



COUNTY PROFILE

Unclaimed Children Revisited *California Case Study*

Imperial County

“The hard part was when he was given a medication, and he couldn’t sleep, and due to that, he got ill. There is no hospital here, so we had to go to a crisis room in a mental hospital and they did not help us. We are limited in services, the lack of specialized people and resources is the hard part. It was 15 days of agony when he was on that medication. We had support from friends who told us the effects from the medication would eventually go away. We have MediCal and a lot of doctors here don’t accept it. For some specialists we’ve had to take him to San Diego because there aren’t resources here. We’ve been told some San Diego hospitals have transportation, but it is also limited. We had a problem with a nurse. She was typing and not interested in the problem with my son. We should have more options with resources because we wanted someone who is interested in him. An orientation worker who works at San Diego Regional Center [was helpful]. They speak both languages, attend various meetings and are very experienced. They help guide what to do and not do. They understand us. They pay attention.”

— Based on an interview with Latino parent, Imperial County (translated from Spanish)

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

Evidence-based Practices (EBPs)

- ◆ Sixteen leaders and three providers discussed EBPs.
- ◆ About half of the respondents were supportive of EBPs, four took neutral positions, and two reported that they did not know what EBPs were.
- ◆ The implementation of EBPs is still in the rudimentary stage, limited in certain disciplines while others have just started training. Substance abuse leaders reported using Cognitive Behavioural Therapy (CBT), and mental health leaders reported providing training on CBT and trauma-focused CBT.

Developmentally-appropriate Services

- ◆ Fifteen system leaders and four providers discussed services and supports along the developmental span, with 17 mentioning services for young children, 16 for school-age youth, and 13 for transition-age youth.
- ◆ Discussion focused primarily on service delivery with a number of references to collaboration as a strength, particularly for school-age and transition-age youth.

Family- and Youth-driven Services

- ◆ In Imperial County, 11 system leaders and three providers addressed family- and youth-driven services.
- ◆ Discussion about services offered among county leaders varied across participants, but four respondents advocated for the importance of involving and serving the whole family.
- ◆ The county partnered with Mental Health in the Parents and Children Together (PACT) program to work with families in the community.
- ◆ Two respondents described services for the whole family, such as psychotherapy and reunification counseling.

Culturally- and Linguistically-competent Services

- ◆ Thirteen county leaders and four providers discussed the issue of culturally- and linguistically-competent services.
- ◆ Among these 17 respondents, 14 commented on challenges related to cultural- and linguistic-competence, and 11 commented on strengths.
- ◆ Providing culturally- and linguistically-competent services to the Latino community was discussed as a strength of the system, while the county struggles with providing these services to non-Latino populations.
- ◆ Providers reported that the demographics of the county have contributed to a wealth of available mental health professionals who are fluent in Spanish and familiar with Latino culture.

* 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*.

Prevention and Early Intervention

- ◆ In Imperial County, 13 system leaders and three providers addressed prevention and early intervention.
- ◆ Of these respondents, eight identified challenges regarding prevention and early intervention, and 12 identified strengths.
- ◆ Five respondents described strengths in early childhood services, including pre-natal care, pregnancy and parenting classes.
- ◆ Discussion of challenges centered on the need for increased early identification of children with problem behaviors and more funding for prevention and early intervention services.

