

Unclaimed Children Revisited

California Case Study

Butte County



“I have 10 children ranging in age from 2 to 22 years old. We moved to Oroville from Tulare in 1994. I think my children are fine, but I have a 12-year-old son who has not been going to school. He says that he skips school because the teachers don't help him, and other kids are mean to him. They say racist things about him, so he gets into fights. I do not speak any English. I feel dumb because I don't know where to find help. I don't know where to go in mainstream society. Who can help? It was one of my relatives who said I should come here to Connecting Circles of Care. Connecting Circles has been helpful because they help me with translation and transportation. They go with me to school and court. Connecting Circle is quick. I usually get help within two days. If it's urgent, they will assist right away. The Parent Advocate talks to me when I am facing difficult times. He explains the process to me. [The] Clinician talks to my child when he was in trouble at school. They also help with my children's homework. With the help of the Connecting Circle, I feel like they treat you better. They are fair and nice. They really care.”

– Based on an interview with Hmong parent, Butte County (translated from Hmong)

Butte 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. For each topic discussed, major themes and issues were captured that shed light on the state of the mental health system in the county. In Butte County, 12 system leaders and seven providers participated, representing the following disciplines: mental health, child welfare, juvenile justice, developmental disability, early childhood, finance, special education, and substance abuse and treatment. Below we highlight the major themes that surfaced in discussions with Butte County leaders and providers.

Evidence-based Practices (EBPs)

- ◆ Ten system leaders and six providers discussed EBPs, with the majority (N=9) in support of them.
- ◆ Twelve out of 16 respondents reported that they implemented EBPs, and an overwhelming majority discussed Wraparound programs; best practices; and culturally-competent Wraparound programs under their System of Care program, Connecting Circles of Care (CCOC).
- ◆ Among the eight respondents who raised concerns, five discussed the effectiveness of EBPs. The majority of respondents (15 out of 16) discussed EBP strategies including providing culturally- and linguistically-competent services and training.

Developmentally-appropriate Services

- ◆ Twelve county leaders and six providers discussed developmentally-appropriate services and supports.
- ◆ Fifteen of the respondents discussed services for young children, 16 for school-age children, and 14 for transition-age youth. Respondents spoke more frequently about funding and service delivery across the developmental span than any other topic, with particular attention to service delivery capacity for transition-age youth.
- ◆ Eight respondents commended on the availability of funding for early childhood services.

Family- and Youth-driven Services

- ◆ In Butte County, 11 system leaders and six providers addressed family- and youth-driven services.
- ◆ Among responses given about family- and youth-driven services, nearly half referenced direct services. Ten out of 12 county leaders spoke about the difficulty in providing services to family members. All providers supported family treatment when the child is indicated as the client.
- ◆ County leaders were positive about the county's strategy for advocacy and youth involvement. Only six respondents described advocacy programs, but all spoke very highly of the programs offered by the county.

Culturally- and Linguistically-competent Services

- ◆ Overall, respondents held a positive view of the system due to the existence of culturally-specific programs in the county. In particular, system leaders described Connecting Circles of Care (CCOC), a culturally-focused Wraparound effort in the county.
- ◆ CCOC is funded by SAMHSA and focuses on Latinos, Native Americans, Hmong, and African Americans as well as rural populations. There are Wraparound teams for each ethnic group.

Prevention and Early Intervention

- ◆ In Butte County, 10 system leaders and four providers addressed prevention and early intervention.
- ◆ County leaders and providers identified EPSDT and First 5 as strengths in expanding services for children. Respondents lamented a lack of funding for prevention and early intervention services.
- ◆ Four county leaders described increased services and assessment and screening in early childhood due to First 5; providers discussed that in addition to its increase of services, First 5 expanded training for families with young children.
- ◆ All four providers discussed the need for a stronger focus on prevention and identifying problems in children before crisis.

* 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*.

