



COUNTY PROFILE

Unclaimed Children Revisited *California Case Study*

Santa Cruz County

“I found out about Mental Health and Healthy Families Service through my son’s probation officer. It was one of the things we got involved in, because it was a court requirement. [My son] has gone to counseling and meetings with the mental health group in teamwork... in this case, when we first went to meetings at the mental health place, they offered us help and trusted us. They encourage help and trust and give ideas on how to work – I go to meetings two times a month.... It’s important that we as parents have enough strength to ask for help. Like the pain I went through when giving birth to my son, who was born healthy. That’s how much it’s hurting me and even more because I see it right in front of me. So I have to help. I’ve met people in the same situation to encourage that strength. It was very difficult for me, but I’ve learned a lot... You all have to ask for help. People don’t know what other people need.”

– Based on an interview with
Latina parent, Santa Cruz County
(translated from Spanish)

Santa Cruz 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 data, to complete the overview of mental health service utilization by 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 emerged that shed light on the state of the mental health system in the county. In Santa Cruz County, 21 system leaders and five providers participated, representing the following disciplines: mental health, child welfare, juvenile justice, early childhood, special education, substance abuse and treatment, and public health. Below we highlight the major themes that surfaced in discussions with Santa Cruz County leaders and providers.

Evidence-based Practices (EBPs)

- ◆ Twenty leaders and five providers responded to questions about EBPs. The majority of respondents were supportive of EBPs (N=16), and only a few took neutral positions (N=3). Two respondents did not know what EBPs were.
- ◆ The majority reported that they implemented EBPs (N=15), with specific mentions of Wraparound (N=12), Cognitive Behavioral Therapy (N=5) and Seven Challenges (N=4).
- ◆ The most frequently discussed challenges were about workforce issues such as lack of training. Other issues such as delivery of EBPs, their effectiveness, funding and politics are equally discussed. Among those who discussed strategies, the overwhelming majority (N=15) talked about workforce development, mostly providing training, with one respondent reporting that training is funded through budget allocation.

Developmentally-appropriate Services

- ◆ Twenty system leaders and five providers discussed services and supports along the developmental span. Nineteen respondents each commented on early childhood services and services for school-age youth, while 15 discussed services for transition-age youth.
- ◆ Service delivery and funding emerged as major themes in the interviews. In regards to service delivery, several respondents spoke about capacity and strengths. Four of the respondents identified workforce as a strength with regard to transition-age youth, while other respondents talked about capacity limitations, especially for young children and transition-age youth.
- ◆ In discussing types of services, six respondents spoke about independent living skill training for transition-age youth.

Family- and Youth-driven Services

- ◆ In Santa Cruz County, 20 system leaders and four providers addressed family- and youth-driven services.
- ◆ Eight respondents reflected on the philosophy of family- and youth-driven services and held mixed views. The providers and system leaders discussed the positive attitude toward including family members, but also the challenges and barriers that exist in doing so.
- ◆ Only five respondents addressed the issue of advocacy and family involvement. None of these respondents spoke directly of involving family and youth in advocacy or ways in which families can feel empowered.

* 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

- ◆ Seventeen county system leaders and three providers discussed culturally- and linguistically-competent services.
- ◆ Among the 20 respondents, 14 identified challenges while 17 identified strengths of the county’s services.
- ◆ Among respondents who discussed the strengths of the workforce in terms of cultural and linguistic capacity, one-third reported that recruiting enough Spanish-speaking providers continued to be a challenge. About one-third also spoke about mandated trainings for cultural competency.

Prevention and Early Intervention

- ◆ In Santa Cruz County, 20 system leaders and four providers addressed prevention and early intervention.
- ◆ Of these 24 respondents, 13 identified challenges regarding prevention and early intervention, and 20 identified strengths and strategies.
- ◆ Five respondents noted strengths in EPSDT services and its ability to increase service access in the county. Another five respondents discussed benefits of a prevention and early intervention focus, including increased school-based services.

