

A FAMILY GUIDE

FOR CHILDREN AND YOUTH: THE MENTAL HEALTH SERVICES ACT



United Advocates
for Children
of California



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Q What is “The Mental Health Services Act”?

A Mental Health Services Act (MHSA) is a new law to take effect January 1, 2005, voted in by California voters in November 2004 via Proposition 63. The MHSA expands mental health care for children and adults, using programs proven to be effective. It is paid for by a 1% tax surcharge on personal income of \$1 million per year. The Mental Health Services Act (MHSA) passed with 53.4% YES votes, an historic accomplishment for mental health in our state.

Q Why does California need The Mental Health Services Act?

A Mental health services for children and adults in California has been grossly under-funded. People who suffer from mental illness were released from state hospitals 35 years ago, but the money to provide community mental health services to them never reached the community. This resulted in increased suffering and homelessness of people with mental illness. This also contributes to the statistic of 600,000 people living in California today who do not receive the mental health services they need. This figure includes 300,000 children who suffer with emotional, behavioral, and mental health conditions that do not receive the mental health services they need. In the last state budget



year the Governor cut \$20 million in state funding for children’s mental health services. Although there is a state law to provide children’s system of care services to children and youth, the Governor has chosen not to fund the services.

In addition, California does not fund another children’s services mandate, AB 3632, which was originally passed to help fund mental health related special education services.

Q How much money will The Mental Health Services Act raise?

A The Mental Health Services Act (MHSA) will generate approximately \$700 million per year. This money will qualify California for additional federal funds raising the total to approximately \$1 billion per year for mental health care. Each county in California will receive funds to deliver services to the extent that they demonstrate significant unmet need for services and that they have the capability to deliver the services.



Q Who will ensure that the money is spent properly?

A The Mental Health Services Act (MHSA) creates a new Citizens Oversight and Accountability Commission to approve each California county's plan for spending the new funding. The Commission will ensure that all new funding is consistent with the principles and values of Children's System of Care. Additionally, all services funded by the Mental Health Services Act (MHSA) are subject to local and state oversight. Local oversight is provided by the county Mental Health Board and state oversight is provided by the State Department of Mental Health.

Q What kinds of services will be offered to children and youth under The Mental Health Services Act?

A The Mental Health Services Act (MHSA) will protect all existing funding and entitlements to care for children and youth. The MHSA will establish new funding for services delivered in a **Children's System of Care**, and will also increase **Wraparound** services for children and youth. The MHSA will also establish a new **prevention and early intervention** program that will ensure most children have access to mental health care early, before reaching a crisis. The MHSA will provide additional funds to deal with the




shortage of qualified mental health professionals, including child psychiatrists. The MHSA will also fund in the first 3 years the construction of capital facilities to ensure children receive treatment in the most appropriate setting. The MHSA will allocate funds to each county to develop innovative programs designed to provide better linkage between services, improve outcomes, and meet the needs of under-served children.

The Mental Health Services Act (MHSA) was developed to establish a system that will be able to change and grow because mental health is a changing field, with new practices being established on an on-going basis. New research breakthroughs are occurring every day. The MHSA provides for a public review and hearing process to develop an updated 3-year plan and services will be funded as long as they are able to establish positive and effective outcomes for children and youth. Outcomes for each program will be evaluated, and only those that demonstrate positive outcomes will continue to be funded through The Mental Health Services Act (MHSA).




What is a “Children’s System of Care”?

 A Children’s System of Care is a wide range of mental health and related services and supports organized to work together to provide care. Providers in mental health, child welfare, juvenile justice, special education, and other providers from both public and private organizations work as a team to plan a tailored set of services for each individual child’s physical, emotional, social, educational, and family needs. Teams find and build upon the strengths of a child and their family rather than focusing solely on problems. Children’s Systems of Care are designed to help children and youth with emotional, behavioral, and mental health conditions get the services they need in or near their home and community. Treatment plans in a Children’s System of Care are **Family-Driven**. Cultural and linguistic competence is an integral goal in children’s system of care. Culturally and linguistically competent systems of care have the capacity to value cultural and racial diversity, to manage dynamics that occur as a result of cultural and racial differences, and adapt to the diversity and the cultural environments of the communities they serve. Culturally competent providers demonstrate attitudes, behaviors, and values that allow them to work effectively cross culturally. This means they show respect for, and respond to, individual differences and special needs of the various cultures within a system of care. Services



must be provided without discrimination and providers are aware of the impact of cultural differences and adapt their skills to meet each family’s values and customs. A Children’s System of Care is accountable to positive and effective outcomes for children and their family. Accountability to the values, principles, and practices of Children’s System of Care is measured to ensure that child and family outcomes are optimal.

