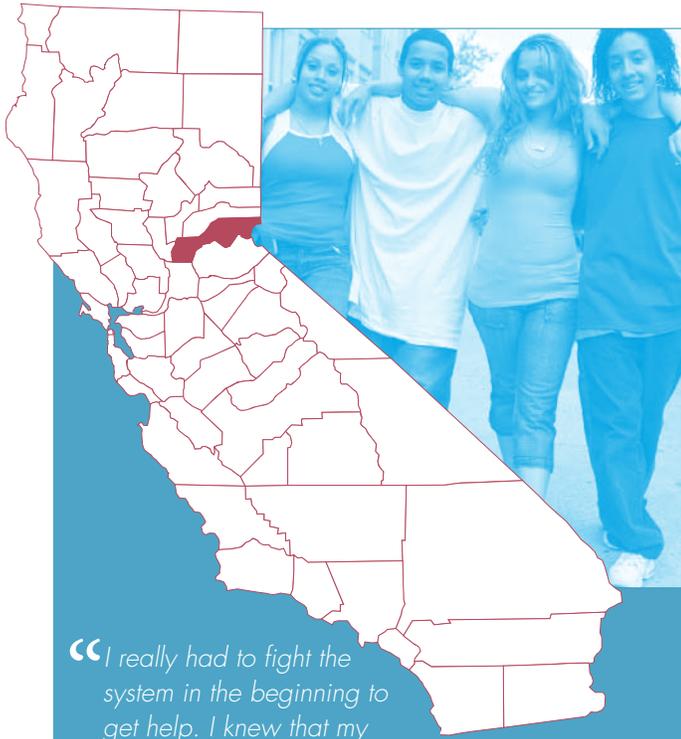


Unclaimed Children Revisited

California Case Study

Placer County



“I really had to fight the system in the beginning to get help. I knew that my child had some handicaps because of two different reasons: my kids were drug babies and they also had some hereditary mental health issues. I had to advocate for my children. I barked up every tree I could find until I could find the help we needed. My youngest daughter, who was 5 started out with her counselor. First step: get into CSOC [children’s system of care] and get a psychologist on board so we could get in. There, we got her on meds and she was taken out of regular school on medical leave. The school could no longer offer adequate services for her. From there CSOC got placement for her in a special school. My son was put in a hospital for 13 days for a suicide watch when he was 15. That’s when I first got services for him. He was under the care of a psychologist for 15 months. It wasn’t until later that we could get him into a specialized school. There are a lot of positives that have come out of this. I, as a parent, have become a stronger person. I’ve seen the help out there and positive people. My kids are completely different people today. Today they are living normal lives and I mean it’s just been awesome.”

— Based on an interview with parent, Placer County

Placer 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.



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 Placer County, 14 system leaders and four providers participated, representing the following disciplines: mental health, child welfare, juvenile justice, developmental disability, early childhood, special education, and substance abuse and treatment. Below we highlight the major themes that surfaced in discussions with Placer County leaders and providers.

Evidence-based Practices (EBPs)

- ◆ Nine leaders and three providers discussed EBPs.
- ◆ The majority of the system leaders in Placer County were supportive of EBPs. Providers were largely negative about EBP implementation, with only one who was supportive, and one who raised concerns about high start-up costs.
- ◆ About half of the system leaders reported that they implemented EBPs and best practices; most commonly mentioned were family functional therapy and Wraparound. These were discussed by system leaders from three different disciplines: mental health, juvenile justice and substance abuse and treatment.
- ◆ The most frequently discussed strategies were enhancing structural support and workforce development such as training and collaboration. One respondent mentioned having the AVATAR system, but admitted not fully using the system. Three respondents reported enhancing quality of services such as cultural competence and family focus.

Developmentally-Appropriate Services

- ◆ Thirteen county leaders and two providers contributed to the discussion of developmentally-appropriate services and supports.
- ◆ Eight respondents discussed services for young children, 12 for school-age youth, and 10 for transition-age youth. Responses focused largely on issues relating to service delivery and funding.
- ◆ In the conversation about service delivery, no particular issue or program dominated discussion, though three respondents did mention AB3632 for school-age youth.
- ◆ Four county leaders characterized funding for transition-age youth as strong.

Family- and Youth-driven Services

- ◆ In Placer County, 12 system leaders and four providers addressed family- and youth-driven services.
- ◆ Eight system leaders said that they offer services to families or involve them in their child's treatment.
- ◆ Strategies reported include adding family advocate positions, providing family-centered training to clinicians and involving families in decision-making about their children's care.

