

COUNTY PROFILE

Unclaimed Children Revisited *California Case Study*

Humboldt County

“I work for social services. When my child had to be put into the regional center, I knew that once he came off the drugs (cannabis), he would be suicidal. I was able to be sure that he got services. In this county, there is very little funding, unless they are right there going to hurt another or themselves, it does not happen right away. It is not difficult to obtain services. I fall in the middle because I am not affluent or poor. I am part of the United Indian Tribes. I am of the Karuk tribe. My kids are enough Indian to get the services too. (A psychiatrist was very helpful to my son) because she is willing to take the time to listen to me and my son. She takes everything he says into account. She takes it seriously. You don't often see that. With his mental health issues, she actually listens; hears what he says. I may not hear the voices, but he does. Not being able to help them is the most difficult part about being a parent of a child with mental health problems. You can help a child when the child is [physically] hurt. You can't do that with mental health. I have learned so much. You can't just fix it like a boo-boo.”

— Based on an interview with family member, Humboldt County

Humboldt 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 covered 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 Humboldt County, 12 system leaders and three providers participated, representing the following disciplines: mental health, child welfare, juvenile justice, developmental disability, early childhood, finance, special education, and substance abuse. Below we highlight the major themes that surfaced in discussions with Humboldt County leaders and providers.

Evidence-based Practices (EBPs)

- ◆ Twelve leaders and three providers discussed EBPs, with the majority (11 out of 15) expressing support for their use.
- ◆ Eleven respondents reported that they implemented EBPs across disciplines. The most frequently cited EBP was Incredible Years, which was cited across the child welfare, early childhood, finance, mental health, and public health disciplines.
- ◆ Seven county leaders discussed the implementation of aggression replacement training (ART); six mentioned functional family therapy (FFT); and seven discussed Wraparound.
- ◆ Two providers reported receiving some training, and one provider reported implementing Parent Child Interaction Therapy (PCIT), Incredible Years, and FFT.

Developmentally-appropriate Services

- ◆ Twelve system leaders and three providers discussed services and supports along the developmental span.
- ◆ Twelve of the respondents described services for young children, 10 for school-age youth, and 11 for transition-age youth.
- ◆ The majority of respondents discussed service delivery across the age spectrum. Respondents frequently emphasized the need to enhance capacity.
- ◆ Many discussed the strength of programming, with EBPs for young children like Incredible Years and PCIT mentioned by nine out of 15 respondents.

Family- and Youth-driven Services

- ◆ In Humboldt County, 11 system leaders and three providers addressed family- and youth-driven services.
- ◆ Of the 11 system leaders, four described direct services offered to the whole family, while one discussed services being referred out and another recommended using family resource centers to help families better access services. All three providers discussed delivering direct services for family members.
- ◆ Only one respondent mentioned advocacy and youth involvement, in regards to a community advisory panel that consisted of parents. None of the respondents who discussed family services mentioned the philosophy behind the 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

- ◆ Ten county leaders and two providers discussed culturally- and linguistically-competent services.
- ◆ Of these 12 respondents, 11 identified challenges regarding services and six identified strengths.
- ◆ County leaders reported that Humboldt lacks sufficient culturally- and linguistically-competent staff to meet the needs of the Latino, Hmong, and Native American communities.
- ◆ Providers described a shortage of Spanish-speaking mental health providers in the county.

Prevention and Early Intervention

- ◆ In Humboldt County, 11 system leaders and two providers addressed prevention and early intervention.
- ◆ Of these respondents, six identified challenges regarding prevention and early intervention, and eight identified strengths.
- ◆ Three county leaders identified assessment and screening as strengths in early childhood services, while two discussed challenges in providing routine assessment and screening.
- ◆ County leaders and providers noted a lack of sufficient funding for prevention and early intervention services.