What does the term “Family-Driven” mean?

 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 determinant in program development and implementation at the agency level; and are integral to legislation and appropriation at the policy level. Children, youth and their families/caregivers 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 diminished.
- ❖ 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.



Q What are “Wraparound” services?

- A** Wraparound is a dynamic process that helps a family develop individualized, strength based, needs driven services for children and families in their own communities.

KEY FEATURES OF WRAPAROUND SERVICES INCLUDE:


- ❖ A comprehensive individualized plan is developed by a Child and Family Team, the people who know the child best.
- ❖ This plan is needs driven rather than service driven. Services are not based on a traditional mental health services model.
- ❖ This plan is family-driven while meeting the needs of children.
- ❖ The parents/caregivers are an integral part of the team and direct the treatment plan.
- ❖ The plan is strengths based. Mental health services have traditionally relied on identifying problems, focusing on pathology. Positive reframing to assets and skills is a key element in all wraparound planning.
- ❖ The plan is focused on a normal environment. Normal needs are the basic human needs that all persons (of like age, sex, culture, etc.) have.



- ❖ The team makes a commitment to unconditional care and support. Services will be changed to meet the changing needs of the family.
- ❖ Services and supports are created to meet the unique needs of the child and family. Teams have the capacity to create individualized care plans and services while including all of the various agencies involved in the child and family's life.
- ❖ Services and supports are community-based. Out-of-home care is used only for brief periods of time when stabilization is needed.
- ❖ Services and supports are culturally competent. The members of the team and the treatment plan assures a fit to the family's culture and community.
- ❖ Planning and services/supports are comprehensive, generally addressing needs in three or more life domain areas. These life domains are: Physical Needs/Living Situation, Family/Attachment, Safety, Socialization, Cultural and Spiritual, Emotional/Psychological, Health, Educational/Vocational, and Legal.
- ❖ The plan is financially supported by flexible use of existing funding designated for wraparound services.
- ❖ Effective outcomes for children and their families are identified and measured often.



What are prevention and early intervention services?

-  Prevention and early intervention programs are designed to ensure the healthy development of children and youth by intervening with support and resources for children and their families who are at risk for developing mental health conditions. The Mental Health Services Act calls for prevention and early intervention services that will ensure that most children have access to mental health care early in the onset of a potentially severe emotional, behavioral, or mental health condition. Under current programs a child must reach a crisis level before their mental health problems will receive any attention.

There is evidence supporting successful programs that have shown that mental health conditions can be prevented while positive mental health can be promoted. Efforts are more successful when they focus not only on an individual child and their family, but also on the environment that surrounds the child such as home and school. Early childhood is a critical period for the onset of emotional, behavioral, or mental health conditions. Since children develop rapidly, delivering mental health services and supports early are necessary to avoid permanent consequences. Early detection, assessment, and links with treatment



and supports can prevent mental health problems from worsening.

Q Who is eligible to receive services?

A The Mental Health Services Act (MHSA) will provide funding for children and youth who have emotional, behavioral, or mental health conditions without insurance coverage or for those whose insurance coverage for mental health care has been exhausted. The MHSA will create services for children and youth targeted to those not covered by existing programs, particularly those children with untreated mental health conditions that place them at risk for suicide, violence, or out-of-home placement. The Mental Health Services Act (MHSA) assures that parents will not be required to relinquish custody of their child in order to make the child eligible for medically necessary mental health care.

Q What is the role of families in planning for The Mental Health Services Act?

A **Statewide Planning:** The Mental Health Services Act (MHSA) 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.¹ 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 and partnership with providers to ensure family-driven care. 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 (MHSA) calls for family members to participate in the development of the statewide planning process for implementation of the Mental Health Services Act (MHSA). And finally, The Mental Health Services Act (MHSA) calls for a family member of a child who has received public mental health services is represented on the Oversight and Accountability Commission.²

Family members will participate in the development of the State Department of Mental Health plans for implementation of The Mental Health Services Act (MHSA).

¹ Mental Health Services Act, Section 4, 5840 (1)

² Mental Health Services Act, Section 10, Part 3.7, 5845 (a) (5)



Local Planning:

The Mental Health Services Act (MHSA) calls for each county to develop a 3-year plan and update that plan on a yearly basis. Each county plan will be developed with local stakeholders which include families of children who utilize mental health services within child serving systems.³

Family members will have the opportunity to participate in the development of local county plans for implementation of The Mental Health Services Act (MHSA).

³ Mental Health Services Act, Section 10, 5848 (a)



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