

# STATE OF THE COMMUNITY ANNUAL REPORT 2019

A report developed by United Parents and  
Parents & Caregivers for Wellness.



**United Parents**  
United Parents provides resources to empower, strengthen and support parents who have children with mental health, emotional, and behavioral disorders.



**Parents & Caregivers for Wellness**  
A collaborative project to strengthen the voice of parents and caregivers and improve services and supports for families.



## The people that make this happen.

Helping children, families, and the community to thrive under challenging circumstances.

The Parents and Caregivers for Wellness (PC4W) 2019 State of the Community Annual Report is dedicated to the many parents and caregivers throughout California whose care, nurturing, support and advocacy helps children, families, and the community to thrive under challenging circumstances. You show us how important family is by your care and determination to help your family members live a better life. You inspire us to keep working so that all California children, youth and families have the hope and opportunities to achieve their aspirations. You consistently bend the arc towards hope and healing.

On behalf of the parents and caregivers who face immense challenges in navigating the state's behavioral health system to access quality services for children in their care, United Parents thanks the Mental Health Services Oversight and Accountability Commission (MHSOAC) who provides funding and support for Parents and Caregivers for Wellness. MHSOAC has encouraged and supported dialog to address local needs while also aligning with the statewide effort.

# Acknowledgements

Finally, United Parents is grateful to our partners who are part of the collaborative effort to strengthen the voice of parents and caregivers to improve services and supports for families. Collectively we fill a gap that exists in California.

The six key partners who comprise PC4W are:

- California Alliance of Caregivers (CAC)
- Capital Adoptive Families Alliance (CAFA)
- California Mental Health Advocates for Children and Youth (CMHACY)
- East Bay Children's Law Offices, Inc. (EBCLO)
- Mental Health America, Northern California (NorCal MHA)
- United Parents (UP)—Lead Organization

Please see Appendix A for a description of collaborative partners and listing of key statewide supporters who contributed to PC4W's training/education, outreach and advocacy efforts.

Data Analysis & Reporting by SDSU Social Policy Institute.



## Hopeful and optimistic.

Due in part to parents and caregiver's dedication, tenacity and resilience; to the generous support of the MHSOAC with a focus on innovation and lifting up the voice of persons with lived experience, and to PC4W collaborative partners who work strategically to strengthen families, communities and systems, the state of the community is hopeful and optimistic.

## Table of Contents

Acknowledgements	02
Executive Summary	06
Overview of the Project	08
2019 Highlights and Accomplishments	12
By the Numbers: 2019 in Review	14
Priority Issues identified by Parents and Caregivers	32
Challenges and Lessons Learned	34
Recommendations for Action	36
Appendices	38



# Highlights

Highlight

»

06

Executive Summary

Highlight

»

14

Outcomes

Let the data speak

Highlight

»

32

Parent and Caregivers  
Priority Issues

Highlight

»

36

Working Tools

page

06

**Executive Summary**  
Overview of the report. Highlights what PC4W does, and what parents and caregivers have identified as priority issues.

page

11

**PC4W Strategies**  
What PC4W is doing to maximize impact, including integrated approach, collaboration, capacity building, working tools, and reflection on lessons learned.

page

32

**Return on Investment**  
Challenges and lessons learned. Thoughtful reflection on what the voice of parents and caregivers statewide is saying to the field.

page

37

**Partners & Supporters**  
The partners and people that make this happen. Working together to lift up the voice of parents and caregivers.

Everyone can contribute.

# Executive Summary



## Parents helping parents.

In 2019, Parents and Caregivers for Wellness increased the number of family members involved, expanded our platform for reaching all stakeholders, and have strengthened the family voice in policy making by opening a Sacramento office and hiring a policy analyst to actively represent PC4W to inform and advocate legislative, regulatory and programmatic efforts. Through a collaborative effort, PC4W has begun to fill a significant gap that previously existed in California to provide statewide support to parents/caregivers who have a child with behavioral health needs, family members, and those who support parents/caregivers. Specific activities included:

- Community engagement and outreach
- Training and Education
- Local and statewide advocacy
- Linking families to resources

In 2019 parents and caregivers identified the following priority issues:

- Respite care for parents and caregivers
- Access to quality services and supports
- Whole person, integrated, individualized care

Stakeholder data collection was extensive in 2019 and included 793 surveys, 11 focus groups, and 35 key informant interviews with parents/caregivers and policymakers/

professionals. While the survey data yielded a quantitative statewide snapshot, the focus groups and key informant interviews gave meaning to the numbers and qualitatively provided a deep understanding of parent, provider, and policy maker perspectives.

Since the data indicated regional differences, the analysis looked at the needs of Los Angeles County (largest metropolitan area), urban counties, and rural counties separately. With responses from 44/58 counties this will allow for deeper understanding and use of data to tailor 2020 activities and events according to expressed need.

### Current Landscape

The latest statistics from California Department of Health and Human Services (DHCS) indicate that only 266,915 children, or a mere 4.2% of those eligible, received even one contact from the public mental health system. The responsibility to deliver mental health services to children is shared by the Medi-Cal managed care plans (MCPs) and 58 different County mental health plans (MHPs) with no clear or consistent decision on which system is responsible for which types and intensity of services. The number of youth eligible for publically funded services in California is expected to increase significantly as SB75, which gives full scope Medi-Cal services to all undocumented youth in the state. For youth with other insurance, the outlook for

accessing timely and appropriate mental health services is no better. We remain hopeful and optimistic as recent policy changes have attempted to have services available where the youth and family can easily access them. This Annual Report paints a clear picture of the current landscape, and at the same time reflects the hope and optimism represented by the voice of parents and caregivers.

### Child Concerns, Barriers to Services and Needs

Across all three geographical areas, caregivers are most concerned about their child's behavior, anxiety, and mental health needs (that vary widely by type). A significant portion of mental health needs indicated are thought by the caregiver to be associated with trauma exposure. Also, across all three areas, the number one reason cited for not receiving services was the slow pace of the process. All three geographical areas also indicated that the specific services their child needs are not covered by insurance or lack eligibility.

The data analysis also zoomed in on caregivers who were not receiving services. Regardless of age, race/ethnicity, sex/gender, specific mental health conditions, and community resources, all cited that slow service delivery is among the leading barriers to receiving care. When asked about their top concerns, the top two (2) reasons cited were anxiety about their child and concern about getting the most appropriate service.

When asked, "If you could advocate anything for your child, what would it be?" parents and caregivers overwhelmingly stated they wanted quality services that are specifically tailored to the needs of their child, and include a family component. Notably, some parents/caregivers said they would advocate for a stronger voice in establishing what their child needs (i.e., a mentor, sibling placement, mobile crisis unit). Next they cited system improvements that include greater transparency, system integration, and a faster, more streamlined process.

### Desired Trainings and Present Curriculum

Comparison of existing PC4W curriculum with trainings wanted by parents and caregivers differed by geographical region. In Los Angeles County, PC4W offered mental health and family advocacy training that the parents wanted. There was an expressed desire to see more child safety and ACE's training workshops. In urban and rural areas, the PC4W trainings matched closely to future desired trainings. However, for urban areas, adding classes about navigating through an organizational system would be beneficial. And for rural areas, emphasis on keeping children safe when parents aren't around would be welcomed.

### Next Steps

In light of these identified issues, PC4W will review and align training, and direct engagement and advocacy efforts to facilitate a coordinated system response. Data-informed recommendations are also offered for MHSOAC consideration.

Community means everyone.



# Parents and Caregivers for Wellness 2019 Annual Report

California's parents and caregivers are living in a time that calls for a paradoxical mix of gritty realism, determination, and hope. Recently published on Resilience.org, Erika Spangler-Siegfried spoke to the need for hope.

“However poorly we tend it, however fragile we think it, this hope thing will not—really cannot—quit. We might feel anguish, but despair just won't stick because it's not over...To quote a friend, 'Hope is a discipline for survival.' But I'll call it love. I'm not sure they're different. And therein lies hope's unstoppable power: if you love—anything—you hope.”

Although the author is sharing her perception of the antidote to climate anguish, it is apropos of the parents and caregivers (as well as partners and providers who support them) who feel anguish at

times over the unmet mental health and other needs of their children. Through the small and large victories and the daily setbacks they face, they hold out hope.

This Annual Report describes the 2019 journey of hope traveled by the parents, caregivers, partners, and providers who together are Parents and Caregivers for Wellness.

## Overview of Parents and Caregivers for Wellness

Parents and caregivers often face immense challenges in navigating California's mental health system and accessing quality treatment and supports for kids in their care. To address these challenges of parents and caregivers of children and youth with mental health needs, United Parents and its partners launched Parents and Caregivers for Wellness (PC4W)—a collaborative project to strengthen the voice of parents and caregivers and improve services and supports for families.

## What We Do

PC4W increases awareness of the mental health needs of children/youth and those who care for them through outreach and engagement, as well as increase knowledge of accessing appropriate quality mental health



services for children and youth through training and education, and mobilizing supporters to improve mental health care for children and youth through local and statewide advocacy. Activities include:

## Community Engagement and Outreach

to inform, engage, and empower parents and caregivers of children and youth with mental health needs to effectively influence policies and programs at both the state and local level, encourage access and linkage to community services and supports, and promote wellness and resiliency. Includes fact sheets, blog posts, reports, and other tools to inform parents, caregivers, and the youth they care for about mental health policies, programs and supports. PC4W also develops and promotes communication tools to guide state and local decision makers in expanding budgets to increase their contracted service array and system capacity of mental health services to children and youth with mental health needs.

## Training and Education

activities are developed for parents/caregivers as well as for local and state decision makers, providers, and the general public. The focus is on skills development, and increasing knowledge, awareness, and understanding of the strengths and needs of child/youth with mental health challenges, and the needs and strengths of their parents/caregivers. Includes locally identified topics as well as local advocacy strategies for engaging with elected and appointed officials, leveraging boards and commissions, and collaborating with local influencers specific to each region.

## Local and Statewide Advocacy

collaboratively engages parent/caregiver advocates with policy/ decision-makers in each of the five County Behavioral Health Directors Association of California Regions.

## Connecting families to local resources and services

empowers, strengthens and supports parents/caregivers to be their child's best advocate by linking them to resources and community agencies able to meet the needs of families experiencing difficulty accessing essential services.



# PC4W Strategies

Maximizing impact with five key strategies.

## 1. Integrated Regional and Statewide Approach

utilize a regional model for all local efforts to reach the greatest number of stake-holders and policy makers around the state. Events were located in different counties within the five regions identified by the County Behavioral Health Directors Association of California (CBHDA). Each event incorporates all of the action deliverables: training and education; outreach, engagement, communication, and advocacy.

This approach engages parents and caregivers in all components of the project and facilitates them having direct contact with their local policy makers. The project staff participating in each two-day event includes parent partners/mentors and other subject matter experts with the specific individuals assigned matched to the identified needs and goals for the region (obtained from survey, focus groups, and key informant interviews that are gathered from the region in advance, and operationalized through the monthly project governance committee meetings).

## 2. Working Tools

PC4W provides all training and education, outreach, engagement, communication and advocacy materials to participants in the regional events and posts them as resources on the websites of all project partners. Working tools may be modified for re-use with each partner's own local and/or state level stakeholders and decision makers.

## 3. Collaboration

with the contractors from the other stakeholder groups (particularly TAY, LGBTQ, and Family Members of Consumers) to share resources and forums. An example of additional collaboration events is the annual CMHACY conference during which a diverse group of stakeholders interested in improving access to quality mental health services (including parents and TAY) come together to learn from each other, have direct contact with local and statewide elected and appointed officials, and develop a shared call to action. The collaborative also hosts a second annual statewide event with leaders of additional relevant stakeholder groups and OAC stakeholder awardees to further the call to action identified by parents and caregivers.

## 4. Lessons learned

from the regional and statewide events are shared with decision makers from all child-serving systems: mental health, managed care (commercial and public), education, juvenile justice, child welfare, and others at the state and local level. Sharing also extends to the evolving statewide policies and practices from state and local decision makers to the participants at the regional and statewide events.

## 5. Capacity Building

involves identifying and strengthening formal and informal parent and caregiver organizations throughout the state as well as the development of a unified network of parent/caregiver-run organizations.

## Collaborative Approach

PC4W operates through a "Collaborating Committee" made up of the partner organizations led by United Parents. The collaborative fills a significant gap that previously existed in California by serving as a statewide organization that supports a broad cross-section of parents and caregivers of children and youth with mental health needs. United Parents and its partners bring a rich array of experience advocating, providing outreach and engagement, training, and educating, for and with children, youth, and families involved in the mental health system in every region of the state, and at the statewide level. The collaborative is in place to unite and strengthen all partner organizations, along with additional parent/caregiver-run organizations throughout the state, identified as a direct outcome of this funding. PC4W identifies, surveys and coordinates other formal and informal parent and caregiver organizations throughout the state to further strengthen the voice of parents and caregivers to improve the access, quality and outcomes of care for children and youth served by the mental health system.

