

STATE OF THE COMMUNITY ANNUAL REPORT CUMULATIVE 2017-2020

Highlights, Accomplishments and Lessons Learned by United Parents
and Parents & Caregivers for Wellness



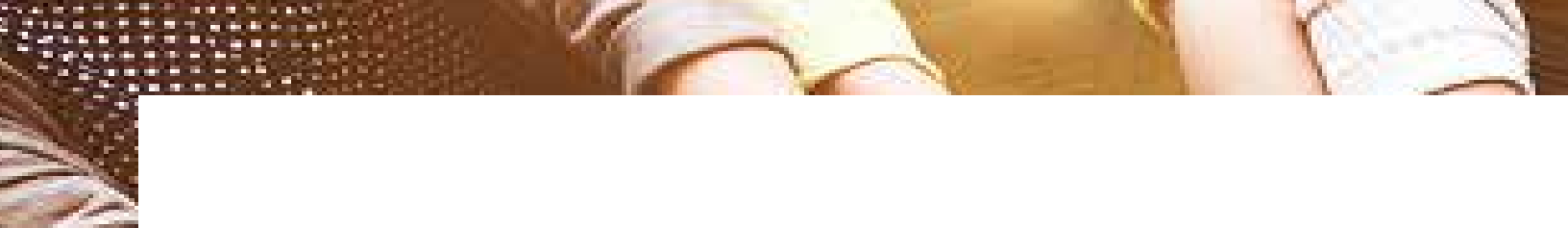
United Parents

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.



Dedication.

The community art used throughout this publication reflects you:
The hopes, dreams, aspirations you hold for yourself, your children
and your community.

This report is dedicated to the parents and caregivers throughout California who are giving new meaning to the reality of “family” and “community”. Because of the global pandemic, 2020 has been an unprecedented year in which we have seen our families and communities “turned upside down” while sheltering in place, facing unemployment and economic downturn, and being painfully reminded how widespread and unacceptable structural racism is.

Yet parents and caregivers everywhere refused to be overshadowed by difficulties, instead got creative to find new ways to support their own family as well as neighbors. You know who you are: You kept the lights on, you put food on the table, you became your child’s teacher, and paved the way for hope and resiliency. No matter what your ethnic identity is, you showed your children and yourself that Black Lives Matter.

The determination, relentless efforts and collaboration shown, mean so much more during times like these. It spreads hope and inspires us to see the possibilities of what we can achieve, even under the most unimaginable circumstances. Thank you for what you do, and for being among the “first responders” in your own family to the children and neighbors whose lives you have touched in an indelible way.

Fred Rogers may have said it best, “Frankly, there isn’t anyone you couldn’t learn to love once you’ve heard their story.”



Acknowledgements

Mindful of the strength, courage, determination and hope carried by parents and caregivers throughout the state of California, United Parents wishes to acknowledge our many partners who joined us in a collaborative effort to ensure authentic voices are heard and acted on. Although more work in this area remains to be done, the improvements that have been implemented statewide to strengthen services and supports for Parents and Caregivers would not have been possible without the focus, imagination and follow through our partners consistently brought to bear.

The key partners who have comprised Parents & Caregivers for Wellness (PC4W) over the past three years include:

- United Parents (UP)—Lead Organization: 2017-Present
- California Alliance of Caregivers (CAC): 2017-Present
- Capital Adoptive Families Alliance (CAFA): 2017-Present
- California Mental Health Advocates for Children and Youth (CMHACY): 2017-Present
- East Bay Children's Law Offices (EBCLO): 2017-Present
- Children's Law Center of California-Sacramento (CLC-Sacramento): 2017 - 2018
- Young Minds Advocacy (YMA): 2017 – 2018
- Mental Health America, Northern California (NorCal MHA): 2018 – 2019

Please see Appendix A for a description of Year 3 Collaborative Partners and listing of key statewide supporters who played an integral role with regard to PC4W's Training, Education, Outreach and Advocacy efforts.

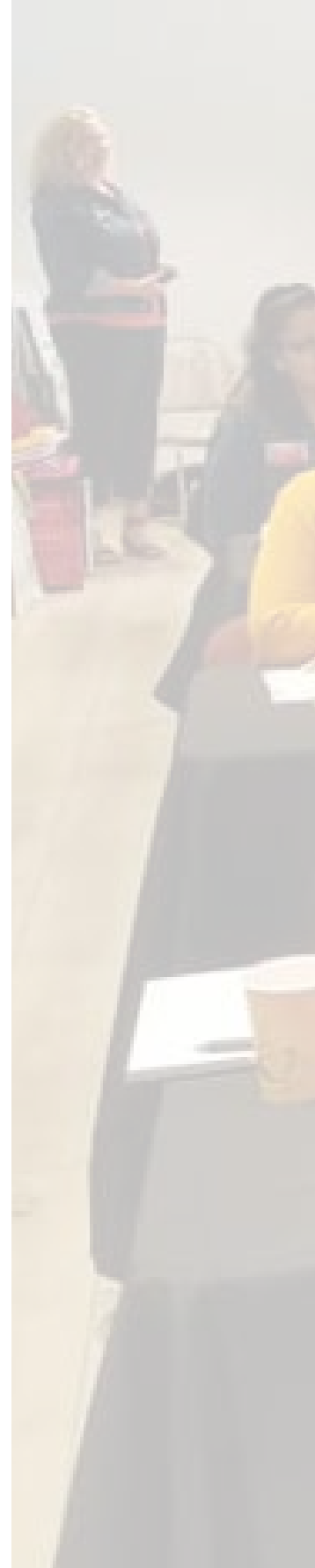
We also wish to thank the Mental Health Services Oversight and Accountability Commission (MHSOAC) for the opportunity to provide training and education, support and resources to parents and caregivers throughout the state. Your support and trust in our work gave us confidence to better serve the families who need it most. We thank you...our parents and caregivers thank you!

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Everyone has
contributed.

Executive Summary

Parents helping parents from 2017-2020.

True to its vision and mission, Parents and Caregivers for Wellness (PC4W) over the past three years has provided direct outreach and engagement to parents and caregivers throughout California to support and equip them to manage the mental health needs of their children, even during the 2020 global pandemic. As a direct result, from 2017 – the Present, parents and caregivers have become more trauma-informed; have greater access to services and supports; enjoy a more holistic approach from providers; and are better able to help other parents and caregivers through peer-to-peer support.

With United Parents as the lead, PC4W has also had a decisive impact on organizations that support parents and caregivers, many of which are parent or caregiver led. As a direct result of PC4W's efforts and advocacy, these organizations have been able to maximize funding by expanding services to more parents and caregivers following PC4W's outreach and engagement. They now recognize PC4W as the conduit of mental health information between parents and caregivers and policy/decision makers throughout the state. Also, they have themselves done more to integrate the authentic voice of parents and caregivers into planning and governance.

From 2017 – the Present PC4W built capacity through the following:

- Annual State of the Community Reports
- Outreach and engagement to over 40,000 parents and

caregivers and to over 300 child- and family-serving organizations

- 948 participants in 13 regional training events, with additional participation at supplemental county training events
- 1,217 participants in statewide training events, including California Mental Health Advocates for Children and Youth (CMHACY) Conference, National Alliance on Mental Illness (NAMI) California Annual Conference, Leadership Forum and statewide webinars
- COVID Response in 2020 to 149 families
- Ongoing support and advocacy for the needs of parents and caregivers and the organizations that support them

PC4W consistently amplifies the experience of parents and caregivers who need the following in order to meet the mental health needs of their children:

1. Availability of high quality mental health programs staffed by clinicians who are trauma-informed and experienced in addressing the issues presented by their child;
2. Concrete support for gaining access to care, including respite care, peer navigators, parent partners, and support groups;
3. Non-discriminating services that are close to home and affordable with insurance parity.



Through an annual Parent Voice Survey, focus groups, and comments made during events, families have reported that they are most concerned with their children's mental health needs related to anxiety disorders, prior trauma, attention and hyperactivity, and depression. They consistently report child behaviors such as inattention and not following direction, defiant behaviors, tantrums, and risk for suicide. Co-occurring concerns expressed by parents and caregivers tend to center around developmental disabilities, their child being bullied, or the need for educational support. Knowing how to advocate for and support their child's educational needs has been a particular concern this past year due to the closure of schools and stay at home restrictions.

