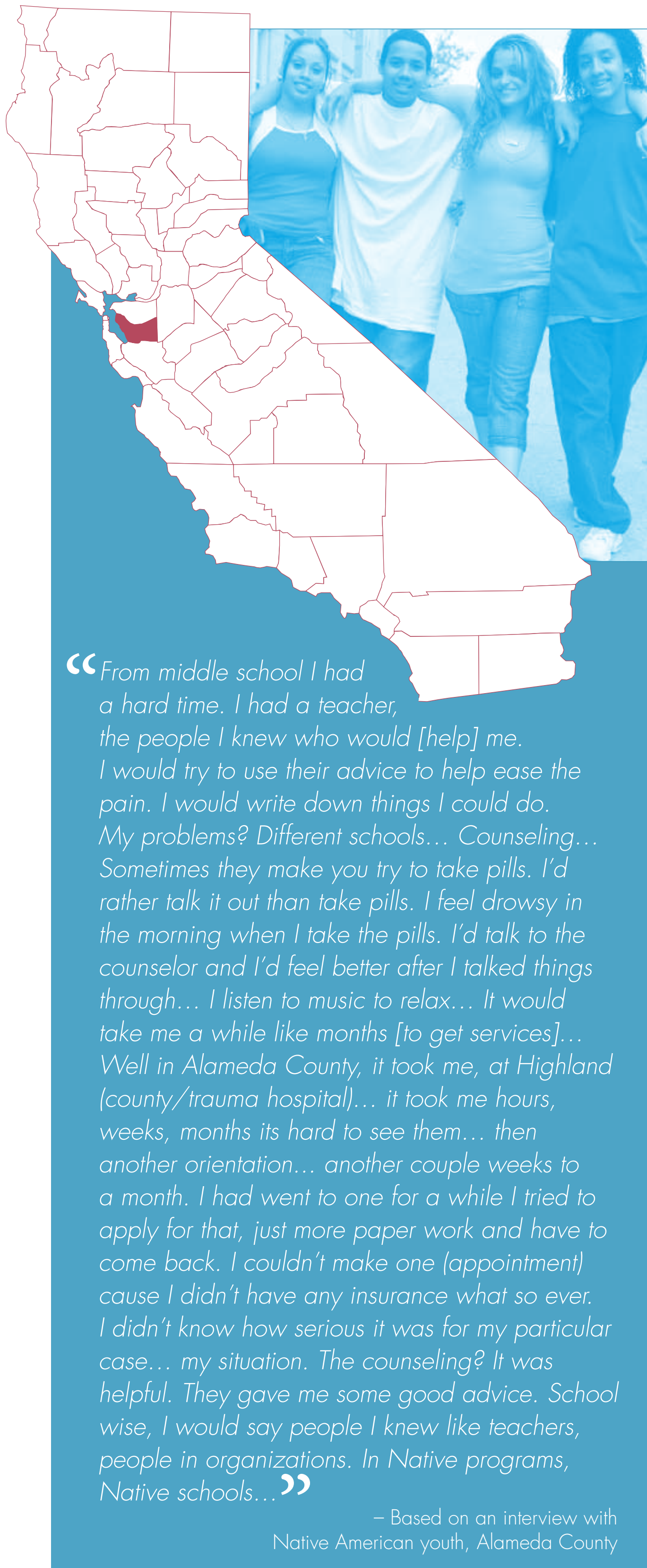

COUNTY PROFILE

Unclaimed Children Revisited

California Case Study

Alameda County

Alameda is one of 11 counties that participated in *Unclaimed Children Revisited: California Case Study (CSS),* led by the National Center for Children in Poverty (NCCP). The study examined the status of children's mental health in California. Its purpose was to identify, document, and analyze effective policies, programs, and strategies that support research-informed practices for mental health services to children and adolescents in the state.

Data for the county profiles was collected through interviews and focus groups with county system leaders and local providers. Demographic data from the U.S. Census Bureau was used, along with mental health service utilization data, to complete the overview of children and youth in the county. Questions asked during the interviews and focus groups centered on measuring respondent views regarding current programs and services, system strengths and challenges, and policy implications. Major topics discussed in this profile include evidence-based practices; developmentally appropriate services for young children, school-age, and transition-age youth; family and youth-driven services; culturally- and linguistically-competent services; and prevention and early intervention.