United Parents (UP), the lead organization for PC4W, is a grassroots nonprofit agency founded in 1990 on the basic principle of "parents helping parents." Understanding the unique challenges of families raising children with emotional, behavioral or mental disorders, UP identifies and bridges gaps in traditional services by integrating local resources to enhance the long-term outcomes in the home and community. UP advocates for families to be recognized as full partners in the treatment and care of their children, which is key to recovery and resiliency. It also provides resources to empower, strengthen, and support parents who have children with mental health, emotional, and behavioral disorders.

## Goals

Through the Mental Health Services Act (MHSA), California has encouraged the transformation of its mental health system by supporting the need for and development of a partnership between state and local level planning and program implementation. The MHSA was designed to change not only the way people accessed mental health services and participated in

policy planning, but to change public perception and stigma associated with mental illness.

Through PC4W, MHSA funding supports the goals of:

- System transformation
- Engagement and participation of parents/caregivers of children and youth
- Engagement of system partners and decision makers
- Family driven, culturally competent, and collaborative training and education to parents and caregivers, as well as those who provide services and support to them



## Annual State of the Community Report

Highlights accomplishments, outcomes for parents and caregivers, and lessons learned during project implementation.



## Training & Education Events

Eight (8) total of which five (5) took place with one in each of the five County Behavioral Health Directors Association (CBHDA) defined mental health regions. The remaining three (3) events were centered on statewide information, advisory or decision-making groups. The data from these efforts is highlighted on page 14 of this annual report. Note: Each training and education event featured separate sessions provided to (1) parents and caregivers; and (2) policy/decision makers, providers, and/or the general public.



## Outreach & Engagement Events

Eight (8) total, conducted concurrently with training and education event, and likewise five (5) were held with one in each of the five CBHDA defined mental health regions, and the remaining three (3) were focused on statewide information, advisory or decision-making groups, providers, and/or the general public.



## Strategic Communications

Throughout the project designed to improve parent and caregiver outreach and engagement, as well as improve local and statewide mental health policy for parents and caregivers of youth with mental health needs. PC4W developed and promoted fact sheets, blog posts, reports, and other tools to inform parents, caregivers, and the youth they care for about mental health policies, programs and supports. In addition, PC4W developed and promoted communication tools to guide state and local decision makers in expanding budgets to increase their contracted service array and system capacity of mental health services to children and youth with mental health needs.



## 2019 California Mental Health Advocates for Children and Youth (CMHACY) Conference

Parent and Caregiver track was entirely coordinated and hosted by PC4W. Activities included: Hosting a pre-conference designed for parents and caregivers, designing and delivering (3) workshops for parents/caregivers and a professional training, networking event for parents and caregivers, delivering a keynote address advocating for needs of parents throughout the state. The data from these efforts is highlighted on page 15 of this annual report.

# 2019 Highlights and Accomplishments At-A-Glance

Since September 2017, Parents and Caregivers for Wellness has provided a variety of activities to parents and caregivers, as well as to those who provide supports and services to them and their children.



## Advocacy Events

Eight (8) total, held concurrently with training and education, and outreach/engagement events and situated as indicated above.



## Stakeholder Information Access and Data Linkage

Surveys, focus groups, and key informant interviews were conducted to determine regional and local needs. Completed in each region prior to the scheduled events, the information gathered helped to determine the types of education, training, and advocacy needs, channels of communication specific to the county/region, and to identify local decision makers to engage in local advocacy efforts. Focus groups and key informant interviews were also conducted at the state level. The data from these efforts is highlighted on page 15 of this annual report and situated as indicated above.

Taken together, all activities identified in the 2019 scope of work were completed with great skill and heart. All deliverables were on time, and at or below budget. Data was consistently gathered and used to monitor and inform performance.

The following pages provide a detailed breakdown of the year in review by the numbers, with associated satisfaction ratings, transfer of learning indicators, and outcomes where available.



## Monthly Project Governance Meetings

PC4W's project administration convened a monthly meeting with the project managers from each partner organization to: Review survey, focus groups, and key informant interview results, Identify trainers from partner organizations and/or consultants for the needs identified by each region, Plan curricula and agenda, Identify location for regional events, Plan details of statewide advocacy, Discuss important legislative issues, and situated as indicated above.



## Additional Statewide Support Activities

The collaborative also completed county events for parents and caregivers on an as-needed basis during the course of this contract, as agreed to with MHSOAC staff. Those activities included:

- Special Education Rights: what you need to know (San Diego County, 11-16-18, 35 participants)
- Advocacy & Wellness Education for Parents/Caregivers (Santa Cruz County, 2-27-19, 12 participants)
- Advocacy and Self-Care (Shasta County, 4-29-19, 12 participants)
- Advocacy & Wellness Peer Support Training (Stanislaus County, 7-27-19, 16 participants).

Let the data speak.

# The 2019 Year In Review

In this year 2 of a 3-year project, Parents and Caregivers for Wellness (PC4W) built on the successes of year 1 to achieve further success in providing training and education, outreach, engagement, communication, and advocacy at both the state and local levels. The collaborative approach was strengthened, and barriers that were previously identified were addressed.

In the pages that follow, a detailed description of each activity is presented, along with an analysis of self-reported participant experience and input. Participant data is highly valued by the PC4W partners as it drives strategies and actions to improve outcomes for children, youth and families.

NOTE: The following resources are provided in the Appendices:

- Acronym Glossary (Appendix B)
- Statewide and Local Services and Supports for Parents and Caregivers (Appendix C)
- Federal and State Legislative and/or Regulatory Authority (Appendix D)
- State and Federal Funding Sources (Appendix E)

## Data Sources

The data analysis is collected from six sources: (1) The Family Voice Survey, (2) the Key Informant Interviews for Parents and Caregivers, (3) the PC4W Focus Group for Parents and

Community Leaders, (4) the Key Informant Interviews for Policy Makers and Community Leaders, (5) CMHACY Conference Evaluations, and (6) Regional event evaluations.

The analysis from the six data sources informs the breadth and depth of Parents and Caregivers for Wellness (PC4W) work and outreach, identifies the strengths of current activities, and offers recommendations for future steps forward.

Since the needs and wants of parents/caregivers and professionals greatly vary by region – whenever possible – the analysis will look at the needs of Los Angeles County, urban counties, and rural counties separately.

## Data Sources

1. Family Voice Survey
2. KII for Parents and Caregivers
3. KII for Policy and Community Leaders
4. PC4W Focus Group for Parents and Caregivers
5. CMHACY Conference Evaluations
6. Regional Event Evaluation

the different needs between rural and urban locations, three counties were selected for each category. Sacramento, Fresno, and San Diego counties were selected to represent urban counties. Humboldt, Sonoma, and Placer counties were selected to represent rural counties. Since Los Angeles County is a metropolis with unique needs, it was analyzed separately.

- Distributed in schools, clinics, places of worship, and events
- Online and paper formats
- 719 responses
- 44 counties
- Translated into multiple languages
- Analyzed by geography, age, race/ethnicity, mental health needs, sex, gender and trauma history

## Focus Groups and Key Informant Interviews

Focus groups and key informant interviews (KIIs) supplement the information obtained through the Family Voice Survey. There were 5 focus groups for parents and caregivers, taking place in 2 urban counties (Ventura and Sacramento counties), and 3 rural counties (Tehama, Stanislaus, and Solano Counties). No focus groups took place in Los Angeles County.

In addition to focus groups, there were 9 Parent and Caregiver KIIs and 15 Policy Makers and Community Leaders KIIs. The Parent and Caregivers KIIs took place in 2 urban areas, and 5 rural areas; and the Policy Makers and Community Leaders KIIs took place in Los Angeles County, 2 urban areas, and 8 rural areas.

## Statewide & Regional In-Person Training

- 487 parents and caregivers
- 183 individuals who support parents & caregivers and/or children & youth they provide care for

## Outreach

- 23,217 parents and caregivers
- 5,412 parent and caregiver-run organizations and relevant support organizations

## Advocacy Meetings

- 9 with local decision makers in all 5 regions
- 10 statewide decision makers and groups

## Stakeholder Data Collection

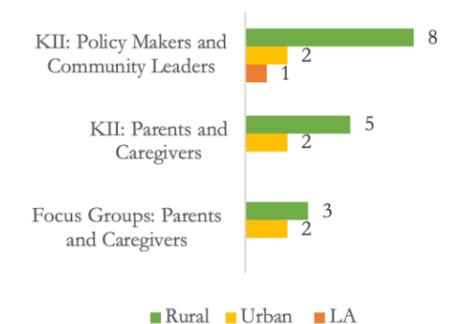
- 719 surveys
- 5 focus groups
- 24 key informant interviews

## Family Voice Survey

The Family Voice Survey (FVS) is the largest parent and caregiver data source. It is an ongoing survey that aims to strengthen the voice of parents and caregivers of children and youth. It is distributed throughout schools, mental health and health clinics, community fairs, and places of worship to provide access to families who would not ordinarily reach out for help. It is distributed in a variety of formats (i.e. web-based, hard copies) and administered verbally in multiple languages to gather the most information possible. The first surveys were administered in August 2018 and are still being collected. For this report, the cut-off date was August 5, 2019, and it analyzed 719 survey responses. Below is a description of the children's population and the challenges they face, needs analysis of different geographical areas, and most pressing issues based on age, race/ethnicity, mental health needs, sex, gender, and trauma history.

The survey covered 44 counties – including urban and rural locations. Since some counties had few respondents, they were not included in the analysis. Instead, to understand

Number of Focus Groups and KIIs



## CMHACY Conference Evaluations

The Parent/Caregiver track of the CMHACY conference was attended by 143 participants. The goal of the conference was to empower parents/caregivers and trainers/professionals to better serve vulnerable youth and children by learning new advocacy, resilience, self-care and anti-bullying tools. A summary of results is included in the Statewide Training Event analysis

## Regional Event Evaluations

The goal of the events was to provide outreach, engagement, and training to local parents and caregivers. A summary of the results by Los Angeles County, urban, and rural regions is provided in the Regional Events Analysis section.

## Parents and Caregivers

Throughout this report, parents and caregivers are used interchangeably.

## Data Analysis by Region

### Los Angeles County

*Child's Age, Race/Ethnicity, Sex, and Relationship to Child*

## FVS Respondent Profile

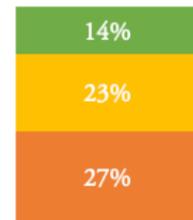
Average Los Angeles Child

- 6-11 years old
- Black/African American
- Male
- Lives with foster parents

There were 62 parents and caregivers that responded to the survey from Los Angeles County. Their children are between 6 to 11 years old (27%), followed by 12 to 15 years old (23%), and 16 to 18 years old (14%). Most of them identify as Black and African American (27%), Latino/Latina (15%), and Hispanic (14%). There were slightly more males than females (51% vs. 49%). If a child is older than 2 years old, most thought of themselves as boy/man (56%) and girl/woman (44%) – no other categories were selected. For children older than 10 years old, the parent stated that their child felt heterosexual/straight (47%) or has not expressed their sexual orientation (30%). When discussing their

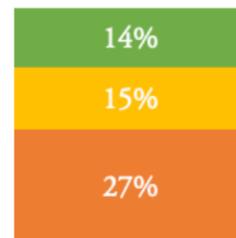
relationship to the child, parents said they were foster parents (28%), biological parents (20%), or grandparents (18%).

### Top 3 Age Groups



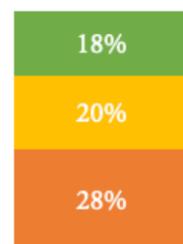
- 6 to 11 years
- 12 to 15 years
- 16 to 18 years

### Top 3 Ethnicities



- Hispanic
- Latino/Latina
- Black/African American

### Top 3 Relationships to Child



- Foster
- Biological
- Grandparents

## Holistic Needs and Barriers of Parents and Caregivers

### Los Angeles County

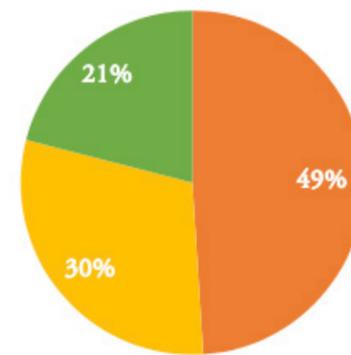
*Receiving Services*

There were 62 respondents from Los Angeles County. Majority of respondents living in Los Angeles County are receiving services (49%), while 21 percent were not aware. Most parents had more than one reason for not receiving services. Out of those that were not receiving help, the leading causes were process was too slow (26%), services not covered by insurance (23%), or child is not eligible for the program/they got too overwhelmed (19%).

## Not Receiving Services: Top 3 Causes

1. Process too slow
2. Services not covered by insurance
3. Child not eligible for the program/caregiver or parents get overwhelmed

### Majority receiving help



- Yes
- No
- Don't know

### Concerns

Caregivers stated that their top 3 concerns are mental health (18%), anxiety (16%), and special education (15%). Since anxiety falls under the mental health umbrella, future surveys may want to remove the mental health category and add specific mental health disorders. Identifying specific care for specific disorders could inform the work of PC4W.