Over the years United Parents has implemented a set of strategies to address these needs that includes a regional and statewide approach, development and dissemination of working tools for parents and providers, and close collaboration with others. United Parents engages in reflective practice to look at performance and results, and uses data to inform next steps and new directions.

In looking ahead, Parents and Caregivers for Wellness under the leadership of United Parents, will build on the strong foundation that was laid from 2017 – 2020. United Parents appreciates the continued partnership with MHSOAC to further address the heart of what matters to parents and caregivers. As a parent-led organization, PC4W is committed to moving away from the margins that barely touch the surface, to behavioral health innovation that will produce lasting change and improvement.

Community means
everyone, more than ever.

Parents and Caregivers for Wellness 2017-2020 Report

The year 2020 will go down in history as a most challenging and unusual time for everyone, particularly for parents and caregivers. The economic downturn brought on by the coronavirus pandemic challenged parents and caregivers to meet basic family needs, such as food, clothing and shelter. COVID-19 restrictions, including the closure of schools meant that families had the added responsibility of ensuring access to the internet and educational technology so their children could continue to learn. The need for basic protective factors became more obvious than ever:

Family Protective Factor

What it Means for PC4W Families

Parental Resilience: A parent's or caregiver's ability to navigate the ups and downs of daily life, and manage stress when faced with challenges, adversity, and traumas.

Despite the challenges, parents and caregivers reach out for support and engage in self-care.

Knowledge of Parenting and Child Development: Understanding the stages of child development and parenting strategies that support physical, cognitive, language, social, and emotional development.

Parents and caregivers are the experts on all factors affecting their child's development. They understand the impact of trauma, and their child's unique learning needs.

Social and Emotional Competence: A child's ability to communicate clearly, recognize and regulate emotions, and establish and maintain relationships.

Emotional intelligence is modeled by parents and caregivers and is taught to their children.

Social Connections: Positive relationships that provide a family emotional support, information, and spiritual support.

Parents and caregivers gain support through connecting with others and facilitate positive connections for their children.

Concrete Support in Times of Need: Access to support and services that address a family's basic needs, such as food, healthcare, and housing.

Recognizing that we all need a little help sometimes, parent and caregivers get creative to find ways to meet their children's basic needs.



The Authentic Voice of Parents & Caregivers

Who are Parents and Caregivers?

According to 2019 Census estimates, the population of California is close to 40 million. Nearly half (48.5%) of the population are Caucasian, 32% are Hispanic/Latino, 10.9% are Asian/Pacific Islander, 5.1% Black/African American, 0.9% Native American, and 4% other or multi-racial. At 9,202,479 nearly one-quarter of the population are under the age of 18. (They represent 8% of the total US population of children). Over 40% of Californians speak a language other than English at home. The 2019 median household income is \$71,228; however, over 14% of the population lives below the poverty line.¹ When housing costs are considered, referred to as the Supplemental Poverty Measure, California's poverty rate rises to 19%, the highest in the United States.²

One in 13 children in California had a serious emotional disturbance that could interfere with home, learning, or getting along with people.³ More than 10 percent of California children under five years of age have a disability or special need that could be a co-occurring factor. Adverse childhood experiences (ACEs) are stressful or traumatic events that may have a lasting impact on children's health and well-being. ACEs also affect every community in California. In some counties, over 75% of residents have at least one ACE. Even in counties with the lowest prevalence of ACEs, 1 out of every 2 residents, or 50%, has one or more adverse experiences in childhood.⁴

In summary, vulnerable children and youth with mental health needs, trauma histories, learning difficulties, and developmental delays reside in every part of the state, every cultural group, and every socio-economic group. The parents and caregivers who support these children and youth are as diverse as the children themselves.

Although the MHSOAC defines parents and caregivers of children and youth to include biological parents, foster parents, and grandparents, United Parents and the Parents & Caregivers for Wellness collaborative (PC4W) partners have expanded that definition. "Parents and caregivers" include biological parents, grandparents, siblings, other extended family members (related and non-related kin), foster and adoptive parents, parenting youth involved in the mental health system, and other permanent natural supports to youth. Each of these types of caregivers has unique experiences and needs which are described in Appendix B. The combination of partners in the collaborative represent all members of this broadened definition of caregivers.

¹ Census Fast Facts. Retrieved from <https://www.census.gov/quickfacts/fact/table/sandiegocountycalifornia/POP010210#viewtop> on May 24, 2019.

² California Housing Partnership Corporation. (2018). San Diego County's Housing Emergency and Proposed Solutions. (2018). Retrieved from <https://1p08d91kd0c03rlxhmhtydp-wpengine.netdna-ssl.com/wp-content/uploads/2018/05/San-Diego-2018-HNR.pdf>.

³ California Health Care Almanac <https://www.chcf.org/wp-content/uploads/2018/03/MentalHealthCalifornia2018.pdf>

⁴ <https://centerforyouthwellness.org/wp-content/themes/cyw/build/img/building-a-movement/hidden-crisis.pdf>



Experiences of Parents & Caregivers:

Current and Historical Trends

Families often find that the mental or behavioral health needs of one child affects every member of the family. When a child has intensive needs or difficulties, the needs of other children can be minimized or overlooked. Parents and caregivers who have a child with mental health or behavioral health needs frequently defer their own needs and in addition face stigma, social isolation, and frustration that appropriate resources for their child and family are not readily available. Accessing any resources at all often requires that parents and caregivers navigate complex service system requirements and waitlists.

Historically, parents and caregivers have reported that they have little or no access to policy makers or administrators, so that they can inform them of their actual, relevant needs. Too often programs have been geared towards meeting general needs, or those perceived by the policy maker or administrator, rather than informed by the actual voice of parents. Recently, in part through Parents & Caregivers for Wellness, those caring for children with a mental health need have had their concerns and issues directly sent to decision makers. However, many caregivers now report that they have “made their voice heard repeatedly”, but “nothing ever happens.”

Best practices for getting families “to the table” so that their voice can be heard include:

- Welcoming environment that offers child care and hospitality (a meal)
- Transportation access, in the form of a ride or stipend to offset the cost of travel
- Combining advocacy opportunity with another activity of interest to parents and caregivers, as well as their children
- Incentives through gift giveaways, such as gift cards
- Offering Spanish interpretation and other languages, if needed
- Not using mental health jargon and acronyms; avoid “alphabet soup” (See Appendix C.)

Best practices for “hearing” and following through on parents and caregivers stated needs include:

- Regular dialog and exchange between parents/caregivers and policy makers where action items are named and progress is reported
- Joint problem solving as part of the dialog and exchange
- Integrating one’s own lived experience and resilience into the work for affirmation and context
- Transparency with parents/caregivers on what needs cannot be met and why, or what can be done over time to address the needs
- Involving parents/caregivers in county-wide Community Planning Processes

Behavioral Health Issues Impacting Parents & Caregivers

Across three years of United Parents, from 2017 – Present, data clearly demonstrates that even before COVID-19 there was a crisis in Children’s Mental Health. PC4W has found that the trends over the past three years are consistent with the following statistics:

Only 5% of children with Medi-Cal receive a behavioral health service.	50% increase in mental health hospital days for children.	61% increase in the rate of self- reported mental health needs.	43rd in providing behavioral, social & developmental screenings.
104% increase in inpatient visits for suicide, suicidal ideation and self- injury for ages 1 – 17	70% of youth involved in CA’s juvenile justice system have unmet behavioral health needs and youth of color are over-represented.	Only 35% of youth who report needing mental health support actually receive it.	

The following needs have also been consistent across the span of PC4W:

What it Means for Children’s Mental Health	
Availability	A sufficient quantity of children’s mental health facilities, clinicians, and specialized providers without long wait listing for appointments
Accessibility/ Insurance Parity	Accessible for every child: non-discriminating, physical accessibility (close proximity), economic accessibility (affordable), and easy to access information.
Support for Access	Respite care, peer navigators/parent partners, support groups
Quality	Scientifically and medically appropriate and of good quality. Caring professionals who are capable, know about trauma, and can explain things in a way parents and caregivers can understand. Culturally relevant and respectful.

Across all three years, parents and caregivers have been most concerned about their child’s behavioral challenges and mental health. Challenging behaviors, such as defiance, was identified as a primary concern for roughly 56% of parents. Furthermore, anxiety was a prominent concern for 64.3% of parents across years 2 and 3.

