

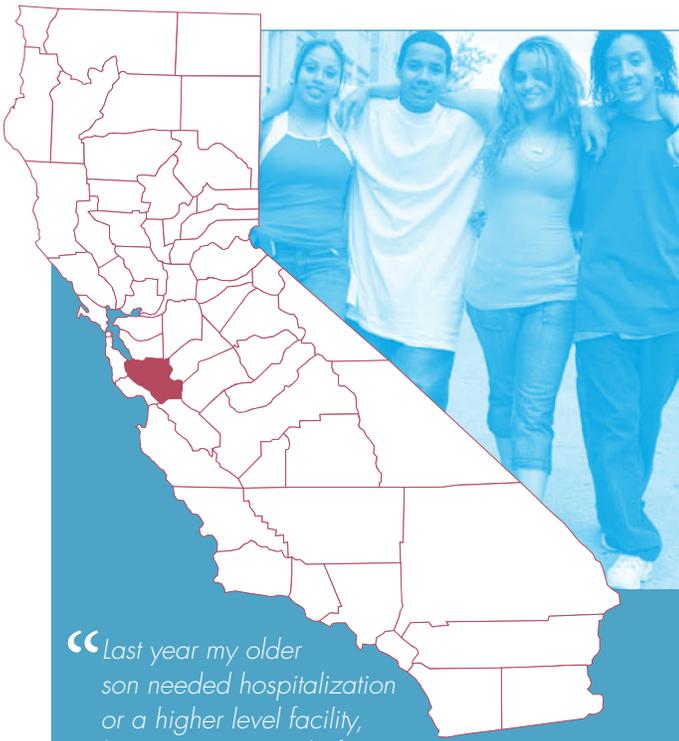
# Unclaimed Children Revisited

## California Case Study

### Santa Clara County

Santa Clara 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.



“Last year my older son needed hospitalization or a higher level facility, he was in a period of crisis. No one could find anyone no one would take him. I went to the governor’s office!! No one would help us. The county offered to pay for it, but no one would take us because of his medical needs. He ended up in a children’s shelter.... My younger son... was in kindergarten with behavioral problems. Along with a 504 and an IEP, I requested continued mental health services. We had an evaluation process after that. Some period after that he was having problems. They were just case managing and then paying for the therapy. A couple of years after that, he was having mental health issues for a couple of years but we didn’t have county services. Then someone at the school asked me if we had it and I thought we should, so I requested it and got it... People need to know they have to be proactive and not wait for others to offer service. The schools don’t volunteer it and the County doesn’t make it known. The most important thing is being proactive.... I’ve become more of an advocate for my children. I’ve learned a lot more about services out there and I’ve offered advice to other parents and helped them.”

— Based on an interview with family member, Santa Clara County



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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 Clara County, 14 system leaders and eight 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 Santa Clara County leaders and providers.

### *Evidence-based Practices (EBPs)*

- ◆ Ten system leaders and eight providers discussed EBPs. The majority of respondents were supportive while about five respondents expressed concerns. One reported having no knowledge of EBPs.
- ◆ Eleven respondents discussed implementing EBPs including Parent Child Interactive Therapy (N=5), Wraparound (N=4), and the Ages and Stages Questionnaires (N=3).
- ◆ Seven respondents discussed strategies and six discussed concerns about EBPs. The concerns raised regarding EBP implementation were lack of cultural competence and funding. Among those who discussed strategies, all of them talked about workforce development such as providing training in Aggression Replacement Therapy (ART) and Cognitive Behavioral Therapy (CBT).

### *Developmentally-appropriate Services*

- ◆ Thirteen system leaders and six providers discussed services and supports along the developmental span. Among the 19 respondents, 16 commented on services for young children, 15 for school-age youth, and eight for transition-age youth.
- ◆ Service delivery and funding emerged as major themes in the interviews.

- ◆ Nine respondents commented on early childhood program strengths, with seven identifying EBPs such as Parent Child Interaction Therapy (PCIT) as good for this particular group. Four respondents described funding challenges for young children, while four cited collaboration as a strong component of the county's system.

