



TOBY DOUGLAS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

May 21, 2013

MHSD INFORMATION NOTICE NO.: 13-13

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
LOCAL MENTAL HEALTH ADMINISTRATORS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: FAMILY AND YOUTH INVOLVEMENT AND ENGAGEMENT
STRATEGIES – KATIE A. IMPLEMENTATION

The Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS) are issuing this joint Mental Health Services Division (MHSD) Information Notice to assist County Mental Health Plans (MHPs) in engaging the involvement of families and youth in their implementation of the provision of services affecting children involved in both the Child Welfare and Mental Health systems. This MHSD Information Notice provides counties with suggested strategies for parent and youth involvement as described in the Georgetown University, Center for Juvenile Justice Reform document 'Safety, Fairness, Stability: Repositioning Juvenile Justice and Child Welfare to Engage Families and Communities'. This letter also provides a link to the [CDSS All County Information Notice No. 1-70-10, entitled Family Engagement As A Permanency Strategy](#), describing various resources and strategies that have been used throughout the State.

Background

On July 18, 2002, a lawsuit entitled *Katie A. et al. v. Diana Bonta et al.* was filed seeking declaratory and injunctive relief on behalf of a class of children in California who: (1) are in foster care or are at imminent risk of foster care placement; (2) have a mental illness or condition that has been documented or, if an assessment had been conducted, would have been documented; and (3) need individualized mental health services, including, but not limited to: professionally acceptable assessments; behavioral support and case management services; family support; crisis support; therapeutic foster care; and other medically necessary services in the home or in a home-like setting, to treat or ameliorate their illness or condition.

In December 2011, the parties reached a Katie A. Settlement Agreement¹. As part of this Agreement, DHCS and CDSS agreed to a number of deliverables, including the development of an Implementation Plan. The Implementation Plan is intended to provide a road map to delivering Intensive Care Coordination and Intensive Home Based Services and Therapeutic Foster Care, consistent with the Core Practice Model and that are coordinated, comprehensive, individualized and community-based. Involvement of family and youth in implementation of these services is important.

Family And Youth Involvement And Engagement Strategies

Family and youth involvement contributes a meaningful perspective from “the other side” of service delivery. This voice perspective is most effective when used to balance decisions as they are made at a system and practice level. The family and youth voice objective has been incorporated into each component of the Implementation Plan.

Specific strategies for involving parents may include, but are not limited to:

1. Provide special orientation and training, as well as ongoing assistance, to parents who need a better understanding of administrative, budgetary, and other issues that play a role in planning. This might also include consulting with parents prior to a meeting to highlight what they might expect to be covered.
2. Have more than symbolic representation of parents at meetings.
3. Contract with community-based organizations or parent advocacy groups to develop and direct a process that ensures sustained and thoughtful parental participation in planning.
4. Work through Head Start parent advisory groups, and other parent organizations (e.g., the Federation of Families for Children's Mental Health, the National Alliance for Mental Illness Child and Adolescent Network, United Advocates for Children and Families, Parent's Anonymous) to recommend parents to participate in planning.
5. Ask agencies that work with parents (e.g., schools, child care centers) to recommend parents to participate in planning.
6. Pay a stipend to parents who participate in planning sessions and provide or pay for transportation and babysitting.

¹ *Katie A. etc., et al. v. Diana Bonta etc., et al*, CLASS ACTION SETTLEMENT AGREEMENT (Case No. CV-02-05662 AHM [SHx])

7. Hold planning meetings in the evenings or on weekends, in communities across the state, and in locations such as schools, community centers, and other settings that may be more familiar and comfortable to parents than state or local office buildings.
8. Conduct surveys to elicit the views of a wide range of parents.
9. Use parents or others who work regularly with parents to conduct focus groups that probe the views of selected groups of parents (e.g., teenage parents, single parents, grandparents raising children, foster parents, and adoptive parents).
10. Work with family support programs to tap into informal networks (e.g., parent support groups, parents who routinely visit a neighborhood drop-in center).
11. Work with home-visiting programs and health clinics to involve parents who may be otherwise hard to reach.
12. Work with family preservation and family reunification programs to identify and involve families who have benefited from these services.
13. Conduct sessions for planning group members, administrators, and staff led by an experienced facilitator to explore attitudes and stereotypes toward different ethnic, racial, and religious groups, as well as toward parents.
14. Publicly acknowledge the contributions of parents and other family members.

Specific strategies for involving youth may include, but are not limited to:

1. Provide a youth-friendly orientation to the planning work that is done and to be done.
2. Orient both youth and adults on youth engagement practices.
3. Assign adult partners/allies to support the youth members.
4. Provide clear guidelines or expectations for the youth's role.
5. Ensure that meetings and materials are youth friendly.
6. Allow two or more youth to provide input into the process as members of the policy development group or as advisors to the group.

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DHCS and CDSS encourage counties to explore these strategies for implementation. Weekly technical assistance calls began in March 2013 and are scheduled on Wednesdays from 10:00 a.m. to 11:30 a.m.

Please contact the DHCS at (916) 650-6486, or email KatieA@DHCS.ca.gov or KatieA@DSS.ca.gov, if you have any questions about this letter.

Sincerely,

Original signed by

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Deputy Director
Mental Health Services and
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