CYBHI Fee Schedule is key to increasing access and removing barriers for children and youth to receive care. • Respondents shared their enthusiasm for the CYBHI Fee Schedule implementation and are waiting for direction on how to contribute. **Interview respondents anticipate that LEAs will need substantial support with implementing the Fee Schedule.** • Managed care respondents expect that LEAs will need technical assistance with tasks such as completing the credentialing process, obtaining National Provider Identification, and selecting billing codes. These respondents noted that it might be more efficient for LEAs to work directly with managed care organizations, rather than through a TPA, because they can offer the same supports and additional knowledge on billing. "Part of the reason that SBHIP and the Fee Schedule are so important is that we are working to expand that access to children and get services to them as opposed to trying to farm them out all over and get them places where it's harder for them to be. So when they're on campus and they can receive services, we know that's the best way to expand that access for them." —Managed care interview respondent • ICOE acknowledged that LEAs have limited experience with billing for behavioral health services, which is outside the school sector's typical scope of work. In addition, ICOE said Imperial County LEAs are managing multiple initiatives and are hesitant to increase their burden. • To reduce the administrative burden on LEAs, ICOE is considering creating an electronic system for school staff to input behavioral health service data. ICOE staff can then use the data to work with a TPA to bill for behavioral health services and redistribute funds back to the districts. ICOE anticipates that the county will need a consultant to help establish the infrastructure for this centralized reporting plan, including engaging the school districts on the concept of pooling resources, establishing memoranda of understanding, and conducting overall project management.
Sustainability and what's next	**Although ICOE and managed care organizations have created a solid partnership through SBHIP, constituents are still determining how the managed care organizations can further support implementation.** • ICOE acknowledges the managed care organizations as a helpful resource for planning for SBHIP and other initiatives (including mental health consortium and community schools work). However, ICOE is assessing the readiness of the full team implementing the CYBHI Fee Schedule to determine when to bring the managed care plans in and how they will contribute. ICOE and managed care organizations have built a formal relationship, and the health plans will be responsive to ICOE and the LEAs' needs.

Note: The grant implementation experiences described in the table are based on the subset of grantees participating in interviews.

Workstream: CalHOPE Student Support and Schools Initiative and Mindfulness, Resilience, and Well-Being Supports

Short overview

- ICOE laid a foundation for implementing the CalHOPE Student Support and Schools Initiative by raising awareness about SEL, ACES, and restorative practices. Next, through the second round of CalHOPE funding, ICOE introduced SEL practices at two focal sites, for which it set district-specific SEL goals and provided trainings and resources to meet them.
- ICOE has used Mindfulness funding to provide stipends for teachers to complete courses offered by the University of California Berkeley through CalHOPE. The office is also planning a SEL wellness conference.

Key implementation findings

ICOE's CalHOPE work focused on implementing SEL strategies in two school districts.

- ICOE selected two single-school districts because they had fewer resources than larger, multischool districts in the county. The office worked with the two districts to conduct a needs assessment and created five-year SEL goals.
- At the two focal sites, teachers and school staff received training on SEL and ACES and an opportunity to practice strategies with CalHOPE staff. The districts also received funding to implement calming corners in classrooms, wellness rooms for adults, and emotional regulation tools such as fidget spinners to incorporate SEL strategies into the school day.

At the time of the interview, Mindfulness-funded activities were still in the planning stages.

- ICOE is planning a large wellness conference to which it invited every district in Imperial County. It is sending invitations for schools to register and had 100 people registered at the time of the interview.
- ICOE is also planning to provide more funding to its two focal sites to implement sensory rooms in schools for students.

> We've been challenged with the mindsets of our educators, our adults, our parents, thinking that SEL is just something else to do. So when we talk about SEL being at the forefront, it's difficult because math is also at the forefront. So is writing. We have so many other competing initiatives; they're all just as important. When we don't understand the integrated approach [to implementing SEL], then it becomes something like, we have so many things that I have to cover as a teacher, I have to teach math and science and all these subjects, I don't have time for that [SEL]."
>
> —Education interview respondent

ICOE sought to implement most of the preferred activities and infrastructure under the Mindfulness workstream to address gaps in behavioral health.

- ICOE developed and disseminated forward-facing materials for students and adults, which has helped raise awareness of SEL and wellness.
- Interview respondents said, according to their data, calming-corner implementation has led to fewer behavior interruptions in the classroom and appears to be improving student self-regulation.
- The two focal sites are implementing the Kelvin survey, which is helping ICOE strengthen its collection and analysis of behavioral health data. The Kelvin survey enables schools to obtain real-time information about students' well-being. ICOE hopes to use these survey data to evaluate the SEL resources they put in place and monitor progress toward the districts' SEL goals.
- ICOE hopes to use Mindfulness funding to hire more staff to enhance and sustain SEL and wellness activities in schools.

School districts in Imperial County are working on many initiatives, which makes Kelvin data collection a challenge.

- ICOE is working to prepare the two focal districts to use the Kelvin pulse survey. After one year, only one of the districts is nearing readiness for implementation. To enroll in Kelvin, teachers need to complete training, and the district needs to develop a new workflow to incorporate data collection. These steps, according to interview respondents, are time-consuming. However, school staff time is limited, given districts' involvement in multiple initiatives.

Sustainability and what's next

Although funding is needed to sustain some activities and community-of-practice participation, the ICOE respondent believes the larger barrier to sustaining the resources, tools, and strategies implemented under CalHOPE is the mindset shift required to embed SEL into the way schools are run, rather than perceiving it as an additional school subject to cover. ICOE worked with school staff and encouraged the incorporation of SEL into subjects such as math and science throughout the full school day. According to the respondent, embedding SEL into the full day removes any competition with other school subjects for priority.

Workstream: Scaling Evidence-Based and Community-Defined Evidence Practices	
Short overview	• Imperial County's Scaling EBPs and CDEPs grant focused on re-establishing its FFT program.
Key implementation findings	**Imperial County previously had an FFT program and is re-establishing it now that ICBHS has enough staff available to train partners to deliver the services.** • At the time of the interview, ICBHS was pursuing a contract with FFT partners to train and certify their therapists to deliver FFT services. • Although ICBHS has not begun implementing the workstream, the county behavioral health respondent expects that FFT will give families the tools they need to support children's and youth's behavioral health. "You're providing services to the client, and you have to show the parent the skills. I think one of the things that this model is going to bring is that you're going to be skill building and working through family issues. And you're going to take them and, with that, to teach the family to become self-sufficient." —County behavioral health respondent
Sustainability and what's next	The county behavioral health respondent expressed confidence that the FFT services will be sustained given their billability and the department's currently stable pipeline programs for behavioral health workers.

Note: The grant implementation experiences described in the table are based on the subset of grantees participating in interviews.

Let's Progress Together.

For any questions about this evaluation, please email CYBHIEvaluation@mathematica-mpr.com.