

**PROPOSITION 63
PHASE 1
CHILDREN'S MENTAL HEALTH
PROVIDER
SURVEY NARRATIVE RESPONSES**

*Following are narrative responses to the Phase 1 surveys that provide additional depth to the priorities provided in graphs. The first 4 categories support and reflect needs assessment and recommendations made by the Children's Prop 63 subcommittees related to **Probation, Child Welfare, Education, and Community** access gates. While not all of the many good ideas can be implemented, many of them can indeed be incorporated into our local planning.*

What other Juvenile Justice services are needed?

- Need more Wraparound services, earlier not later
- Offer more parent/youth education resources.
 - Increase youth treatment education programs.
 - Educate and support parents of youth who are dually diagnosed.
 - Services for parents' education and support.
- TAY (Transition Age Youth) services. Increase helping older youth in Foster Care system get ready to live on their own as adults -- this is absent in our current system.
 - ILS (Independent Living Skills) are sorely lacking for youth. They need much more than weekly/biweekly groups/class.
- Dual Diagnosis Substance/MH resources:
 - Drug and Alcohol assessments.
 - Juvenile Hall Drug and Alcohol counseling
 - Need drug court in North County.
 - Drug Treatment (intensive in-patient for youth) i.e.; the Camp, Thunder Road.
 - Residential detox treatment centers for youth.
- Specific types of service.
 - Offer restorative justice program.
 - Provide residential treatment for youth in county.
 - Gang Disengagement groups
 - Anger Management classes for kids on probation.
 - Mandatory parent classes for Juvenile Probation.
 - Early intervention most important! Not enough services.
 - Stay with youth until they're stabilized in the community with a job.
 - Community support through sponsorship, scholarships, etc.

What other Foster Care / CPS services are needed?

- Transition-age Services (applies to Probation and other youth too)
 - Help youth prepare to live independently, this is most important. Currently great lack of in-services in this area!
 - Provide peer support groups, self-monitored youth activities.
 - Conduct Emancipation Conferences.
 - Services for foster care teens aging out of system.
 - TAY services, extended housing assistance/ programs for them.

- I think that more services should be available to youth 18-22 who aren't in system (school, probation, foster care) don't qualify for much support but dearly need it because they have no family support, school support, they've nothing, they're too young to be put w/adult services.
- Transition Age Services! TAY leaving foster care desperately need services - especially regarding housing, jobs, education, ongoing support with mental health and substance abuse issues. Generally they don't qualify for adult mental health, but really need services the TransTeam could provide.
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- Substance abuse treatment to parents of children "in the system".
- Increase education to Foster Parents
 - Educate Foster Parents regarding mental health, addicts/alcoholics of disease of addiction and alcoholism issues.
 - Provide parenting classes.
 - Offer better training, recruitment and support for Foster Parents (including weekend support for crisis).
 - Mandatory training for foster parents in how to work therapeutically with teens and pre-teens, not just provide "basic needs".
- Increase services in culturally competent ways.
 - Maintain Cultural Competency in addressing these issues, i.e.: language and cultural needs.
 - Staff CPS so they can be involved and respond to referrals.
 - Offer family counseling.
 - Have more sensitivity toward children both by special workers and foster caregivers.
 - Provide assistance for undocumented families.
- Increase specific types of services.
 - Respite services are sorely needed. By respite, I mean therapeutic overnight placement for children who are at risk for hospitalization, but don't currently pose a danger to themselves or others. This placement would ideally give parents a break from caring for very demanding, needy child. While child was in this placement, both parent and child could work on whatever issues place this child at risk for hospitalizing him. Ideally, this respite program would prevent hospitalization and CPS involvement.
- Other
 - Fund research on how other countries handle similar problems.
 - Keep kids' placements in county.
 - Maintenance of communication among family members.
 - I think a benefit to foster care system and children it serves would be providing on-going therapy/ counseling to foster parents. I.E. - each clinician could be assigned 5 (or some #) perhaps 2 or 3, foster parents to counsel during a 1yr period. At end of 1yr., everyone reassigned to new clinician. Counseling to include personal as well as educate about parenting techniques and issues that regularly effect foster youth. Meet w/parents on regular basis 2x a month.

What other Education Services are needed?

- Need more counseling in schools.

- Specific types of services:
 - Help students suspended or expelled quickly get back into school.
 - Stronger connection between schools therapy.
 - Incorporate family services and counseling with parents, and create groups that provide activities as alternatives to drug use.
 - Quality alternative schools
 - In-House (school) suspension. Not a get-out-of-school-free card, per se.
- Increased education in the for the school population:
 - Educate all teachers regarding mental health issues.
 - Educational plan foster youth and probation youth.
- Increased capacity for services.
 - Most states have school counselors - Minnesota has 1 per grade.
 - Find other means to provide treatment to youth that are now burdening schools. Peer support - mentoring youth activities - study groups.
 - Grant funding for early intervention.
 - Counseling services at child care centers.
 - Connect struggling children with other support networks (psychiatrists, dental care, occupational therapist, etc.)
 - Ensure young school age kids receive appropriate services, most important!
 - Great lack of support services for young kids!

What other Community Based services are needed?

- Increased capacity for services:
 - Increase funding for teaching personal responsibility.
 - Education and make sure youth participate in community services programs.
 - Strengthen resources to support Head Start.
 - Provide services for parents and infants.
- Increased education:
 - Increase education around unplanned pregnancy and how to avoid it.
 - Parenting and life skills classes offered at school sites.
- Specific types of services:
 - More substance abuse intervention - continuing support - de-criminalize use.
 - Community forums that invite consumers to participate.
 - Gang prevention. (Supported by two other respondents).
 - Substance abuse groups on weekend.
 - Couples counseling, especially post domestic violence.
 - Youth programs to enhance relationship skills and socialization vs. video game generation.

In addition, we've included responses to an open-ended question about other ideas, wishes, observations that will be incorporated into our assessment and planning--as well as feedback on how to better integrate cultural competency and dual diagnosis mental health/substance abuse issues throughout our services:

Are there any other mental health related services that you think are important and helpful to youth and families?