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

	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"> • Training • Interdisciplinary collaboration 	<ul style="list-style-type: none"> • Implementation of EBPs, especially for young children 	<ul style="list-style-type: none"> • Focus on services available to the family 	<ul style="list-style-type: none"> • The situation is improving 	<ul style="list-style-type: none"> • Incredible Years • PCIT • Family Resource Centers • Parent support groups • Healthy Returns initiative • Mental health screening tool
Challenges/ Concerns	<ul style="list-style-type: none"> • Funding • Workforce development 	<ul style="list-style-type: none"> • Need to enhance capacity across the age spectrum 	<ul style="list-style-type: none"> • Medi-Cal funding constraints/lack of flexibility 	<ul style="list-style-type: none"> • Lack of sufficient culturally- and linguistically-competent staff • System challenges • Shortage of Spanish-speaking providers 	<ul style="list-style-type: none"> • Lack of routine assessment and screening for children • Lack of funding for prevention and intervention
Notes	Most frequently mentioned EBPs: <ul style="list-style-type: none"> • Incredible Years • Parent Child Interaction Therapy (PCIT) • Functional family therapy (FFT) • Wraparound 	<ul style="list-style-type: none"> • PCIT and Incredible Years are often mentioned as services for young children 	<ul style="list-style-type: none"> • Little focus on advocacy or youth involvement • No consistent policy or strategy 	<ul style="list-style-type: none"> • Respondents specifically identified the needs of the Hmong, Native American and Latino population as not being met 	<ul style="list-style-type: none"> • Low provider input (N=2) • Incredible Years mentioned most often

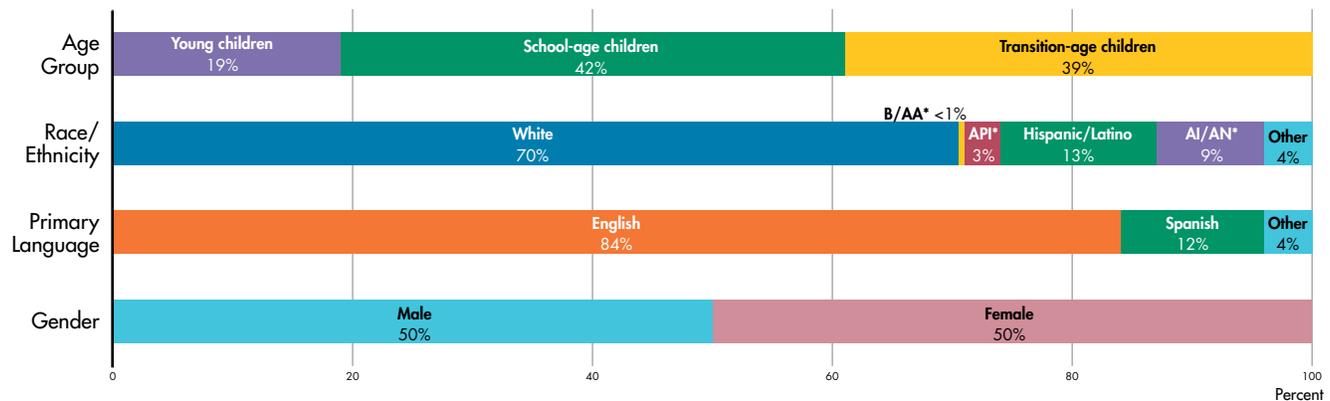
Overall County Strength: Strong evidence-based programs focusing on young children.

Demographics of Children and Youth in Humboldt County

The estimated population of children and youth in Humboldt is 43,198. Forty-two percent of these youth are school-age and 39 percent are transition-age (18 to 24 years old), with an average age of 13.8 years old. The majority (70 percent) of the under-25 population are white, with Hispanics/Latinos making up the second largest racial and ethnic group (13 percent). Eighty-four percent of children and youth in Humboldt 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 Humboldt, refer to Chart 1.