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

	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"> • Workforce development, training, and technical assistance • Collaboration 	<ul style="list-style-type: none"> • Workforce for transition-age youth • More discussion on strengths for school-age youth than either of the other two age groups 	<ul style="list-style-type: none"> • Outcomes surveys • Incorporating family needs into case plans • Family and youth advocacy boards 	<ul style="list-style-type: none"> • Infrastructure • Workforce linguistic capacity • Mandated trainings • Bilingual staff support group • Culture-specific programs for parents and community 	<ul style="list-style-type: none"> • Families Together (Differential Responses program) • Healthy Returns Initiative • School-based programs on substance abuse • Parent education and training programs • Home-visiting • Thinking For Change
Challenges/ Concerns	<ul style="list-style-type: none"> • Effectiveness • Workforce, lack of training 	<ul style="list-style-type: none"> • Capacity for young children and transition-age youth 	<ul style="list-style-type: none"> • Access to services, particularly for undocumented, under-insured or families where the parents have mental health needs 	<ul style="list-style-type: none"> • Workforce, particular recruitment of Spanish-speaking providers 	<ul style="list-style-type: none"> • Funding and focus in prevention and early intervention services needed, though there is hope through the Mental Health Services Act • Lack of routine screening
Notes	<ul style="list-style-type: none"> • Wraparound was the most frequently mentioned EBP 	<ul style="list-style-type: none"> • Six respondents spoke of the independent living skill program for transition-age youth 	<ul style="list-style-type: none"> • Much discussion of barriers and challenges to bringing fully family-centered care 		<ul style="list-style-type: none"> • Strong emphasis on services for children in the child welfare and juvenile justice systems

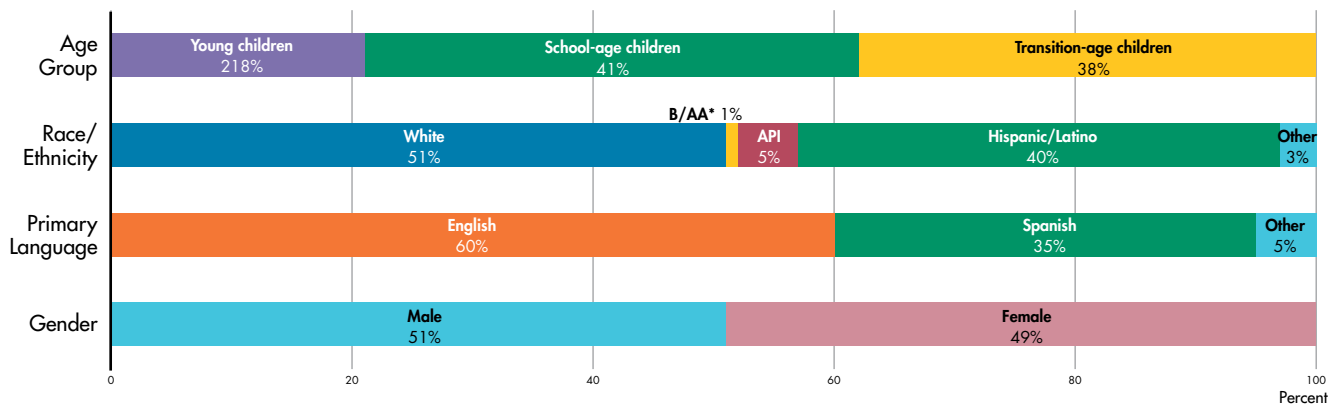
Overall County Strength: The implementation of Wraparound program discussed across disciplines, mandated training for cultural competency.

Demographics of Children and Youth in Santa Cruz County

The estimated population of children and youth in Santa Cruz is 89,807. Forty-one percent of these youth are school-age and 38 percent are transition-age (18 to 24 years old), with an average age of 13.2 years old. Fifty-one percent of the under-25 population are white, while 40 percent are Hispanic/Latino. Sixty percent of children and youth in Santa Cruz speak English as their primary language, while 35 percent speak primarily Spanish. For a more detailed breakdown of the age, race and ethnicities, primary languages, and gender of children and youth in Santa Cruz, refer to Chart 1.