### Top 3 Concerns

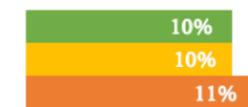


- Special Education
- Anxiety
- Mental Health

### Officials that need training

Parents in Los Angeles County felt that social workers/therapists (11%) needed the most training, followed by County Department personnel (10%) and teachers (10%). About 55 percent of all respondents mentioned these officials in their top 3 in the need of training. PC4W may want to evaluate whether these particular personnel groups are getting sufficient training in the special education, anxiety, and mental health issues.

### Top 3 Officials that Need Training



- Teachers
- County Dept personnel
- Social worker/therapist

### Trauma

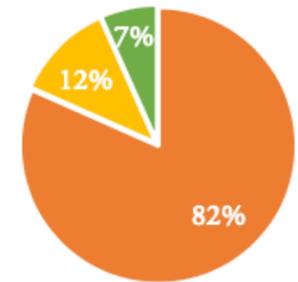
Most parents and caregivers who live in Los Angeles County stated that their children have experienced trauma (82%). That said, seven percent of parents were not aware if their child(ren) experienced trauma. Future discussion of trauma may better inform the parents whether their child underwent

## Top 3 Causes of Trauma

1. Family Stress
2. Domestic Violence
3. Physical Abuse

a traumatic experience. For those that have experienced trauma, most of it was due to family stress (17%), domestic violence (12%), and physical abuse (9%). Between 40 and 73 percent of the top 3 traumas were present in all cases of trauma.

### How many have experienced trauma?

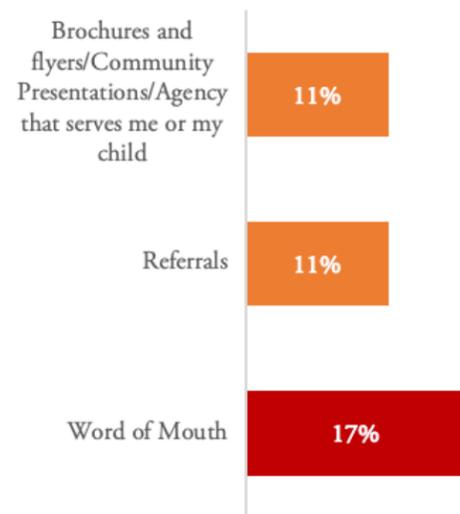


■ Yes ■ No ■ I don't know

### Community Resources and Sources of Support

When asked how they found out about community resources and supports, most parents answered word of mouth (17%). The other leading choices were evenly split between referrals (11%), brochures or flyers (11%), agency that services me or my child (11%), and community presentations (11%). The top 3 reasons were present in 35 to 57 percent of all respondents' answers.

### Top 3 ways of learning about resources and support



Even though majority of Los Angeles County parents count themselves as foster parents, only 5 percent of respondents stated that they get information from foster care or adoption agencies. PC4W may want to target foster care agencies to increase the awareness of community resources. Other areas of improvement include identifying who makes the referrals, given that they are one of the leading ways of learning about community resources and support.

### Urban Area

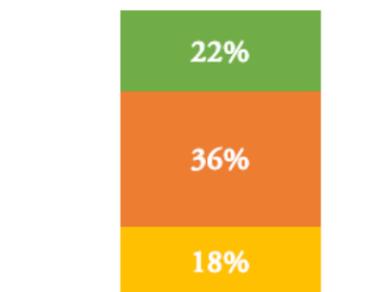
*Child's Age, Race/Ethnicity, Sex, and Relationship to Child*

### FVS Respondent Profile Average Urban County Child

- 6-11 years old
- White/Caucasian
- Female
- Lives with adoptive parents

Urban area is represented by Sacramento, Fresno, and San Diego counties with 201 respondents. Most respondents stated that their children are between 6-11 years old (36%), followed by 12-15 years old (22%), and birth to 3 years old (18%). They identify primarily as White/Caucasian (32%), Black/African American (17%), and Hispanic/Latino/Latina (15%). There are slightly more females than males (52% vs. 47%), and about 1 percent count themselves as intersex. For children over 2 years old, most identified as girl/woman (47%) and boy/man (46%). If the child was 10 years old or older, most identified as straight/heterosexual (49%), followed by parents stating that the child has not expressed

### Top 3 Age Groups



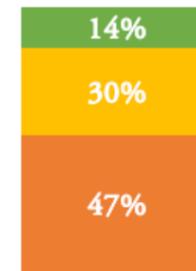
■ 12-15 years old ■ 6-11 years old  
■ Birth to 3 years old

### Top 3 Ethnicities



■ Hispanic/Latino/Latina  
■ Black/African American  
■ White/Caucasian

### Top 3 Relationships to Child



■ Adoptive ■ Foster ■ Biological

sexual orientation (22%), and bisexual/pansexual (11%). Most caregivers identified themselves as adoptive parents (47%), foster parents (30%), and biological parents (14%).

### Holistic Needs and Barriers of Parents and Caregivers

#### Urban Area

*Receiving Services*

Most parents living in urban areas were receiving services (55%), while 9 percent were not aware that they were receiving services. As with the Los Angeles County counterparts, future steps in improving service delivery should include identifying why certain parents don't know if they receive

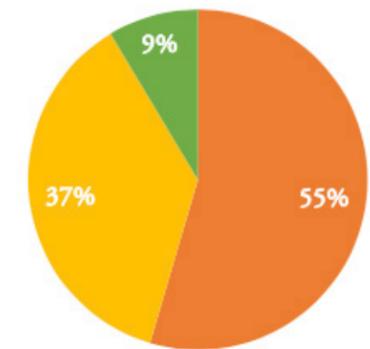
services. Most parents cited various reasons for not receiving help. Those that did not receive help, most cited slow process to receive services (21%), services not covered by insurance or can't afford services (16%), and not enough time in the day to access services/supports (15%).

### Not Receiving Services: Top 3 Causes

1. Process too slow
2. Services not covered by insurance
3. Not enough time in the day to access services/supports

During the focus groups and KIIs of Parents and Caregivers, the top services received were Family Therapy/Child Therapy, attending parent groups, and County services. When asked what services they are not receiving, parents/caregivers most frequently cited respite, high quality of mental health services, and organized family support groups and community activities for families.

### Majority receiving help



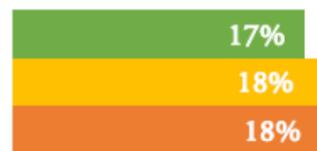
■ Yes ■ No ■ Don't know

#### Concerns

For the parents and caregivers living in Urban areas, the leading concerns for children in their care are mental health (18%), anxiety (18%), and challenging behaviors (17%). As with their Los Angeles counterparts, since anxiety falls under the mental health umbrella, future surveys may want to remove the mental health category and add specific mental health disorders. Identifying specific care for specific disorders could inform the work of PC4W.

When discussing specific concerns in focus groups and KIIs, the most frequently cited topics were lack of organized family support groups, child care for families during training sessions and while receiving respite, behavioral health and problems with child(ren), and worry about self-harm. Other areas of concern included lack of alignment between the county continuum of care and the child/family identified needs, lack of trauma informed, resiliency, and de-escalation training among education staff, and high turnover of provider staff.

### Top 3 Concerns



- Challenging Behaviors
- Anxiety
- Mental Health

### Officials that need training

Parents and caregivers in urban areas felt that teachers (12%), social worker/therapist (10%), and Other School Staff (8%) are the ones that needed additional training the most. Since parents and caregivers could select more than one answer, the top 3 officials were selected in 50 to 72 percent of respondents. PC4W may want to consider whether these specific officials are getting sufficient training on the self-care needs, mental health help, and caregiver support.

### Top 3 Officials that Need Training



- Other School Staff
- Social Workers/Therapists
- Teachers

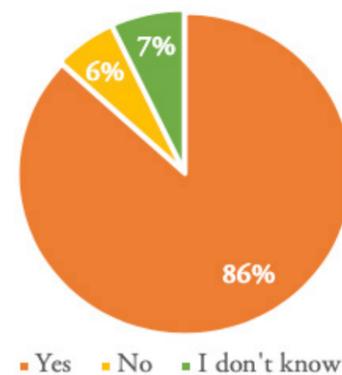
## Trauma

### Top 3 Causes of Trauma

1. Family Stress/Neglect/Abandonment
2. Domestic Violence
3. Emotional Abuse

Among urban responders, 86 percent have children that have experienced trauma. Also, about seven percent were not aware whether their kids have undergone trauma. In future parent training and classes, PC4W may want to address how trauma may present itself. For those that have experienced trauma, the leading causes were family stress/neglect/abandonment (13%), and domestic violence (13%), and emotional abuse (9%). All top three causes were present in 46 to 68 percent of all cases.

### Majority have experienced trauma

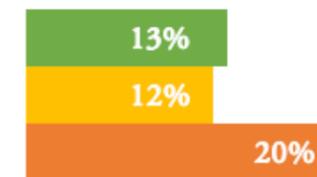


### Community Resources and Sources of Support

Majority of urban parents found out about the community resources or supports through word of mouth (20%), referrals (13%), and social networking sites (12%). Between 41 and 72 percent of all cases had these 3 sources as their main resource. Even though a majority (76%) are either adoptive or foster parents, only 10 percent of responses learned about the resources from the foster care or adoption agency. Further, it is unclear who the referrals are from in the survey. In the future, PC4W may want to identify who the referrals are coming from, and increase outreach to foster care and adoption agencies to distribute resources. Other areas of improvement include figuring out how to strengthen the distribution of resources among parent program websites

(8%), community presentations (6%) and partner/family advocates (5%).

### Top 3 of Learning About Resources and Support



- Referrals
- Social Networking Sites
- Word of Mouth

During focus groups and KIIs, parents and caregivers said that they mostly turn for support to family friends, their faith community, and family partner organizations. Other less frequently mentioned sources include parent support groups, and online resources.

### Rural Area

*Child's Age, Race/Ethnicity, Sex, and Relationship to Child*

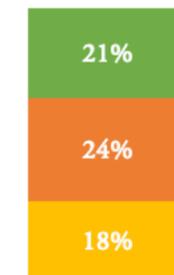
### FVS Respondent Profile Average Rural County Child

- 6-11 years old
- White/Caucasian
- Female
- Lives with adoptive parents

Rural area is represented by Humboldt, Placer, and Sonoma counties with 106 respondents. Majority of responses stated that their children were 6-11 years old (24%), followed by 12-15 years old (21%), and birth to 3 years (18%). The children are mostly White/Caucasian (48%), Hispanic (16%), and Latino/Latina (14%). The parents stated that their child(ren) are mainly female (51%) – with 4 percent identifying as intersex. If the child was over 2 years old, they identified as mostly girl/woman (52%) and male (43%). Two percent

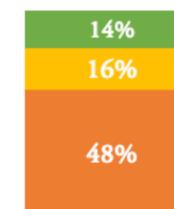
identified as transgender or another gender. For children over 10 years old, most saw themselves as heterosexual/straight (46%), or have not yet expressed a sexual orientation (25%). Most caregivers in rural areas identified themselves as foster parents (40%), biological parents (26%), and adoptive parents (23%).

### Top 3 Age Groups



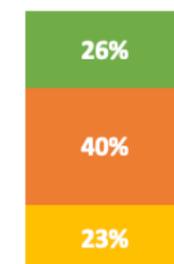
- 12 to 15 years
- 6 to 11 years
- Birth to 3 years

### Top 3 Ethnicities



- Latino/Latina
- Hispanic
- White/Caucasian

### Top 3 Relationships to Child



- Adoptive
- Foster
- Biological

# Holistic Needs and Barriers of Parents and Caregivers

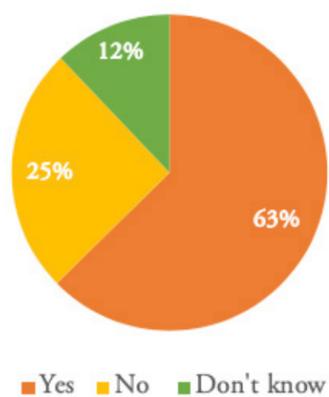
## Rural Area Receiving Services

**Not Receiving Services: Top 3 Causes**

1. Process too slow
2. Didn't know what is available to them or how to find resources
3. Services not covered by insurance or couldn't afford services

Almost two thirds (63%) of parents living in rural areas said they obtained services. But 12 percent of parents did not know if they received services. Just like with other areas, PC4W may want to clarify service delivery to parents. For the parents that did not receive services, most said it was because the process was too slow to receive services (20%), they didn't know what is available to them or how to find resources (17%) and services were not covered by insurance or couldn't afford services (14%). At least 30 percent of all cases chose all three major reasons for lack of services. Similar to the Urban area counterparts, the top services received were Family Therapy/Child Therapy, attending parent groups, and County services. When asked what services they are not receiving, parents/caregivers most frequently cited lack of respite, scarcity of high quality of mental health services, and organized family support groups and community activities for families.

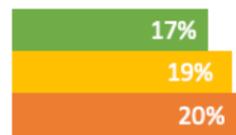
Majority receiving help



## Concerns

For parents in rural areas, the leading concerns are their children's anxiety (20%), mental health (19%), and challenging behaviors (17%). Since parents could select as many options as possible, the 3 major concerns show up in 51 to 75 percent of all cases. Similar to previous geographical areas, it is recommended to eliminate the mental health category, and instead create specific mental health concerns.