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

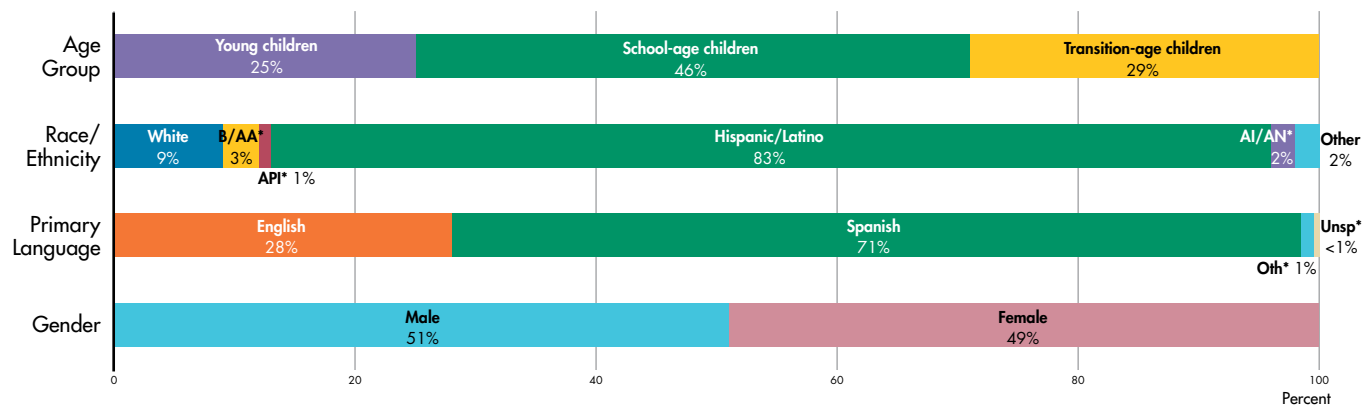
	Evidence-based Practices (EBPs)	Developmentally Appropriate Services	Family- and Youth-driven Services	Culturally- and Linguistically-competent Services	Prevention and Early Intervention
Strategies/ Strengths	<ul style="list-style-type: none"> • Workforce training • Improving quality of services 	<ul style="list-style-type: none"> • Collaboration • Independent Living Skills and Parents 	<ul style="list-style-type: none"> • Innovative programs incorporating the whole family, particular in education and training and referrals 	<ul style="list-style-type: none"> • Providing culturally- and linguistically- appropriate services to Latino populations 	<ul style="list-style-type: none"> • Family Resource Centers (FRCs) • Parent education programs: pre-natal and parenting classes, trainings • Vista Sands • Family Tree House • Ft. Yuma Alcohol Drug Abuse Prevention program • Peer court • Ages and Stages Questionnaire
Challenges/ Concerns	<ul style="list-style-type: none"> • Effectiveness of EBPs • Funding 	<ul style="list-style-type: none"> • Capacity, particularly for early childhood 	<ul style="list-style-type: none"> • Providing direct treatment for parents and family members 	<ul style="list-style-type: none"> • Lack of staff trained to serve non-Latino minority populations 	<ul style="list-style-type: none"> • Lack of funding and capacity for prevention and early intervention services
Notes	<ul style="list-style-type: none"> • Implementation at different stages across different disciplines 	<ul style="list-style-type: none"> • Collaboration particularly seen for school-age and transition-age youth 	<ul style="list-style-type: none"> • Lack of parent and youth advocacy and organizations across all disciplines 		<ul style="list-style-type: none"> • EBPs were not mentioned by system leaders and providers when discussing prevention and early intervention.
Overall County Strength: System is actively striving for improvement.					

Demographics of Children and Youth in Imperial County

The estimated population of children and youth in Imperial is 67,727. Forty-six percent of these youth are school-age and 29 percent are transition-age (18 to 24 years old), with an average age of 12.2 years old. The majority (83 percent) of the under-25 population are Hispanic/Latino, with whites making up the second largest racial and ethnic group (nine percent). Seventy-one percent of children and youth in Imperial speak Spanish as their primary language, while only 28 percent speak primarily English. For a more detailed breakdown of the age, race and ethnicities, primary languages, and gender of children and youth in Imperial, refer to Chart 1.