- Specific Services:

- Enrichment activities for kids 12 to 16 (i.e.: expressive arts, music, etc.) which replace destructive activities that our clients are exposed to / attracted to or turn to out of boredom, especially in group homes, which then leads to the kid "blowing out" and needing a higher level placement. (Especially in South County.)
- I worked as PIP (EMHI) supervisor on-site at school - it is a good program when coupled with good MH services.
- There is a weak link between substance abuse and (identified) developmentally delayed youth. More thought needs to be given to where they would be served best for substance abuse (self-medicating).
- Parent/child mediation.
- Family education on drugs and about communication and county services available to them.
- Helping children with mental health issues who have parents with mental health issues, we need to provide services for both.
- Communication skills (ex: NVC).
- I would like to see more parenting and family counseling groups for youth and families with substance abuse and abandonment issues.
- Community collaborative that mainstream families that are socially marginalized by extending invitations "through providers" to engage in cultural events, athletic teams, summer camps, jr. guards, JayCees, Kiwanis clubs, community celebrations, and academic opportunities.
 - Create support groups that incorporate more activities that support/encourage drug-free lifestyle (i.e. self-esteem groups, dancing, spiritual retreats).
 - Summer camp and recreational activities for at-risk and mental health youth (i.e. membership @ YMCA, vouchers for recreational teams/programs).
- Get anger-management counseling!!! (for youth in Juvenile Hall and in probation program).
- Increased capacity:
 - There needs to be more county funds allocated to non-profit MH agencies so that we're able to provide extensive low cost or no cost services to more families.
 - Strengthening existing services (i.e.: Evening Center and WRAP) while developing a stronger residential component for mental health, probation and drug abusing youth would be "super".
 - Hiring interpreters/translators for families/clients with mental health needs.
 - The need for county to have hospital beds available to juvenile youth! There's tremendous need as there seems to be more kids experiencing mental health illness at younger ages. It is absurd these kids remain in Juvenile Hall when clearly they have severe mental health needs. It's a very sad dilemma the county has in regard to this issue.
 - Mental health facility for children.
 - Available services to non-documented parents, such as counseling, evaluations, medical coverage.
 - More family partners to offer support to parents.
 - Translation / interpretation services without taking clinicians from their work. Is it possible to hire interpreter/translator for our needs? Could this come from master's program internship? I'm interested if this is possible?
 - More physical activity for youth; more recreation-oriented services.
 - Providing funding for clients to participate in "extracurricular" services that are preventative, self-listen building and/or re-direct their energies.
 - Need to provide MH services to kids that fall through the cracks--working poor families, children with mental health diagnosis that are chronic and severe but not severe enough to allow access to services.
 - South County needs more services for suicidal youth, 24-hold, 5150, etc. Youth should have specific services for this, not just emergency room admission.
 - Increase funding for wrap-around programs focused on gang prevention.

- Offer free services for:
 - Family counseling for low-income families.
 - Drug and alcohol services
 - Psychiatric assessment and treatment for children and youth;
 - On-school counseling -- especially for elementary and middle school children and families.
- Early intervention assessment.
- Gang prevention and alternatives.
- Increased education:
 - We should be out in community doing regular/frequent education about child development, family issues, mental health and substance abuse issues.
 - More parenting groups or some kind of "clearing house". Data of what groups were currently running and where.
 - Providing counseling and attachment education to foster parents.
 - Ongoing training for foster parents. Several foster homes are run like group homes and children are being warehoused.
 - Training for foster families.
 - Please consider offering training for interpreters/translators for families/clients with mental health needs.
 - Our therapists need more trainings in evidence-based treatment like Cognitive Behavioral Therapy for substance abuse, anxiety disorder, and mood disorders. We need to start using evidence-based therapies for treating mental illness.
 - I believe prevention is very important.
 - Peer communication classes in schools as a subject unto itself to address body image, substance abuse, gang prevention, etc. Beginning at 6th grade, if not sooner.
 - Life skills classes for children and families counseling centers/support services provided at school sites.
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- Other
 - There needs to be more appropriate services available for SED youth or youth with primary Mental Illness contributing to the substance abuse and/or criminality.
 - Regular reassessments during treatment to support treatment plans.
 - Reorganizing school suspensions to be completed at school entailing a 4hr Anger Management class.
 - Clean up around campus. Help in lunchroom, office, and assist teachers.
 - Make sure counselors, educators and staff are MORE than qualified, but also have best interests of the kids/youth in mind. Get people who've been through system / through addiction problems, etc to come speak to youth.

How could staff and programs be culturally sensitive?

- Increase capacity for Bilingual/Bicultural Services
 - Hire more bilingual/bicultural staff (18 respondents reported this need).
 - You need more people of color working with people of color.
 - Give weight to life experience in addition to academic education when hiring on promoting staff.
 - Greater diversity of race among staff.
 - Urge recruitment and educational support towards filling need.
 - More interpretation/translation services.
 - Having interpreters for Dr. visits.
 - Make sure language tests for Spanish are evaluating what we expect for interpreter services, especially for level 1. Currently, people are being paid for interpretation but can't interpret!
 - Provide equitable resources for North and South County - fleet services, bilingual services.

- More services needed for Latinos. This is a greater issue, instead of staff sensitivity. Could be more proactive in recruiting bilingual/ bicultural staff - via schools of social work, etc.
- Be aware and have some knowledge of all values in different cultures.
- Spend time in other cultural settings. Get beyond ethnicity and learn about culture as a framework for communication groups NOT racially stuck on color.
- Forms and handouts to clients in Spanish.
- Provide language and culture lessons at worksite after hours.
- Need more Spanish-speaking therapists and Spanish translators. Need more info on Mexican culture and tradition.
- Provide more training on cultural competence. (15 respondents reported this need).
 - Lillian Roybal Rose suggested as a specific trainer on cultural sensitivity.
 - Topics for trainings:
 - Cultural competence.
 - Cross-cultural communication.
 - Specific treatment techniques.
 - Self-awareness
 - Political awareness.
 - How to work more effectively with Latino families.
 - Classes and immersion programs that were funded for counselors would open door for many under-paid community counselors to learn how to speak Spanish.
 - We need more cultural education in order to pass it along.
- Other.
 - They already are very attentive and sensitive.
 - Staff should make concerted effort to take youth to religious/cultural events, programs, etc.
 - Generally, services and clinicians are at least aware of cultural issues pertinent to their clients.