Top 3 Concerns



- Challenging Behaviors
- Mental Health
- Anxiety

During focus groups and KIIs, the most frequently cited topics were lack of organized family support groups, child care for families during training sessions and while receiving respite, and behavioral health and problems with child(ren). As with the urban area parents/caregivers, areas of concern included lack of alignment between the county continuum of care and the child/family identified needs, lack of trauma informed, resiliency, and de-escalation training among education staff, and high turnover of provider staff.

## Officials that need training

Parents answered that the officials that need to be trained the most about their and their child(ren)'s needs are teachers (12%), Other School Staff (9%), and social worker/therapist (9%). Since parents could select more than one option, the top three choices were present in 54 to 71 percent of all respondents' answers.

Top 3 Officials that Need Training



- Social Worker/Therapist
- Other School Staff
- Teachers

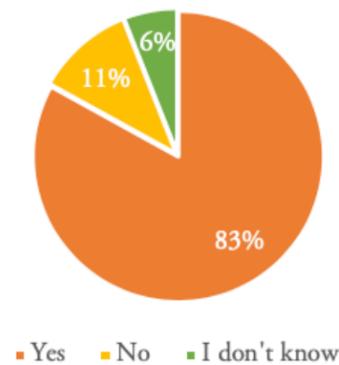
## Trauma

**Top 3 Causes of Trauma**

1. Family Stress/Neglect/Abandonment
2. Domestic Violence
3. Emotional Abuse

Majority (83%) of parents stated that their child(ren) have experienced trauma. Yet, as with previous locations, there were still parents/caregivers (6%) that did not know whether their child(ren) experienced trauma. Future parent trainings in rural areas may address the concept of trauma and how to identify it in children. For those that experienced trauma the major causes were family stress (16%), neglect/abandonment (13%), and domestic violence (10%). Those three causes were present in at least 40 percent of all cases.

Majority have experienced trauma



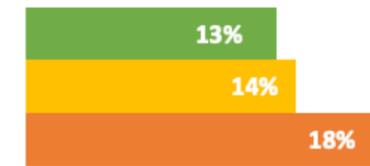
## Community Resources and Sources of Support

Among rural parents, the top three ways of identifying community resources are word of mouth (18%), referrals (14%), and foster care or adoption agency (13%). Between 42 and 61 percent of all cases had the three leading sources for resources. Unlike other regions, rural areas had foster and adoptive parents receive their resources at foster care or adoption agencies as one of their main resources. Areas of improvement for resource distribution for rural areas was split evenly between community presentations (7%), parent partner/family advocates (7%), and therapist (7%).

When attending KIIs and focus groups, parents and caregivers said that they mostly turn for support to family friends, their faith community, and family partner organizations. Other

less frequently mentioned include parent support groups and online resources.

Top 3 of Learning About Resources and Support



- Foster Care
- Referrals
- Word of Mouth

## Barriers to Services

The following analysis aims to identify any barrier to services trends between age, race/ethnicity, specific mental health condition, resources, community resources/access, sex/gender, trauma history, and training/classes needed. Where no trends are identified, the data discussion is not included.

## Age

The children's age groups that do not receive services fall mainly in the 6-11 years old (31%) and 12-15 years old (21%) category. For every age category except 25 and older years old, the top 3 barriers were 'slow process to receive services' and 'the services and supports I need are not available in my community.' Since a household could have more than one child residing in the house, between 30 and 45 percent of all respondents stated that they have 6-11 year olds and 12-15 year olds living with them.

**Top 2 Barriers in Every Age Group**

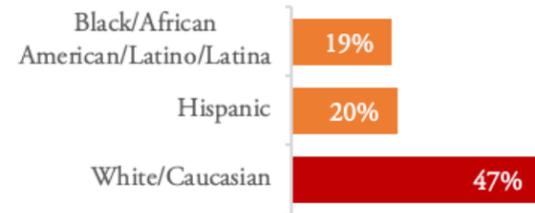
1. Slow process to receive services
2. The services and supports needed are not available in the community

## Race/Ethnicity

Almost half of White/Caucasian children (47%) of surveyed

respondents stated that they did not receive help. They were followed by Hispanic (20%), Black/African American (19%), and Latino/Latina (19%) children. For all the ethnicities, 'slow process to receive services' was in the top three leading reasons for not receiving help. 'Services not covered by insurance or can't afford services' was in the top 3 reasons not receiving services in all ethnicities but Hispanic respondents.

### Top 3 Race/Ethnicities Not Receiving Services



### Top 3 concerns for those not receiving help

For those that did not receive help, anxiety was in the top 3 leading concerns among all ethnicities. Mental health was in the top 3 causes in everyone but the Hispanic children. And challenging behaviors were present in the top 3 for everyone but Latino/Latina children.

### Top 3 Concerns

1. Anxiety
2. Mental health (all but Hispanics)
3. Challenging behaviors (except Latino/Latina)

Parents of White/Caucasian and Hispanic children wanted caregiver training the most, while majority of parents of Black/African American and Latino/Latina children wanted mental health services advocacy trainings. Advocating for system change was in the top 3 most wanted trainings for everyone except the parents of White/Caucasian children.

### Specific Mental Health Condition

Both anxiety and mental health services had identical top 3 categories as main barriers to service: Services not covered by insurance or can't afford services, I get too overwhelmed, and slow process to receive services.

### Top 3 Anxiety and Mental Health Concerns



### Community Resources/Access

For those not receiving help, the leading 3 hurdles are slow process to receive services (18%), services not covered by insurance (16%), and not enough time to access the services (13%). Between 30 and 43 percent of all respondents cited all 3 hurdles. In the future trainings, PC4W may encourage various organizations working with clients to better inform of the available services.

### Top 3 Hurdles

1. Slow process to receive
2. Services not covered by insurance
3. Not enough time in the day to access services/supports

### Sex/Gender

Regardless of sex and gender identification, those that were not receiving help mentioned the slow process to receive services and services not covered by insurance in their top 3 reasons. All sexes mentioned that there was not enough time in the day to receive the services.

### Trauma History

Out of 166 responses who have children that suffered trauma and have not received services, the leading gaps for service delivery are slow process to receive services (19%), services not covered by insurance or can't afford services (16%), and not enough time in the day to access services/supports/the services and supports are not available in my community (12%). The 3 service gaps were present in 33 to 51 percent of all respondents.

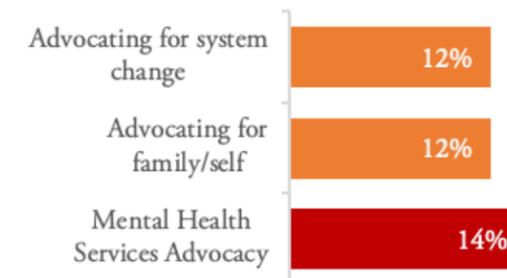
### Top 3 Gaps in Service for Traumatized Children



### Trainings/Classes Needed

For the 217 respondents that did not receive services, most wanted Mental Health Services Advocacy trainings (14%), followed by advocating for family/self (12%), and advocating for system change (12%). These top three trainings were present in 49 to 59 percent of all respondents.

### Top 3 Race/Ethnicities Not Receiving Services



### Local officials understanding of community needs

Description of Policy Makers and Community Leaders

### Demographic description from KIIs

Interviewed policy makers came from 15 counties – mostly rural. The urban policy and community leaders included professionals from San Diego, Sacramento and Los Angeles County.

### Perception of the main challenges

There were many parallels between what parents and caregivers and leaders and policymakers identified as

leading issues. When discussing top concerns, policymakers and community leaders identified the need for respite, lack of community supports and peer supports for family members, lack of provider capacity and network to cover large geographic areas, and family members needing more information about mental health issues (i.e. not knowing symptoms, what is available in the community or how to access services).

There were also some additional unmet needs that community leaders and policy makers identified. They highlighted lack of specialized services for marginalized, vulnerable adolescent populations e.g., LGBTQ, co-occurring, and sexual orientation/gender identity issues), and the lack of parity between private and public systems.

- Lack of respite
- Lack of community support
- Inadequate provider capacity to cover large areas
- More information for parents and caregivers about mental health issues and resources access

### Perception of unmet needs

As with main challenges, policy makers/community leaders also brought up similar points to parents. Specifically, they identified crisis teams and hospitalization needs, affordable child care, and housing and transportation. They also mentioned access to substance use disorder, prevention and recovery services and supports, system navigators, and expanding community based non-office (natural setting) services.

Some additional unmet needs discussed were non-clinical social determinants of health needs, and disparities and inequities for vulnerable populations.

- Crisis teams
- Affordable child care
- Housing and transportation
- Access to substance abuse services
- System navigators
- Expanding community

## Policy suggestions to address concerns and unmet needs

When discussing practical steps to address main concerns and unmet needs, the policy makers/community leaders suggested simplifying administrative billing system, expanding the WRAP services available to non-child welfare youth and children, and expanding the flexible funding.

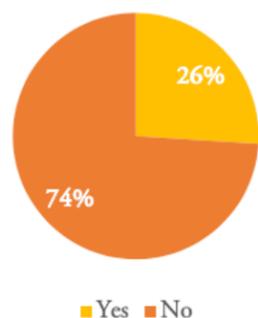
They also suggested clarifying and defining the mild to moderate/severe service categories to eliminate the fail first protocol, and clearing up the definition of 'medical necessity' in the EPSDT services. Other suggestions included increasing the alignment between DHCS and DSS, and amplifying the cross system training and education to reduce siloed approaches.

## Description of Policy Makers and Community Leaders

### Parents/caregivers perception of the policy makers

Most parents (74%) were not aware who were the local decision makers that decided on services and support the family receives.

Majority don't know their local decision maker



### Parents/caregivers perception of trainings

Regardless of whether the parents lived in Los Angeles County, rural or urban areas, all cited teachers and social workers in their top 3 officials in need of training. Those that live in Los Angeles County and urban areas also mentioned the County department in their top 3 officials. While those in rural areas cited other school staff. Further follow up about those specific groups may clarify why parents believe they need training.

Parents and caregivers cited numerous topics they believe policy makers need to be trained in. The most often cited was issues related to trauma-informed care, stating they felt many policy makers were not aware of the specific needs of children who have been trauma-exposed. They also want local agencies and policy makers to be better trained in what it takes to parent/care for a child with mental health needs. In other words, parents want local agencies to better understand what the child, and they as caregivers, actually need in order to get through day to day challenges.

### Discussion of the gap between parents/caregivers perception and policy makers' perception of problems, trainings, and solutions

During KIIs, parents/caregivers were asked what they would hypothetically say to their policy maker/community leader. The leading statements included expanding funding for relative caregivers, especially grandparents and those on fixed incomes, increasing housing assistance for families, and improving the school staff training dealing with child(ren) that have mental health needs.

- Similar understanding of problems between community leaders and policymakers, and parents/caregivers
- Largest difference is training for school staff and social workers

Overall, parents/caregivers and community leaders/policymakers have similar understanding of the major challenges and needs of their child(ren). The largest disparity is the desire of parents/caregivers to have more training for education staff and social workers. Whereas the policymakers/community leaders did not bring up this issue.

When asked, "If you could advocate for anything for you/your child, what would it be?" parents and caregivers overwhelmingly stated they wanted quality services that are specifically tailored to the needs of their child, and include a family component. Notably, some parents/caregivers said they would advocate for a stronger voice in establishing what their child needs (i.e., a mentor, sibling placement, mobile crisis unit). Next they cited system improvements that include greater transparency, system integration, and a faster, more streamlined process.

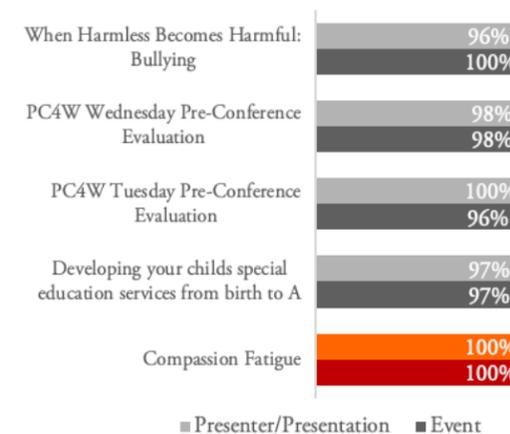
## Statewide Training Event Analysis

The CMHACY Conference was held in Pacific Grove, CA on May 15- 17 2019. The conference is meant for parents/caregivers and trainers/professionals who want to learn about, advocate for, and promote policies, programs and practices to improve the well-being of vulnerable youth, children, and families. PC4W hosted the parents/caregivers track events – they were attended by 143 parents and caregivers, and training professionals.

### CMHACY Conference Parent and Caregiver Events Feedback

A total of 148 evaluations were received from parents and caregivers for the 5 PC4W-hosted events. Nearly all responses (98%) indicated that they gained tools to support the child(ren) in their care that have mental health needs. Also almost all responses gave positive reviews to the presenter and presentation, and overall satisfaction with the event. While all of the events received positive feedback, the Compassion Fatigue event received the most highly rated feedback with 100 percent either very satisfied or satisfied with the presenter/presentation and the event.