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An Overview of County Leader and Provider Views*

The interviews and focus groups conducted with county leaders and providers focused on a broad range of topics related to mental health services. In Alameda County, 11 system leaders and seven providers participated. They represented the following disciplines: mental health, juvenile justice, developmental disability, early childhood, finance, substance abuse and treatment and special education. For each topic discussed, major themes and issues were captured that shed light on the state of the mental health system in the county. Below we highlight the major themes discussed with Alameda County leaders and providers.

Evidence-based Practices (EBPs)

- Eleven system leaders and seven providers discussed EBPs. Of these respondents, seven were supportive, six expressed concerns, and one reported having no knowledge of EBPs.
- The majority of county system leaders were supportive of EBPs implementation, while most of the concern expressed came from providers.
- Ten of the 18 respondents reported that they implemented EBPs. The most frequently mentioned strategy used to implement EBPs was training. On the other hand, the effectiveness of EBPs, funding, and workforce development emerged as the top issues and challenges.
- The top three most frequently mentioned types of EBPs were:
  - Ages and Stages Questionnaire (ASQ);
  - Mental health consultation; and
  - Wraparound.

Developmentally-appropriate Services

- Fifteen county system leaders and seven providers talked about developmentally-appropriate services and supports. Respondents equally discussed services for young children, school-age children and transition-age youth.
- These leaders spoke most often about service capacity across the developmental span. Some leaders in Alameda expressed optimism about the capacity they were building, especially for transition-age youth. They pointed to the appointment of the first director for transition-age youth as evidence of improvement.
- Some respondents discussed the types of available programs to address the needs of children and youth from a developmental perspective. A broad range of programs were mentioned, from evidence-based practices to programs focused on autism spectrum disorders that were school-based.
- Leaders were proud of their early childhood mental health consortium and of the high penetration of mental health consultation for young children.

Family- and Youth-driven Services

- Eleven system leaders and six providers addressed family- and youth-driven services.
- System leaders were the only respondents to state that no services were offered for family and youth, and constituted four of the five respondents that addressed advocacy and family and youth involvement.
- Both providers and system leaders described the services they offered for the whole family.
- The county as a whole seemed to focus primarily on direct services that were offered to family members, but only five respondents addressed the philosophy behind family- and youth-driven services.

* Because there was only a small sample of community stakeholder interviews, they have been excluded from this summary in order to protect the privacy of the respondents. For an examination of local stakeholder views, please refer to the full report, *Unclaimed Children Revisited: California Case Study.*

Culturally- and Linguistically-competent Services

- Six county system leaders and seven providers discussed the availability of culturally- and linguistically-competent services. Twelve of these respondents discussed challenges regarding services, while only a little over half of the respondents commented on the strengths of their services.
- The majority of system leaders that commented on cultural and linguistic competence in the county focused on the challenges facing the system.
- Fifty percent of the respondents noted that there are not enough culturally-diverse providers, while two-thirds mentioned unavailability of specific language services. Another two-thirds mentioned a shortage of providers for the Latino community.
- Some providers suggested culture-specific reforms, including improved access for Latinos, creation of more accountability and outcomes measures for the implementation of evidence-based practices in culturally-diverse communities, support for urban Native American services, and expansion of culturally-competent systems of care.

Prevention and Early Intervention

- Ten system leaders and five providers addressed prevention and early intervention. Of these respondents, eight identified challenges regarding prevention and early intervention, and 11 identified strengths.
- System leaders and providers mentioned an increase in assessment and screening in children for mental health, behavioral, and developmental issues, but commented that it was not yet routine.
- The two most frequently mentioned policies were EPSDT and First 5. EPSDT was noted as one of the more effective policies in expanding services for children with serious emotional disturbance and high need children in Alameda County. First 5 was credited with expanded services for young children and their families and increased training services.
- Respondents were hopeful about the Mental Health Services Act's promise of expanding prevention and intervention services.