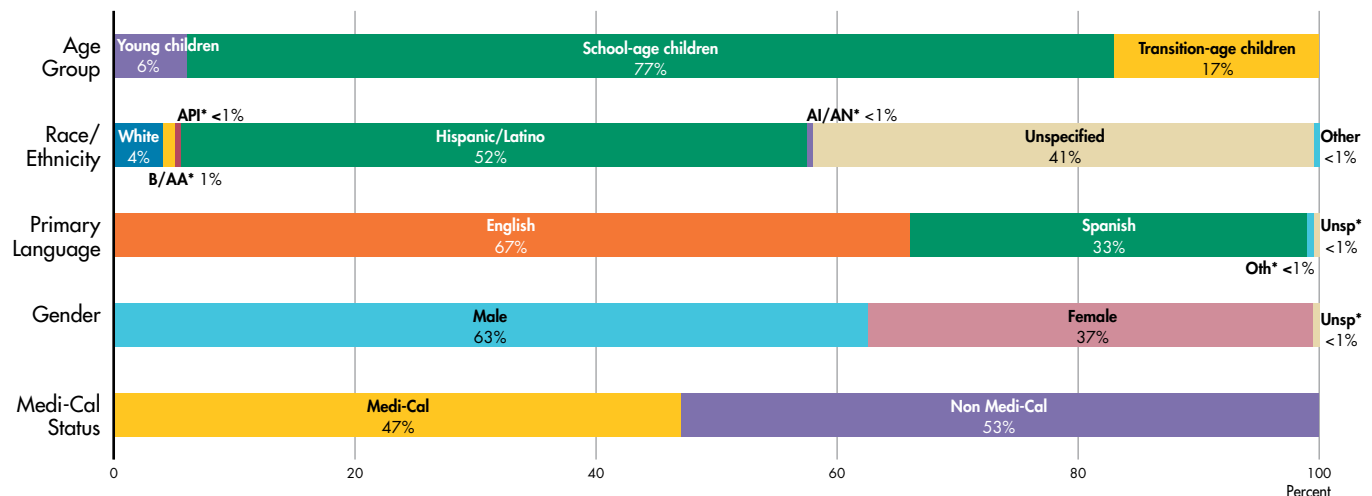
There are 2,180 mental health service users under the age of 25 in Imperial. The majority (77 percent) of these service users are school-age children, with an average age of 12.9 years old. Hispanics/Latinos represent the largest racial and ethnic group (52 percent), with a substantial number of respondents not having reported race and ethnicity information (41 percent). Sixty-seven percent of service users speak English primarily, and 33 percent identified Spanish as their primary language. Chart 2 provides further detail about age, race and ethnicity, primary languages, gender, and Medi-Cal status of service users in Imperial.

Chart 1: Children and Youth Under Age 25 in Imperial (N=67,727)



Source: American Community Survey, 2006.

Chart 2: Mental Health Service Users Under Age 25 in Imperial (N=2,180)



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 Imperial. There are significantly more school-age children (77 versus 46 percent) among service users than in the general population. The race and ethnicity of many service users in Imperial were not

reported, and there are significant portions of the population who speak either English or Spanish as their primary language (67 and 33 percent, respectively). Additionally, there are a greater proportion of male service users than there are males in the general population (63 versus 51 percent).

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

	All Children and Youth in Imperial	Mental Health Service Users in Imperial
Age Distribution	<ul style="list-style-type: none"> • Average age: 12.2 years old • Young Children (25%) • School-age Children (46%) • Transition-age Youth (29%) 	<ul style="list-style-type: none"> • Average age: 12.9 years old • Young Children (6%) • School-age Children (77%) • Transition-age Youth (17%)
Race/Ethnicity	<ul style="list-style-type: none"> • Whites (9%) • African Americans (3%) • Asians/Pacific Islanders (1%) • Hispanics/Latinos (83%) • American Indians/Alaskan Natives (2%) • Other (2%) 	<ul style="list-style-type: none"> • Whites (4%) • African Americans (1%) • Asians/Pacific Islanders (<1%) • Hispanics/Latinos (52%) • American Indians/Alaskan Natives (<1%) • Other (<1%) • Unspecified race and ethnicity (41%)
Primary Language	<ul style="list-style-type: none"> • English speakers (28%) • Spanish speakers (71%) • Other language (1%) • Unspecified primary language (<1%) 	<ul style="list-style-type: none"> • English speakers (67%) • Spanish speakers (33%) • 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 (63%) • Females (37%) • 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 Imperial 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 Imperial are community-based (see Chart 3). Of the 131,567 community-based mental health services received in Imperial, 100 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 Imperial

