

CENTRAL VALLEY REGIONAL CENTER INC.



The California Legislature

Ensuring Fair & Equal Access to Regional Center Services for Autism
Spectrum Disorders (ASD)

April 30, 2012

The Honorable Darrell Steinberg, Chair
Senate Select Committee on Autism & Related Disorders

Agenda Item IV – Regional Centers & Their Systems of Care

Introductory Remarks

Good morning Senator Steinberg and other members of the Senate Select Committee on Autism and Related Disorders. On behalf of Central Valley Regional Center (CVRC) and the over 15,000 clients and families we serve. I appreciate the opportunity to provide testimony this morning. I cannot testify without acknowledging California's continued commitment to clients and families with developmental disabilities.

The purpose of my testimony is to address an innovative approach utilized in our regional center catchment area. We have worked to implement a valley wide effort to sustain and develop effective family mental health services. Our region identified this focus as one approach to improve the quality of services provided to underserved communities.

This morning I'm speaking about two grants. The first was funded by First Five Fresno County, First Five Merced and First Five Tulare County along with Fresno County Department of Behavioral Health. The funding period was from 2009 – 2010. The second grant was funded by the Mental Health Services Act Grant and awarded to CVRC by the Department of Developmental Services on July 1, 2011.

Background

Child outcome data for the San Joaquin Valley (SJV) point to the need for highly-skilled and culturally competent health and social services providers. For example, the birth rate for teens aged 15-19 years in the SJV is 134 per 1,000 live births, compared to 94 for the State of California. Domestic violence-related calls for assistance are 8.4 per 1,000 population in Fresno County compared to 4.6 in California as a whole. Substantiated cases of child abuse and neglect for children ages 0-17 years are 12.3 in the SJV, compared to 9.8 per 1,000 persons in the state. While 86.6 of California women are

breastfeeding when they leave the hospital after giving birth, only 38.9% are doing so in Fresno County, 27.7% in Merced County and 23.3% in Tulare County. Finally, the region’s poverty rates exceed the state’s rate, with 49.8% poor children in the Valley compared to 38.6% in the state. The Central Valley region is also culturally diverse with at least 40% of the general population being Hispanic, 11.2% Asian and 8.4% African American.

What follows is a current view of the ethnicity of children served by CVRC under the age of 17:

Asian	325	5%
African American	343	5%
White	1497	22%
Hispanic	4027	60%
Other	496	7%
Totals	6688	100%

Research conducted by Dr. Jan Blacher, Distinguished Professor of Education-UC Riverside and Founding Director, SEARCH validates the need for early family intervention. One of the findings of Dr. Blacher’s research is the high rate of depression among Hispanic mothers. As mentioned earlier, CVRC serves a large Hispanic population. When the mother is the primary caregiver and is clinically depressed, the effectiveness of services delivered to the child and family is compromised. For example, children who are diagnosed with autism and who are receiving Applied Behavioral Analysis (ABA) services requiring intensive training are not as effective if the mother and/or members of the family are not able to learn from the service provider and there is a direct impact on the outcome. The staff of CVRC and our vendored providers know from experience ABA services work and improve the child’s overall functioning and that of the family as a unit. In regional center terms, a family and service provider, along with a case manager are follow the plan outlined in either the Individual Family Service Plan (IFSP) or the Individual Program Plan (IPP) and both plans look towards measureable progress.

Initial Grant Review

In 2009, four organizations including First 5 Fresno, First 5 Merced and First 5 Tulare Counties along with Fresno County Department of Behavioral Health contracted with the Central California Children’s Institute (CCCI) at California State University, Fresno, <http://www.csufresno.edu/chhs/ccci/index.shtml>, to develop a regional model for expanding training in Infant-Family and Early Childhood Mental Health (IFECMH), <http://cacenter-ecmh.org/> Between October 2009 and June 2010 the CCCI convened four community conversations with 90 mental health, early care and education, and social service providers. These providers expressed being overwhelmed by the tremendous needs of families, the lack of training to help them manage and address complex issues, and the challenges associated with the cultural mismatch between providers and clients.

