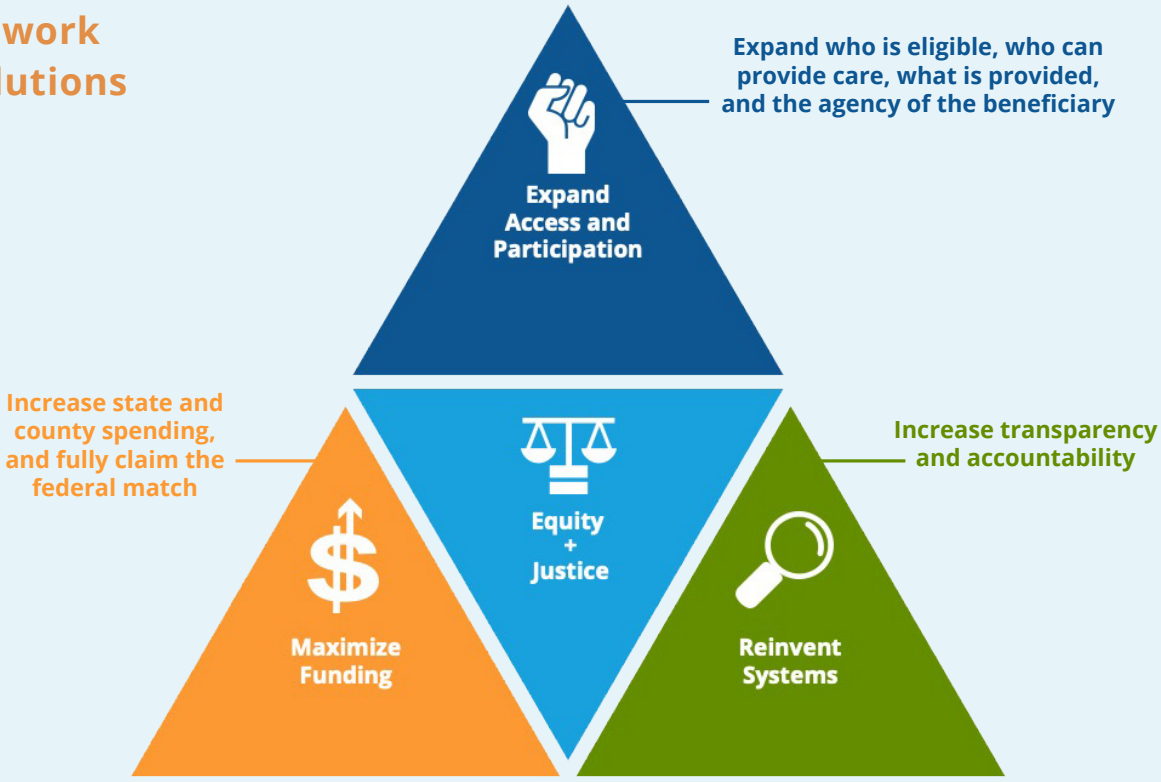
California Children's Trust

CALIFORNIA CHILDREN'S TRUST BELIEF STATEMENT

Framework for Solutions



This collaborative and living document is meant to serve as the foundation for how California Children's Trust (CCT) approaches systems transformation within the child and youth-serving systems that serve children's behavioral health. It is the set of beliefs that manifest in our Framework for Solutions, a three-pronged approach to transforming children's mental and behavioral health systems, centered on Equity + Justice.

Every member of our coalition has an opportunity to read and contribute to this document. And as we grow in our understanding of the historical and current needs facing California's children and families and the systems that serve them, this document will also grow and change.

The language included in the document reflects the work, experience, wisdom and contributions of CCT's partners: RYSE Youth Center, and Young Women's Freedom Center and the academic work of Cat Brooks.

CCT Child Equity + Justice Definition: Child health is equitable and just when every child has a fair and intergenerational opportunity to attain their full health and developmental potential, free from discrimination. Advancing child well-being also requires effort to restore or provide agency and power to children, youth, and families.

A shared understanding of the history and practice of California's child and youth-serving systems is necessary to achieve justice, and essential for the equitable delivery of mental and behavioral health care for our state's children, youth and families.

Behavioral health needs affect children from every social position, background, and location in California.