The specific Mental/Behavioral Health issues reported by at least 50% of participating parents and caregivers from the most recent (2019/2020) survey are:

Physical/neurological health	Mental Health	Behaviors
<ul style="list-style-type: none"> Special education Developmental disabilities Being bullied 	<ul style="list-style-type: none"> Anxiety disorders ADHD Depression 	<ul style="list-style-type: none"> Not following directions/inattention Defiant behaviors Temper tantrums

⁵ A PERFECT STORM FOR CHANGE: THE URGENT NEED TO ADVANCE CALAIM’S CHILDREN’S BEHAVIORAL HEALTH REFORM EFFORTS Overview and Call-to-Action June 2020 https://cachildrenstrust.org/wp-content/uploads/2020/06/CMHACY_CCT_CACFS_June25.pdf



R

PEACE

EVOL

HOPE

FAITH

JOY

UNITY

KINDNESS

Overview.

United Parents and Parents & Caregivers for Wellness (PC4W)

United Parents is a grassroots community-based nonprofit founded in 1990 on the basic principle of “parents helping parents.” With a deep understanding the unique challenges of families raising children with emotional, behavioral or mental disorders, United Parents identifies and bridges gaps in traditional services by bringing local resources together to work with families to reach positive, long-term outcomes in the home and community. United Parents is an advocate for families to be recognized as full partners in the treatment and care of their children, knowing that it is key to recovery and resiliency. With a proven track record in providing resources to empower, strengthen and support parents who have children with mental health, emotional, and behavioral disorders, United Parents was selected by MHOAC to become the lead organization for parents and caregivers.

Parents & Caregivers for Wellness is a collaborative project led by United Parents to strengthen the voice of parents and caregivers and improve services and supports for families. Since August 2017, Parents & Caregivers for Wellness has been dedicated to meeting the real needs of families who have children with mental health needs, all through a collaborative approach.

GOALS California’s Mental Health Services Act (MHSA or Proposition 63), encourages 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 intention behind the MHSA

is to change not only the way people access mental health services and participate in policy planning, but to change public perception and stigma associated with mental illness.

Through Parents & Caregivers for Wellness, MHSA funding supports the goals of:

- System transformation
- Engagement and participation of Parents and 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 supports to them.

Over the past three years, PC4W has grown significantly as a statewide group and has made significant inroads towards system transformation. They have increased familiarity “in the trenches” to better understand ongoing and unmet needs and use that insight to ensure a holistic approach to working with families. PC4W has steadily increased engagement and participation of parents and caregivers of children with mental health needs by engaging them locally with a tailored (not a “cookie cutter”) approach.

STRATEGIES Consistent throughout the three years of funding, PC4W has employed the following six strategies to maximize the impact of MHSA funding:

1. **Integrated Regional and Statewide Approach** PC4W has utilized a regional model for all local efforts to reach the greatest number of stakeholders and policy makers around the state. Events were located in 13 different counties within the five regions identified by the County Behavioral Health Directors Association of California (CBHDA). Each event incorporated all of the action deliverables: training and education; outreach, engagement, communication, and advocacy. PC4W's approach engaged parents and caregivers in all components of the project. The PC4W partners participating in each two-day event included 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).
2. **Working Tools** PC4W provided handouts, training materials, resources, brochures and contact information for local advocates/advocacy groups to participants at the regional events and posted them as resources on the websites of all collaborative partners and on the PC4W website. Working tools are available to be modified for re-use with each partner's own local and/or state level stakeholders and decision makers. All materials for parents and caregivers are translated into Spanish. Materials will be translated into other languages, if requested.
3. **Collaboration** with the contractors from other stakeholder groups (particularly TAY, LGBTQ, NAMI and Family Members of Consumers) to share resources and forums. United Parents received the Parent/Caregiver Stakeholder contract for years 2020-2023 due to their close connection with parents and caregivers and their "boots on the ground" local level type of work that included collaboration as appropriate.
4. **Lessons learned** from the regional and statewide events are shared with decision makers from child-serving systems: mental health, managed care (commercial and public), education, juvenile justice, child welfare, and others at the state and local level. The lessons learned across PC4W's three years informs advocacy efforts to better inform and influence the evolving statewide policies and practices from state and local decision makers to the participants at the regional and statewide levels.
5. **Capacity Building** PC4W built capacity as they strengthened formal and informal parent and caregiver organizations throughout the state and developed a unified network of parent/caregiver run organizations. Partner organizations gained greater exposure following PC4W events and parents and caregivers had more opportunity to access services. PC4W hopes to continue to build capacity for expedient and appropriate care and treatment, rather than have families directed to what is available, when it is not the type of treatment that is needed.

WHAT WE DO

PC4W raises awareness of the very real and immediate mental health needs of children/youth and those who care for them. Through outreach and engagement, PC4W increases knowledge of and access to appropriate quality mental health services for children and youth. They also activate partners, supporters, and policy makers to improve mental health care for children and youth statewide. 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, infographics, newsletters, reports, and other tools to inform parents and caregivers, 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 and caregivers as well as for local and state decision makers, and providers. The focus is on skills development, and increasing knowledge, awareness, and understanding of the strengths and needs of children/youth with mental health challenges, and the needs and strengths of their parents and 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 Led by UP's policy analyst, PC4W actively educates and collaboratively engages parent advocates/partners and policy/decision makers on the issues and gaps in services expressed by parents and caregivers in each of the five CBHDA 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. During the COVID-19 pandemic they were also able to leverage resources to provide calls, support and tangible resources to parents they had come in to contact with over the past three years who were experiencing extreme stress, hopelessness, and isolation.

Supplemental events, responsive to requests from parents At each PC4W regional training there is always at least one parent or provider who asks if a training can be provided in their home county to a specific group of parents and caregivers and/or providers who work with them. As capacity allows, PC4W prioritizes and responds to these requests from the field.

Flexible response in times of crisis Because of its unwavering commitment to meeting the need of parents and caregivers, PC4W was willing and able to pivot to a virtual platform during COVID-19 shelter-in-place restrictions. This allowed for continuity of support at a time when it was desperately needed.



2017-2020 Highlights & Accomplishments



Annual State of the Community Report

Each year United Parents has produced a State of the Community Report that serves as a working tool for policymakers, partners who support parents and caregivers, and the parents and caregivers throughout California. The priority needs as identified by parents and caregivers, as well as a pathway for meeting their needs is clearly laid out.



Outreach and Engagement

300+

Child and Family-serving
organizations in CA
impacted by PC4W

35,000

Facebook users reached
and 619 Followers

40,000+

Parents and Caregivers
Reached

Effective outreach | The most effective outreach tool is word of mouth and leveraging existing relationships with care providers/therapists. Parents and caregivers are overwhelmed with caring for the needs of their youth so they rarely have time or energy to respond to unsolicited invitations to training from those they do not know. By using the relationships partners have with trusted local leaders, PC4W was able to connect with many local parents and caregivers as well as those that support them. Another effective outreach tool has been using social media to announce regional events to those who are more apt to utilize those tools.

Outreach to unserved/underserved populations | Outreach and engagement of parents and caregivers from unserved and underserved communities is challenging. Therefore, it is even more important that we approach these communities through their cultural leaders and in locations where they traditionally gather i.e.: faith based organizations, cultural centers, home of cultural leaders, etc. One of the most effective tools used to reach the unserved/underserved communities is to attend community events focused on providing information/resources targeting that specific population.

Measuring the effectiveness of outreach and engagement | PC4W measures effectiveness of our outreach and engagement efforts in a variety of ways including:

- Numbers of survey and focus group respondents
- Numbers of participants attending the local and regional events
- Number of “hits” and “likes” on our website pages and Facebook posts
- Number of requests for additional information and support



Regional Training Events

13

Events

948

Overall Participants =

606

Parents/Caregivers +

342

Professionals

From 2017 – 2020 nearly 1,000 parents and caregivers, along with professionals who support them attended one of thirteen (13) Regional Training Events conducted in each CBHDA region each year. (All five regions served in Years 2 and 3, with three regions served in Year 1.) Because they were conducted regionally, the training and education events were available to parents and caregivers throughout each region across the state.

At a recent event, a parent commented: “Our family has been in a daily crisis mode. Our child was in acute crisis and hospitalized three times in the last 3 months. NOTHING like this was provided to us when she returned home. You guys have amazing background, skills and life experiences and I just want to say THANK YOU for sharing! Thank you!!!”