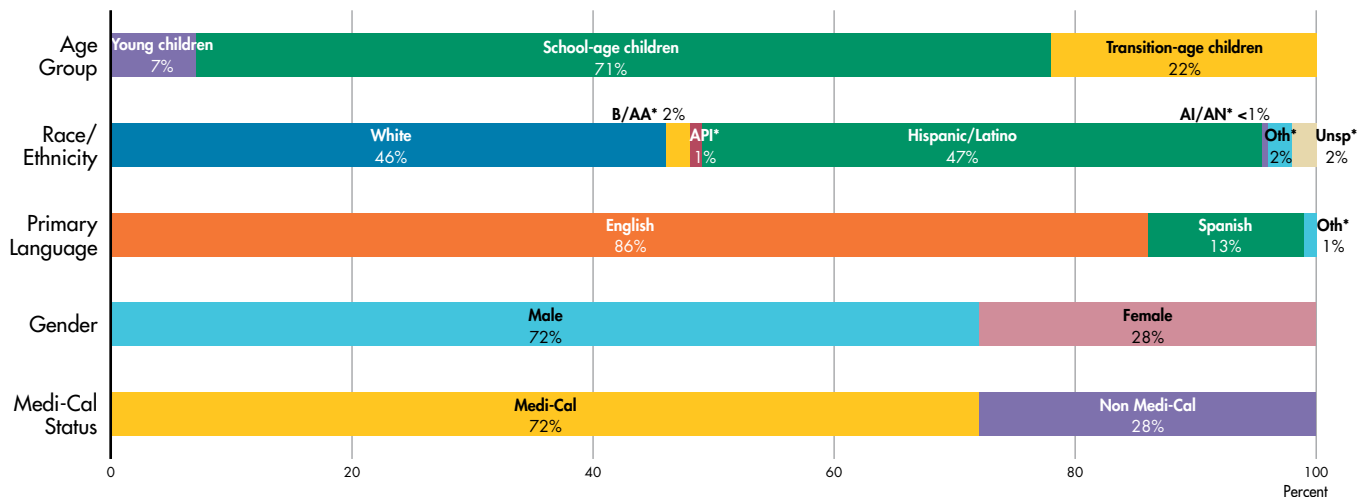
There are 1,904 mental health service users under the age of 25 in Santa Cruz. The majority (71 percent) of these service users are school-age children, with an average age of 14.1 years old. Hispanics/Latinos represent the largest racial and ethnic group (47 percent), followed closely by whites (46 percent). Eighty-six percent of service users speak English primarily, while 13 percent indicated that Spanish was his or her primary language. Chart 2 provides further detail about age, race and ethnicity, primary languages, gender, and Medi-Cal status of service users in Santa Cruz.

Chart 1: Children and Youth Under Age 25 in Santa Cruz (N=89,807)



Source: American Community Survey, 2006.

Chart 2: Mental Health Service Users Under Age 25 in Santa Cruz (N=1,904)



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; Oth=Other; Unsp=Unspecified

Table 2 shows that there are some important distinctions between the general population and service users in Santa Cruz. There are significantly more school-age children (71 versus 41 percent) among service users than in the general population. Among

service users in Santa Clara, 86 percent speak English primarily, compared to 60 percent in the general population. Additionally, there are a significantly higher proportion of male service users than there are in the general population (72 versus 51 percent).

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

	All Children and Youth in Santa Cruz	Mental Health Service Users in Santa Cruz
Age Distribution	<ul style="list-style-type: none"> • Average age: 13.2 years old • Young Children (21%) • School-age Children (41%) • Transition-age Youth (38%) 	<ul style="list-style-type: none"> • Average age: 14.1 years old • Young Children (7%) • School-age Children (71%) • Transition-age Youth (22%)
Race/Ethnicity	<ul style="list-style-type: none"> • Whites (51%) • African Americans (1%) • Asians/Pacific Islanders (5%) • Hispanics/Latinos (40%) • Other (3%) 	<ul style="list-style-type: none"> • Whites (46%) • African Americans (2%) • Asians/Pacific Islanders (1%) • Hispanics/Latinos (47%) • American Indians/Alaskan Natives (<1%) • Other (2%) • Unspecified race and ethnicity (2%)
Primary Language	<ul style="list-style-type: none"> • English speakers (60%) • Spanish speakers (35%) • Other language (5%) 	<ul style="list-style-type: none"> • English speakers (86%) • Spanish speakers (13%) • Other language (1%)
Gender	<ul style="list-style-type: none"> • Males (51%) • Females (49%) 	<ul style="list-style-type: none"> • Males (72%) • Females (28%)

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

Type of Services Received within the Santa Cruz 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 Santa Cruz are community-based (see Chart 3). Of the 104,418 community-based mental health services received in Santa Cruz, 97 percent of them were outpatient. Chart 4 displays a more detailed breakdown of these types of services.