CMHACY Evaluation: Very Satisfied and Satisfied Ratings



The top three ways of learning about the events were 'Other' (52%), 'word of mouth,' (14%), and 'parent partner' (11%). For those that chose 'Other,' most were another agency (15), PC4W (12), and family advocate organizations (11).

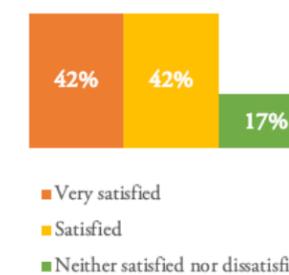
*"Great use of translator, good use of concepts and tools, felt in a safe place to express feelings and to ask for support" – CHMACY conference parent/caregiver*

## CMHACY Conference Professionals Event Feedback

There were 17 attendees to the 'When Harmless Becomes Harmful: What professionals need to know about bullies and bullying' presentation. And there were 12 evaluations received. About 84 percent of evaluations were either very satisfied or satisfied with the presenter/presentation, and 100 percent thought that the information provided will be useful in their work.

Majority of the responses (39%) indicated that they learned about the event through a flyer, followed by 'Other' (41%). For those that said 'Other,' most stated PC4W partner (3) or partner on grant (2).

Most were very satisfied with the Professional event



## Leadership Forum Event Feedback

On November 5, 2019, 20 policy decision-makers and providers and 10 parents attended the PC4W Leadership Forum – Policy/Decision Maker/Provider Training. Twenty-two (22) evaluations were collected from the professionals attending 'Barriers Families Face When Attempting to Access Mental Health Services.' Almost all evaluations (95%) either strongly agreed or agreed that the presentation was useful to their work. And most (91%) were either satisfied or very satisfied with the event.

The main way the leadership attendees learned about the event was through email (46%) followed by other (41%), and friend (14%). Those that selected 'other,' most said it was PC4W (4) and their partner (2).

## Regional Events Analysis

PC4W also hosted Regional Events, that took place between September 2018 and July 2019, in five counties – Fresno,

Humboldt, Kern, Sonoma and Los Angeles. A total of 319 parents and caregivers, as well as professionals and providers attended the regional events. The goal of the events was to provide outreach, engagement, and training to local parents and caregivers. To identify any trends by region, Los Angeles county is analyzed separately, Fresno is representing urban areas, while Humboldt, Kern and Sonoma are considered rural regions.

This section will also discuss future trainings that parents and caregivers want, and compare those with the current curriculum offered by PC4W.

counties had the strongest feedback with 100 percent of respondents both very satisfied/satisfied with the event and the presenter.

### Los Angeles County

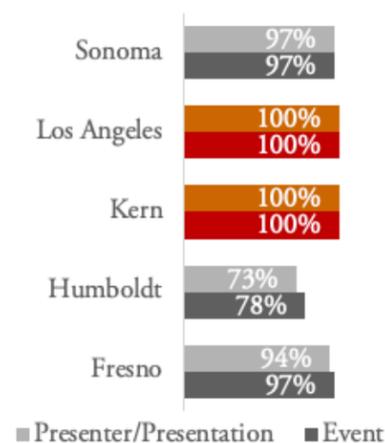
The Advocacy Compassion training was attended by 23 people and received 16 evaluations. All of the respondents said they were either very satisfied or satisfied with the event, and overall presenter/presentation. Majority (94%) believed that they gained tools to support their children. The three top ways of finding out about the training were parent partner (38%), other (25%), and social media (19%). Those that answered 'other,' were mostly from other organizations (3).

Area	Parents/Caregivers Events	Professionals/Provider Events
• Rural	• Supporting Parents	• Supporting Mental Health Professionals
• Rural	• Empowering Parents	• Empowering Providers
• Rural	• Advocacy & Wellness	• Navigating the MH Rights of Children
• Los Angeles	• Advocacy & Compassion	• Empowering Professionals
• Urban	• Advocacy & Wellness Education for Parents and Caregivers	• Supporting Mental Health Professionals

### PC4W Parent and Caregiver Training Feedback

A total of 118 evaluations were collected from 5 counties. Almost all (90%) of respondents said they gained tools to support the child(ren) in their care. Majority of respondents (92%) were either very satisfied or satisfied with the presenter/presentation. And 94 percent were either very satisfied or satisfied with the events. Although all counties received positive feedback, the events in Kern and Los Angeles

PC4W Parent and Caregiver Very Satisfied and Satisfied Ratings



### Parent and Caregiver Trainings Wanted

The Los Angeles county had 10 responses for additional trainings wanted question. The top three trainings wanted were understanding and managing emotional behavior trainings (3), infants exposed to alcohol/drugs training (2), and adverse childhood experiences (ACE's) (2).

The Family Voice Survey also provided additional insight into desired trainings. When discussing the type of training wanted, the leading topics were advocating for family and self (12%), mental health services advocacy (12%), and how to keep their child safe when they are not around (12%). Since parents could choose more than one training, about 50 percent of all respondents included the top three trainings.

Comparing the available trainings with desired trainings, PC4W already offers mental health and family advocacy trainings. Additional emphasis on child safety training, ACE's and infants exposed to alcohol/drugs training could be beneficial to future trainings.

Top 3 Trainings for Parents



### Urban Area

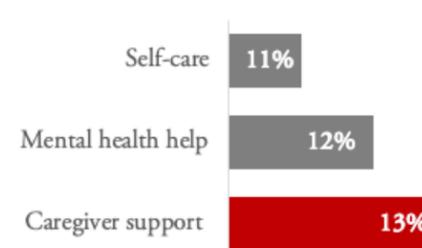
The Advocacy Wellness Education event received 34 evaluations. Most respondents (94%) stated that they were either very satisfied or satisfied by the presenter and presentation. And 97 percent were very satisfied or satisfied with the overall event. Majority (91%) believed that the event gave them tools to better support their children. The leading way to find out about the event was 'Other' (32%), followed by word of mouth (29%), and email (24%). For answers 'Other,' most were Transitions Children's Services (4), and various organizations (4).

### Parent and Caregiver Trainings Wanted

The urban areas had 22 responses. The leading 3 trainings were mental health (3), navigating through organizational systems (2), emotional behavior training (2), and learning to de-escalate conflict (2).

The Family Voice Survey gave further insight into future trainings. The most wanted trainings for parents were caregiver support (13%), followed by mental health help (12%), and self-care (11%). Since parents could choose more than one training, between 48 and 53 percent of all respondents included the top three trainings.

Top 3 Trainings for Parents



The current curriculum offered in the urban area matches closely to the desired future trainings. However, adding classes about navigating through organizational systems would benefit the urban area parents and caregivers.

### Rural Area

There were 64 evaluations collected from 3 events. The respondents were mostly (89%) either very satisfied or satisfied with the presenter/presentation. And majority felt very satisfied or satisfied (91%) with the overall event. Close to 89 percent gained tools to support their child(ren). Most found out about the event from 'other' (39%), followed by social media (27%), and email (11%). When respondents marked 'Other,' they most frequently referred to other organizations (9), and Alternative Family Services (4), Sonoma County Family Youth and Children's Division (4), and other non-family or work individuals (4).

*"It was so helpful and informative. I am walking away feeling better and with a great outlook on my daughter's future. Thank you very much, I appreciate it. — Rural Area parent"*

There were 55 responses from parents/caregivers discussing additional trainings. The most cited trainings fell into navigating through organizational systems (9), how to help child(ren) with their mental health needs (5), and self-care training (5).

Top 3 Trainings for Parents



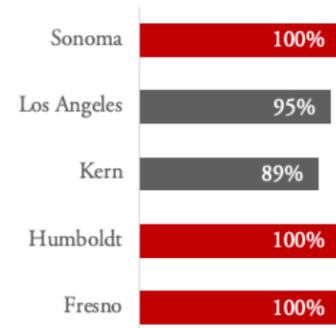
Family Voice Survey added more insight into future trainings. Parents and caregivers want to mostly learn how to advocate for family/self (13%), how to keep their child(ren) safe when they are not with them (11%), and about mental health services advocacy/ self-care (11%). These three trainings were

between 43 and 57 percent of all respondents' answers. The current curriculum offered matches closely to the trainings wanted. Additional emphasis on keeping children safe when the parent is not present could be beneficial to the future trainings.

### Professionals and Providers Training Feedback

There were 81 evaluations from 5 events. Overall there was very positive feedback for the events. Most evaluations (90%) were either very satisfied or satisfied with the presenter/presentation, and 85 percent were either very satisfied or satisfied with the event. And 91 percent either strongly agreed or agreed that the trainings were useful to their work. To identify any trends by region, Los Angeles county is analyzed separately, Fresno is representing urban areas, while

PC4W Professional and Provider Very Satisfied and Satisfied With the Events



Humboldt, Kern and Sonoma are considered rural areas.

#### Area/Professionals/Provider Events

- Rural/Navigating the Mental Health Rights of Children
- Rural/Supporting Mental Health Professionals
- Rural/Empowering Providers
- Los Angeles/Empowering Professionals
- Urban/Advocacy & Wellness Education for Providers

When asked about additional trainings wanted, there were too few responses to analyze by geographical areas. In general, the professionals/providers wanted more information on self-care (4), legal resources and legal advocacy for foster and adoptive parents, and 504 information (4), and general resources for parents and caregivers of children and teenagers

(4). Other topics of interest included navigation of adoption system (3), and help diagnosing special needs child(ren) (3). And while PC4W already offers curriculum on self-care and general resources, it may consider including the other topics in their future trainings.

### Los Angeles County

The event held in Los Angeles county in July 2019 received 21 responses, most (95%) reported being either very satisfied or somewhat satisfied with the presenter and presentation. Similarly, 95 percent of respondents said that they strongly agree the training is useful to their work. Majority also stated that they found out about the event through an email (28%), followed by (other), and a friend (16%). Those that chose 'other', most found out through their colleague and supervisor (3).

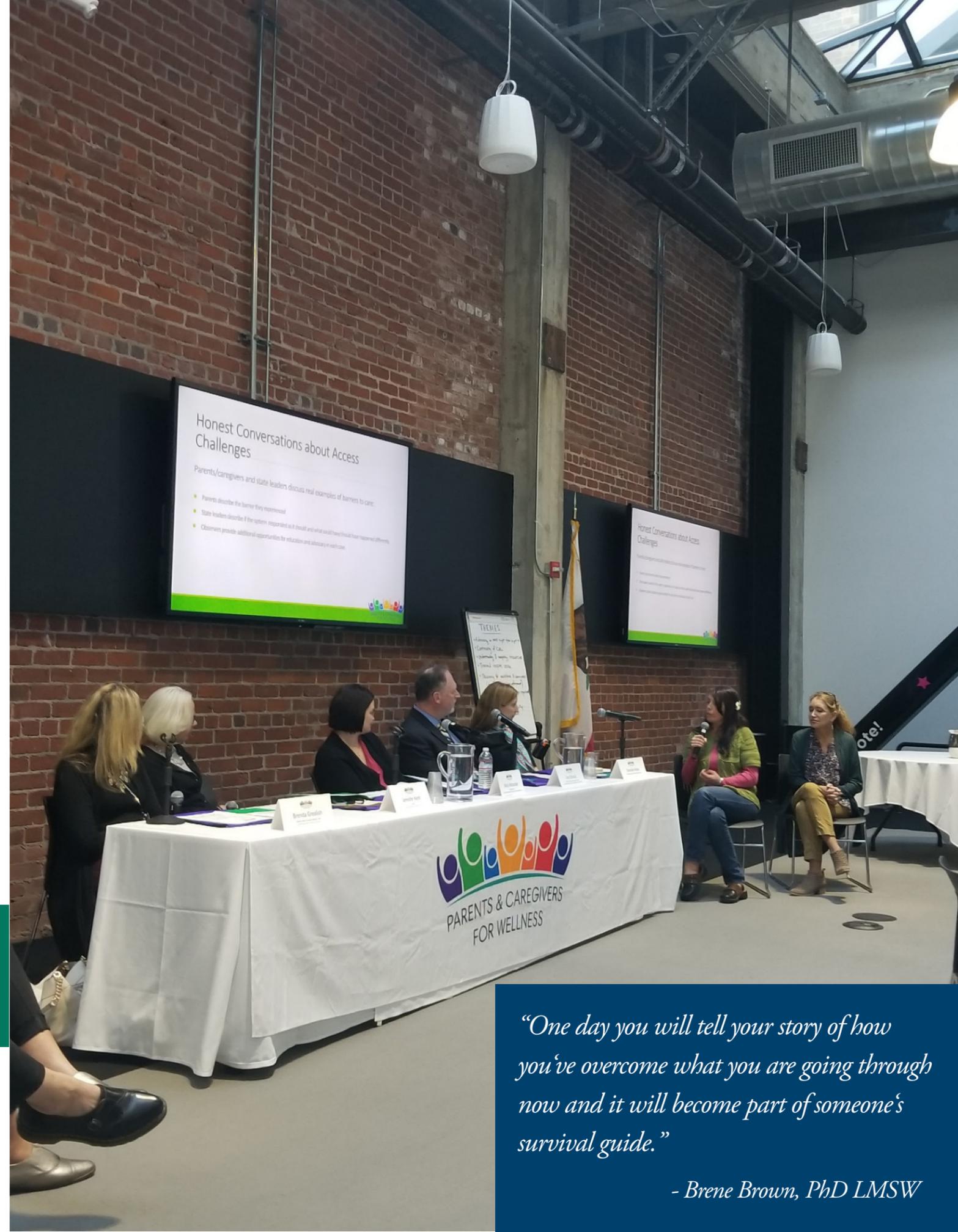
### Urban Area

The April event had only 30 responses for the urban region represented by Fresno. All the evaluations said that they were very satisfied by the overall presentation and presenter, and strongly agreed that the information will be useful to their work. Those that submitted the evaluations mainly found out about the event through an email (4).