However, access to behavioral health resources and participation in behavioral health systems are stratified by caregiver income, insurance status, access to education, opportunity, and social power. In a state where nearly 20% of its children live in poverty,1 this leaves too many children and families without the support they need to reach their developmental potential and without meaningful ways to contribute to their own healing.

Exposure to racism, early childhood adversity, and social isolation also contribute to short and long-term behavioral health needs across the life course.

If unaddressed, these needs can manifest in developmental delays, mental and physical health impairments, inadequate school readiness, decreased educational attainment, and increased risk for substance use and abuse. In California, a little over 60% of children are exposed to at least one adverse childhood event and Black, Latinx, Indigenous, queer, trans, and gender-nonconforming, refugees, and rural populations disproportionately experience even higher levels of toxic stress.2 In our state, the broad reach of behavioral health risks and needs touches nearly every family and disproportionately burdens Black, Latinx, Indigenous, queer, trans, and gender-nonconforming, immigrants and refugees, and rural children, youth, and families.

Despite evidence of profound risk and need, California's child and youth-serving systems currently under-serve children and families struggling with their behavioral and mental health.

In addition, these systems have a history of offering no support, overly medicalized support, or unduly punitive support to children and families whose behavioral health needs are the consequences of poverty, racism, early childhood adversity, or social isolation. The routine practice to pathologize signs of oppression and criminalize suffering within child and youth-serving systems contributes to and exacerbates the stigmatization, marginalization, and isolation many California children and families already face. This history and practice perpetuates intergenerational disadvantage for system-involved children and youth and the under and misutilization of behavioral health resources, and overwhelms families and systems in need of support.

The process of equitable and just systems transformation requires a radical restructuring of every child and youth-serving system to shift power and decision-making capacity to those most impacted by policies and practices that have historically functioned to dominate, control, or oppress them.

1 Public Policy Institute of California, 2018, https://www.ppic.org/publication/poverty-in-california/
2 ChildTrends, https://www.childtrends.org/wp-content/uploads/2014/07/Brief-adverse-childhood-experiences_FINAL.pdf

Transformed behavioral health systems are not simply financed or administered differently, they are anchored in new principles that reorient and guide system behavior, inform relationship to and with community, and serve as methods for accountability.

Equitable and just systems transformation calls for a more robust way of:

- Conceptualizing, discussing, and promoting healing and healthy development
- Modeling relationships that end legacies of multigenerational disadvantage system-involved youth and families experience and address the trauma these families have endured as a result
- Integrating all children, youth, and families who have been stigmatized, marginalized, isolated or criminalized because of their system-involvement, into decision-making roles within systems that serve them

Transformed behavioral health systems:

- Have relationship-centered models of healing and healthy development. These models promote and restore caregiving within peer-to-peer relationships in the home, neighborhood, community, and systems and institutions. Treats relationship-centered models of healing as both rational and humanist.
- Address barriers to effective caregiving - including unemployment and underemployment, unmet primary needs like stable housing or food security, unmet health needs like depression or addiction, and family separation including incarceration and deportation. Overcoming these barriers are considered integral to the healthy development and well-being of the caregiver and the children, youth, and families in their care.
- Prioritize funding, resources, supports, and services by risk and need, not income, insurance status, social position or background.
- Share accountability across child and youth-serving systems for the outcomes of system-involved children, youth and families. Sharing accountability, as a legal and moral imperative, requires collaboration and communication between all child/youth-serving systems and shared or overlapping assessments and outcomes between them.
- Have decision-making processes that center the lived experience of the young people and families most affected and elevate the stories, interests, and needs of Black, Latino, Indigenous, and rural children, youth and families who disproportionately experience toxic stress and its related health effects. Centering, and not simple inclusion, is considered critical to collective liberation, for system-involved children and youth and the caregivers and providers who serve them.
- Understand that supported risk-taking, rage, and resistance are key to healing and essential to liberation from systemic marginalization, racism, oppression and discrimination for system-involved children, youth and families. As such, risk-taking, rage, and resistance are not treated as the basis for behavior modification, control or institutionalization but rather as signs of resilience, a vital asset that requires investment and support.
- Create opportunities for love to drive changes and treat children, youth and families and the multitude of caregivers and providers that support them with dignity and care.