How could we improve integration of mental health and drug and alcohol services?

- Policy Issues
 - Campaign to de-stigmatize mental health services and its connection to substance abuse.
 - Have more integrated team meetings.
 - Still way too much "territorial issues". True integration (same department?) is yet to materialize.
 - Don't let so many clients fall "between the cracks". Improve on being clearer, more understanding, and not so damn cheap in identifying a substance abuse "or" dual diagnosis mental health client.
 - Very hard to say. I don't think I've seen them "work together" on any specific cases. I think CMH staff could use more training in substance abuse issues. I don't think County Mental Health and Substance Abuse services agree on how to provide services regarding hierarchy of importance / treatment.
 - Better management/ supervision to ensure services are actually being provided in appropriate fashion.
 - Not enough collaboration between Mental Health and substance Abuse. Not enough Mental Health services available for substance abusers - Adults and children!
 - Communication
 - I think more collaborative programs between Mental Health and Substance Abuse Services would significantly increase the overall dual diagnosis services delivery system.
 - Increase communication w/other MH professional providing services to same clients, i.e. social workers, psychiatrist, CPS, etc. Minimize dual services.

- More communication between all parties.
 - More communication between Substance Abuse services and non-probation teams in Children's.
 - More communication and a buy-in to be together vs. separate organizations. They should go hand-in-hand.
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- Specific services
 - At our facility we don't provide substance abuse detox, however we do offer counseling for family on those issues.
 - We need more substance abuse programming for youth in foster care with substance abuse issues, who are not (yet) in probation system.
 - Need more time allotted at Juvenile Hall.
 - Mental Health services need to be made available to those in substance abuse treatment. Think we have made great strides in youth services over past 5yrs. Improvements needed in adult division.
 - More communication between all parties.
 - Although Medi-Cal drives eligibility, clinicians could be more respectful of Dual Diagnosis needs and reasons for primary diagnosis. Substance Abuse services and staff should not be treated like the "step child".
 - Allow services to integrate by removing artificial restrictions imposed by funding guidelines.
 - Better communication regarding coordination of care, that Mental Health would take initiative to contact Y.E.S. counselors. Be on same page regarding abstinence.
 - Incarceration is often used to treat these issues when real treatment programs needed. We need more residential treatment facilities for teens for both substance abuse and MH services.
 - Increase residential treatment for youth.
 - SAFE program works well. Setting limits about doing treatment w/substance abusers NOT in a program - very important.
- Increased Capacity
 - Have a long-term residential facility that provides psychiatric and substance abuse treatment.
 - More staff.
 - More services provided on school campuses in both Mid Schools/Jr High and High Schools. Thus, teens/adolescents w/be able to access services easily, stay in school, support for school staff w/be readily available.
- Education
 - More cross training of staff or shared trainings. Increased training across departments. Clarity roles of each department.
 - In my opinion, we are not on same page. I have several adolescent boys on my case, 2 at most are using something. It would be nice to have support of substance abuse services.
 - Maybe have evaluations from mental health and substance abuse read some case histories of dual diagnosed clients treated for both, so see the interaction of two treatments.
 - All mental health clinicians would be more valuable to clients and families if they had a basic understanding of addiction and substance abuse effects.
 - Increase training for both basic substance abuse training and for mental health services and vice versa.
 - Providing education on both to a greater group of parents.
 - Training on mind/brain connection; Addiction as a biochemical pathway training
 - I think that there needs to be more education and acceptance of Substance Abuse Services.
 - Continued training for all staff
 - Need very skilled facilitators for processing groups when substance abuse is key issue
 - More education on treatment of dual diagnosis and treatment team meetings.

- Other:
 - Feel it's just fine as it is.
 - Greatly! It's time to integrate in order to reflect true needs of parents and their kids.
 - It really depends on individual whether the two together are affective or not. I think having excellent counselors, therapists, who know plight of addict and who don't beat around the bush is very important

How can staff better meet the needs of families and youths?

- Education
 - Skills training, better attitude.
 - Could use advanced training in family therapy.
 - More evening hours for family therapy, trainings, and workshops.
 - Really important to train clinicians in family dynamics -- I see a lot of blame of parents for kid's issues.
 - More integrated models that work on process of family restructuring so that outcome can affect whole family system not just "client" I.P.
 - Educate parents and youth about benefits of utilizing MH services. Help remove stigma of counseling. Provide parenting classes on how to relate to kids and help them become high-functioning members of society.
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- Specific Services
 - Provide foster parent support groups.
 - Often we're expected to provide too much of a variety of services. The WRAP team and this model do a good job within a very good model of being able to be "all things to all people".
 - We really need more in-home services and respite services.
 - Need more parenting classes at Juvenile Hall in cooperation with Probation.
 - Offer more parenting classes to couples who plan to have children and classes/workshops/seminars/on-going support to teens and their families.
 - Continue to ask for feedback from clients; make improvements based on what THEY tell you.
 - Provide parents w/support, info and education.
 - Mandatory family counseling.
 - Include improvements and cooperation in treatment goals.
 - More services for parents, childcare and food for parents.
 - Require more participation from guardian/parent that child will be returning to.
 - Offer parenting groups specifically for parents with children who have MH issues.
 - Integrate parent-partners into teams and encourage more parental involvement in development of services.
 - More outlets for jobs for youth (especially in summer) and contacts with role models - especially college kids and white-collar professionals as well as technical / agricultural jobs.
 - Make it mandated for parents to attend min. of 8 sessions, when kids are mandated through school.
 - Transportation.
 - Bilingual counselors
 - I think that many families could benefit from family counseling vs. individual counseling for youth, or in addition to individual counseling for youth. I think kids who are in trouble AND their families should be required to get counseling.
 - More conjoined therapy.
 - Here at our program we encourage family sessions. If we're dealing w/youth we have to work w/their families also.
 - Parents need more help than youth sometimes . . . Somehow we have to provide that or make sure they get help as well.
 - More on-school counseling.

