

**Children's Mental Health
Prop 63 MH Services Act
*Preliminary Recommendations from Phase I Planning***
6/14/05

Children's Interagency System of Care Prop 63 Planning Goal:

- **Accomplish something significant in each of the four sub-committee areas**, as well as the Prop 63-required special focus areas of Transition-age, 0-5, and Family Partnership.
- Do as much expansion as can be leveraged to meet identified needs, to help visibility of Prop 63 impact on community, and to create "quick wins". So, **do treatment expansion for un-served & under-served target population**. Save true "early intervention and prevention" for later funding (eg., EMHI/PIP, Head Start consultation, community education & outreach, etc.).

Children's Prop 63 Sub-Committees Top Priorities of Key MH Needs in our Interagency System of Care:

Probation (consistent with JDAI, BARJ, RWJ goals):

1. **Integration of MH & Substance Abuse Treatment through cross-training & human resource development** (ie., pay incentives for AOD counselor certification). This is an over-riding key principle/activity; though may not need Prop 63 funds to accomplish, will be incorporated as key planning strategy.
2. **Funds for high-level placement & treatment of 1-2 court wards per year with complex mental health & substance abuse needs** that tend to languish in juvenile hall due to placement failures.
 - ⇒ Examples: CTF and Out of State Placement options (share cost with Probation)
 - ⇒ Also explore increased local supports (eg., TBS) for these complex, multi-problem youth
3. **Increase Dual Diagnosis MH/Substance Abuse treatment for youth identified by Juvenile Hall screening tools** (ie., MAYSI, CA Endowment Grant) with mental health and substance abuse needs that are released back into the community.
 - ⇒ Consistent with RWJ Reclaiming Futures and new California Endowment grant goals, and areas of identified need.
 - ⇒ Consistent with Probation's Disproportionate Minority Confinement (DMC) goals, Mental Health's Managed Care Cultural Competence goals, as well as Substance Abuse integration.

Child Welfare/Social Services (consistent with Child Welfare Reform goals & SIP):

1. **Increase Mental Health Therapeutic Visitation ordered by court**, since quality of visitation is one of the best predictors of successful reunification.
2. **Create Adult/Family Dual Diagnosis MH/Substance Abuse treatment capacity for parents of court dependents** with MH/SA needs (prime reason for 85-90% of children going into placement).
3. **Transition-age services for court dependents and wards** moving into adulthood.

Education (consistent with targeted outcomes, eg., attendance, decrease suspensions, Spec Ed encroachment, etc)

1. **Increase school-linked/school-based MH counseling & dual diagnosis services, consultation, linkage, and training to all school districts**
2. **Explore better screening/referral tools & processes with schools** (for issues such as suicide, as well as eligibility for various services---see "Community Gate" recommendations)

Community MH "Gate"

1. **Increase Screening, Referral and Linkage capacity** (coordinated with ACCESS Team) for more comprehensive **Children's Mental Health community resource "One-Stop" overview** for parents seeking services for their families
2. **Create system that identifies at-risk children and youth earlier**, such as improved link with **Primary Care Physicians for consultation & screening**
3. **Increase Dual Diagnosis MH/Substance Abuse services** available to the community, including coordination with Healthy Families and Healthy KIDS coverage/services

Special Focus Areas

- **Increase Family & Youth Partnership programs** regarding System of Care support, outreach, education, and services.
- **Promote continued Cultural Competence development** throughout system via interagency cross-training and strategic planning

Planning Items for Possible Inclusion in Early Intervention & Prevention Planning:

- Work with identified schools around screening for mental health issues (eg., Teenscreen and others to be identified)
- Increased treatment capacity for children/youth & families to support **Child Welfare Reform's "differential response"** for families referred to Child Protective Services (eg., including focus on pregnant mothers).
- **Target for later Early Intervention Funds:** Early Mental Health Initiative (EMHI/PIP) projects for K-3 prevention services.
- **Target for later Early Intervention Funds:** Link with Head Start sites (2 in Santa Cruz, 6 in Watsonville) for early intervention services (321 3-5 yr olds; 42 birth-3 yr olds + pregnant moms). **Fiscal: 20% Prop 63; 80% EPSDT.**
- **Target for later Early Intervention Funds:** Increase 0-5 consultation/treatment capacity (linked with First Five/Parent Center; as well as Child Welfare/Substance Abuse). **Fiscal: 55% Prop 63; 45% EPSDT**
- **Other....**