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

	Evidence-based Practices (EBPs)	Developmentally Appropriate Services	Family- and Youth-driven Services	Culturally- and Linguistically-competent Services	Prevention and Early Intervention
Strategies/ Strengths	<ul style="list-style-type: none"> Culturally- and linguistically-competent Wraparound programs – Connecting Circles of Care (CCOC) 	<ul style="list-style-type: none"> Funding, particularly for early childhood 	<ul style="list-style-type: none"> Direct services to family sometimes available Parent support services 	<ul style="list-style-type: none"> Connecting Circles of Care (CCOC) 	<ul style="list-style-type: none"> Incredible Years School-based services (alcohol and other drugs prevention, mentoring) Friday Night Live Parent Child Interaction Therapy Positive Behavioral Intervention and Supports TABS – screening tool
Challenges/ Concerns	<ul style="list-style-type: none"> Funding Outcome measures 	<ul style="list-style-type: none"> Capacity, particularly for transition-age youth 	<ul style="list-style-type: none"> Funding Providing treatment for parents and family members 	<ul style="list-style-type: none"> Availability of culturally- and linguistically-competent staff 	<ul style="list-style-type: none"> Lack of routine assessment and screening for children Lack of funding for prevention and early intervention services
Notes	<p>Most frequently mentioned EBPs:</p> <ul style="list-style-type: none"> Incredible Years Parent Child Interaction Therapy Positive Behavioral Intervention and Supports Wraparound 		<ul style="list-style-type: none"> Many respondents felt they took a more family-oriented view than in the past Funding limitations constrained ability to treat family members 	<ul style="list-style-type: none"> Both groups felt the county was making strides through CCOC 	<ul style="list-style-type: none"> First 5 has been important in expanding 0-5 services.

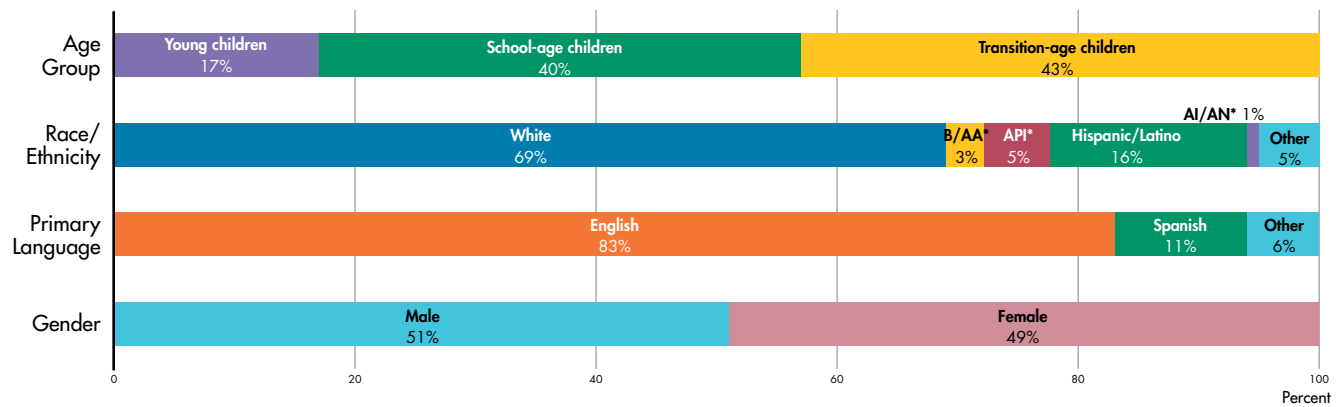
Overall County Strength: Connecting Circles of Care was mentioned many times as an example of one of the county's successes.

Demographics of Children and Youth in Butte County

The estimated population of children and youth in Butte is 79,165. Forty-three percent of these youth are transition-age (18 to 24 years old), with an average age of 14 years old. The majority (69 percent) of the under-25 population are white, with Hispanics/Latinos making up the second largest racial and ethnic group (16 percent). Eighty-three percent of children and youth in Butte speak English as their primary language. For a more detailed breakdown of the age, race and ethnicities, primary languages, and gender of children and youth in Butte, refer to Chart 1.