### Rural Area

There were three events between October 2018 and January 2019. Most respondents were either very satisfied or somewhat satisfied with the presenter and presentation. And 92 percent either strongly agreed or agreed that the trainings will be useful to their work. Majority found out about the training through 'other', followed by an agency website (25%), and flyer (13%). Those that marked 'other', most found out through Kern Behavioral Health and Recovery Services (11), followed by colleague and supervisor (5), and Kern County Network for Children (3).

*“Thank you for this opportunity. This training is valuable in my professional field and being a mom. I can't wait to share the knowledge I gained with colleagues and friends.” - Rural Area Provider*



*“One day you will tell your story of how you've overcome what you are going through now and it will become part of someone's survival guide.”*

*- Brene Brown, PhD LMSW*

Listening builds empathy.

# Priority Issues

## Identified by Parents and Caregivers

Parents and caregivers are the holders of family and community wisdom, born of their daily experience in nurturing and supporting the children and youth in their care. No one person or system knows better than they do what is needed to support them so that the children in their care can achieve their full potential for health and wellness. In 2019, parents and caregivers identified the following priority issues:

- Respite care for parents and caregivers
- Access to quality services and supports
- Whole person, integrated, individualized care

### Respite Care for Parents and Caregivers

Respite is the most frequently requested service from surveys and is mentioned by parents at all events. Often when asked, “What do you as a parent or caregiver need in order to better support the child(ren) in your care?” a frequent response is, “Respite Care!” Parents and caregivers are so determined to be heard on this issue that they refer to the need for respite even when not being asked directly what they need.

*“They tell you to put on your own oxygen mask first so you can better help your child. I need respite in order to do that!”*

Especially in urban areas, the need for respite comes through again in data analysis when parents and caregivers cite ‘not enough time to receive services’ as leading barrier for care. Respite care falls under the category of “concrete

support in times of need”, an evidence-based protective factor that strengthens families, fosters health and wellness and helps mitigate negative outcomes, including placement instability for children. Going forward in year 3, PC4W will integrate the Strengthening Families Protective Factors

*“I’m exhausted! Please help.”*

Framework as part of the rationale for why concrete supports, such as respite care, are so critically needed. The data clearly shows that concrete supports reduce parental/caregiver stress leading to reduced incidence of child abuse and neglect, and reduced risk for out-of-home placement.

*“There’s no doubt I’ll find a way (I always do!), but it sure would be nice to have just a little break so I can regroup...”*

### Children’s Access to Quality Services and Supports

The challenge of fulfilling one’s parental or caregiving role becomes more intense when children with mental health needs do not have timely access to effective care.

*“I just can’t drive over an hour each way to get my child to their appointment...”*

Parents and caregivers expressed urgency for more to be done to assure qualified providers are available when needed, and the services they provide can be accessed closer to home. Repeatedly, parents and caregivers told us they feel their

provider is either inexperienced, or does not have sufficient expertise in the specific mental health and other behavioral challenges faced by their child. This mirrors the significant disparities among vulnerable populations in access, quality and outcomes of care that contribute to health inequities.

*“Why does it take dogged and constant research to get my child what he needs?”*

As cited in the data, major barriers identified by parents include:

1. The services and supports their child needs are not available in their community
2. The process is slow and cumbersome; too much paperwork
3. Perception that their child needs more or different services than s/he is receiving

*“It seems my child’s therapist does not know what a traumatized kid needs...”*

### Whole person, integrated, individualized care

We need to take a more holistic approach to children/family healing. We cannot help a child sufficiently unless we also help the parents/caregivers/family. This includes the meeting of basic needs for families and counseling/support for parents/caregivers alongside the children. This is particularly important for families in which one or more members has experienced trauma.

Each person and family are more than their diagnosis or mental health condition with personal strengths and aspirations. Similarly, each child and youth requires a range of services and supports to address their social, emotional and developmental needs, which include mental health, physical health, social services and education. Family members often have non-clinical needs from a history of striving to understand their child/youth’s behavior, while struggling to navigate complex systems, and while managing their own work, family and personal needs.

Therefore, each service plan should be individualized to meet the particular issues and concerns that are relevant, timely and appropriate for each child and family context. A child in the 3rd grade will need different services and supports than one who is in the 9th grade; a single parent family with a 10 year old child who has mild to moderate issues will need different services and supports than a two parent family who has four children under the age of 18 and a 12 year old child with a severe diagnosis.



## Return on Investment.



# Challenges and Lessons Learned.

The following is a high-level recap of the challenges and lessons learned on the journey of establishing a statewide coalition that lifts up the voices of parents and caregivers.

## Challenge

- “Right-sizing” outreach and engagement efforts
- “Just-in-time” events for small group coaching
- Venue size and materials management
- Cost/benefit per size of participant group
- Qualified caregivers to provide childcare at events

## Insight/Lesson Learned

Parents and caregivers deeply desire to network with each other, learn new insights and tools, and advocate for the needs of the children in their care. It takes time and effort to do so, and there are times when local circumstances or lack of support interferes with a parent/caregiver’s ability to follow through with active participation. Many parents or caregivers need concrete support, such as a stipend to help offset the cost of travel and childcare.

## Challenge

- Parents/Caregivers as Mentors of newer parents/caregivers
- Resources for capacity-building

## Insight/Lesson Learned

The most effective means of taking in new information and being motivated to follow through is via “credible messengers.” The speaker offering insight and working tools should be a person with lived experience who is perceived as having experienced similar challenges and finding a way to successfully work through them.

## Challenge

- Collaboration is the right thing to do, but hard
- Competing priorities and demands among partners

## Insight/Lesson Learned

PC4W statewide collaborative partners already share a vision of lifting up an empowered, unified voice of parents and caregivers. Getting on the same page for how best to do so while aligning organization resources requires attention be paid to developing a “high-performance partnership.”

## Challenge

- Engaging and building working relationships with policymakers

## Insight/Lesson Learned

PC4W partners are able to engage in key informant interviews and focus groups with policymakers, but defining and developing system transformation requires ongoing work.

## Challenge

- Significant barriers to accessing services remain

## Insight/Lesson Learned

In the year ahead, PC4W intends to expand the use of technology to reduce access barriers and expand number of family and caregivers involved.

## Challenge

- Return on Investment for data collection and management

## Insight/Lesson Learned

PC4W has gained insight regarding best practices in data collection and management. In 2020 we will clearly articulate our key performance indicators and targets, revise data tools and collection methodology; and ensure regular review of data so that it may be used to inform improvements.

# Data-Informed Recommendations for Action

Pending OAC approval, and based on 2019 performance and data, PC4W will adopt the following actions for 2020:

## 1. Build on what has worked well and bring innovation to strengthen activities based on parent/caregiver's and partner's input.

The training events were highly successful and will continue to be formatted for both parent/caregivers, as well as for providers and others who support them. Likewise, PC4W will continue to collaborate with parent partners/liaisons in each region. The parent partners were instrumental in ensuring their family clients attended the events and were engaged throughout. Direct linkages with relevant professionals/agencies will be facilitated at each event, and every attempt to provide respite care for the children while parents attend workshops will be made.

2019 data will be used to:

- Align or revise curriculum to include topics parents indicated they most want training on
- Ensure specific professional groups are getting trained on nature of trauma-exposure and educational supports needed, as well as direct impact on child and family of range of mental health issues
- Engage foster care and adoption agencies to help link families with needed resources and supports
- Increase engagement with identified information channels by geographical area to expand parent/caregiver knowledge of events
- Improve existing Continuous Quality Improvement tools to better target resources and supports for 2020

## 2. Expand PC4W's Continuous Quality Improvement (CQI) and data management system.

In 2020, additional performance measures, as well as parent/caregiver input will be aggregated and reviewed in "real time" to enhance our ability to utilize data to improve performance on deliverables. In 2020 PC4W will clearly define our key performance indicators and targets, revise data tools and collection methodology; and ensure regular review of data so that it may be used to inform improvements.

## 3. Develop more specific engagement targets.

For (1) specific family members and caregivers to better understand needs and recommendations of birth, foster, kinship and adoptive caregivers; and (2) specific engagement targets for key informant interviews with policy makers to better understand local and statewide issues and concerns.

## 4. Hold more focus groups and KIIs

in Los Angeles county and urban areas to better understand the needs of those areas.

## 5. Identify specific mental health needs

of the children and connect them with the appropriate provider for services.

The following are data-informed system-wide recommendations offered to the OAC for consideration:

## What parents/caregivers told us:

- "The services and supports my child needs are not available in my community..."
- "The process is slow and cumbersome; too much paperwork..."
- "My child needs more or different services than s/he is receiving..."
- "There is not enough time in the day to access services/supports..."

## What OAC might consider:

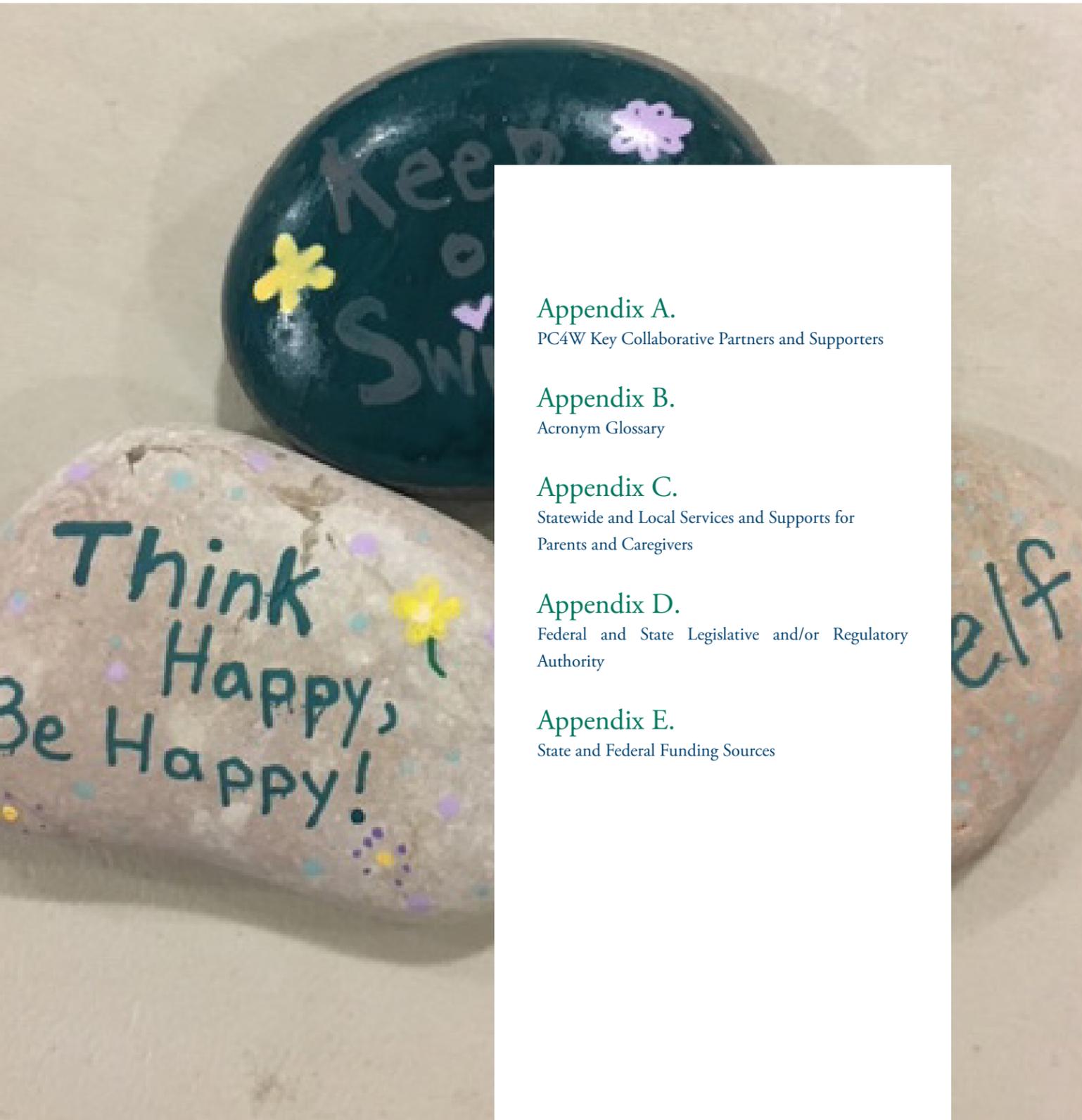
This is particularly true in remote communities where parents are often told that a particular type of specialist needed is unavailable to them. These children are entitled to the needed services, so counties that receive MHSA dollars must be accountable to providing the right services at the right times. It would be PC4W's recommendation that private vendors must be retained for services when parents are told "there is no specialist available."