Based on the findings of the community conversations, and with input from a 30-member Regional Infant Family and Early Childhood Mental Health (IFECMH) Steering Committee, formed in April 2010, the CCCI developed a set of recommendations regarding the training of providers serving young children in the core principles of infant mental health. The recommendations are outlined in the report, Strengthening Regional Capacity in Infant-Family and Early Childhood Mental Health: Recommendations for Enhancing Promotion, Relationship-Based Preventive Intervention and Treatment (2011). The report recommends the following:

1. Establish a regional, community-based IFECMH training hub
2. Create a more culturally diverse infant mental health workforce
3. Ensure a strong curricular emphasis in IFECMH training on issues related to cultural bias
4. Expand programs to enhance the capacity of providers and parents to promote the socio-emotional well-being of young children

Mental Health Services Act Grant

CVRC was awarded a grant funded for a three period from July 1, 2011 through June 30, 2014. Our region considers this grant, along with a supporting grant from First Five Fresno County, to be a ‘Godsend’ to the continuation of the initial work done by the entities that I have mentioned previously. This grant will help to improve the organization and integration of care for children with special needs, including autism spectrum disorder, by enhancing professionals’ knowledge and skills while encouraging linkages between community-based service providers. To state it simply, we hope to learn how to share with one another the barriers that occur in the delivery of services.

The Children’s Institute agreed to partner with CVRC for implementation of the infant mental health training project. The institute is currently under the direction of Dr. Cassandra Joubert. Those involved in the initial grant agreed to participate in the planning and implementation of the MHSA grant. The committee is comprised of representatives from agencies serving children and families in Fresno, Kings, Madera, Merced, Mariposa, and Tulare Counties.

Local early interventionists, mental health providers, early care and education providers, home visitors and others serving the complex needs of families need current, research-based information about how to best promote the social-emotional well-being of young children. A relatively small number of providers have received training in infant mental health. These practitioners are often unfamiliar with the diverse cultures they work with. This lack of provider knowledge affects the quality of care that families receive. Racial disproportionality in the child welfare system in Fresno and surrounding counties is another indicator that families are not receiving appropriate care and support.

The program will provide training to 320 providers in the core principles of infant-family and early childhood mental health, namely: a) relationship-based, b) culturally competent, c) family-centered, d) strength-based, e) multidisciplinary, and f) evidence-based services.

The project will address the five fundamental MHSA concepts:

1. The field of infant mental health emphasizes, as a core principle, that a family's wishes, desires and goals are the drivers of all family interventions. In the proposed IFECMH training, providers will be taught what it means to provide family-driven services.
2. Recommendations of the IFECMH Steering Committee emphasize the need to enhance knowledge of cultural beliefs, cultural context and cultural understanding as a central learning objective of the proposed training.
3. Community collaboration is an active principle in our work as evidenced by the formation of the Regional IFECMH Steering Committee.
4. The practice of infant mental health is multi-disciplinary by definition, and demands service integration. Infant mental health care providers and specialists include professionals from varied human development and education disciplines, including early intervention, mental health, nursing, occupational therapy, physical therapy, speech and language pathology, special education, audiology, social work and pediatrics. In the infant mental health service delivery model, these professionals work together to assure the best outcomes for children.
5. Focus on recovery, wellness, and resiliency: Infant mental health promotion, also referred to as wellness promotion, encourages actions, behaviors and policies that promote wellness. Infant wellness work varies widely by audience, sector and discipline. It ranges from providing parenting education classes, to disseminating brochures in pediatrician's offices about how the brain develops and the importance of early relationships, to promoting policies such as the Family Medical Leave Act that allow parents to have more time at home with their infants before they return to work. Infant mental health promotion activities are critical in terms of garnering broad community support and resources, and making the connection between what happens in the life of a child in the early years, and later trajectories. The focus on promoting healthy relationships in the early years is essentially geared towards preventing problems before they occur, and supporting resiliency in both infants and caregivers.

The MHSA grant terminates on June 30, 2014. One of the major outcomes will have been the development of large regional organizations capacity to continue the commitment of serving children and families utilizing the infant family and early childhood model of intervention.

Speaking on behalf of our regional community partners, I want to express our collective thanks to the Senate Select Committee for the opportunity to discuss our project. We are eager to respond to any questions today or after the hearing concludes.

Respectfully submitted,

Robert Riddick, Executive Director
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