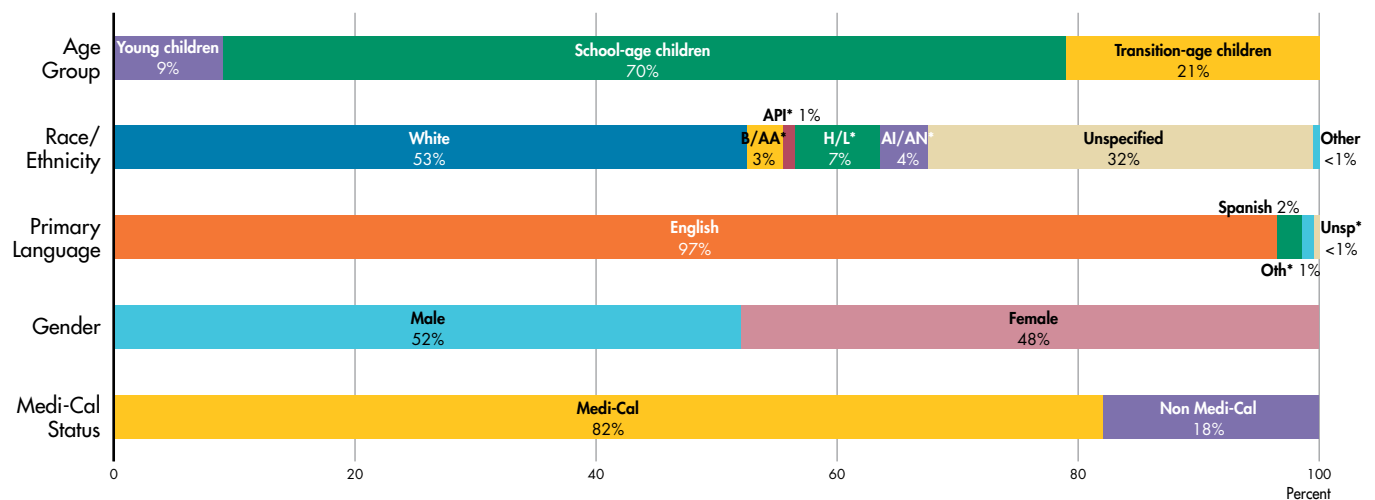
There are 2,785 mental health service users under the age of 25 in Butte. Almost three-fourths (70 percent) of these service users are school-age children, with an average age of 13.5 years old. Whites comprise the largest racial and ethnic group (53 percent), however, about one-third (32 percent) of this population did not have their race and ethnicity reported. Nearly all young mental health service users speak English primarily (97 percent). Chart 2 provides more detail about age, race and ethnicity, primary languages, gender, and Medi-Cal status of service users in Butte.

Chart 1: Children and Youth Under Age 25 in Butte (N=79,165)



Source: American Community Survey, 2006.

Chart 2: Mental Health Service Users Under Age 25 in Butte (N=2,785)



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; B/AA=Black/African American; H/L=Hispanic/Latino; Oth=Other; Unsp=Unspecified

Table 2 shows that there are some important distinctions between the general population and service users in Butte. School-age children make up a much larger proportion of service users than they represent

in the general population. Nearly all (97 percent) mental health service users in Butte speak English, while only 83 percent of the general population list English as their primary language.

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

	All Children and Youth in Butte	Mental Health Service Users in Butte
Age Distribution	<ul style="list-style-type: none"> • Average age: 14.0 years old • Young children (17%) • School-age children (40%) • Transition-age youth (43%) 	<ul style="list-style-type: none"> • Average age: 13.5 years old • Young children (9%) • School-age children (70%) • Transition-age youth (21%)
Race/Ethnicity	<ul style="list-style-type: none"> • Whites (69%) • African Americans (3%) • Asians/Pacific Islanders (5%) • Hispanics/Latinos (16%) • American Indians/Alaskan Natives (1%) • Other (5%) 	<ul style="list-style-type: none"> • Whites (53%) • African Americans (3%) • Asians/Pacific Islanders (1%) • Hispanics/Latinos (7%) • American Indians/Alaskan Natives (4%) • Other (<1%) • Unspecified race and ethnicity (32%)
Primary Language	<ul style="list-style-type: none"> • English speakers (83%) • Spanish speakers (11%) • Other language (6%) 	<ul style="list-style-type: none"> • English speakers (97%) • Spanish speakers (2%) • Other language (1%) • Unspecified primary language (<1%)
Gender	<ul style="list-style-type: none"> • Males (51%) • Females (49%) 	<ul style="list-style-type: none"> • Males (52%) • Females (48%)