Supplemental County Training Events

40

Training Events

29

Training Topics

Between the Regional Training Events and additional events scheduled in response to requests, PC4W delivered 29 different topical trainings at 40 separate events (some topics were presented more than once.) In order of the frequency the highest number of requests were for:

Advocacy:

- Supporting and Empowering Parents in Advocating for their Child
- Understanding the Rights of Children and how to Navigate Entitlements

Understanding and Meeting the Needs of Children:

- What Every Parent Needs to Know (Impact of Trauma, ACEs, Preventing SUD, Emotional Wellness, Bullying, Community Violence, etc.)

Understanding and Meeting the Needs of Parents and Caregivers:

- Caregiver Resiliency
- Self-care

Advocacy training was a central theme throughout all three years, as were requests for trauma-informed parenting. In Year 3, notably, requests for trainings on educational rights and advocacy were more prominent and may have been associated with the closure of schools coupled with the necessity for virtual learning. PC4W had requests for educational rights trainings since year 1, but focused on it more in years 2 and 3. The closure of schools has led to more stress on the family. PC4W developed a webinar training called “Supporting Distance Learning” to help parents and caregivers learn about resources and tips to help them support their child’s learning during the pandemic.



Statewide Training Events

14	3	1,217	4	3
CMHACY	Leadership	Participants (Available	Statewide	NAMI California
Conference Events	Forums	to all parents/caregivers	Webinars	Annual Conference
		across 58 Counties)		Presentations

PC4W has elevated the voice of parents and caregivers at the California Mental Health Advocates for Children and Youth (CMHACY) annual conference for the past three (3) years. Through an on-site presence at the conference (Years 1 and 2), PC4W encouraged, re-energized and strengthened parents and caregivers as well as partners who support them. The numbers report the forward-facing activities, however the “work” of bringing together the Network happened “between the lines.” It was the sense of welcome and affirmation; remembering a name; sharing thoughts about what is possible over a cup of coffee or a meal that truly made a difference. In addition, three (3) Leadership Forums (one each year), four (4) statewide webinars (activated in Year 3 in the pivot to a virtual environment); and three (3) presentations (two in year 1, one in year 2 and one in year 3 (postponed to a virtual conference October, 2020) at the Annual NAMI California Conference were conducted.

The best part about the virtual format was that I can catch the workshops held at the same times: it's like having the clone I always wanted so I could be two places at once.
- CMHACY Parent Participant

I was very impressed with timing of the theme that was consistent with the times we are living in historically racial discrimination / oppression / inequality in the different systems.
- CMHACY Parent Participant



Additional Statewide Support Activities: COVID Response

149	15	40%
Responses/486 Call Attempts	Counties	Lost job/income

Because of the sheltering in place directive and parents and caregivers having to homeschool their children, United Parents realized that many of the parents they had come in to contact with during the past three years might be experiencing high levels of stress. In order to learn how families were faring during this challenging time (and to offer support), United Parents made the decision to contact them by phone. Each PC4W collaborative partner was provided a list of parent/caregiver contact information along with local county resources.

PC4W received 149 responses from parents/caregivers across 15 counties. The highest number of responses came from Fresno, Los Angeles, and San Diego. Respondents were from the entire spectrum of parents and caregivers from relative/kinship, adoptive, resource/foster with the most frequent responses from biological parents and foster/adopt (both at 27%).

“... the vast majority (parents / caregivers) we are very grateful and happy to hear from United Parents and PC4W. Many people said that it means so much that someone wanted to know how they were doing – whether they needed resources or not. Quite a few were excited to share with their communities the resources I was sending them. This was an overwhelmingly positive experience for me and those receiving the calls.”

- Los Angeles County Partner

Almost 40% (39.5) said their household had experienced a loss of employment/income since March 15, 2020, yet most reported still being able to provide adequate food, water, medication and shelter to their families. They expressed concern about losing jobs and financial instability in the longer term. At the time calls were made (early in the pandemic April/May) 15% of families already reported their children were not able to complete their schoolwork online mostly due to limited access to a computer or device.

The value of peer support was evident in that 1 in 5 parents said a supportive phone call from another parent would be helpful. The level of stress self-reported by parents as “high” was 25%, and 29% expressed moderate to high concern for their child’s emotional/behavioral issues. Many reported their child’s issues were “getting worse”, and shared examples of regression and/or increase in acting out behaviors.

Parents and Caregivers for Wellness was able to build the protective factor of “concrete support in times of need” by connecting these parents with local resources and information. Specifically, PC4W connected parents to:

- “Computers for Classrooms” and got them low-priced, refurbished computers
- Food pantries and/or the CalFresh website
- Free phones to facilitate another protective factor, “social connections”
- Child care supplies including much needed diapers and formula

PC4W provided daily and weekly calls as capacity allowed. One Spanish Speaking parent was connected to NAMI in San Diego and their warmline callers have been calling this parent and providing her with resources and connections with other parents in her county. The parents/caregivers PC4W was able to make contact with were thankful and expressed appreciation that PC4W took the time out to check in on them.



Listening proves to
build empathy.

Priority Issues

Identified by Parents and Caregivers

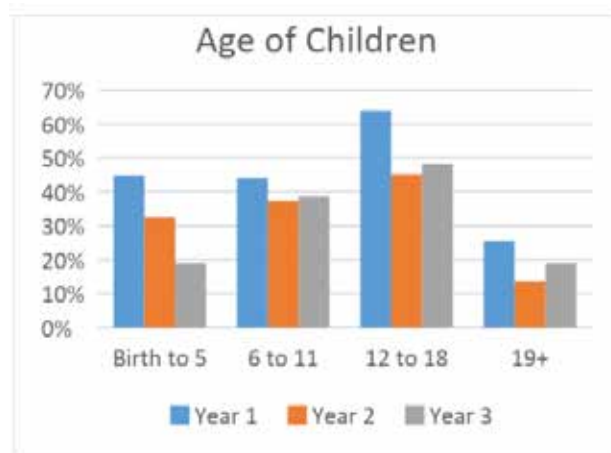
Parents and caregivers are the experts on what their child needs, and what they themselves need to support the child(ren) in their care. United Parents recognizes that the best way to understand what is needed for children to thrive in strong, secure families is to ask parents and caregivers directly.

Family Voice Survey | For each of the past three years, PC4W has conducted a Family Voice Survey, creating a different survey tool each year: Year 2 was based on what was useful information from the Year 1 survey along with suggestions from parents/caregivers on what to remove. PC4W worked with the LGBTQ Stakeholder group OUT4MENTALHEALTH to assist with the gender questions. The Year 3 survey was expanded to better reflect the behaviors parents and caregivers were mostly concerned with in regards to their child's mental health. (Note that PC4W's Key Informant Interview and Focus Group template remained the same all three years.)

The following are the types of questions that were asked in the Family Voice Survey (with variations, as noted, in each year):

- What mental/behavioral health challenges do your children face?
- Are they adequately supported with timely, appropriate services?
- What support do you as a parent/caregiver need?
- What training is needed for mental health professionals to better serve your family?

From 2017 – Present 2,427 parents and caregivers completed the Family Voice Survey. They reside in 48 of California's 58 counties and provide care for children across ages from birth to 24+ (see figure). The majority of respondents are biological parents 44%, adoptive parents 30%, or foster/resource parents 23%. Parents and caregivers who are grandparents/kin, guardians, parenting teens and legal representatives also responded. The children in these families represent all ethnicities, with slightly more males than females.



In Year 1, almost 70% of respondents indicated they had challenges in caring for their child and in Years 2 and 3 it rose to over 80%.

Key Informant Interviews | PC4W also conducted key informant interviews with local decision/policy makers and parents and caregivers to gain more specific information on what would be beneficial to include in the Regional Training Events.



Everyone interviewed was asked:

- What specific concerns do you have for the child(ren) in your care, or to whom you provide services and supports?
- Are there any unmet service needs?
- What policy changes are needed?

Policy makers seem to agree across each year that prevention services are needed for families to improve well-being, without concerns for insurance coverage. Parents desire support in understanding education and mental health treatment and need support in accessing services in a timely manner. Another repeated theme is that there is a huge communication issue between agencies serving children. For example, children with the dual diagnosis of a developmental disability and mental health issue typically have problems getting services because of insurance only covering one service and not the other. Another aspect of the communication gap is agencies not knowing what other service providers provide. Many parents and caregivers have attested that the more agencies their child is linked with, the less communication is conducted. According to PC4W's data, professionals also agree with this.