### *Family- and Youth-driven Services*

- ◆ In Santa Clara County, nine system leaders and seven providers addressed family- and youth-driven services. The majority of the respondents (N=12) described services offered to treat the whole family. Most frequently discussed were services and direct treatments like family therapy.
- ◆ Five county leaders mentioned that their services are “family systemic” or involving service partners to treat families, however, leaders were mixed on their view of the extent to which families were involved or served.
- ◆ County leaders discussed a recent addition in the county of family partners who are doing targeted outreach and education.

### *Culturally- and Linguistically-competent Services*

- ◆ Nine county system leaders and nine providers discussed culturally- and linguistically- competent services. Among the 18 total respondents on the topic, 16 discussed challenges and 16 identified strengths.
- ◆ Leaders reported that there is an availability of culturally- and linguistically-competent staff, strong leadership, and some reforms aimed at ingraining cultural and linguistic competence into the infrastructure.
- ◆ Half of the providers noted the existence of ethnically-specific clinics in the county, specifically for the Asian American, Hispanic/Latino, and African American communities. In addition, 50 percent of the providers noted that the Mental Health Services Act (MHSA) stakeholder focus groups had involved a diverse group of individuals, and hoped for improved services in the future.

\* 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*.

- ◆ While the county is moving towards a comprehensive, culturally- and linguistically-competent system, some providers reported continued resistance to culturally diverse services. Nonetheless, half of the providers noted that while the county has succeeded in sustaining some culturally-competent services, they are still in the early stages and at times seem to lack clear commitment.

**Prevention and Early Intervention**

- ◆ In Santa Clara County, 11 system leaders and three providers addressed prevention and early intervention.
- ◆ More than half of respondents viewed First 5 positively in its expansion of family services, assessment and screening, and health care access. Respondents

mentioned that, through funding from a First 5 contract, the county is active in conducting assessment and screening of children for behavioral and developmental issues.

- ◆ Respondents discussed strategies around early childhood and families in regards to prevention and early intervention services, with five respondents describing the strength of early childhood services. Eight respondents mentioned that there is a need for more funding for prevention and early intervention and three discussed their anticipation of the MHSA in expanding prevention and early intervention services and planning.