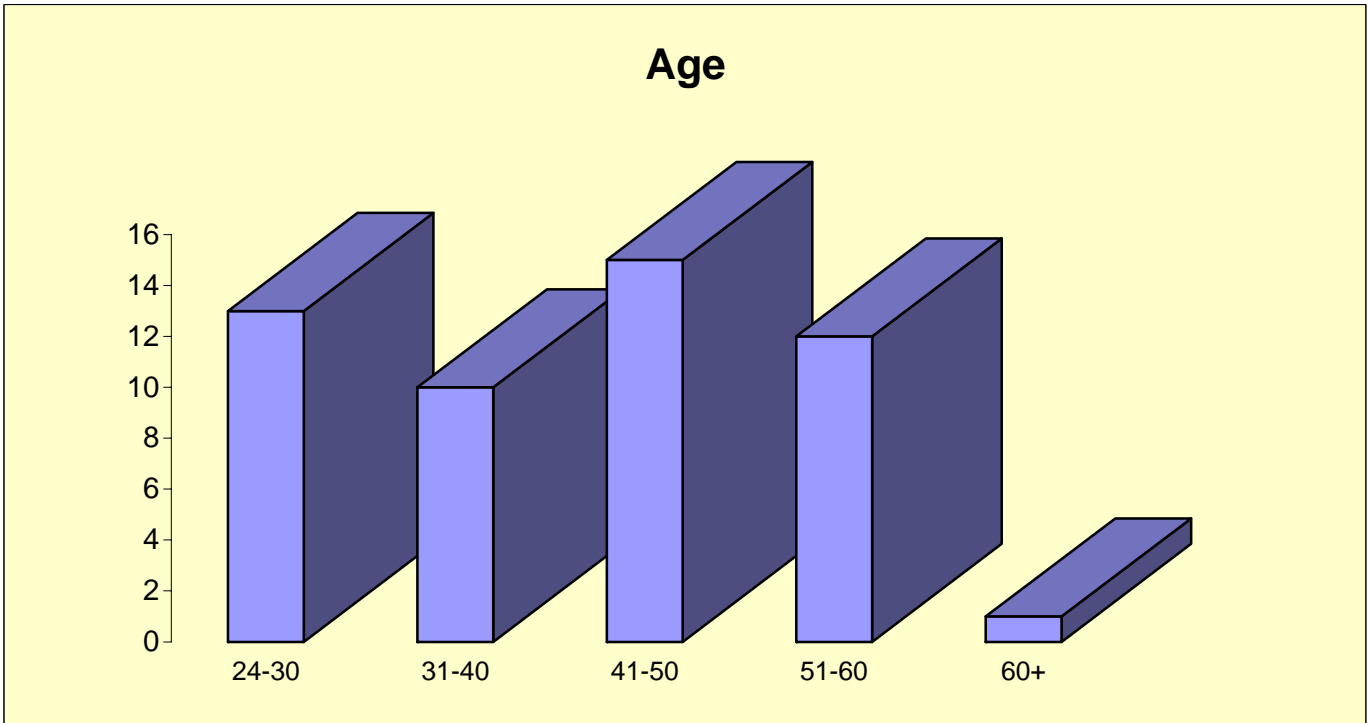
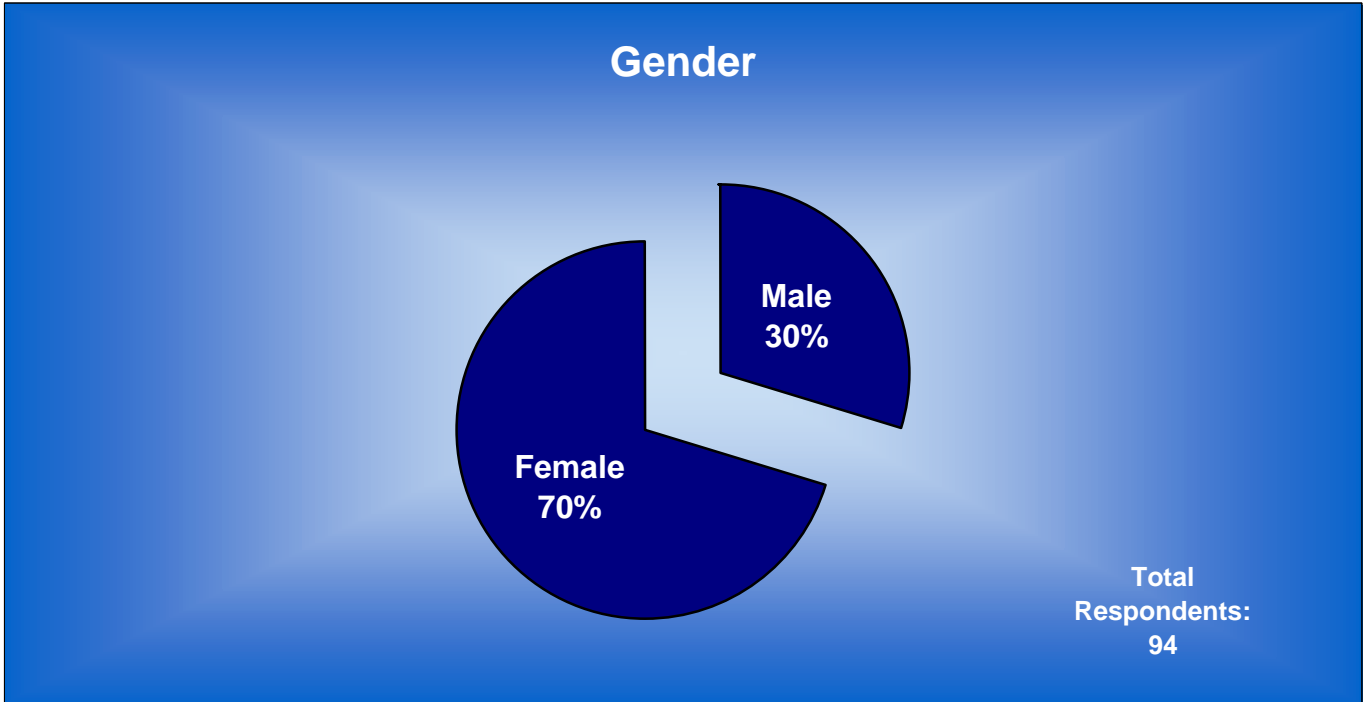
- More family counseling for teenage parents, low-income 0-5, more parent education and parent support groups for parents of all ages! ESP - children and mid-teens.
- There is a need for day care / after-school activities for children with behavioral and MH problems. Most of these children would benefit from socialization, but can't participate in regular after-school activities.
- Policy Issues
 - Find funding streams that offer us flexibility to meet family's needs. (I'm thinking specifically of FQHCO - which is antithetical to any family - child - found model).
- More Family Focused Involvement
 - Too much energy / time spent on paperwork rather than working w/ families.
 - As hard as we try, I don't think the youth and family feel engaged.
 - I think families need significantly more services as well as much more involvement in all areas in system. They're after thought or only peripherally involved. MH clinicians place their treatment plans that they've constructed at the forefront, not what family actually needs or wants or is causing most risk.
 - Mental Health clinicians need to stop thinking they don't have more to learn in this "family focused" work and listen to what families want vs. what they think families need.
 - Make system involvement more fun for families and youth. Extra activities that are fun and family oriented.
 - Provide parents more resource support
 - We could deal more frankly w/parents their issues instead of letting them be in denial about the way they've raised their children.
 - Earlier integration of family into treatment of youth instead of assuming families are the problem.
 - It is crucial to support an honest and open dialogue between youth and their parents in treatment by providing extra family counseling regarding recovery issues and family dynamics.
 - To avoid splitting, have more meetings among all involved parties, also insisting on family involvement.
 - Increase participation of parents in all facets of services. Offer support services to parents, i.e. parent education, support groups, family therapy.
 - Work harder on working with the kid and family together since beginning of Treatment!
 - \$\$ gets in way of providing kinds of treatment needed by some families. Family Therapy and Parenting groups are always needed (no matter the reasons or diagnosis) along with therapy for individuals (children and parents both). A family is unit made up of individuals - all with varying needs / all influencing one another. Children don't exist in a vacuum - they're raised in families. And children don't come with instructions so parents always need support of one kind or another.