Table 1: **Strategies and Challenges for Mental Health Services Provision in Alameda**

	Evidence-based Practices (EBPs)	Developmentally Appropriate Services	Family- and Youth-driven Services	Culturally- and Linguistically-competent Services	Prevention and Early Intervention
Strategies/ Strengths	• Training	• Focus on EBPs for young children, especially Parent Child Interaction Therapy and Incredible Years.	• Direct services to family • Collaboration with family partners • Training • EBPs	• Cultural Competency Committee • Collaboration with community-based organizations	• Parent/teacher training • Incredible Years • School-based prevention programs • Mental health consultation • ASQ
Challenges/ Concerns	• Effectiveness of EBPs • Funding • Workforce development	• Fewer and more fragmented transition-age youth services	• Lack of services available for family members • Lack of Spanish-speaking providers • Lack of staff trained in serving the whole family	• Lack of available bilingual/bicultural providers, particularly for Latinos • Need more support for urban Native Americans	• Lack of routine assessment and screening • Need more prevention programming and funding
Notes	Top 3 types of EBPs • ASQ • Mental health consultation • Wraparound	• No consensus on the strongest areas and greatest need • Little mention of programs for school-age children, either positively or negatively	• No cohesive policy or strategy to support family driven services • Not addressing the larger philosophy behind youth- and family-driven services	• Providers stressed need for culture-specific reforms, culturally-competent systems of care, and more accountability	• Despite increases in assessments and screening for children, there remains a lack of consistent and routine screening of children.

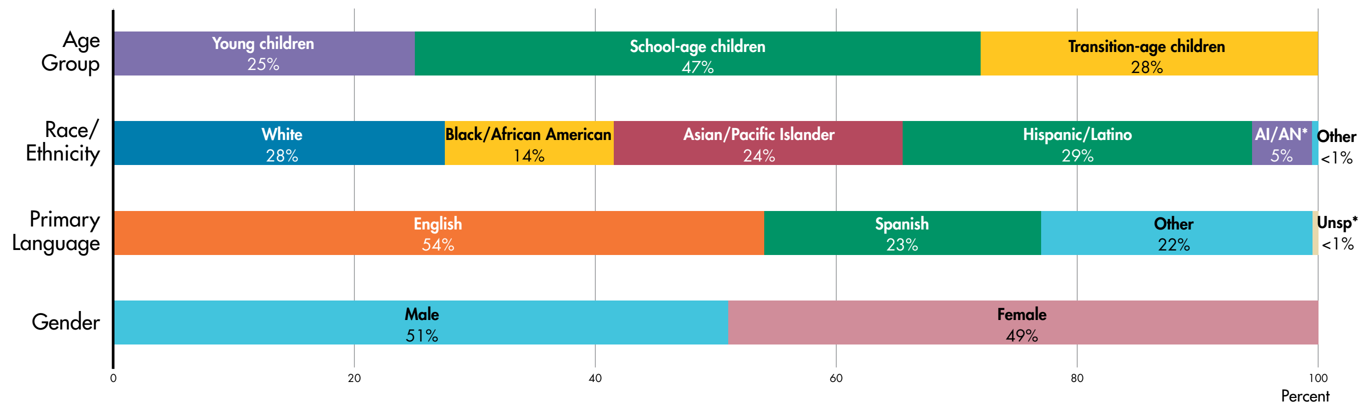
Overall County Strength: Focus on services for young children and using EBPs.

Demographics of Children and Youth in Alameda County

The estimated population of children and youth in Alameda is 492,239. Approximately half (47 percent) of these children and youth are school-age, with an average age of 11.9 years old. Whites, Asians/Pacific-Islanders, and Hispanics/Latinos are evenly distributed, each comprising approximately one-fourth of the under-25 population. African Americans make up a slightly smaller proportion (14 percent) of the county youth population. Fifty-four percent of children and youth in Alameda speak English as their primary language, while 23 percent speak Spanish primarily. For a more detailed breakdown of the age, race and ethnicities, primary languages, and genders of children and youth in Alameda, refer to Chart 1.