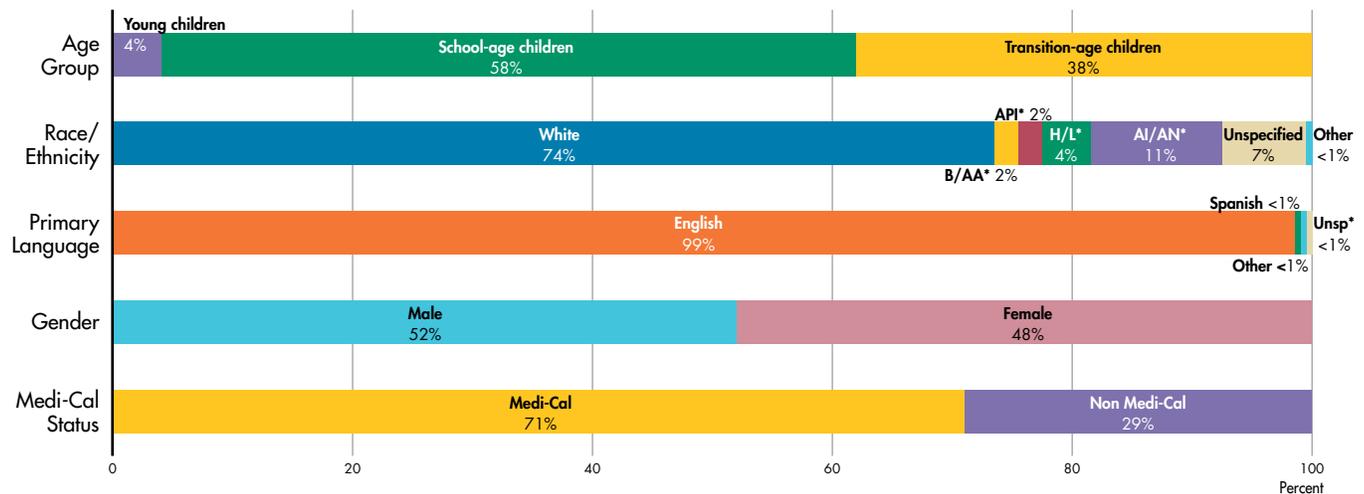
There are 1,162 mental health service users under the age of 25 in Humboldt. Over half (58 percent) of these service users are school-age children, with an average age of 16.1 years old. Whites comprise the largest racial and ethnic group (74 percent), followed by American Indians/Alaskan Natives (11 percent). Nearly all young mental health service users speak English primarily (99 percent). Chart 2 provides further detail about age, race and ethnicity, primary languages, gender, and Medi-Cal status of service users in Humboldt.

Chart 1: Children and Youth Under Age 25 in Humboldt (N=43,198)



Source: American Community Survey, 2006.

Chart 2: Mental Health Service Users Under Age 25 in Humboldt (N=1,162)



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; Unsp=Unspecified

Table 2 shows that there are some important distinctions between the general population and service users in Humboldt. The average age of service users is older and school-age children make up a larger proportion than they represent in the general

population. Nearly all (99 percent) mental health service users in Humboldt speak English, while 84 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 Humboldt

	All Children and Youth in Humboldt	Mental Health Service Users in Humboldt
Age Distribution	<ul style="list-style-type: none"> • Average age: 13.8 years old • Young Children (19%) • School-age Children (42%) • Transition-age Youth (39%) 	<ul style="list-style-type: none"> • Average age: 16.1 years old • Young Children (4%) • School-age Children (58%) • Transition-age Youth (38%)
Race/Ethnicity	<ul style="list-style-type: none"> • Whites (70%) • African Americans (<1%) • Asians/Pacific Islanders (3%) • Hispanics/Latinos (13%) • American Indians/Alaskan Natives (9%) • Other (4%) 	<ul style="list-style-type: none"> • Whites (74%) • African Americans (2%) • Asians/Pacific Islanders (2%) • Hispanics/Latinos (4%) • American Indians/Alaskan Natives (11%) • Other (<1%) • Unspecified race and ethnicity (7%)
Primary Language	<ul style="list-style-type: none"> • English speakers (84%) • Spanish speakers (12%) • Other language (4%) 	<ul style="list-style-type: none"> • English speakers (99%) • Spanish speakers (<1%) • Other language (<1%) • Unspecified primary language (<1%)
Gender	<ul style="list-style-type: none"> • Males (50%) • Females (50%) 	<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 Humboldt 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-nine percent of public mental health services to children and youth under-25 in Humboldt are community-based (see Chart 3). Of the 29,576 community-based mental health services received in Humboldt, 28,326 (96 percent) were outpatient. Chart 4 displays a more detailed breakdown of these types of services.