OTHER COMMENTS:

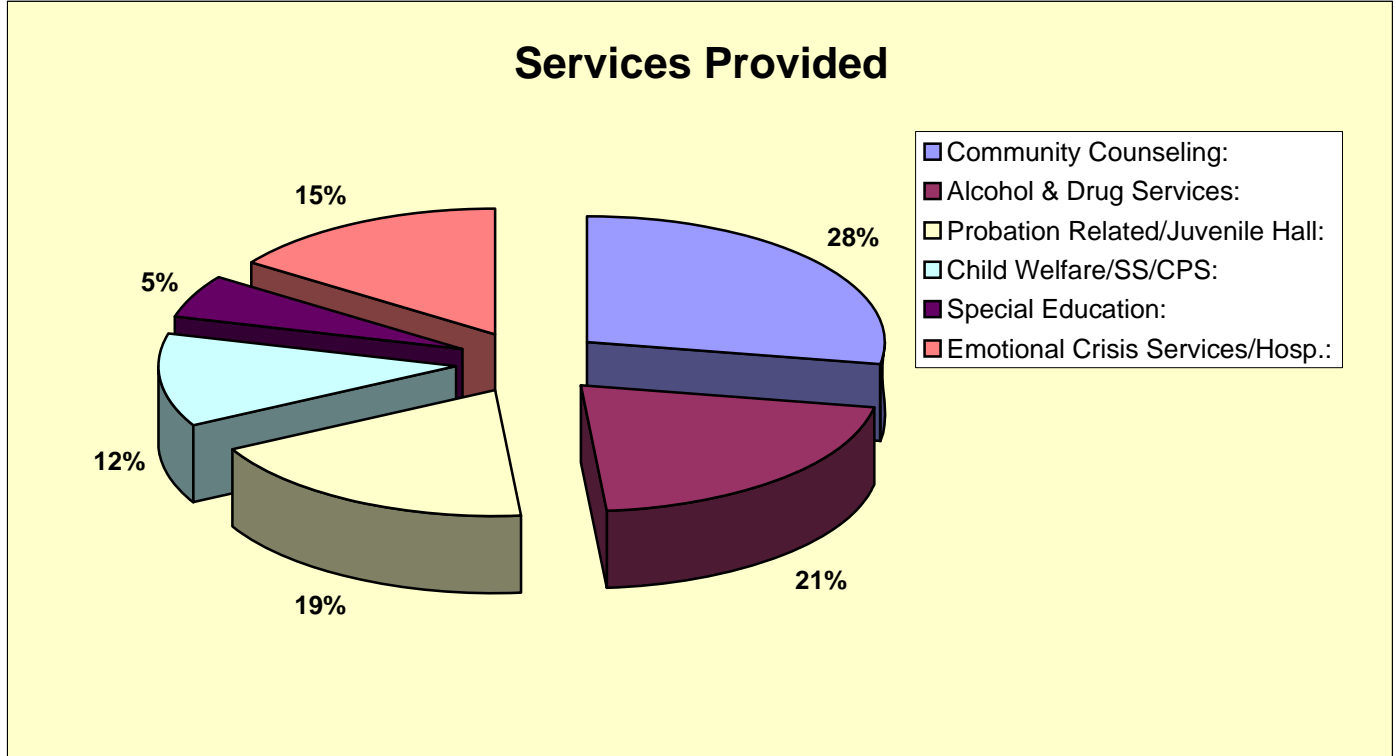
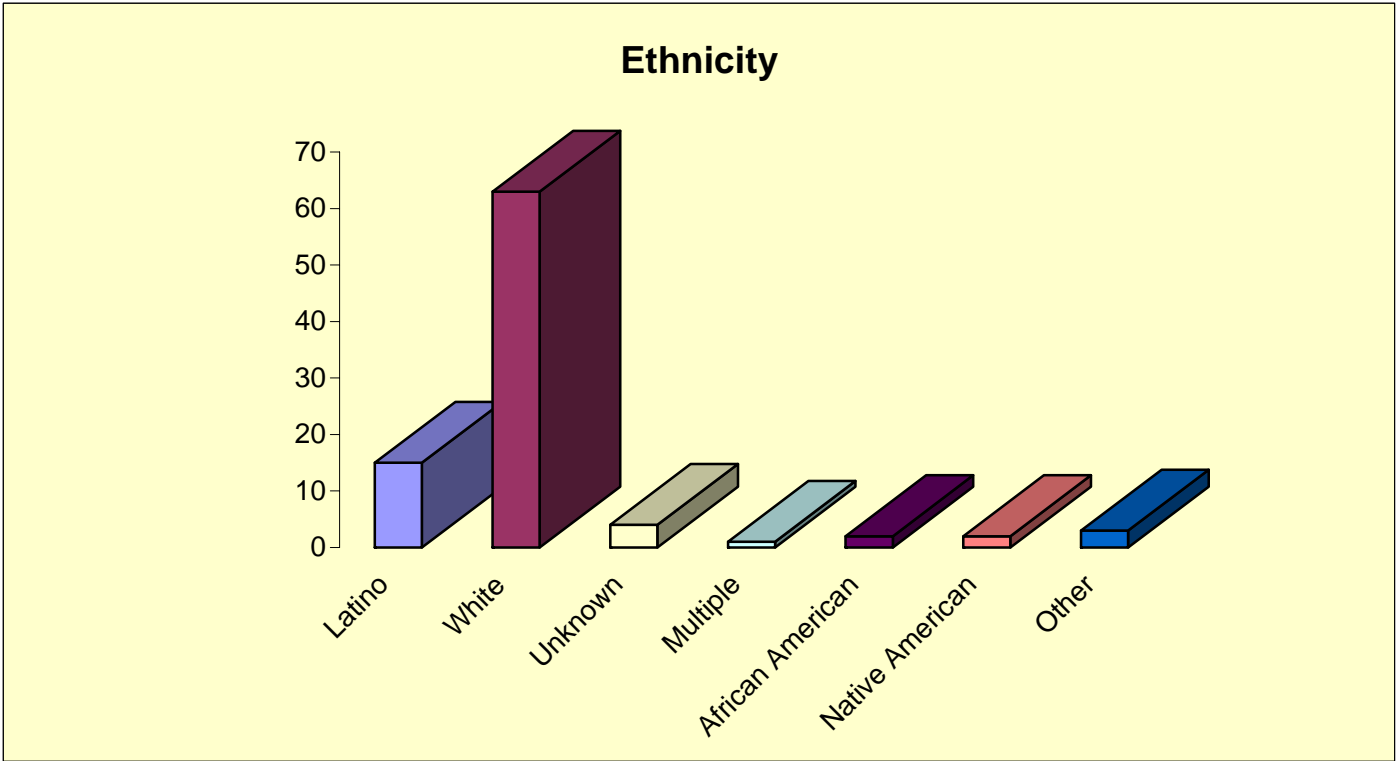
- Increased staff resources:
 - What would support clinicians to provide good clinical services? 1. Cell phones. 2. Cars and/or additional liability insurance to cover clinicians who are forced to use own vehicle to transport clients so as individual employees we aren't forced to take that additional liability risk.
 - SAFETY - county vehicles and county cell phones are essential and basic way of providing safety to our clients and clinicians.
 - We need cars and cell phones to better provide field-based services!
- We should have more funds towards early intervention preschools. There could be sessions with the parent and child that are observed by recent parent graduates from program to pass their knowledge onto other parents about how to parent and how to give positive attention to their kids.

- We need a long-term, juvenile, residential psych facility. Many of clients are being housed at Juvenile Hall because there aren't any appropriate placements. The Hall is not set-up for giving mental health care.
- Discriminating against youth who have severe mental illness seems more of a money issue-- which is sad/disrespectful to the ones who clearly suffer the most.