Focus Groups | The following are representative comments across the three years, with 31 Focus groups being conducted:

“The truth is there is no adoption without trauma. The stress this places on caregivers, families, and children can be enormous. We need to be understood and have appropriate services available without making things worse.”

– Year 1 Adoptive Parent

“Caregivers need to take care of themselves as much as they do the youth. Build in respite. A lot of caregivers don't really think about that. When we see failed placements, we can often trace it back to a lack of treatment for caregivers.”

– Year 2 CPS Shelter Manager

“Our children are in crisis mentally and need help. The schools need to join forces with mental health agencies to help with our epidemic of mental health issues.”

– Year 3 Foster Parent

Return on Time
Invested.

Benefits of Participation in Outreach, Education, Training and Advocacy

Benefits to Parents/Caregivers and the Children/ Youth in Their Care

Parents/caregivers are more Trauma-Informed. | They are recognizing trauma and are better able to seek support. This includes knowing where to go for help, how to evaluate the appropriateness and quality of care, how to navigate complex systems, and how to advocate for what their child needs when it does not appear to be available.

- Increasingly parents are specifically requesting referrals for their child's treatment to someone who understands trauma work.
- Foster/resource parents recognize they are not the “saviors” of children; they see that capability is being built in biological parents to care for and nurture their own children. In some cases foster parents partner with the biological parent to help build that capacity.
- Biological parents report feeling less shame and stigma; they realize it is safe to ask for help and relieve the blame they place on themselves.
- Kinship caregivers have more confidence but have found there is no “easy fix”. Working with trauma takes time.

Holistic Approach | Through the work of PC4W, it is more widely recognized that parents and caregivers and their kids—both may need attention and services/supports. This coincides with research indicating higher retention rates in treatment when the needs of both parents/caregivers and their child are attended to.

Parents/caregivers, as well as the children in their care benefit when systems and providers recognize they must strengthen both child and family well-being (Whole family).

Parent Partners (Peer to Peer Support) | Parents and caregivers are enthusiastically connecting with other parents to exchange learning of what works and to be able to support each other in bringing their concerns directly to decision makers in a particular county. “Champion” parents are rising up in each county to facilitate bi-directional communication to better understand needs and to direct resources.



There is a growing recognition of the gaps, including lack of communication as professionals also have a tough time communicating with other professionals.

Greater Access to Services and Supports | Parents and caregivers have greater access to training, as well as other services and supports.

Impact of PC4W on Organizations

PC4W has had a decisive impact on organizations that are either parent and caregiver led or local and statewide public and private organizations that authentically integrate the parent and caregiver voice into their governance, planning, and/or administration. United Parents is now recognized as a statewide parent led/parent driven organization.

Specific impacts of PC4W on organizations include:

Increased Exposure Leads to Increased Participation | Partner organizations have gained greater direct exposure to parents and caregivers in need of their services. This means that they are in a position to understand what is needed and tailor the program or intervention accordingly.

- From a system's perspective this means maximization of funding as the program or intervention enrolls and serves children, youth and families as needed rather than services going unused or underutilized.
- Several organizations have gained clients following outreach and engagement with training events.

Increased Advocacy Skills | Advocating for the needs of children with a mental health concern and their parents and caregivers involves any action that speaks in favor of, recommends, argues for the cause, supports or defends supportive policies, or pleads on behalf of children in need. PC4W has built capacity by modeling and teaching the skills required to do this with efficacy.

- Organizations consider PC4W as the conduit of mental health related information between parents and caregivers and policy/decision makers throughout the state.

The changes depicted by the following two organizations are representative of the ways PC4W has impacted organizations throughout the state:

California Alliance of Caregivers (CAC) has greatly increased organizational capacity during the last three years as a partner with United Parents for Parents and Caregivers for Wellness. This collaboration with other statewide partners allowed CAC to connect its members with a wider, and growing array of training, advocacy, information, and experts in child and youth wellness.

CAC highlights over the last three years include:

Statewide leadership events in Sacramento - engaging parents with decision-makers to improve programs and services
Hearing parents support each other at trainings and events
Engaging parents in local advocacy and uplifting the value of their voice

As an organization, CAC has increased capacity in a number of ways including:

- Increased Number of Parent Members
- Increased Geographic Network
- Increased Training Options for Parents
- Increased Capacity for Gathering Parent Voice
- Increased Partnerships and Collaboration with Local Agencies
- Increased Organization Stability for CAC Employees

Capital Adoptive Families Alliance (CAFA) has been part of Parents and Caregivers for Wellness (PC4W) for the past three years. They are a very small non-profit organization that supports adoptive families primarily in Northern California. CAFA was asked to be part of this collaborative to bring the voice of adoptive and foster parents (98% of our families have adopted from foster care).

CAFA highlights over the last three years include:

- Increased Number of Families Supported
- Expansion of Services to Additional Counties
- Increased Capacity to Provide Respite Care
- Project plan to grow CAFA into new service areas

Looking Forward

The benefits resulting from the leadership of United Parents and the “sweat equity” of PC4W to parents and caregivers and the children in their care, as well as for the organizations that serve them are impressive. Yet, they are only the beginning.

Over the past three years, foundational capacity has been built and reinforced, creating a pathway during the next three years for real systems change to take place. United Parents and PC4W look forward to continued partnership with the MHSAAC to address the heart of what matters to parents and caregivers. To move away from the margins of just improving access to and quality of services which is necessary but not sufficient.

Together we must move forward as courageously as the families and organizations did during this unprecedented year, 2020.

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Appendix A

PC4W Collaborative Partners

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.

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

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) was launched by the State Department of Mental Health along with a hand full of County Children’s Coordinators. This small group met at a state park retreat grounds, known as Asilomar, in the town of Pacific Grove, Monterey County in 1980. This bold group of leaders began to speak out and advocate about the lack of coordination between public child serving agencies that children and youth were “falling between the cracks”, and that youth, parents and caregivers had no voice in the delivery of their own services. This advocacy effort aligned with the initiation of the Children’s System of Care (CSOC) and became the foundation of CMHACY’s annual conference theme. The CMHACY Conference grew dramatically, gaining countless supporters across the state, sustaining itself to this day, averaging as many as 600 attendees and celebrating its 40th anniversary. Each year the conference highlights the best practices, the most cutting-edge programs and current statewide initiatives and policies that are, and/or will affect our children, youth and families. Every conference results in the transfer of learning that is taken back to home communities, enhanced networks and a Call-to Action.

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

Appendix A

PC4W Key Collaborative Partners

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 0–21. 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/>



PC4W Statewide Partners

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
- Moira Allbritton, MST, Parent Advocate, San Diego

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
- Renzo Bernales, Special Education Division, Opportunities for All Branch, Education Programs Consultant, California Department of Education
- Jennifer Bloom, Associate Director of Client Services: Early Start and Children's Division, Alta California Regional Center
- Deanna Boys, MA, CAARE Diagnostic & Treatment Center
- Valisha Bullock – Deputy Director, Child Welfare, San Diego
- 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

- Evelyn Cortez, Parent Partner, Bayfront Youth and Family Services, LA County

D

- Dante Dautz, J.D., Director Union of Pan Asian Communities, San Diego
- 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
- MegEaster-Dawson, MSW, Valley of the Moon Children's Center, Sonoma County Human Services Department

F

- Lady Freire, Program Manager, Vision y Compromiso, Contra Costa County
- Christine Marie Frey, Author, Founder of Brain XP, Mental Health Advocate, Award-Winning Author

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
- Gregory Glazzard, Probation Division Manager – Juvenile Division, Monterey County Probation
- Kristine Gutierrez, Coordinator, Antelope Valley Family Focus Resource Center

PC4W Key Statewide Partners

H

- Susan L. Holt, LMFT, Deputy Director, Clinical Operations, Dept. of Behavioral Health, County of Fresno
- Celeste Hunter, Union of Pan Asian Communities (UPAC), San Diego

I

- Shannon Iacobacci, Parent Coach, Circle of Hope Consulting Services, FASD Network of Southern California

J

- Melissa Jacobs, Sacramento County Behavioral Health
- Karleen Jakowski, Child Welfare Director, Yolo County

K

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- 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
- Dina Kokkos-Gonzales, Chief, Mental Health Services, Department of Health Care Services