* 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 three providers discussed culturally- and linguistically- competent services.
- ◆ Of these 13 respondents, all discussed the strengths of Placer’s services, while only six discussed the challenges of providing those services.
- ◆ The majority of county leaders focused on the current strengths of the system, with particular attention paid to infrastructure. Responses about infrastructure focused on system leaders’ perceptions that culturally- and linguistically-competent staff was available, though no particular group was mentioned.
- ◆ Providers reported a lack of culturally- and linguistically-competent providers, particularly for the Latino population. One provider gave an example of errors that have resulted due to lack of Spanish-speaking personnel in emergency situations.

Prevention and Early Intervention

- ◆ In Placer County, 11 system leaders and two providers addressed prevention and early intervention. Of these respondents, eight identified challenges regarding prevention and early intervention, and 12 identified strengths and strategies.
- ◆ Views on routine screening were mixed as five respondents noted that there is no routine screening, while others discussed assessment and screening as important tools in their work with young children.
- ◆ Five respondents discussed challenges in routine screening and assessment.
- ◆ Unique to Placer County is the Unified Service plan (USP), a planning tool used through interagency collaboration to develop an integrated service plan for children who are involved in multiple service agencies.

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

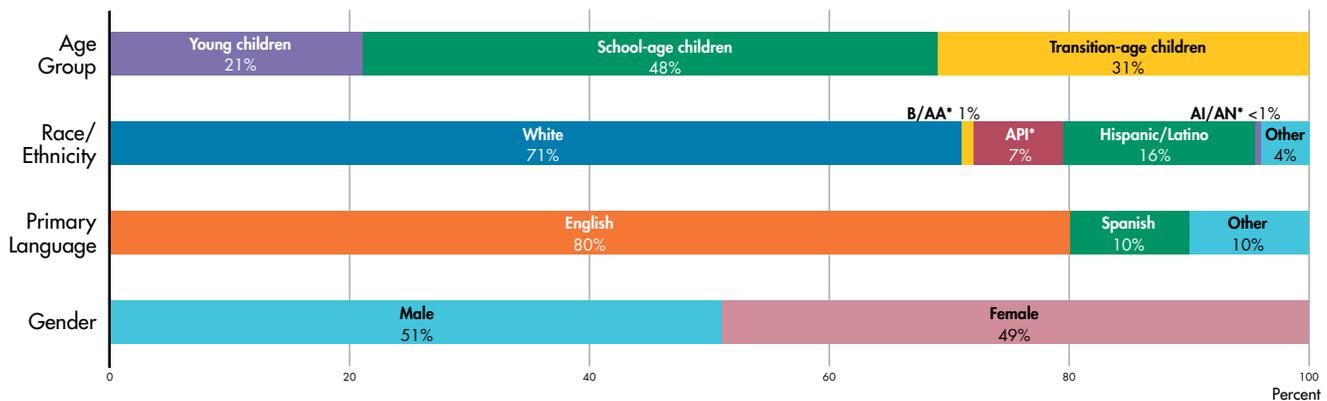
	Evidence-based Practices (EBPs)	Developmentally Appropriate Services	Family- and Youth-driven Services	Culturally- and Linguistically-competent Services	Prevention and Early Intervention
Strategies/ Strengths	<ul style="list-style-type: none"> • Workforce training • Collaboration • Funding 	<ul style="list-style-type: none"> • Funding for transition-age youth 	<ul style="list-style-type: none"> • Family Resource Centers • Family advocate positions • Mental Health Services Act (MHSA) 	<ul style="list-style-type: none"> • Infrastructure • Availability of culturally- and linguistically-competent staff 	<ul style="list-style-type: none"> • School-based services: suicide prevention • Incredible Years • Parent Child Interaction Therapy (PCIT) • Functional Family Therapy (FFT) • Ages and Stages Questionnaire (ASQ)
Challenges/ Concerns	<ul style="list-style-type: none"> • Effectiveness of EBPs • Sustainability • Funding 	<ul style="list-style-type: none"> • Underuse of funding for Native Americans 	<ul style="list-style-type: none"> • Funding 	<ul style="list-style-type: none"> • Availability of culturally- and linguistically-competent staff, particularly for Latino populations • Need for translators 	<ul style="list-style-type: none"> • Lack of routine screening and assessment
Notes	<ul style="list-style-type: none"> • Wraparound and FFT were the most frequently implemented EBPs 	<ul style="list-style-type: none"> • Providers limited discussion to early childhood 	<ul style="list-style-type: none"> • Respondents noted a change in the “culture” towards treating the family as a whole 	<ul style="list-style-type: none"> • Overall, system leaders and providers had opposing perceptions of where the county is in terms of availability of culturally- and linguistically-competent staff 	<ul style="list-style-type: none"> • Unique to Placer is the use of the Unified Service Plan (USP)
Overall County Strength: Funding for transition-age youth, providing services to families and involving parents in their children’s treatment.					