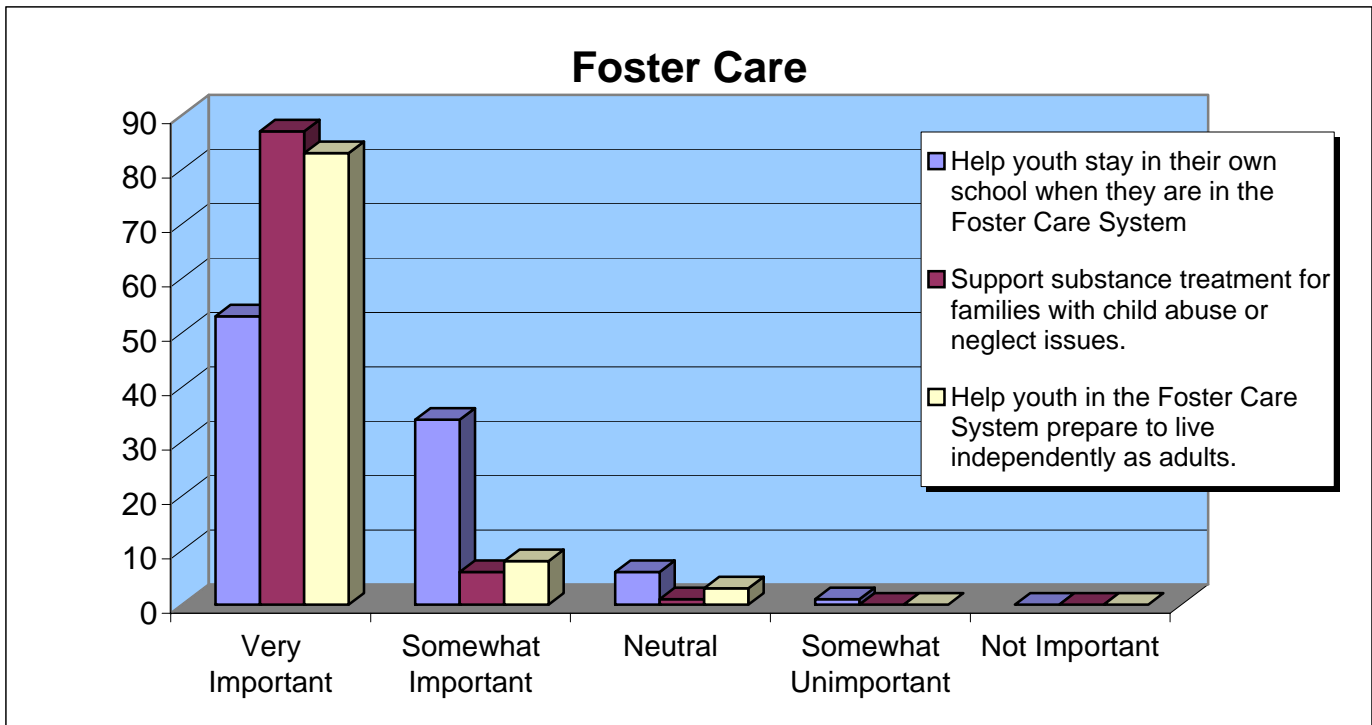
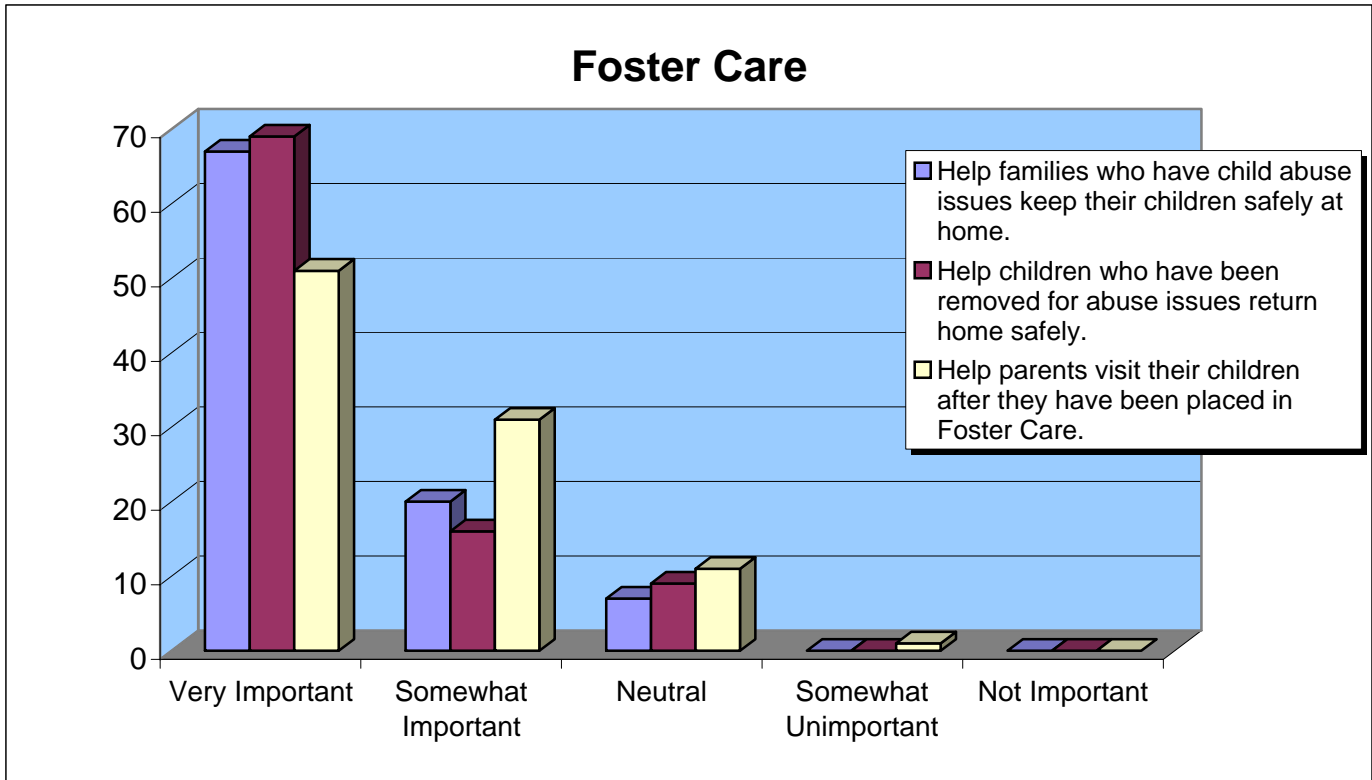
Phase 1 - Provider / Staff Survey Results Children's System of Care