M

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- Dan Maydeck, CEO for Haynes Family of Programs
- 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
- Ayan Mohamed, NEC Coordinator, Union of Pan Asian Communities (UPAC), San Diego
- Nic Muñoz, Staff Attorney, Mental Health Advocacy Services, Inc., Los Angeles

N

- Lea Nagy, Family Liaison, DHHS-Humboldt County

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- Monica Nepomuceno, Education Programs Consultant Mental Health Services Programs, California Department of Education

P

- Artie Padilla, Executive Director, Every Neighborhood Partnership
- Manisha Patel LMFT, Clinical Supervisor, The Children's Center of the Antelope Valley
- Marlene Pena, Program Manager, EPU Children's Center Fresno County
- Sokthea Phay, Community Operations Director, YMCA of Greater Long Beach, Community Development Branch

R

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- 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
- Angela Riddle, LCSW Training and Workforce Development Manager, Ventura County Behavioral Health
- Sara Rogers, Branch Chief of CCR, Department of Social Services

S

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- Marni R. Sandoval, Psy. D., Deputy Director of Behavioral Health, Child and Adolescent Services Training Director, Monterey County Behavioral Health Bureau
- Shah'ada Shaban, Attorney, Shasta County
- Lindsay Stark, MA, LMFT, Star Vista, San Mateo County
- Chris Stoner-Mertz, Executive Director, California Alliance of Children & Family Services
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- 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

W

- Susan Wilson, Executive Director, Youth Options, Shasta County

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Appendix B

Expanding Definition of Parents & Caregivers

The MHSOAC defines parents and caregivers of children and youth to include biological parents, foster parents, and grandparents. PC4W's collaborative partners have expanded that definition. "Parents and caregivers" include biological parents, grandparents, siblings, other extended family members (related and non-related kin), foster and adoptive parents, neighbors, mentors, legal representatives, court appointed special advocates, parenting youth involved in the mental health system, and other permanent natural supports to youth. Each of these types of caregivers has unique experiences and needs which will be described below.

Biological Parents: The standard dictionary definition for biological parent is "a parent who has conceived (biological mother) or sired (biological father) rather than adopted a child and whose genes are therefore transmitted to the child."

Kinship Caregivers: Kinship care refers to the care of children by relatives or close family friends. Relatives are often the preferred caregiver for children who cannot live with their birth parents, because it maintains the children's connections with their biological families.

Grandparents: Grandparents are kinship caregivers who face additional challenges when they take their grandchildren in to care, such as financial and health concerns, and conflicted relationships with their own children.

Foster (or "Resource") Parents: Foster care is a system in which a child or youth has been taken into the care of a government entity such as the child welfare system. These children and youth are often cared for in private homes of a certified caregiver, referred to as a "foster parent," or in California, as a "resource parent."

Guardianship Parents: Legal guardianship is a court order that says someone who is not the child's parent is in charge of taking care of the child. Guardianship suspends the parental rights of the parents; it does not terminate the parental rights. Guardianship can also be terminated at any time through the court.

Adoptive Parents: An adoptive parent is one who has adopted a child who was not born from him/her/them. At the time of the adoption, the child becomes legally his/her/theirs, just as if the child were born from him/her/them.

Parenting Youth: Every year, there are approximately 750,000 teen pregnancies and 400,000 teen births in the United States. Nearly 3 in 10 girls get pregnant at least once before age 20; with higher rates reported among youth of color. Because they are teens, parents, and often low-income, they need strong support networks and a comprehensive array of resources to help them parent effectively while working toward becoming self-sufficient adults. Unfortunately, the specialized service needs of pregnant and parenting teens are often overlooked in family and youth policies and practices.



Appendix C

“Alphabet Soup” (Common Acronyms)

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

300: (Defined by WIC 300) Victims of child abuse or/and neglect
600: (Defined by WIC 602) Juveniles become wards of the court after committing a crime

AB: Assembly Bill
ADD: Attention Deficit Disorder
ADHD: Attention Deficit Hyperactivity Disorder
ACEs: Adverse Childhood Experiences
ACIN: All County Information Notice
ACL: All County Letter
ADA: Average Daily Attendance
ARC: Approved Relative Caregivers

BD: Bipolar Disorder
BDD: Body Dysmorphic Disorder

BHS: Behavioral Health Services
BPD: Borderline Personality Disorder

CalAIM: California Advancing and Innovating Medi-Cal
CalSWEC: California Social Worker Education Center
CANS: Child and Adolescent Needs and Strengths (assessment tool)
CASA: Court Appointed Special Advocates
CHIP: Children’s Health Insurance Program (A federal-state partnership that provides health coverage for low-income children and adolescents whose family incomes are too high to qualify for Medicaid.)
CBHDA: California Behavior Health Directors Association
CBT: Cognitive Behavioral Therapy
CF: Compassion Fatigue
CFT: Child and Family Team
CFSP: Collaborative Family Service Plan
CIBHS: California Institute for Behavioral Health Solutions
CIT: Crisis Intervention Team
CCL: Community Care Licensing
CCR: Continuum of Care Reform
CDSS: California Department of Social Services

CFH: Certified Family Home
 CFT: Child & Family Team
 CMS: Centers for Medicare and Medicaid Services responsible for federal policy development and oversight of Medicaid and CHIP
 CPOC: Chief Probation Officers of California
 CSAC: California State Association of Counties
 CSEC: Commercially Sexual Exploitation of Children
 CWDA: County Welfare Directors Association
 CWS: Child Welfare Services
 CIT: Crisis Intervention Team
 CP: Client Plan
 CWS: Child Welfare Services
 CYC: California Youth Connection

DDS: Department of Developmental Services
 DHCS: Department of Health Care Services
 DSM IV: Diagnostic and Statistical Manual of Mental Disorders (DSM), 4th Edition
 DSM V: Diagnostic and Statistical Manual of Mental Disorders (DSM), 5th Edition
 DTI: Day Treatment Intensive
 DTS: Danger To Self
 DTO: Danger To Others
 DV: Domestic Violence

EBPs: Evidence-Based Practices
 ED: Emotional Disturbance
 EMDR: Eye Movement Desensitization and Reprocessing
 EPSDT: Early and Periodic Screening, Diagnosis and Treatment a required federal benefit for eligible children under age 21

FAPE: Free Appropriate Public Education
 FASD: Fetal Alcohol Spectrum Disorder
 FCARB: Foster Care Audits and Rates Branch
 FFA: Foster Family Agency
 FFP: Federal Financial Participation
 FFS: Fee for Service
 FGDM: Family Group Decision Making
 FPRRS: Foster Parent Recruitment Retention and Support
 FRC: Family Resource Center
 FEC: Family Empowerment Center

HBFC: Home Based Family Care
 HIPAA: Health Insurance Portability and Accountability

Act
 HSA: Health Services Agency

IBP: Individual Behavior Plan
 ICC: Intensive Care Coordination
 ICD 10: 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD)
 ICPC: Interstate Compact on the Placement of Children
 ICWA: Indian Child Welfare Act
 IDEA: Individuals with Disabilities Education Act
 IEP: Individualized Education Plan/Program
 IHBS: Intensive Home Based Services
 ILS: Interim Licensing Standards
 IN: Information Notice
 IPC: Interagency Placement Committee
 ITFC: Intensive Treatment Foster Care
 ISFC: Intensive Services Foster Care

LEA: Local Education Agency
 LEA MC: Local Education Agency Medi-Cal
 LGBTQ: Lesbian, Gay, Bisexual, Trans, Questioning/Queer
 LCSW: Licensed Clinical Social Worker
 LMFT: Licensed Marriage and Family Therapist
 LMHC: Licensed Mental Health Counselor
 LMHP: Licensed Mental Health Professional
 LMSW: Licensed Master Social Worker
 LOC: Levels of Care

MCP: Managed Care Plan
 MDD: Major Depressive Disorder
 MFT: Marriage and Family Therapist
 MHSUD: Mental Health Substance Use Disorder
 MOU: Memorandum of Understanding
 MHP: Mental Health Plan
 MHSA: Mental Health Services Act
 MHSOAC: Mental Health Services Oversight and Accountability Commission

MI: Motivational Interviewing
 MSW: Master of Social Work

NAMI: National Alliance on Mental Illness
 NREFM: Non-Related Extended Family Member
 NPI: National Provider Identifier