Demographics of Children and Youth in Placer County

The estimated population of children and youth in Placer is 103,658. Forty-eight percent of these youth are school-age and 31 percent are transition-age (18 to 24 years old), with an average age of 12.8 years old. The majority (71 percent) of the under-25 population are white, with Hispanics/Latinos making up the second largest racial and ethnic group (16 percent). Eighty percent of children and youth in Placer speak English as their primary language, while only 10 percent speak primarily Spanish. For a more detailed breakdown of the age, race and ethnicities, primary languages, and gender of children and youth in Placer, refer to Chart 1.

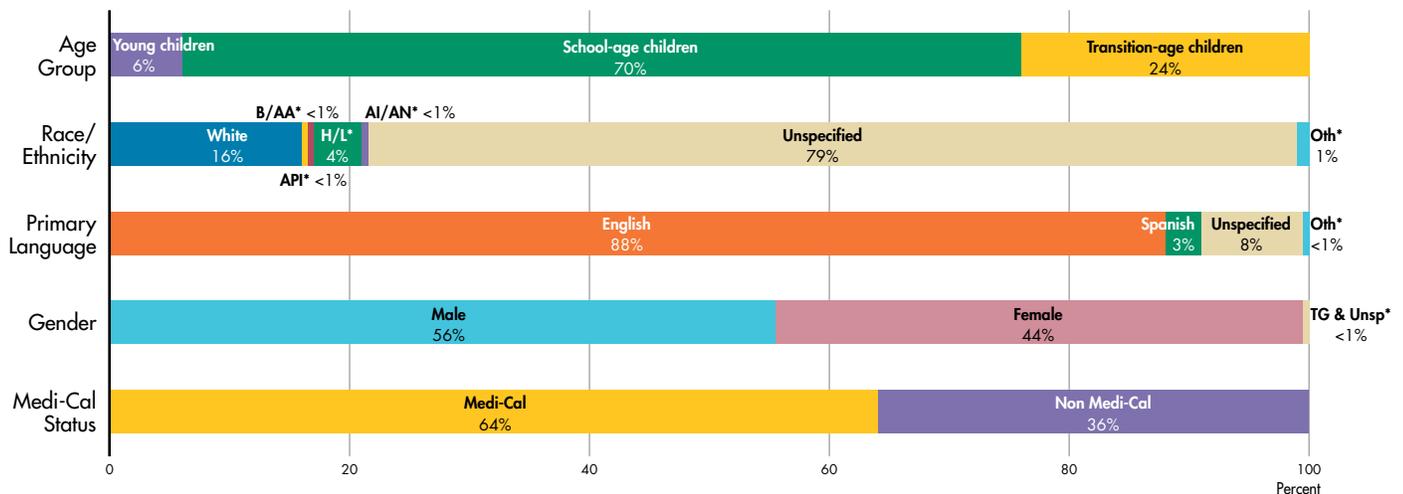
There are 1,517 mental health service users under the age of 25 in Placer. The majority (70 percent) of these service users are school-age children, with an average age of 14.2 years old. Whites represent the largest racial and ethnic group (16 percent). A large number of respondents did not have their race and ethnicity reported (79 percent). Eighty-eight percent of service users speak English primarily, and eight percent did not specify their primary language. Chart 2 provides further detail about age, race and ethnicity, primary languages, gender, and Medi-Cal status of service users in Placer.

Chart 1: Children and Youth Under Age 25 in Placer (N=103,658)



Source: American Community Survey, 2006.

Chart 2: Mental Health Service Users Under Age 25 in Placer (N=1,517)



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; TG=Transgendered; Unsp=Unspecified

Table 2 shows that there are some important distinctions between the general population and service users in Placer. There are significantly more school-age children (70 versus 48 percent) among service users than in the general population. Race and ethnicity of service users were not well recorded

(79 percent declined to answer) in Placer, while 88 percent of service users reported speaking English as their primary language. Additionally, there are a slightly greater proportion of male service users than there are males in the general population (56 versus 51 percent).