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

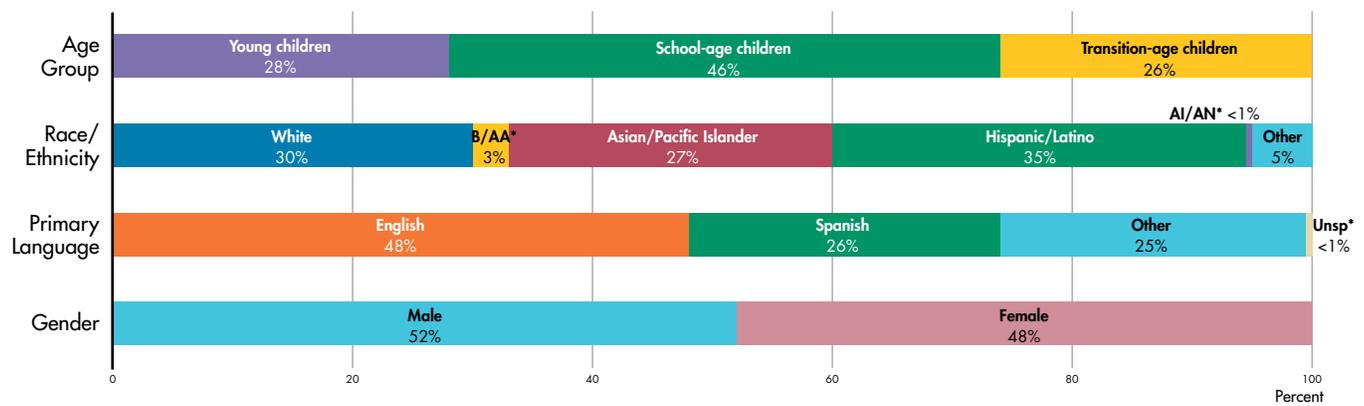
	Evidence-based Practices (EBPs)	Developmentally Appropriate Services	Family- and Youth-driven Services	Culturally- and Linguistically-competent Services	Prevention and Early Intervention
<b>Strategies/ Strengths</b>	<ul style="list-style-type: none"> <li>• Workforce development, especially for ART and CBT</li> </ul>	<ul style="list-style-type: none"> <li>• EBPs seen as a strength in early childhood</li> <li>• Collaboration viewed as a strength</li> </ul>	<ul style="list-style-type: none"> <li>• Family partners and outreach</li> </ul>	<ul style="list-style-type: none"> <li>• Infrastructure reforms</li> <li>• Dedicated leadership</li> <li>• Cultural competency plans</li> <li>• Workforce</li> <li>• Stakeholder focus groups</li> </ul>	<ul style="list-style-type: none"> <li>• Incredible Years</li> <li>• PCIT</li> <li>• Kids Connection</li> <li>• Early Start program, target 0-3</li> <li>• Ages and Stages Questionnaire (ASQ)</li> </ul>
<b>Challenges/ Concerns</b>	<ul style="list-style-type: none"> <li>• Cultural competence</li> <li>• Funding</li> </ul>	<ul style="list-style-type: none"> <li>• Funding challenges for early childhood</li> </ul>	<ul style="list-style-type: none"> <li>• Funding flexibility and insurance</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of clear commitment</li> </ul>	<ul style="list-style-type: none"> <li>• Funding and focus on prevention and early intervention services needs improvement, though there is hope through the MHSA</li> <li>• Early start program underfunded</li> </ul>
<b>Notes</b>	<ul style="list-style-type: none"> <li>• Most frequently implemented were PCIT and Wraparound</li> </ul>		<ul style="list-style-type: none"> <li>• Mixed views on whether the county is family-focused or child-focused</li> </ul>	<ul style="list-style-type: none"> <li>• The county is in the early stages with regard to a fully culturally-competent system</li> </ul>	<ul style="list-style-type: none"> <li>• Kids Connection is a two-tiered screening system to assess at-risk children</li> </ul>
<p><b>Overall County Strength: Santa Clara is moving towards a comprehensive culturally- and linguistically-competent system and service strengths in early childhood.</b></p>					

## Demographics of Children and Youth in Santa Clara County

The estimated population of children and youth in Santa Clara is 584,477. Forty-six percent of these youth are school-age and 26 percent are transition-age (18 to 24 years old), with an average age of 11.4 years old. Thirty-five percent of the under-25 population are Hispanic/Latino, while 30 percent are white. Forty-eight percent of children and youth in Santa Clara speak English as their primary language, while 26 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 Clara, refer to Chart 1.