Public program applications are difficult to navigate and understand, especially when there are language barriers. Can processes be simplified or streamlined in order to make services more accessible to children and their parents? If not, parent partners or navigators should be hired to help parents/caregivers obtain services.

Parents should have the right to ensure that services their child receives are accessible, culturally and developmentally appropriate and evidence-based, and that there is proof that they work. Making available to counties and organizations that serve families, evidence-based practice guides that can be readily accessible via CD's, podcasts, online supports and telehealth technologies could ensure that regardless of location, children and their families can still receive quality services.

Even when there are available services, parents are finding it logistically difficult to access them. What can be done to connect families with services? Increasing respite, offering services in varied business hours, and creating online support can help mitigate this problem.

# Appendices



## Appendix A.

PC4W Key Collaborative Partners and Supporters

## Appendix B.

Acronym Glossary

## Appendix C.

Statewide and Local Services and Supports for Parents and Caregivers

## Appendix D.

Federal and State Legislative and/or Regulatory Authority

## Appendix E.

State and Federal Funding Sources

# Appendix A

## PC4W Key Collaborative Partners and Supporters

### California Alliance of Caregivers

CAC represents the voices of relative and non-relative caregivers (resource families) to promote the well-being of children in foster care. CAC was established in 2016 by a group of foster parents and community members committed to prioritizing the interests of children in foster care and providing an active and regular caregiver voice in statewide discussions on child welfare policy and legislation.

For more information see <https://www.cacaregivers.org/>

### California Mental Health Advocates for Children and Youth

(CMHACY) is a diverse association of California residents dedicated to advancing children's mental health services in California. Formed in 1980 by people who saw the need to focus attention on children's issues, CMHACY has grown into a large and broad-based coalition of persons deeply concerned with the mental health needs of California's vulnerable children and youth. CMHACY's diverse membership networks with key decision makers in legislative, administrative and judicial branches of government. We connect youth and parent groups with state and national advocates, administrators of child serving systems with public policy makers, and service providers with exemplary program innovators.

For more information see <https://cmhacy.org/>

The following collaborative partners comprise Parents and Caregivers for Wellness:

### United Parents

UP the lead organization for Parents and Caregivers for Wellness, is a grassroots nonprofit agency founded in 1990 on the basic principle of "parents helping parents." Understanding the unique challenges of families raising children with emotional, behavioral or mental disorders, UP identifies and bridges gaps in traditional services by integrating local resources to enhance the long-term outcomes in the home and community. UP advocates for families to be recognized as full partners in the treatment and care of their children, which is key to recovery and resiliency. United Parents provides resources to empower, strengthen and support parents who have children with mental health, emotional, and behavioral disorders.

For more information see <https://www.unitedparents.org/>

PC4W Key Collaborative Partners and Supporters

**Capital Adoptive Families Alliance**

(CAFA) is based out of Northern California. Its mission is to provide support and education to the adoptive community and to advocate for the needs of adoptive families. CAFA serves Foster-to-Adopt families, private adoption families, international adoption families, domestic adoption families, and kinship families. CAFA is a nonprofit corporation that was created in 2009 by two adoptive mothers. CAFA has grown to support adoptive families and their children with complex mental health challenges by providing a variety of supportive services.

For more information see <https://www.capadoptfam.org/>

**East Bay Children’s Law**

(EBCLO) mission is to protect and defend the rights of children and youth in the Alameda County, CA juvenile court through vigorous and compassionate legal advocacy in and outside of the court. We provide holistic support to more than 90% of Alameda County’s foster youth, ranging in ages from 0–20. Our advocacy, in and out of the court, ensures that our clients’ needs are met through the provision of adequate services, promotion of family reunification or permanence, maintenance of family connections, and promotion of educational and mental health stability. EBCLO was founded in 2009 by a group of attorneys and community members when the Alameda County public defender stopped providing legal representation for children in the juvenile dependency court system.

For more information see <https://www.ebclo.org/>

**Mental Health America, Northern California (NorCal MHA)**

For nearly 70 years, NorCal MHA has provided mental health consumers with culturally-affirming peer support services, assistance in navigating various human service agencies, and advocacy for consumer-oriented public mental health policies. Currently, NorCal MHA provides these services in Amador, Calaveras, Placer, and Sacramento counties in California, and offers technical assistance to other mental health agencies statewide. NorCal MHA is dedicated to improving the lives of residents in the diverse communities of California through advocacy, education, research, and culturally relevant services. In all of its programs, NorCal MHA works with individuals and families with mental health challenges to promote wellness and recovery, prevention, and improved access to services and support.

For more information see <https://www.norcalmha.org/>

# PC4W Statewide Supporters

The following people have been instrumental in our efforts to provide training/education to parents/caregivers during the last year. United Parents and our PC4W partners appreciate and thanks each one for all that they do.

**A**

- Twylla Abrahamson, Ph.D., Director, Children’s System of Care, Placer County
- Ana Acosta, Bilingual Parent Advisor, Matrix Parent Network
- Alfredo Aguirre, LCSW Director Behavioral Health, County of San Diego HHSA Behavioral Health

**B**

- Katie Baker, Child Welfare, Mariposa County
- Susie Baker, Program Specialist/Parent Partner for Children’s System of Care, Kern County Behavioral Health Resource Services
- Ahmad Bahrami, MBA, Division Manager-Public Behavioral Health, Fresno County Department of Behavioral Health

- Mary Bush, Youth and Family Support Director, River Oak Center for Children

**C**

- Jarae Clark, ASW at Family Builders Alameda County
- Kimberly Corneille, Senior Community Organizer/ Foster Youth Services, Santa Cruz County Office of Education

**D**

- Trevor Davis, Resource Family Supervisor, Santa Cruz Department of Children and Family Services
- Toni Demarco, San Mateo County
- Carmen Diaz, Parent Advocate Countywide Administration, Sr. Community Worker II, LA County Department of Mental Health
- Alyssa DiFilippo, Director of Parent Services, Matrix Parent Network & Resource Center

**E**

- Gabriela Eshrati, MS, Consumer Services Supervisor, North Los Angeles Valley Regional Center
- Meg Easter-Dawson, MSW, Valley of the Moon Children’s Center, Sonoma County Human Services Department

## PC4W Key Collaborative Partners and Supporters

### G

- Donna Gaddis, Compliance Manager, Children's Center of the Antelope Valley
- Cecelia Gibson, Associate Director of Community Centers, Antelope Valley Partners for Health
- Cindy Gil, Educational Coordinator, NAMI Bakersfield
- Kristine Gutierrez, Coordinator, Antelope Valley Family Focus Resource Center

### H

- Susan L. Holt, LMFT, Deputy Director, Clinical Operations, Dept. of Behavioral Health, County of Fresno

### J

- Melissa Jacobs, Sacramento County Behavioral Health

### K

- Scott Kennelly, Director of Clinical Services, Butte County
- Dorian Kittrell, Director of Behavioral Health Services, Butte County
- Yael Koenig, Deputy Director, Behavioral Health Children, Youth and Families, County of San Diego HHSA Behavioral Health

### M

- Judy Mandolfo, FKCE Coordinator and Resource Family Liaison, Tehama County
- Lori Medina, Deputy Director, Monterey County Department of Social Services/Family and Children Services Branch

### N

- Lea Nagy, Family Liaison, DHHS-Humboldt County Mental Health

### P

- Artie Padilla, Executive Director, Every Neighborhood Partnership
- Anna Paravano, MS, Interior Designer & Trauma-Informed Parent

- Manisha Patel, LMFT, Clinical Supervisor, The Children's Center of the Antelope Valley
- Marlene Pena, Program Manager, EPU Children's Center Fresno County

### R

- Myrna Ramirez, Foster Care Recruiter and Developer, Sonoma County Human Services Department
- Yolanda M Ramirez, Coordinator of Family Education and Support (WOC), Office of Consumer & Family Affairs, San Mateo County BHRS
- Leslie Rich, Parent Advocate, Kern County Behavioral Health Resource Services

### S

- Claudia Saggese, (WOC) Director, Office of Consumer & Family Affairs, San Mateo County BHRS
- Marni R. Sandoval, Psy. D., Deputy Director of Behavioral Health, Child and Adolescent Services Training Director, Monterey County Behavioral Health Bureau
- Dian Schneider, Family Resource Specialist, H.E.A.R.T.S. Connection
- Shah'ada Shaban, Attorney, Shasta County
- Lindsay Stark, MA, LMFT, Star Vista, San Mateo County

### T

- Sherri Terao, Santa Clara County Behavioral Health Services Department
- Nathan Thomas, CPS Shelter Manager, Santa Clara County
- Susan Turner/Debra Oliver, Child Protective Services, Kings County

### Special THANK YOU to:

Gregory Glazzard, Probation Division Manager – Juvenile Division, Monterey County Probation  
Gigi Perry- our fantastic and wonderful Spanish Translator/Interpreter

# Appendix B

## Frequently Used Acronyms

DD: Developmental Disability

EBPs: Evidence-Based Practices

EMDR: Eye Movement Desensitization and Reprocessing

EPSDT: Early and Periodic Screening, Diagnosis and Treatment a required federal benefit for eligible children under age 21

FRC: Family Resource Center

FFPSA: Family First Prevention Services Act, or Family First. Comprehensive child welfare reform law passed in February 2018, as part of the larger Bipartisan Budget Act of 2018.

FEC: Family Empowerment Center

HIPAA: Health Insurance Portability and Accountability Act

HSA: Health Services Agency

IBP: Individual Behavior Plan

ID: Intellectual Disability

IDEA: Individuals with Disabilities Education Act

IEP: Individualized Education Plan/Program

LGBTQ: Lesbian, Gay, Bisexual, Trans, Questioning

MHSA: Mental Health Services Act

MHSOAC: Mental Health Services Oversight and Accountability Commission

While it is almost always preferable to state the full name of an organization, or condition affecting children and families, the following acronyms are frequently used:

### Key Concepts/Organizations Acronyms

(ACEs: Adverse Childhood Experiences)

BIP: Behavioral Intervention Plan

CASA: Court Appointed Special Advocates

CHIP: The Children's Health Insurance Program is a federal-state partnership that provides health coverage for low-income children and adolescents whose family incomes are too high to qualify for Medicaid.

CMS: Centers for Medicare and Medicaid Services responsible for federal policy development and oversight of Medicaid and CHIP

DMH: Department of Mental Health

DV: Domestic Violence

## Frequently Used Acronyms

MI: Motivational Interviewing  
 MSW: Master of Social Work  
 NAMI: National Alliance on Mental Illness

PC4W: Parents and Caregivers for Wellness  
 PTSD: Post-Traumatic Stress Disorder

SARB: School Attendance Review Board  
 SAMHSA: Substance Abuse and Mental Health Services Administration  
 SELPA: Special Education Local Plan Area

TAY: Transitional Age Youth

## Programs/Staff Acronyms

CIT: Crisis Intervention Team  
 CFSP: Collaborative Family Service Plan  
 CFT: Compassion Focused Therapy  
 CPS: Child Protective Services  
 CSW: Clinical Social Worker

DBT: Dialectical Behavior Therapy

EFT: Emotionally Focused Therapy

FBTP: Family-Based Treatment Program

HBCI: Home-Based Crisis Intervention

IFSM: Internal Family Systems Model  
 IFSP: Individualized Family Service/Support Plan

LCAT: Licensed Creative Arts Therapist  
 LCSW: Licensed Clinical Social Worker  
 LMFT: Licensed Marriage and Family Therapist  
 LMHC: Licensed Mental Health Counselor  
 LMSW: Licensed Master Social Worker  
 MBCT: Mindfulness-Based Cognitive Therapy

MBSR: Mindfulness-Based Stress Reduction  
 MBT: Mentalization-Based Treatment  
 MFT: Marriage and Family Therapist

PCIT: Parent–Child Interaction Therapy  
 PCP: Primary Care Physician  
 PCT: Person–Centered Therapy  
 PE: Prolonged Exposure Therapy  
 PT: Primary Therapist

REBT: Rational Emotive Behavior Therapy  
 SBIT: School-Based Intervention Teams  
 SCM: Supportive Case Manager or Management

THP: Transitional Housing program

## Clinical Conditions Acronyms

ACT: Acceptance and Commitment Therapy  
 AD: Adjustment Disorder  
 ADD: Attention Deficit Disorder  
 ADHD: Attention Deficit Hyperactivity Disorder  
 AS: Asperger Syndrome  
 ASD: Autism Spectrum Disorder  
 ASPD: Antisocial Personality Disorder  
 AvPD: Avoidant Personality Disorder