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

Type of Services Received within the Butte County Mental Health System

County mental health services are categorized as either 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-six percent of public mental health services to children and youth under-25 in Butte are community-based (see Chart 3). Of the 76,080 community-based mental health services received in Butte, 72,161 (95 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 Butte

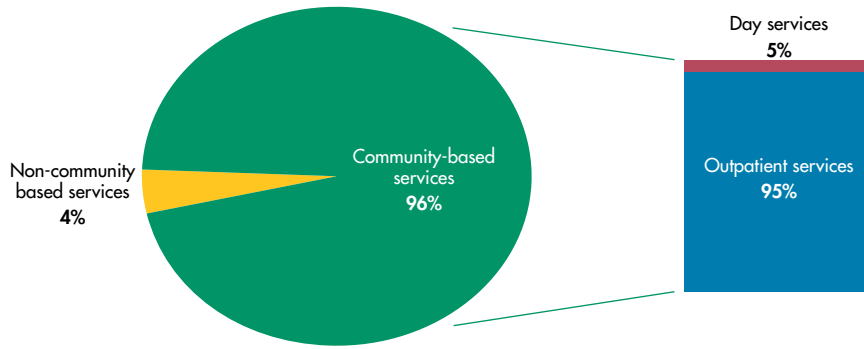
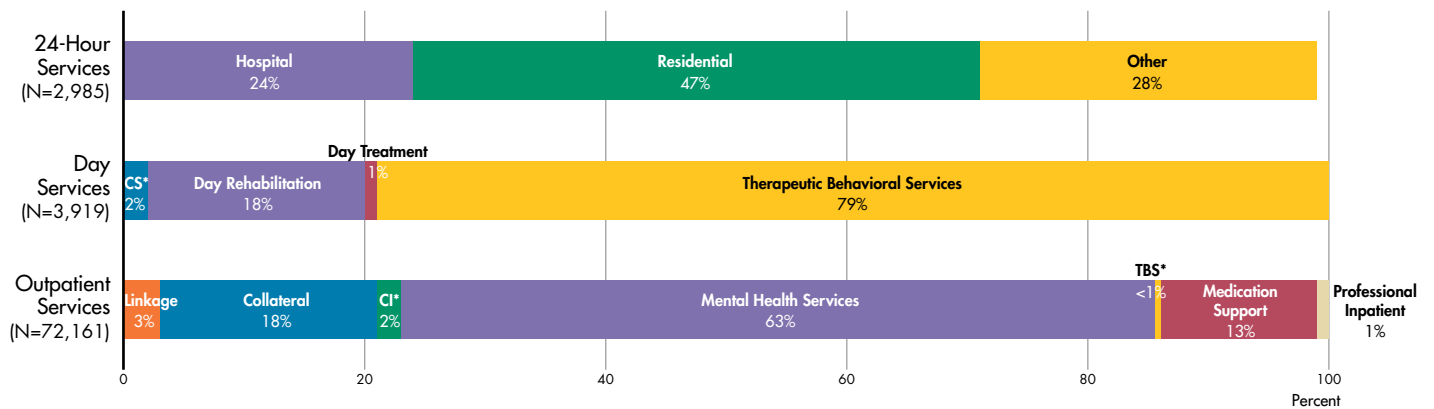


Chart 4: Types of Mental Health Services Received in Butte



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

Summary

One of the major strengths in Butte’s mental health services for children and youth is Connecting Circles of Care, which is a culturally-competent best practice model that serves diverse racial and ethnic groups in the county. This Wraparound program is a family-driven and youth-guided program, and it serves the Native American, Hmong, Hispanic/Latino, African-American and rural mountain communities. 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.