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

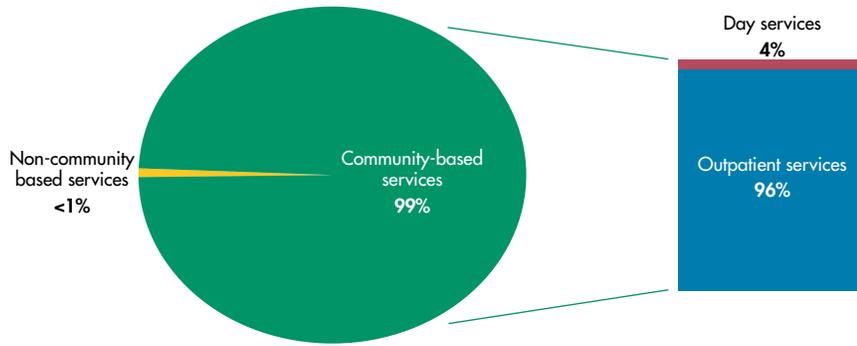
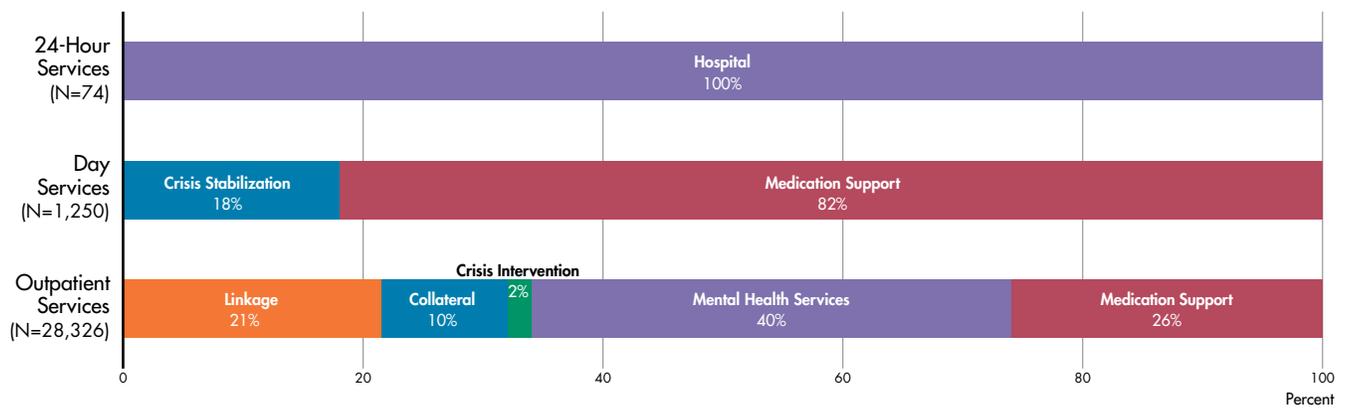


Chart 4: Types of Mental Health Services Received in Humboldt



Summary

Overall, Humboldt’s mental health service delivery system for children and youth is characterized by fairly well implemented evidence-based practices across disciplines. In particular, services for young children are seen as a strength of the system, and the use of evidence-based practice, and specifically Incredible Years, are mentioned by leaders across disciplines. 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.