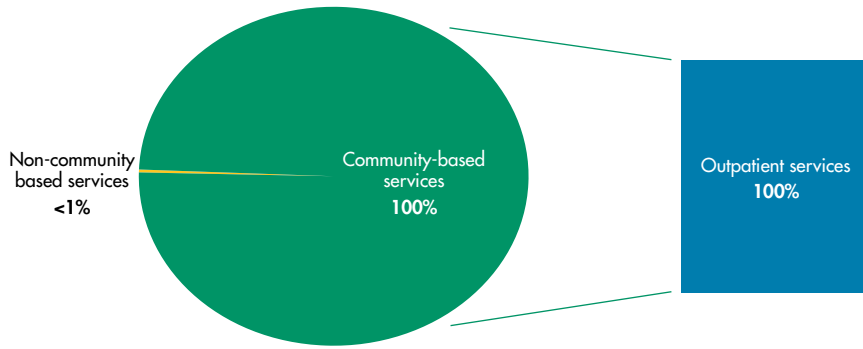
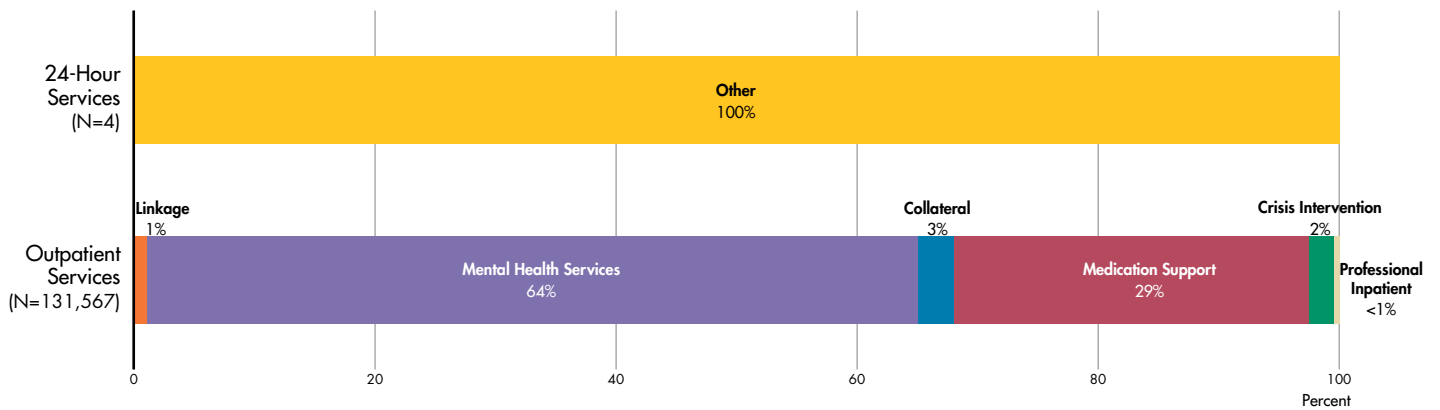


Chart 4: Types of Mental Health Services Received in Imperial



Summary

Overall, Imperial’s mental health service delivery system for children and youth is characterized by strong culturally- and linguistically-competent services for the Hispanic/Latino communities. In particular, services for young children are seen as a strength, and Mental Health in the Parents and Children Together (PACT) program is one example of family- and youth-driven services in this county. Inter-agency collaborations have also been seen as a strength in this 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.