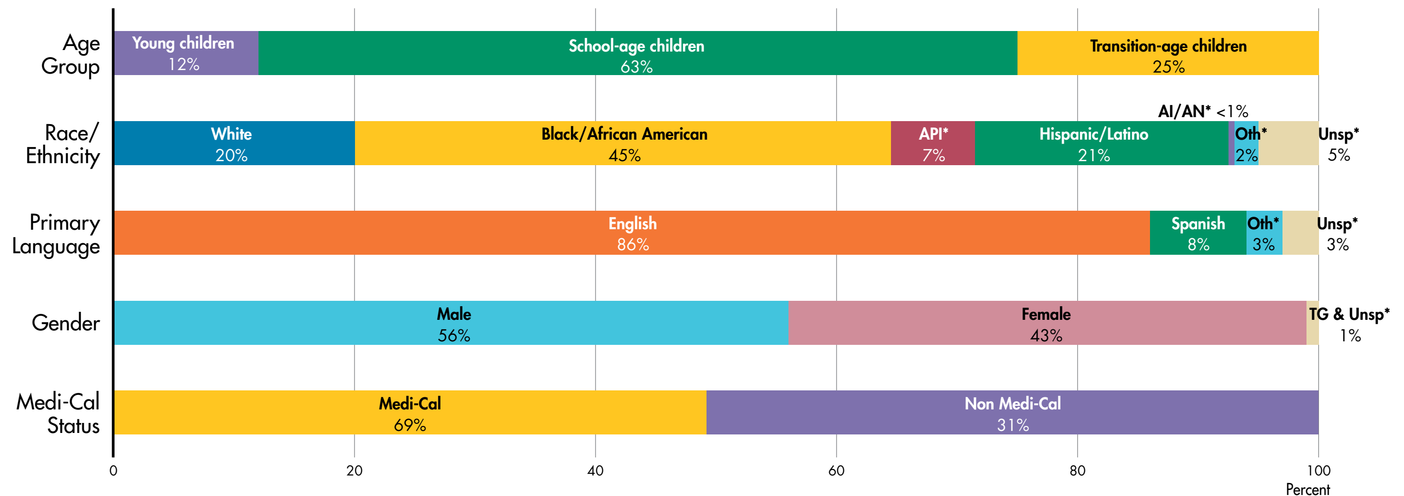
Among the nearly half million children and youth in Alameda, 11,769 (two percent) are mental health service users. About two-thirds (63 percent) of these service users are school-age children, with an average age of 13.2 years old. African Americans comprise the largest racial and ethnic group (45 percent), and the vast majority of young mental health service users speak English primarily (86 percent). Chart 2 presents more details on age, race and ethnicity, primary languages, gender, and Medi-Cal status of service users in Alameda.

***Chart 1:* Children and Youth Under Age 25 in Alameda** (N=492,239)



Source: American Community Survey, 2006.

***Chart 2:* Mental Health Service Users Under Age 25 in Alameda** (N=11,769)



Source: California Department of Mental Health, Consumer and Services Information System, FY 2005/2006.

*Abbreviations: AI/AN=American Indian/Alaskan Native; API=Asian/Pacific Islander; Oth=Other; TG=Transgendered; Unsp=Unspecified

Table 2 shows some important distinctions between the general population and service users in Alameda. Among mental health service users, the average age is higher (13.2 versus 11.9 years old), with more school-age children in the population. There are also more service users who speak English as their primary language than in the general population (86 percent versus 54 percent).

Table 2: **Demographic Profile of County Children and Youth and Mental Health Service Users Under Age 25 in Alameda**

	All Children and Youth in Alameda	Mental Health Service Users in Alameda
Age Distribution	• Average age: 11.9 years old • Young children (25%) • School-age children (47%) • Transition-age youth (28%)	• Average age: 13.2 years old • Young children (12%) • School-age children (63%) • Transition-age youth (25%)
Race/Ethnicity	• Whites (28%) • African Americans (14%) • Asians/Pacific Islanders (24%) • Hispanics/Latinos (29%) • American Indians/Alaskan Natives (5%) • Other (<1%)	• Whites (20%) • African Americans (45%) • Asians/Pacific Islanders (7%) • Hispanics/Latinos (21%) • American Indians/Alaskan Natives (<1%) • Other (2%) • Unspecified race and ethnicity (5%)
Primary Language	• English speakers (54%) • Spanish speakers (23%) • Other language (22%) • Unspecified language (<1%)	• English speakers (86%) • Spanish speakers (8%) • Other language (3%) • Unspecified primary language (3%)
Gender	• Males (51%) • Females (49%)	• Males (56%) • Females (43%) • Transgendered (<1%) • Unspecified gender (<1%)

Sources: American Community Survey, 2006; California Department of Mental Health, Consumer and Services Information System, FY 2005/2006.

Type of Services Received within the Alameda County Mental Health System

County mental health services fall into two categories: community-based (day or outpatient treatment) or non-community-based (24-hour, inpatient or residential services). As defined in the Consumer and Services Information System, day services are those that provide a range of therapeutic and rehabilitative programs as an alternative to inpatient care. Outpatient services are short-term or sustained therapeutic interventions for individuals experiencing acute and/or ongoing psychiatric distress, while 24-hour services are designed to provide a therapeutic environment of care and treatment within a residential setting.

