



# United Advocates for Children of California

1401 El Camino Ave., Suite 340 ~ Sacramento, CA 95815

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## **California Family Partnership Association**

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**Pam Hawkins**  
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## Implementation of Proposition 63: The Mental Health Services Act

The Mental Health Services Act has the potential to improve the funding and service delivery system for children with emotional, behavioral, and mental health problems. The Mental Health Services Act could also be a catalyst for implementation of the goals of The President's New Freedom Commission on Mental Health. Parents/Caregivers and their children are interested in establishing some core concepts to utilization of new funding and services through The Mental Health Services Act.

### Core Concept Recommendations:

1. **California Children's System of Care**
2. **Values Driven Evidence Based Practices**
3. **Family and Youth Involvement**
4. **Family and Youth Driven Services**
5. **Discrimination and Stigma Awareness**

California has the largest population in the nation and between 1995 and 2025 is expected to lead the nation in population growth with multicultural and multilingual populations increasing. The diversity of languages and beliefs, coupled with the adverse effects of discrimination and stigma results in significant lack of access to quality mental health services. When quality care is not accessible, emotional disorders worsen, and often children and youth are diverted into non-mental health service systems. The poverty rate for children in California is 27.3% which is higher than the national average of 25.7%. Many of these children live in rural communities and are children from families of minority ethnic and cultural groups and experience significant institutional discrimination that both contribute to the development of emotional disorders and interfere with accessing quality mental health care.

No child should be refused entry into school, expelled from school, or denied high quality educational services because of an unaddressed or unidentified mental health or related need. No parent should have to relinquish custody of their child in order to access mental health treatment services for their child. No family should have to suffer inadequate or insufficient treatment due to language or cultural barriers to mental health treatment.



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Yet, for 300,000 children and youth in California this is the case. The California Mental Health Planning Council estimates that “approximately 600,000 adults, older adults, and children and youth in need of mental health treatment are not receiving services. In round numbers, this figure breaks down to 300,000 children and youth, 200,000 adults, and 100,000 older adults.”<sup>1</sup>

The Mental Health Services Act establishes funds to offer “services to severely mentally ill children for whom services under any other public or private insurance or other mental health or entitlement program is inadequate or unavailable”.<sup>2</sup> This additional resource could potentially decrease the number of children and youth who are in need of mental health treatment and do not receive services.

### 1. California Children’s System of Care

The Mental Health Services Act calls for services provided to “severely mentally ill children as defined in Section 5878.2 and that they be part of the children’s system of care established pursuant to this Part.”<sup>3</sup> One of the core concept recommendations of parents/caregivers and their children is that all services delivered to children and their families adhere to the core values and guiding principles of children’s system of care. Further, that the state Department of Mental Health takes an active role in developing a framework of children’s system of care in which all counties then implement with fidelity to the children’s system of care framework.

“Implementing a system of care involves changing the service delivery culture to one in which clearly identified values and principles provide a foundation for the achievement of specific goals through a flexible network of services and supports provided by a team for a targeted group of children and their families. Services are designed to fit the individual child and family, rather than to focus on programs into which a child must fit or fail. Negative outcomes are viewed as system failures, rather than child and family failures. Every family embodies strengths. The service delivery system needs to identify these and collaborate with the family to build upon them. The model is both results and cost focused. This emphasis on accountability, on providing the most effective services in the most efficient manner, has been the strategy that has perhaps contributed the most to the successful expansion of Children’s System of Care in California”.<sup>4</sup>

**Pam Hawkins**  
California Mental Health Master Plan: A Vision for California (March 2003)

<sup>2</sup> Mental Health Services Act, Section 5, 5878.3 (a)

<sup>3</sup> Mental Health Services Act, Section 5, 5878.1 (a)

<sup>4</sup> A Guide to Implementing Children’s System of Care in California (1998) Cathie Wright Technical Assistance Center and California Institute for mental Health



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The following core values and guiding principles for children's system of care are taken from some initial best practices work through the Substance Abuse and Mental Health Services Administration (SAMHSA). Although this work refers to the term "family centered", over the years this term has become interchangeable with the term "family driven".

## Values and Principles for the System of Care

### Core Values

1. The system of care should be child centered and family focused, with the needs of the child and family dictating the types and mix of services.
2. The system of care should be community based, with the locus of services as well as management and decision making responsibility resting at the community level.
3. The system of care should be culturally competent, with agencies, programs, and services that are responsive to the cultural, racial, and ethnic differences of the population they serve.

### Guiding Principles

1. Children with emotional disturbances should have access to a comprehensive array of services that address the child's physical, emotional, social, and educational needs.
2. Children with emotional disturbances should receive individualized services in accordance with the unique needs and potentials of each child and guided by an individualized service plan.
3. Children with emotional disturbances should receive services within the least restrictive, most normative environment that is clinically appropriate.
4. The families and surrogate families of children with emotional disturbances should be full participants in all aspects of the planning and delivery of services.
5. Children with emotional disturbances should receive services that are intergraded, with linkages between child-serving agencies and programs and mechanisms for planning, developing, and coordination services.
6. Children with emotional disturbances should be provided with case management or similar mechanisms to ensure that multiple services are delivered in a coordinated and therapeutic manner and that they can move through the system of services in accordance with their changing needs.
7. Early identification and intervention for children with emotional disturbances should be promoted by the system of care in order to enhance the likelihood of positive outcomes.
8. Children with emotional disturbances should be ensured smooth transitions to the adult service system as they reach maturity.