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

	All Children and Youth in Placer	Mental Health Service Users in Placer
Age Distribution	<ul style="list-style-type: none"> • Average age: 12.8 years old • Young Children (21%) • School-age Children (48%) • Transition-age Youth (31%) 	<ul style="list-style-type: none"> • Average age: 14.2 years old • Young Children (6%) • School-age Children (70%) • Transition-age Youth (24%)
Race/Ethnicity	<ul style="list-style-type: none"> • Whites (71%) • African Americans (1%) • Asians/Pacific Islanders (7%) • Hispanics/Latinos (16%) • American Indians/Alaskan Natives (<1%) • Other (4%) 	<ul style="list-style-type: none"> • Whites (16%) • African Americans (<1%) • Asians/Pacific Islanders (<1%) • Hispanics/Latinos (4%) • American Indians/Alaskan Natives (<1%) • Other (1%) • Unspecified race and ethnicity (79%)
Primary Language	<ul style="list-style-type: none"> • English speakers (80%) • Spanish speakers (10%) • Other language (10%) 	<ul style="list-style-type: none"> • English speakers (88%) • Spanish speakers (3%) • Other language (<1%) • Unspecified primary language (8%)
Gender	<ul style="list-style-type: none"> • Males (51%) • Females (49%) 	<ul style="list-style-type: none"> • Males (56%) • Females (44%) • 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 Placer 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.

Nearly 100 percent of public mental health services to children and youth under-25 in Placer are community-based (see Chart 3). Of the 49,616 community-based mental health services received in Placer, 74 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 Placer

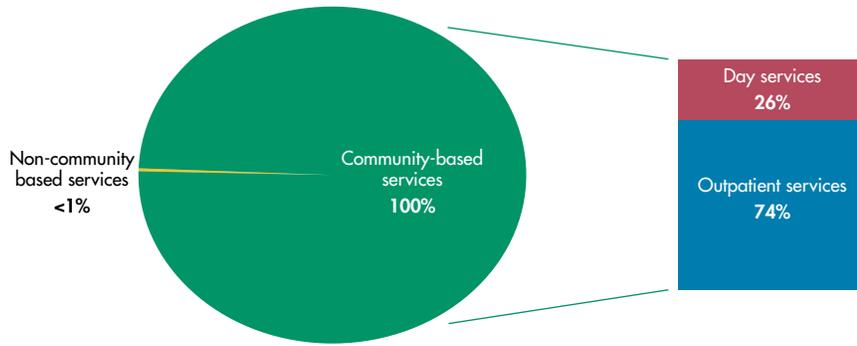
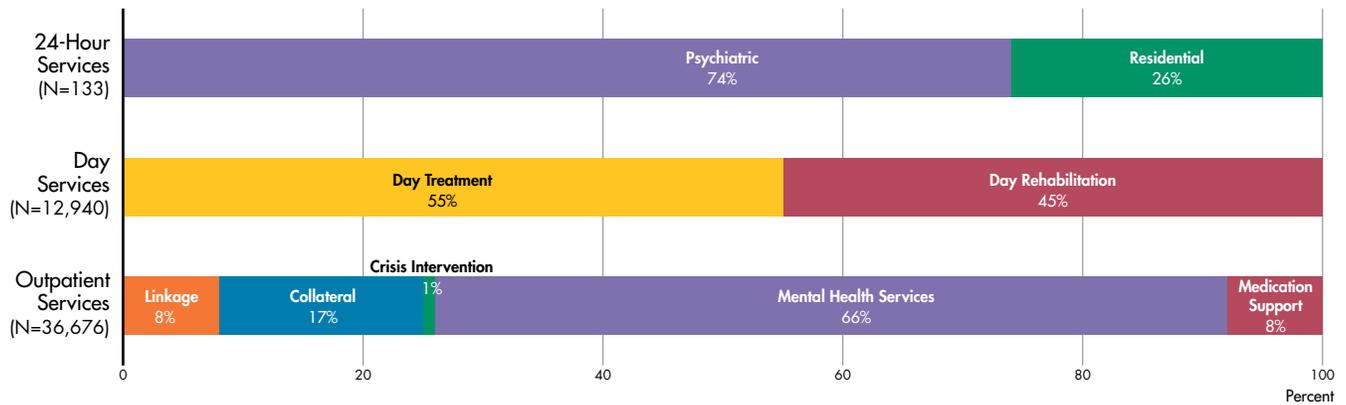


Chart 4: Types of Mental Health Services Received in Placer



Summary

Overall, strengths in Placer’s mental health service delivery system for children and youth are funding for transition-age youth, providing services to families and involving parents in their children’s treatment. There is a lack of consensus between county leaders and providers with regard to the availability of services for Spanish-speaking personnel. 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.