OCD: Obsessive-Compulsive Disorder

ODD: Oppositional Defiant Disorder

PC4W: Parents and Caregivers for Wellness

PCIT: Parent–Child Interaction Therapy

PCP: Primary Care Physician

PCT: Person-Centered Therapy

PIHP: Prepaid Inpatient Health Plan

POS: Performance Outcome System

PR: Promising Practice

PT: Primary Therapist

PTSD: Post-Traumatic Stress Disorder

QPI: Quality Parenting Initiative

RAD: Reactive Attachment Disorder

RCL: Rate Classification Levels

RBS: Residentially-Based Services

RFA: Resource Family Approval

RTA: Regional Training Academy

SARB: School Attendance Review Board

SAMHSA: Substance Abuse and Mental Health Services
Administration

SAWS: Statewide Automated Welfare System

SB: Senate Bill

SBIT: School-Based Intervention Teams

SD/MC: Short Doyle/Medi-Cal

SELPA: Special Education Local Plan Area

SMHS: Specialty Mental Health Services

SOGIE: Sexual Orientation Gender Identity Expression

SPD: Schizoid Personality Disorder

SST: Student Study Team

STRTP: Short-term Residential Therapeutic Program

SUD: Substance Use Disorder

TAY: Transitional Age Youth

TBI: Traumatic Brain Injury

TDM: Team Decision Making (placement decisions meeting)

TFC: Therapeutic Foster Care

THP: Transitional Housing program

TOP: Treatment Outcome Package (Assessment Tool)

WIC: Welfare & Institutions Code

YEP: Youth Engagement Project

Appendix D

Statewide and Local Services and Supports for Parents and Caregivers

Superior Region				
Agency Name	City/County	Contact Info	Services Provided	
Pathways to Hope for Children	Redding/Shasta County	(530) 241-5816 https://www.shastacapcc.org/	Parent Partner Program, Youth Development, Family Resource Center, Child Abuse Prevention, Family Support	
Sierra Community House	Truckee/ Nevada County	(530) 546-0952 https://sierracommunityhouse.org/	hunger relief, legal aid, immigration assistance, and family-strengthening programs, as well as direct services to victims of intimate partner/domestic violence, sexual, and child abuse.*COVID-19 Resources	
Hmong Cultural Center of Butte County	Oroville/Butte County	(530) 534-7474 https://www.hmongculturalcenter.net/	Youth programs, family planning services, promotores, warm-line designed to provide peer support for any Hmong community members, resources for families of children ages 0-5, Mental health services for Hmong elders 50+	
Rowell Family Empowerment	Redding/ Shasta County	Ph. (530) 226-5129 https://rfenc.org/Home/	Trainings, Parent consultation services, respite, autism programs, support	
Plumas Rural Services Family Empowerment Center	Plumas, Sierra, Lassen, Modoc Counties	Plumas and Sierra Counties (530) 283-2735 ext 880 Modoc and Lassen Counties (530) 708-2557 https://www.plumasruralservices.org/fec/	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	
Foster and Kinship Care Education Program	Eureka/Humboldt County	(707) 476-4100 https://www.redwoods.edu/foster	Provide training and support for resource families	
Youth for Change	Paradise/Yuba-Sutter, Butte County	Main Butte County Line: 530-877-1965 Main Sutter-Yuba Line: 530-418-1001 http://www.youth4change.org/	Family Team Decision Making meetings, therapeutic services to youth and families who are referred by Sutter Yuba Behavioral Health, foster care services, full service partnerships, 24 hours services to homeless and runaway youth and caregivers in Butte County, support services to youth who are in need of intensive services, parenting resources, outdoor programs, etc.	

Superior Region			
Agency Name	City/County	Contact Info	Services Provided
Turning Point Community Programs	Yolo County	(530) 666-8630 https://www.tpcp.org/program-cat/yolo-county/	outpatient programs designed for youth with Medi-Cal up to age 21 with serious emotional problems, wraparound
Exceptional Parents Unlimited (EPU)	Fresno/Fresno County	(559) 229-2000 https://epuchildren.org/	Parent-to-parent support, advocacy training and information. Provides resources to 13 counties
Stanford Sierra Youth & Families	Sacramento/Sacramento County	(916) 344-0199 https://www.ssyaf.org/	Foster/Adoption, family advocacy and support, wraparound, behavioral and mental health, workforce development, grievances
KidzKount	Auburn/Placer County	(530) 885-5437 https://www.kidzcommunity.org/	Early Childhood Education/Head Start, home visitation, dental and medical health, mental health, nutrition, education, family services, and support.
Warmline Family Resource Center	Sacramento	(916) 455-9500 English; (916) 922-1490 Spanish http://www.warmlinefrc.org/	Free support, training and consultation for families. Parent Training and Information Center serving 28 counties *COVID-19 Resources
Sacramento Native American Health Center	Sacramento	(916) 341-0575 https://www.snahc.org/	Youth substance abuse prevention activities, Gathering of Native Americans (GONA) which increases protective factors and utilizes trauma informed approaches to reduce suicide, suicidal ideation, and attempts among urban American Indian/ Alaska Native youth, culturally responsive model for youth programming focused on mental health promotion, suicide prevention, and substance use prevention activities.

Bay Region

Agency Name	City/County	Contact Info	Services Provided
Special Parents Information Network (SPIN)	Santa Cruz, San Benito Counties	(831) 722-2800 http://www.spinsc.org/	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
ParentsCAN	Napa/Napa County San Jose, Gilroy/	(707) 253-7444 https://parentscan.org/	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.	Santa Clara County	(408) 727-5775 https://www.php.com/	Individual Transition Plan and Student Study Team trainings, bilingual/cultural outreach, peer counseling, and telephone support suicide prevention, and substance use prevention activities.
Children's Network of Solano County	Fairfield/Solano County	(707) 421-7229 https://www.childnet.org/	Education, advocacy, coordination of community services and community-based collaborative

Agency Name	City/County	Contact Info	Services Provided
Community Alliance for Special Education	San Francisco/San Francisco County	(415) 431-2285 https://caseadvocacy.org/	IEP assistance
Cope Family Center	Napa/Napa County	(707) 252-1123 https://www.copefamilycenter.org/	Parent education, support, resources, family resource center, advocacy and civic engagement, bilingual services
Matrix Parent Network	Novato/Sonoma County San Mateo/	(415) 884-3535; info@matrixparents.org	Parent Advisors, Parent to Parent “mentor” program, Individualized Education Plan (IEP) Assistance , Bilingual Services
San Mateo County BHRS Office of Consumer and Family Affairs	San Mateo County	(800) 388-5189 http://smchealth.org/bhrs/OCFA	Peer Support and resources including wellness centers and peer-run organizations
Vision y Compromiso	El Cerrito/Contra Costa County	(213) 613-0630 http://visionycompromiso.org/	Promotores, Bilingual and bicultural communication, Self-empowerment, Educational programs, Health advocacy outreach, Public policies developed specifically for Latino families and communities, Workforce development. *COVID-19 Resources

Southern Region

Agency Name	City/County	Contact Info	Services Provided
Ventura County Behavioral Health	Oxnard/Ventura County	(866) 998-2243 https://vcbh.org/en/	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 http://rainbowconnectionfrc.weebly.com/	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 http://www.heartsfrc.org/	Parent Programs, Educational Advocacy/IEP Assistance, Autism services, Bilingual Services
Exceptional Family Resource Center	San Diego/Imperial Counties	(619) 594-7394 http://efrconline.org/	Provide emotional support, information, resources, referrals, and training. IEP Assistance
Union of Pan Asian Communities	San Diego/San Diego	(619) 232-6454 https://www.upacsd.com/#	Adult and older mental health, children and adolescent mental health, addiction and recovery, community engagement and business development
Union of Pan Asian Communities	San Diego/San Diego	(619) 232-6454 https://www.upacsd.com/#	Adult and older mental health, children and adolescent mental health, addiction and recovery, community engagement and business development
San Diego Center for Children Paternal Opportunities,	San Diego/San Diego	(858) 277-9550 https://www.centerforchildren.org/	Prevention, assessment, outpatient therapy, school based therapies, education, wraparound, foster care, residential