Ninety-eight percent of public mental health services to children and youth under-25 in Alameda are community-based (see Chart 3). Of the 411,532 community-based mental health services received in Alameda, 321,774 (78 percent) were outpatient. Chart 4 displays a more detailed breakdown of these types of services, by service users.

Chart 3: **Community vs. Non-community-based Services in Alameda**

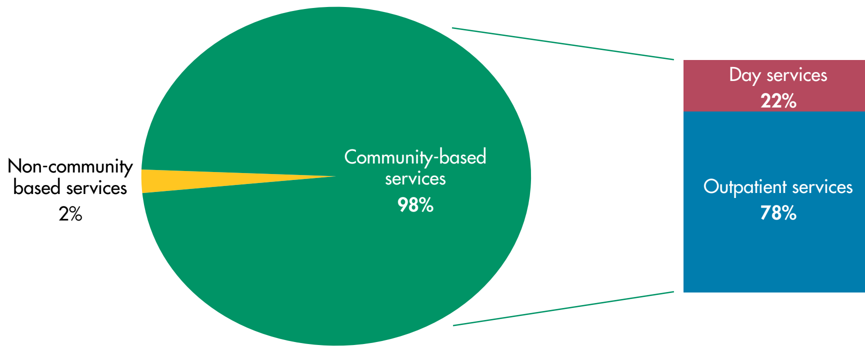
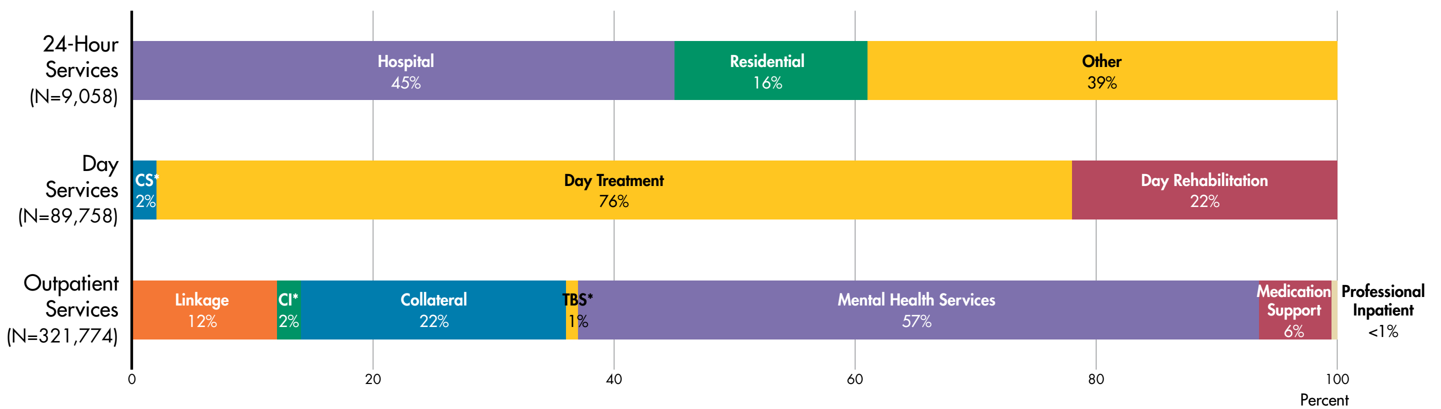


Chart 4: **Types of Mental Health Services Received in Alameda**



*Abbreviations: CI=Crisis Intervention; CS=Crisis Stabilization; TBS=Therapeutic Behavioral Services

Summary

Overall, Alameda's mental health service delivery system for children and youth maintains a strong focus on services for young children. Compared with other counties, Alameda has the highest proportion of young children under age 6 being served in their public mental health system (12 percent, compared with the county average of seven percent). Further, the county focuses on providing early prevention and intervention services using evidence-based practices for young children such as the Ages and Stages Questionnaire (ASQ) and early childhood mental health consultation. To see full lists of recommendations for improving services in each of these important topic areas, refer to the full report, *Unclaimed Children Revisited: California Case Study*.

This profile was prepared by Shannon Stagman, Yumiko Aratani, and Janice Cooper, and is based on data from Unclaimed Children Revisited: California Case Study *(Cooper et al. 2010). Data was taken from the American Community Survey, 2006 and the California Department of Mental Health, Consumer and Services Information System, FY 2005/2006.*