Chart 3: Community vs. Non-community-based Services in Santa Cruz

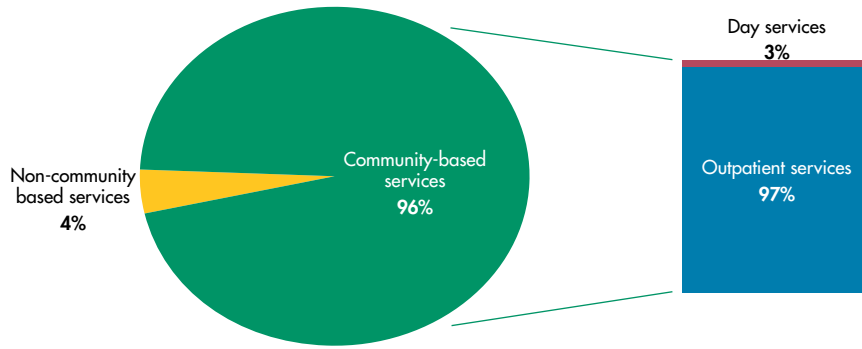
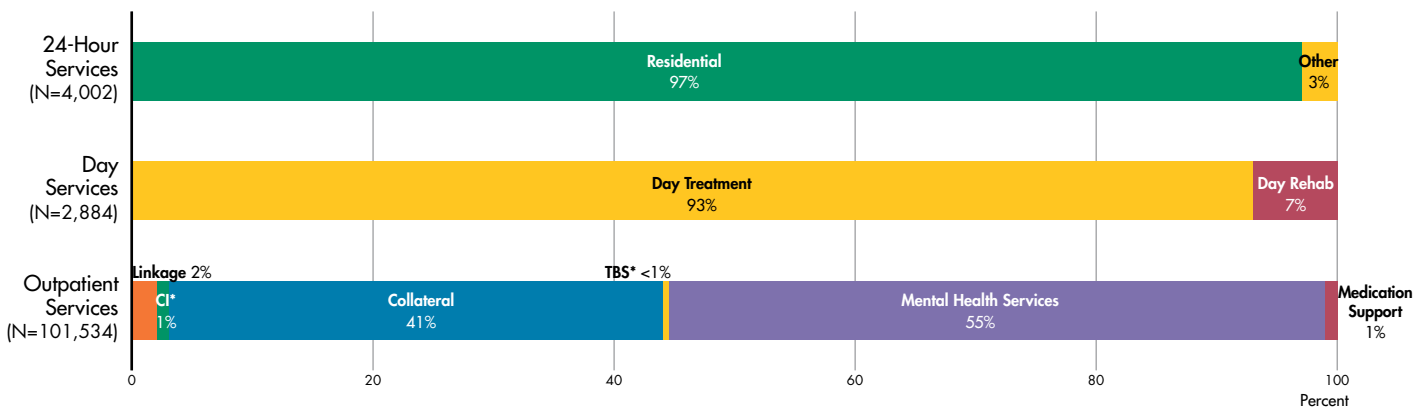


Chart 4: Types of Mental Health Services Received in Santa Cruz



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

Summary

Santa Cruz’s mental health service delivery system for children and youth is characterized by the implementation of Wraparound, discussed by nearly half of the leaders from six different disciplines (mental health, juvenile justice, child welfare, early childhood, substance abuse and special education). In particular, the juvenile justice system in Santa Cruz is leading the implementation of EBPs such as Cognitive Behavioral Therapy, Seven Challenges and standardized screening tools. Specific strategies for school-based prevention and early intervention programs and mandated training for cultural competency were also discussed. 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.