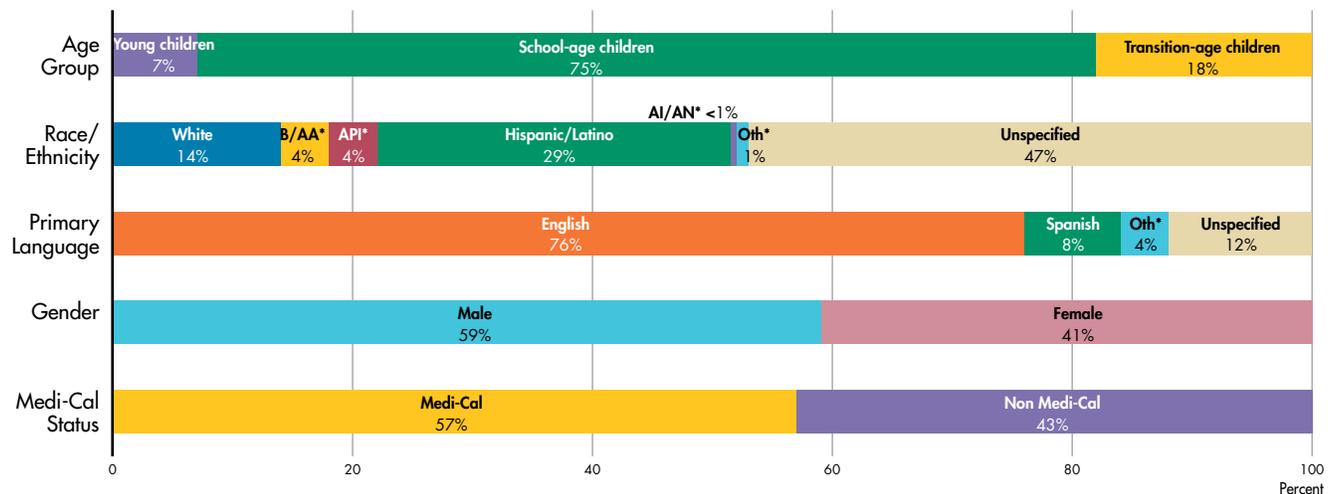
There are 8,122 mental health service users under the age of 25 in Santa Clara. The majority (75 percent) of these service users are school-age children, with an average age of 13.9 years old. Hispanics/Latinos represent the largest racial and ethnic group (29 percent). Forty-seven percent of respondents did not have their racial ethnicity reported. Seventy-six percent of service users speak English primarily, while 12 percent declined to 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 Santa Clara.

**Chart 1: Children and Youth Under Age 25 in Santa Clara** (N=584,477)



Source: American Community Survey, 2006.

**Chart 2: Mental Health Service Users Under Age 25 in Santa Clara** (N=8,122)



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 Clara. There are significantly more school-age children (75 versus 46 percent) among service users than in the general population. The racial and ethnic background of nearly half the service users was not collected (47 percent), which makes

it difficult to evaluate racial and ethnic differences in mental health service utilization. Among service users in Santa Clara, 76 percent speak English primarily, compared to 48 percent in the general population. Additionally, there are a slightly higher proportion of male service users than there are in the general population (59 versus 52 percent).

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

	All Children and Youth in Santa Clara	Mental Health Service Users in Santa Clara
<b>Age Distribution</b>	<ul style="list-style-type: none"> <li>• Average age: 11.4 years old</li> <li>• Young Children (28%)</li> <li>• School-age Children (46%)</li> <li>• Transition-age Youth (26%)</li> </ul>	<ul style="list-style-type: none"> <li>• Average age: 13.9 years old</li> <li>• Young Children (7%)</li> <li>• School-age Children (75%)</li> <li>• Transition-age Youth (18%)</li> </ul>
<b>Race/Ethnicity</b>	<ul style="list-style-type: none"> <li>• Whites (30%)</li> <li>• African Americans (3%)</li> <li>• Asians/Pacific Islanders (27%)</li> <li>• Hispanics/Latinos (35%)</li> <li>• American Indians/Alaskan Natives (&lt;1%)</li> <li>• Other (5%)</li> </ul>	<ul style="list-style-type: none"> <li>• Whites (14%)</li> <li>• African Americans (4%)</li> <li>• Asians/Pacific Islanders (4%)</li> <li>• Hispanics/Latinos (29%)</li> <li>• American Indians/Alaskan Natives (&lt;1%)</li> <li>• Other (1%)</li> <li>• Unspecified race and ethnicity (47%)</li> </ul>
<b>Primary Language</b>	<ul style="list-style-type: none"> <li>• English speakers (48%)</li> <li>• Spanish speakers (26%)</li> <li>• Other language (25%)</li> <li>• Unspecified primary language (&lt;1%)</li> </ul>	<ul style="list-style-type: none"> <li>• English speakers (76%)</li> <li>• Spanish speakers (8%)</li> <li>• Other language (4%)</li> <li>• Unspecified primary language (12%)</li> </ul>
<b>Gender</b>	<ul style="list-style-type: none"> <li>• Males (52%)</li> <li>• Females (48%)</li> </ul>	<ul style="list-style-type: none"> <li>• Males (59%)</li> <li>• Females (41%)</li> </ul>