BD: Bipolar Disorder  
 BDD: Body Dysmorphic Disorder  
 BPD: Borderline Personality Disorder

CAT: Cognitive Analytic Therapy  
 CBT: Cognitive Behavioral Therapy  
 CD: Conduct Disorder  
 CF: Compassion Fatigue

ECT: Electroconvulsive Therapy  
 ED: Emotional Disturbance  
 EDNOS: Eating Disorder Not Otherwise Specified

FAP: Functional Analytic Psychotherapy  
 FASD: Fetal Alcohol Spectrum Disorder

GAD: Generalized Anxiety Disorder

MDD: Major Depressive Disorder

OCD: Obsessive–Compulsive Disorder  
 ODD: Oppositional Defiant Disorder

PPD: Paranoid Personality Disorder

RAD: Reactive Attachment Disorder

SAD: Seasonal Affective Disorder  
 SAD: Separation Anxiety Disorder  
 SAD: Social Anxiety Disorder  
 SPD: Schizoid Personality Disorder  
 SUD: Substance Use Disorder  
 SZA: Schizoaffective Disorder

TBI: Traumatic Brain Injury

## Frequently Used Acronyms



# Appendix C

## Statewide and Local Services and Supports for Parents and Caregivers

Superior Region Agency Name	City/County	Contact Info	Populations Served	Services Provided
Shasta County Child Abuse Prevention Coordinating Council	Redding/ Shasta County	(530) 241-5816 info@shastacapcc.org	Parents/ Caregivers	Parent Partner Program, Youth Development, Family Resource Center, Child Abuse Prevention, Family Support
Family Resource Center of Truckee	Truckee/ Nevada County	(530) 587-2513 http://truckeeffc.org/	Parents/ Caregivers	Family Advocacy, Mediation & Legal Assistance, Early Learning & Parent Support, Promotora Health Outreach, Vehicles for Change
Rowell Family Empowerment	Redding/ Shasta County	(530) 226-5129 http://www.empoweryourfamily.org/find-us/	Parents/ Caregivers	Early Start Family Resource Center, Family Empowerment Center serving children aged 3-22, Parent to parent support, Serves families with deaf and hard of hearing children
Plumas Rural Services	Plumas and Sierra Counties	(560) 283-2735 x880 hklauck@plumasruralservices.org	Parents/ Caregivers	Child care resource and referral, subsidized child care, child care food program, family child care network, domestic violence family focus network; women infant and children, in-home respite, child abuse treatment
Plumas Rural Services	Lassen and Modoc Counties	(530) 708-2557 https://www.plumasruralservices.org/fec/	Parents/ Caregivers	
Foster and Kinship Care Education Program	Eureka/ Humboldt County	(707) 476-4100 https://www.redwoods.edu/foster	Foster/ Kinship families	Provide training and support for resource families

Central Region Agency Name	City/County	Contact Info	Populations Served	Services Provided
Davis Parent University	Davis/Yolo County	davisparented@gmail.com	Parents/ Caregivers	Assisting and Teaching PTAs and PTOs
Exceptional Parents Unlimited (EPU)	Fresno/Fresno County	(559) 229-2000 info@epuchildren.org	Parents/ Caregivers	Parent-to-parent support, advocacy training and information. Provides resources to 13 counties
Sierra Forever Families	Sacramento/Sacramento County	(916) 368-5114 pcamino@sierraff.org	Foster/ Kinship families	Full range of programs and services from the first contact through to post-adoption
North Tahoe Family Resource Center	Kings Beach/Placer County	(530) 546-0952 amykelley@northtahoefrc.org	Parents/ Caregivers	Early Childhood Development, Life Skills Breast Health, Nutrition classes, Parent & community enrichment. Financial counseling, Counseling referrals Legal advocacy Emergency relief Project M.A.N.A food program & distribution hub, Bilingual advocacy
KidzKount	Auburn/Placer County	(916) 444-7760 x105 dcardoza@pcac-inc.org	Families with children prenatal to age five	Early Childhood Education/Head Start
Warmline Family Resource Center	Sacramento	(916) 455-9500 English; (916) 922-1490 Spanish http://www.warmlineffc.	Parents/ Caregivers	Free support, training and consultation for families. Parent Training and Information Center serving 28 counties

Bay Area Region Agency Name	City/County	Contact Info	Populations Served	Services Provided
Special Parents Information Network (SPIN)	Santa Cruz, San Benito Counties	Watsonville (831) 722-2800; Santa Cruz (831) 423-7713 Hollister (831) 638-1967 http://www.spinsc.org/	Parents/ Caregivers	Parent meeting spaces, Resource library with Internet access, parent support and training regarding education for IEP process for parents of children ages 3-22, parent mentor program, support groups and networking events

**Bay Area Region (Continued)**

Agency Name	City/County	Contact Info	Populations Served	Services Provided
ParentsCAN	Napa/Napa County	(707) 253-7444 <a href="https://parentscan.org/">https://parentscan.org/</a>	Parents/ Caregivers	Partner with and guide parents when challenges arise in their child's education, health, behavior or development Parent Support Groups Parent Workshops
Parents Helping Parents, Inc.	San Jose/Santa Clara County	(408) 727-5775 <a href="https://www.php.com/">https://www.php.com/</a>	Parents/ Caregivers	Individual Transition Plan and Student Study Team trainings, bilingual/cultural outreach, peer counseling, and telephone support
Children's Network of Solano County	Fairfield/Solano County	(707) 421-7229 <a href="mailto:childnet@childnet.org">childnet@childnet.org</a>	Parents/ Caregivers	Education, advocacy, coordination of community services and community-based collaborative
Community Alliance for Special Education	San Francisco/San Francisco County	(415) 431-2285 <a href="mailto:info@caseadvocacy.org">info@caseadvocacy.org</a>	Parents/ Caregivers	IEP assistance
Cope Family Center	Napa/Napa County	(707) 252-1123 <a href="mailto:helo@copefamilycenter.org">helo@copefamilycenter.org</a>	Parents/Caregivers	Provide parents with the education, resources and support they need to raise children who thrive
Disability Rights Education & Defense Fund (DREDF)	Alameda, Contra Costa, San Joaquin	(510) 644-2555; (800) 348-4232 toll free <a href="https://dredf.org/">https://dredf.org/</a>	Parents/Caregivers	Legal advocacy, training, education, and public policy and legislative development
Matrix Parent Network	Novato/Sonoma County	(415) 884-3535; <a href="mailto:info@matrixparents.org">info@matrixparents.org</a>	Parents/Caregivers	Parent Advisors Parent to Parent "mentor" program Individualized Education Plan (IEP) Assistance Bilingual Services
San Mateo County Office of Consumer and Family Affairs	BHRS an Mateo/ San Mateo County	(800) 388-5189 <a href="http://smchealth.org/bhrs/">http://smchealth.org/bhrs/</a> OCFA	Parents/Caregivers	Peer Support and resources including wellness centers and peer-run organizations

**Southern Region**

Agency Name	City/County	Contact Info	Populations Served	Services Provided
Ventura County Behavioral Health	Oxnard/Ventura County	(866) 998-2243 <a href="https://vcbh.org/en/">https://vcbh.org/en/</a>	Parents/caregivers/youth with mental health needs	Services to meet the mental health and substance abuse treatment needs of Ventura County residents Bilingual Services
Rainbow Connection Family Resource Center	Oxnard/Ventura County	(805) 485-9643 <a href="http://rainbowconnectionfc.weebly.com/">http://rainbowconnectionfc.weebly.com/</a>	People with developmental disabilities and other special needs and their families	Provide information, training, and support for families Bilingual Services
H.E.A.R.T.S. Connection FRC/FEC	Bakersfield/Kern County	(661) 328.9055 receptionist x282 <a href="http://www.heartsfc.org/">http://www.heartsfc.org/</a>	Parents/Caregivers	Parent Programs Educational Advocacy/IEP Assistance Autism services Bilingual Services
Kern County Behavioral Health and Recovery Services	Bakersfield/Kern County	(661) 868-7852 <a href="mailto:jqiron@KernBHRS.org">jqiron@KernBHRS.org</a>	Parents/Caregivers	Services to meet the mental health and substance abuse treatment needs
Exceptional Family Resource Center	San Diego/Imperial Counties	(619) 594-7394 <a href="http://efrconline.org/">http://efrconline.org/</a>	Parents/Caregivers; Guardians	Provide emotional support, information, resources, referrals, and training. IEP Assistance

**Los Angeles Region**

Agency Name	City/County	Contact Info	Populations Served	Services Provided
Westside Family Resource Center	Los Angeles County	((310) 258-4000 <a href="http://wfrec.org/">http://wfrec.org/</a>	Parents/Caregivers	Provides support, information and access to services for families, professionals and teachers Provide support and information to families whose children do NOT qualify for Regional Center services, but do have IEPs. Culturally sensitive and language-specific support groups, support non-English speaking families in under-served areas.

Los Angeles Region (Continued) Agency Name	City/County	Contact Info	Populations Served	Services Provided
Family Focus Empowerment Center	Lancaster/LA County	(661) 945-9598	Parents/ Caregivers	Comprehensive information about disabilities, laws, and public and private services. Educational programs and support groups for parents, Advocacy for positive dispute resolution. Assistance in teacher preparation and training.
Parents Anonymous	Claremont/LA County	(909) 621-6184	All Caregivers	Weekly support groups for parents/caregivers and children and youth; advocacy; peer youth relationships
Friends of the Family	North Hills/LA County	(818) 988-4430 brenda@fofca.org	Bio Parents	Child and Youth Development, Parent Support and Education, Family Development, Mental Health
The Children's Center of the Antelope Valley	Lancaster/LA County	(661) 949-1206 www.CCAV.org	Parents/Caregivers	Child Abuse Treatment Individual Therapy Parent Child Interaction Therapy (PCIT), Relative Support Services, Transitional Age Youth Peer Support
Fiesta Educativa	LA County	(323) 221-6696 info@fiestaeducativa.org	Parents/Caregivers	Parent to Parent IEP Assistance, Parent Support Groups, The Autism Parent Education Program (APEP), Advocacy for persons with special needs, parent training



# Appendix D

## Federal and State Legislative and/or Regulatory Authority

During the 2019 operating period, there were no significant legislative or regulatory changes in the rules and regulations governing children's mental health and related systems. The following state and federal mandates remain in place:

### Medicaid (Medi-Cal) Early Periodic Screening Diagnosis and Treatment (EPSDT) Specialty Mental Health Services (SMHS):

(accessed through County Mental Health Plans)

- EPSDT: A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents Department of Health & Human Services (2014) [https://www.medicaid.gov/medicaid/benefits/downloads/epsdt\\_coverage\\_guide.pdf](https://www.medicaid.gov/medicaid/benefits/downloads/epsdt_coverage_guide.pdf)

### Educationally Related Mental Health Services

(accessed through schools)

- <https://www.schoolhealthcenters.org/start-up-and-operations/funding/mental-health/ermhs/>
- <https://www.cde.ca.gov/sp/Se/ac/mhsfaq.asp>

### Mental Health Services Act 2004 – Proposition 63:

- <http://mhsoac.ca.gov/about-us/prop63mhsa/act>

### SAMHSA Behavioral Health Block Grants:

- <https://www.samhsa.gov/grants/block-grants>

# Appendix E

## State and Federal Funding Sources

### Individuals with Disabilities Education Act (IDEA):

A law that makes available a free appropriate public education to eligible children with disabilities throughout the nation & ensures special education & related services to those children.

### AB114

2011. California school districts are now solely responsible for ensuring that students with disabilities receive special education and related services, including some services previously arranged for or provided by county mental health agencies.

### SAMHSA

Agency within the U.S. Dept. of Health & Human Services that leads public health efforts to advance the behavioral health of the nation. Mission is to reduce the impact of substance abuse and mental illness on America's communities.

### County General Funds

The primary or catchall fund of a county. Records all assets and liabilities of the entity that are not assigned to a special purchase fund. It provides the resources necessary to sustain the day-to-day activities and thus pays for all administrative & operating expenses.

With the exception of Mental Health Services Act, which carves out of minimum of 51% of Prevention and Early Intervention funds for children and youth up to age 25, all public funding for children's mental health programs are Federal mandates:

### Early Periodic Screening Diagnosis and Treatment (EPSDT) Specialty Mental Health Services (SMHS):

Provides comprehensive & preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services.

### Mental Health Services Act:

2004. Provides increased funding, personnel and other resources to support county mental health programs & monitor progress toward statewide goals for children, transition age youth, adults, older adults, and families. The Act addresses a broad continuum of prevention, early intervention and service needs.

# STATE OF THE COMMUNITY ANNUAL REPORT



United Parents / Parents & Caregivers for Wellness

Address:  
391 S. Dawson St., Suite 1A  
Camarillo, CA 93012

Contact:  
P: 805-384-1555  
F: 805-384-1080  
[www.unitedparents.org](http://www.unitedparents.org)



[www.parentscaregivers4wellness.org](http://www.parentscaregivers4wellness.org)



WELLNESS • RECOVERY • RESILIENCE