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9. The rights of children with emotional disturbances should be protected and effective advocacy efforts for children and youth with emotional disturbances should be promoted.
10. Children with emotional disturbances should receive services without regard to race, religion, national origin, sex, physical disability, or other characteristics, and services should be sensitive and responsive to cultural differences and special needs.<sup>5</sup>

## 2. Values-Driven Evidence Based Practices

Parents/Caregivers and their children recommend that the state Department of Mental Health ensure that all services delivered to children, youth and their families are accountable to positive outcomes. The Mental Health Services Act provides for innovative programs in Section 9, Part 3.2. Parents/Caregivers and their children recommend that values-driven evidence based practices become the standard of care for serving the mental health needs of California's children and youth.

All too frequently children receive care that is based on outdated practices and narrowly defined outcomes as opposed to care that is based on increasing evidence of effectiveness. The system seems to rely on practices that have little supporting evidence or, at worst, have poor outcomes. The care that is often provided is based on "what we've always done" rather than on an evidence based practice for "what works".

The compatibility of evidence based practices and children's system of care are not competing efforts but complementary. Children's system of care focuses on improving access, developing a broad array of services and ensuring coordination; it provides the context for evidence based practices. It is these two concepts working together that provide the hope for improved access and quality of care. The movement toward evidence based practice converges well within a children's system of care approach.

Dedicated mental health professionals are ready to help children and their families who are suffering from mental health and related needs. They work for the right causes, but are frustrated in their efforts by a system that is inflexible, discourages innovation and may punish risk-takers. An improved and expanded workforce which provides evidence based mental health services will place mental health professionals within a system that rewards innovation, efficiency and responsiveness.

<sup>5</sup> A System of Care for Children and Youth with Severe Emotional Disturbances (1986) Stroul, Beth A., Friedman, Robert M., Child, Adolescent and Family Branch, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration



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### 3. Family and Youth Involvement

The Mental Health Services Act calls for the involvement of family members of children and youth who utilize mental health services within the child serving systems in a number of areas. The proposition calls for outreach to families to recognize the early signs of potentially severe and disabling mental illnesses.<sup>6</sup> This can best be achieved by a self help model approach to outreach. A unique and key feature of a children's system of care framework is family involvement. The outreach to families can be done as part of a family partnership program within the county children's system of care.

The Mental Health Services Act also calls for family involvement in a consultation and advisory capacity.<sup>7</sup> More often than not, family members will have the most impact on public agencies and policies through their participation on various policy-making advisory or planning committees. Parents/Caregivers and their children recommend that family members continue to serve in the capacity of improving services for children and youth through their on-going dialogue on vision and goals, attention to how power is shared, attention to how responsibilities in planning and decision-making are distributed, and open and honest two-way communication and sharing of information.

### 4. Family and Youth Driven Services

Parents/Caregivers and their children recommend that all mental health services delivered in California are delivered within a 'Family Driven' framework, again, adhering to the Children's System of Care core values and guiding principles.

California defined the term *family driven* by implementing a participatory process that has been inclusive of a broad-based stakeholder group including youth, family members, mental health advocates, the provider community, and mental health administrators. The process was initiated prior to the release of the President's Freedom Commission Report on Mental Health, 2003. In 2002, the California Mental Health Advocates for Children and Youth (CMHACY) as well as United Advocates for Children of California (UACC) attempted to create a single set of concrete operational definitions for the core values of Children's System of Care, including family driven services, cultural competency, accountability, and individualized care. The purpose of creating these operational definitions was to decrease the significant variance in actual practice that exists across CA counties that are implementing Children's System of Care.

<sup>6</sup> Mental Health Services Act, Section 4, 5840 (1)

<sup>7</sup> Mental Health Services Act, Section 4, 5840 (e), Section 8, 5820 (g) (h), Section 10, 5845 (5)



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Although the process was initiated in 2002, the definition for *family-driven services* was recently finalized at a stakeholder meeting sponsored by the California Institute for Mental Health (CIMH) for the California Mental Health Director's Association. UACC worked collaboratively with CIMH to recruit family members to attend the meeting and participate in finalizing and approving the definition. The final definition follows below.

### Definition of "Family Driven"

Family driven services exist when the beliefs, opinions, and preferences of every child, youth and their family/caregiver are a deciding determinant in service planning on the individual level; are a significant detriment in program development and implementation at the agency level; and are integral to legislation and appropriation at the policy level.

Children, youth and their family/caregiver make the decisions about their own care and participate in developing and implementing strategies for mental health system improvement.

### Defining Characteristics of the Definition of Family Driven Include:

- Children, youth and their families/caregivers are responsible for making care plan decisions based on partnership with their provider(s).
- Care plans are clearly related to the child, youth and family/caregiver beliefs, opinions and preferences.
- Children, youth and their families/caregivers are respected and valued.
- The adverse effects of mental health stigma including shame, guilt and blame are understood and mitigated.
- Parents and other family/caregiver members receive easily understood information on emotional disorders, the process for obtaining prompt access to needed mental health screening, assessments and care, entitlements to care, and legal rights and protections.
- Services and supports build on child, youth and family/caregiver strengths.
- Children, youth and their families/caregivers are offered easily understood information necessary to be full and credible participants in service planning.
- Communication with children, youth and their families/caregivers is clear and honest.



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## **5. Discrimination and Stigma Awareness**

The Mental Health Services Act provides Californians with an opportunity to address the discrimination and stigma associated with mental illness.<sup>8</sup>

Parents/Caregivers and their children recommend that the Department of Mental Health and each county in California incorporate a program that utilizes family members to educate the community regarding both the technical and emotional aspects of emotional, behavioral, and mental health problems suffered by children and youth.

<sup>8</sup> Mental Health Services Act, Section 4, 5840 (a), (1) (3) (4)