Memorandum

To: Dennis Murata
From: Commission for Children and Families Mental Health Workgroup
RE: Request for Priorities in new 3 Year MSHA Plan
Date: February 11, 2013

The Commission for Children and Families appreciates the effort the Department of Mental health has made to include the Commission in its deliberations on the new MHSA Plan through the SLT and the
AD Hoc SLT Planning committee.

Commissioner Nina Sorkin (and Commission Liaison Sylvia Drew Ivie as her alternate) have participated in SLT and AD Hoc Committee meetings on planning. They have made suggestions in every group meeting to the degree the process allowed. In addition, Commissioners Friedman and Sorkin have attended SAAC Meetings, and shared the Commission's perspective.

All of the documents passed out at the SLT and AD Committee meetings have been shared with the CCF Commissioners.

Nearly 10 months ago the Commission for Children and Families sent Dr. Southard the attached letter listing our recommendations of priorities for children and TAY to be included in the next Mental Health Services Act 3-Year Plan.

We are now asked to share our priorities on a list of services intended to meet gaps in services for children and TAY.

The gaps identified do not match the priorities listed in our letter. The unmet needs of children and TAY for mental health services are identified in compelling terms by four reports briefly summarized below.

1) Young persons experiencing the Child Welfare, Juvenile Probation or both system have significant trauma and need of mental health support.
Young Adult Outcomes of Youth Exiting Dependent Or Delinquent Care in LA County,

The Conrad Hilton supported study of three groups of at-risk youth, those exiting child welfare, those exiting juvenile probation and those who had been part of both systems of care (crossovers).

In the first 4 years following exit from care, the crossover group had the highest rate of receipt of outpatient mental health treatment, **with more than 45% of its members accessing outpatient DMH mental health services.** This was more than four times higher than the 10% of the Juvenile Probation group who received outpatient mental

health treatment and more than two and a half times the 17% of Child Welfare youth who received outpatient treatment.

In comparing the child welfare system experiences of those in the Child Welfare and crossover groups, a few key differences were noted.

- First, crossover youth had more DCFS out-of-home placements and more placement locations during their last out of home placement than CW exiters.
- Second, the majority of Child Welfare exiters aged-out from the child welfare system, while only about one-third of crossover youth aged- out, and a far greater share of crossover youth exited the child welfare system due to incarceration in either the juvenile or adult correctional system.
- Third, more CW exiters than crossover youth were residing in a foster home placement or in a relative's home at the time of their exit from DCFS care, while more crossover youth were residing in group homes at their time of exit from DCFS care.

The cost of addressed mental health problems in terms of the criminal Justice system (two thirds of crossover youth, for example, having a jail stay) were estimated to be $18,430 for the Child Welfare group,$25,486 for the Juvenile Probation group and $33,946 for the crossover group.

2) Measures must be taking urgently to break the cycle of abuse and neglect between generations of teen mothers, especially in light of AB 12 parenting population projected to double in the next few years.

Hilton study on Maltreatment history of teen mothers.
Putnam-Hornstein E, Cederbaum JA, King B, Cleveland J, & Needell B. A population-based examination of maltreatment history among adolescent mothers in California. *Journal of Adolescent Health*. 2013.

USC and UC Berkeley researchers issued a report in December 2013 confirming that teen mothers who suffered mistreatment as children risk repeating the cycle with their own children. In LA County, more than 40% of teen mothers had previously been reported to Child Protective services as possible victims of childhood mistreatment; nearly 20% were confirmed to have suffered such abuse or neglect. Their children, in turn were twice as likely to suffer such mistreatment as children of other teen mothers. One of the authors, Emily Putnam-Hornstein from USC, said "We talk about wanting to break the cycle of maltreatment. There seems to be an opportunity here." The study also studied LA County teens who ended up in foster care: More than a quarter of girls in foster care at age 17 became mothers in their teens, the research found.

3) We know that 42% of the children entering child welfare today are under 5 years of age. Most of these children are victims of neglect. Harvard studies demonstrate that neglect causes toxic stress, which in turn causes a lifetime of impairments, both physical and mental.

Harvard Center on the Developing Child
The Science of Neglect: The Persistent Absence of Responsive Care Disrupts the Developing Brain. www.developingchild.harvard.edu

The report found that repeated and persistent periods of prolonged unresponsiveness from primary caregivers will lead to excessive activation of a young child's psychological and psychological stress response systems. This in turn, can lead to toxic stress and its consequences – a lifetime of impairments in learning, behavior, and both physical and mental heath. Conversely, extensive research points toward the healing power of nurturing, responsive, and reliable relationships for young children who have experienced severe neglect with or without associated trauma. . There is a compelling need to re-assess the allocation of resources to and within the child welfare system, ant to invest more in the development and implementation of evidence based programs specifically designed to address the distinctive needs of children who are experiencing significant neglect.

4) Childhood neglect and exposure to other traumatic stressors are precursors to a host of health and social problems. We have local data demonstrating this connection conclusively.

Adverse Childhood Experience Study http://www.ced.gov/ace/about.htm

The Adverse Childhood Experience (ACE) Study was conducted by Kaiser Permanent from 1995-1997 with 17,000 participants. The report found that Childhood abuse, neglect, and exposure to other traumatic stressors which they termed *adverse childhood experiences* (ACE) are common. Almost two-thirds of the participants reported at least one ACE m and more than one of five reported three or more ACE. The short- and long-term outcomes of these childhood exposures include a multitude of health and social problems. The total amount of stress during childhood demonstrated that as the number of ACE increased, the risk for the following health problems increased in a strong and graded fashion:

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease
- Liver disease
- Risk of intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases (STDs)

In light of the urgency of the findings of these reports, we feel compelled to share with you that the identified gaps in service , while all useful, fall far short of addressing the needs outlined above.

We would be happy to sit down with you and outline three to five top priorities from our perspective for children and TAY based on the research outlined above and the long involvement of the CCF Commissioners in dealing with these concerns. .