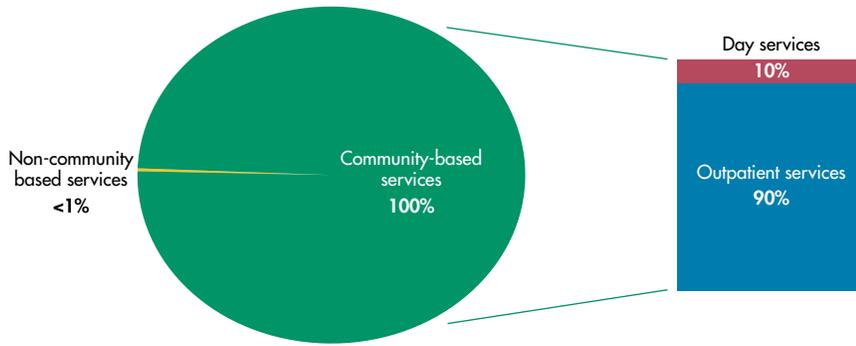
Sources: American Community Survey, 2006; California Department of Mental Health, Consumer and Services Information System, FY 2005/2006.

## Type of Services Received within the Santa Clara County Mental Health System

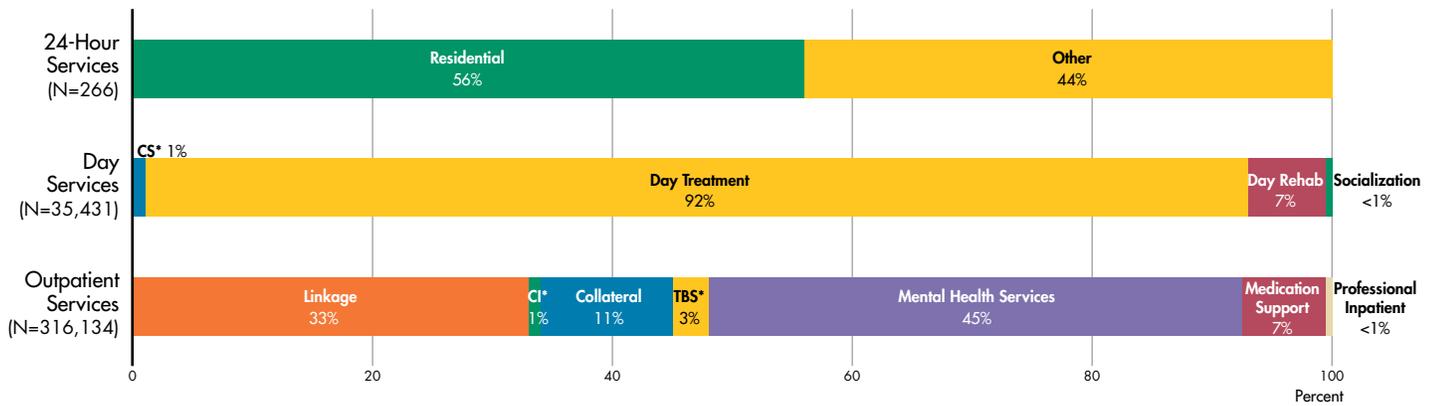
County mental health services are categorized as either community-based (day or outpatient treatment) or non-community-based (24-hour, inpatient or residential services). As defined in the Consumer and Services Information System, day services are those that provide a range of therapeutic and rehabilitative 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 Santa Clara are community-based (see Chart 3). Of the 351,565 community-based mental health services received in Santa Clara, 90 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 Clara**



**Chart 4: Types of Mental Health Services Received in Santa Clara**



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

## Summary

Overall, Santa Clara’s mental health service delivery system for children and youth is characterized by wide availability of ethnically-specific clinics and the county’s commitment to providing a culturally- and linguistically-competent system. The county is also implementing evidence-based services for young children, such as PCIT, and these services are seen as a strong component of the system. 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.*