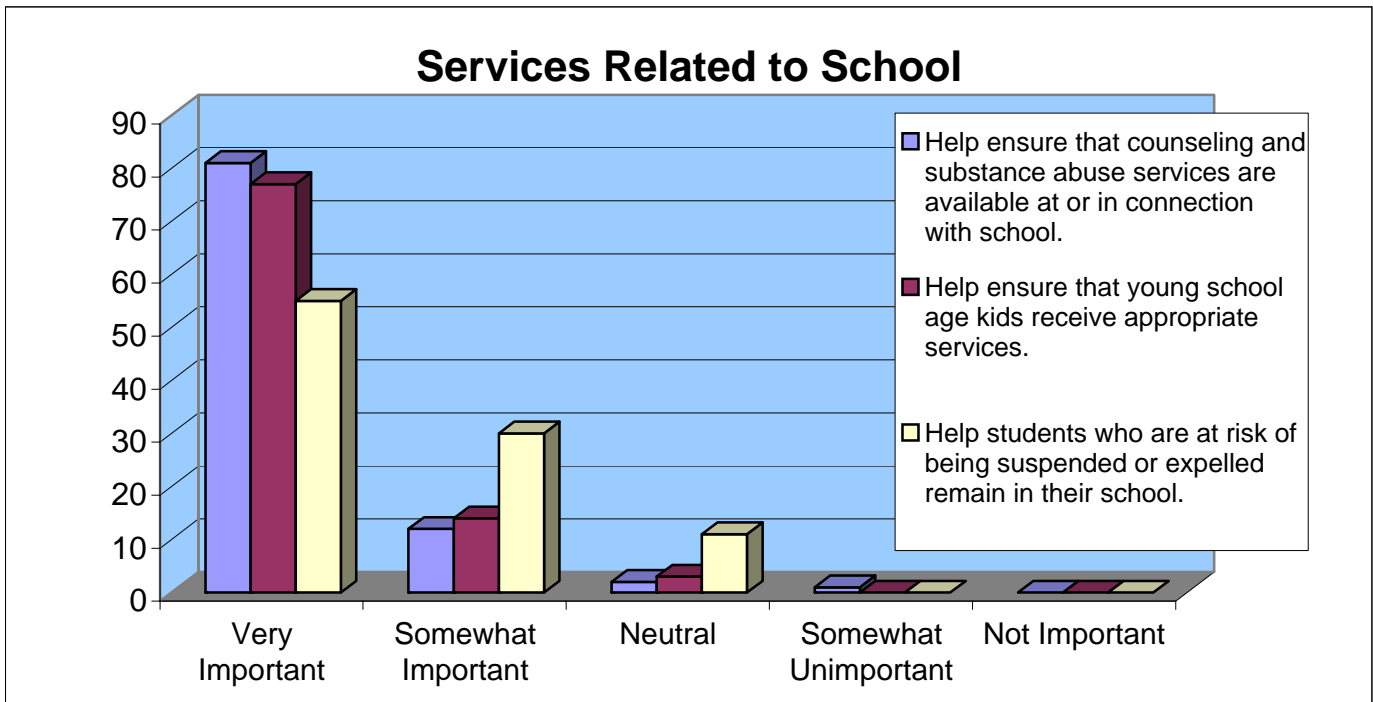
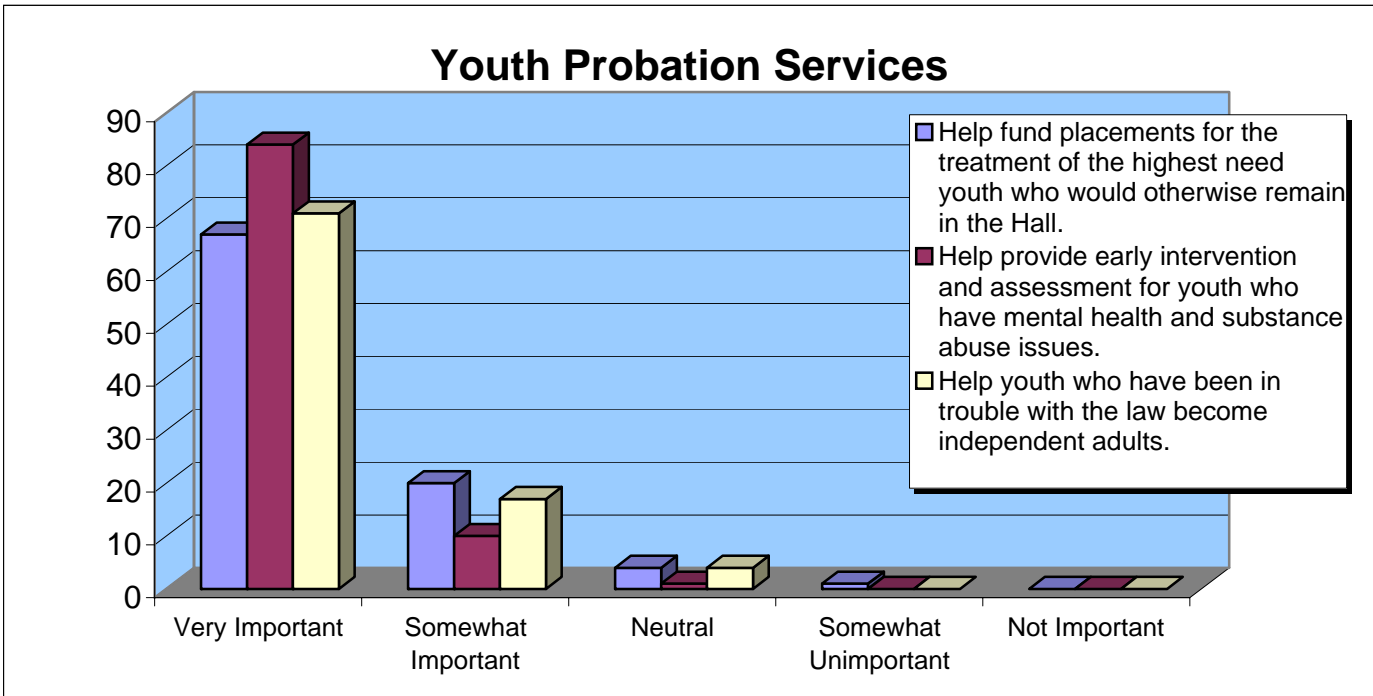
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