Agency Name	City/County	Contact Info	Services Provided
Programs & Services (POPS) Organization	San Diego/San Diego	(619) 683-9340 ext. 33010 https://sandiegopops.org/	Advocacy, support in family court, parenting classes, anger management, counseling, legal clinic, mentorship, supervised visitation
Boat People SOS, Inc.	Westminster/Orange County	714-897-2214 https://www.bpsos.org/bpsos-california	Outreach to Southeast Asian communities in need of mental health education and services, educational workshops, peer support groups
Los Angeles Region			
Agency Name	City/County	Contact Info	Services Provided
Westside Family Resource and Empowerment Center	Culver City/Los Angeles County	(310) 258-4063 http://wfrec.org/	Support, information and access to services for families, professionals and teachers, support for families whose children do NOT qualify for Regional Center services, but do have IEPs, support non-English speaking families in under-served areas.
African Communities Public Health Coalition	Los Angeles County	(213) 909- 0985 https://africancoalition.org/	Assessment, Client care/treatment plan, Medication support, Crisis intervention, Individual/group therapy/ counseling, Linkage
Friends of the Family	North Hills/LA County	(818) 988-4430 brenda@fofca.org	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	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	Parent to Parent IEP Assistance, Parent Support Groups, The Autism Parent Education Program (APEP), Advocacy for persons with special needs, parent training
Haynes Family of Programs	La Verne/LA County	(909) 593-2581 https://www.letroyhaynes.org/	School programs, residential, mental health, in-home behavioral services
Children's Institute	Los Angeles	(213) 260-7600 https://www.childrensinsitute.org/	Behavioral Health & Wellness, Early Childhood Education, strengthening families, healthy homes, project fatherhood, training, resources and advocacy to increase community resilience and reduce trauma.
Long Beach Family Resource Center	Long Beach/LA County	(562) 933-8050 http://familyresourcenetworklac.org/long-beach_frc.asp	Provides a place for families raising children with special needs to find knowledge and support as they navigate through the systems that serve them.
YMCA of Greater Long Beach	Long Beach/LA County	(562) 230-4302 https://www.lbymca.org/cd/community-development	Social services, community development, crisis intervention, youth development, graduation programs.

COVID-19 Resources (General)

- United Ways of California: <https://www.unitedwaysca.org/covid-19-resources>
- First 5 Association of California: <http://first5association.org/covid-19-information-and-resources/>
- Uplift Family Services: <https://upliftfs.org/get-involved/coronavirus-resources/>

Resources from CA Family Resource Association (CFRA)

CA-CARES Paycheck Protection Program: Provide funds to employers to pay staff and mitigate layoffs and furloughs

COVID-19 Emergency Loans: Checklist for small businesses and nonprofits: The Coronavirus Aid, Relief, and Economic Security (CARES) Act allocated \$350 billion to help small businesses and nonprofits keep workers employed amid the pandemic and economic downturn.

Essential Worker Childcare program: Governor Newsom issued an executive order on April 4th that makes it easier for preschools, family child care homes, school districts, after-school programs and other to provide child care for essential workers during this pandemic.

CA Coronavirus Response: Governor Gavin Newsom announced the launch of a new Novel Coronavirus (COVID-19) public awareness campaign to provide useful information to Californians and inform them of actions they can take to further prevent the spread of the virus.

Children Now Resources: Children Now has compiled a list of resources that is updated regularly. This resource can be filtered by topic and easy to look through so that you can find the resources best suited for you and your organization.

Essential Duty Notice: Linda Stiles from the Child Abuse Prevention Center has created this notice for employees who may be stopped while driving to work.

Census 2020 during COVID-19: The U.S. Census Bureau is carefully monitoring the coronavirus situation and will follow the guidance of federal, state and local health

Resource Title/Link

Strengthening Protection Measures for Children During the Pandemic

For more information visit: [COVID-19: Children at Heightened Risk of Abuse, Neglect, Exploitation and Violence Amidst Intensifying Containment Measures](#)

Strategies for Strengthening Protective Factors to Buffer Children from Harm and Increase Their Chances of Adapting Positively to Adversities such as the COVID-19 Pandemic

For more information visit: [Ways to Promote Children's Resilience to the COVID-19 Pandemic](#)

Sustaining Mental and Behavioral Health Supports for Children and Youth

For more information visit: [Response to COVID-19](#)

COVID-19 Guidance for Early Learning and Care Programs

For more information visit: [COVID-19 Guidance and Resources](#)

Tips for Preparing and Taking Action During COVID-19 at Home and Workplaces

For more information visit: [Schools, Workplaces & Community Locations](#)

Talking with Children About COVID-19

For more information visit: [How Can Parents Talk to Children About COVID-19 and Its Impact? Managing Family Communications and Supporting Children in a Time of Uncertainty](#)

Protection from COVID-19 During Pregnancy

For more information visit: [Pregnancy and Breastfeeding FAQs](#)

Resource Overview

The Alliance for Child Protection in Humanitarian Action provides recommendations and steps to ensure the protection of children through prevention and control measures.

Child Trends offers strategies and actions for both families and family strengthening workers to take to strengthen the Five Protective Factors; Sensitive, responsive caregiving, meeting basic needs, Providing emotional support for children, Support for caregiver well-being, and Social connectedness.

Recommendations and resources created and/or endorsed by the California Children's Trust to help sustain mental and behavioral health supports for children and youth during the COVID-19 pandemic.

The Early Learning and Care Division of the California Department of Education has created Management Bulletins (MB) to provide guidance and directives to early learning and care contractors during the COVID-19 pandemic. The webpage has been updated to include forms necessary to provide emergency childcare services to children of essential workers, children from at-risk populations, and children with disabilities or special health needs.

The Center for Disease Control and Protection provides tips for staying safe before and during an outbreak and how to prepare and take action for COVID-19 at home, at K-12 Schools and Child Care Programs, at Community and Father Based Organizations, and homeless shelters.

Age and developmental stage-based descriptions for children are provided as well as recommendations and tips for what parents can do based on questions commonly asked by parents.

The Center for Disease Control and Protection provides information on how pregnant people can protect themselves from COVID-19, risks to the pregnancy and to the baby, mother-to-child transmission, and information regarding breastfeeding if a mother has COVID-19.

Appendix E

Advocacy Events

United Parent's focus on advocacy evolved over the three years of the project. Knowing that the national average is one child in five having a mental health need that causes at least minimal impairment in their daily functioning (National Institute for Mental Health), and that the number rises to 80% for youth involved in the foster care system, PC4W actively prioritized advocating for and with parents and caregivers to improve outcomes for the children in their care.

YEAR 1 | During start up PC4W learned that over 80% of parents and caregivers surveyed said they do not know who makes decisions that impact them and their children. PC4W immediately set out to facilitate dialogue between parents and caregivers and policy makers to address not just their own family and local needs, but also to align with state level needs and priorities. They conducted nine advocacy meetings with local decision makers (at least 2 in each CBHDA region visited in the first year), and held ten (10) advocacy meetings with statewide decision makers and groups.

YEAR 2 | In their second year of operation PC4W worked to increase the number of meetings with local decision makers in multiple child serving systems. This layer of outreach included mental/behavioral health, physical health, education, child welfare, and services for individuals who are homeless. They continued to meet with relevant State Department leaders, and actively participated in the implementation of relevant policies and laws, often after giving stakeholder input during the vetting process.

YEAR 3 | By year 3, United Parents hired a highly experienced policy analyst, who is a parent of a child with behavioral health needs. She is also the adoptive parent of a child with trauma related behavioral health care needs, so she carries the lived experience which enhances her passion regarding legislation and public policy. United Parents policy analyst attended and represented United Parents at numerous statewide meetings, events, coalitions and forums regarding current statewide public policy issues. (See Appendix E). United Parents policy analyst closely monitored bills and emerging legislation relating to children's behavioral health as well as legislation that could affect behavioral health funding; conducted monthly calls to keep parents/caregivers and policy makers informed and connected to facilitate the sharing of resources; and developed a monthly newsletter which highlighted topics such as suicide prevention and ways to manage through social unrest.

Across three years from 2017 – 2020 it is clear that progress has been made, but there is more work to be done. Because United Parents, the lead organization for PC4W, is a parent run organization, they know what parents and caregivers need, and have lived experience related to children with behavioral health care needs. They are well-positioned to continue to lead advocacy efforts going forward, in alignment with MHSOAC goals.

Appendix F

State and Federal Funding Sources



With the exception of the 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.

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.

SB82: 2013. Provides \$20 million in grants to hire triage personnel statewide. Those mental health workers provide crisis support services at shelters, jails, hospitals and clinics, including mobile crisis support teams.

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.

STATE OF THE COMMUNITY ANNUAL REPORT



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