



COUNTY PROFILE

Unclaimed Children Revisited *California Case Study*

Los Angeles County

“I received services as a child from the age of 12 years old until I was 15 while I was in a Jewish girls home in Hollywood. While I was there I received mental health services. Individual therapy, group therapy, and medication therapy were available to us on a weekly basis. I believe because I was in the girls home through the Department of Children and Family Services (DCFS), it played a big part of the treatment I received. I don't think I would have received that treatment if I had been with my grandmother who lived on the east side (South L.A.). DCFS helped out a great deal because all the services were provided to me at no cost to my family. My grandmother, who was raising me because my mother was on drugs, wouldn't have been able to get me the services I needed at the time. So I'm thankful for DCFS and the girls home. The most difficult part of being a child with a mental disability was that my psychiatrist was too quick to hand out medications when most of the time all I needed was as ear to listen.”

— Based on an interview with African-American youth, Los Angeles

Los Angeles 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 Los Angeles County, 22 system leaders and five providers participated, representing the following disciplines: mental health, child welfare, juvenile justice, finance, special education, substance abuse and treatment and public health. Below we highlight the major themes that surfaced in discussions with Los Angeles County leaders and providers.

Evidence-based Practices (EBPs)

- ◆ Nineteen leaders and five providers responded to questions about EBPs.
- ◆ Los Angeles respondents had mixed views towards EBPs; 10 expressed support while five reported doubts about their effectiveness. Seven respondents held neutral positions and one reported having no knowledge of EBPs.
- ◆ Five respondents described how the Katie A. lawsuit resulted in a strong push for EBPs.
- ◆ The majority of respondents (N=16) said that they had implemented EBPs such as the Ages and Stages Questionnaire (ASQ), multi-dimensional family treatment and motivational interviewing.
- ◆ Approximately one-third of system leaders reported that they implemented EBPs across five different disciplines including mental health, child welfare, juvenile justice, special education and substance abuse and treatment.

Developmentally-appropriate Services

- ◆ Twenty-one system leaders and five providers discussed services and supports along the developmental span.
- ◆ Twenty-four respondents talked about services for young children, 21 for school-age youth, and 17 for transition-age youth.
- ◆ Respondents most frequently discussed service delivery and funding, with the service delivery discussion focusing on capacity and program strength.
- ◆ Several respondents discussed EBPs for young children and school-age youth, with five mentions of multi-systemic therapy (MST) with regard to school-age EBPs.
- ◆ A number of respondents viewed funding as strong for services intended for young children and transition-age youth, while five identified funding as a challenge with regard to services for school-age youth.

Family- and Youth-driven Services

- ◆ In Los Angeles County, 20 system leaders and five providers addressed family- and youth-driven services.
- ◆ Seven respondents stated that there were no services offered to treat the whole family.** The same seven respondents also spoke about advocacy and youth involvement, which are important components to family- and youth-driven services.
- ◆ Wraparound services were limited but praised by county leaders (N=4) for the ability to work with the families as a whole and provide services.
- ◆ All of the providers consistently described taking a family-focused approach.

* 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*.

** This could be due to how the questions were interpreted, and the respondents may have chosen to focus more on direct services.

Culturally- and Linguistically-competent Services

- ◆ Nineteen county leaders and five providers discussed the issue of culturally- and linguistically-competent services.
- ◆ Among these respondents, 20 commented on challenges and 18 described strengths of the system.
- ◆ Despite perceptions that the amount of culturally- and linguistically-competent staff is insufficient, system leaders were optimistic about the Mental Health Service Act’s (MHSA) potential contribution to improving services.
- ◆ The majority of county leaders and providers who commented on challenges noted that more culturally- and linguistically-competent staff is needed in Los Angeles County.
- ◆ The county lacks the multicultural, multilingual staff needed to meet the needs of the communities. Eighty percent of the providers focused on the need

for more culturally- or linguistically-competent providers, in particular for the Cambodian, Cantonese, and Hispanic/Latino populations.

Prevention and Early Intervention

- ◆ In Los Angeles County, 19 system leaders and two providers addressed prevention and early intervention.
- ◆ The majority of respondents focused their discussion on policies and their impact including the Katie A. lawsuit, EPSDT expansion, First 5 and the MHSA.
- ◆ Nine respondents mentioned the MHSA and the increased emphasis it will have on providing prevention and early intervention services. Seven respondents mentioned that First 5 has expanded assessment and screening, access to care, and programs for families.

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

	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 • Medi-Cal 	<ul style="list-style-type: none"> • Funding for early childhood and transition-age youth • EBPs for school-age youth 	<ul style="list-style-type: none"> • Awareness of the importance of whole-family approaches • Youth and family empowerment • Include parents in treatment of the child 	<ul style="list-style-type: none"> • Mandate to serve culturally diverse communities • Improve training 	<ul style="list-style-type: none"> • School-based services: violence prevention, drug educations and awareness, dropout prevention • Parent education and training programs • Multidisciplinary teams (MDT) • Ages and Stages Questionnaire (ASQ)
Challenges/ Concerns	<ul style="list-style-type: none"> • Effectiveness of EBPs • Funding • Availability • Shortage of available EBPs 	<ul style="list-style-type: none"> • Funding for school-age youth 	<ul style="list-style-type: none"> • Communication between child and adult services • Providing direct services to family members 	<ul style="list-style-type: none"> • Adequate culturally- and linguistically-competent staff 	<ul style="list-style-type: none"> • Lack of funding and capacity for prevention and early intervention services • Lack of resources to provide routine screening and assessment
Notes	<ul style="list-style-type: none"> • Many discussed Katie A as a driving force behind the recent push for EBPs • Most frequently mentioned ASQ • Multi-dimensional family treatment (MDFT) • Motivational Interviewing (MI) 	<ul style="list-style-type: none"> • Multi-systemic Therapy (MST) frequently mentioned 	<ul style="list-style-type: none"> • Access varied among consumers and offering direct services to the whole family was difficult • Wraparound limited but praised 	<ul style="list-style-type: none"> • Cantonese, Cambodian, and Spanish were singled out as language-need areas • Respondents were hopeful about the potential for MHSA funds 	<ul style="list-style-type: none"> • Respondents expressed enthusiasm toward MHSA and promise for expanded prevention and early intervention services

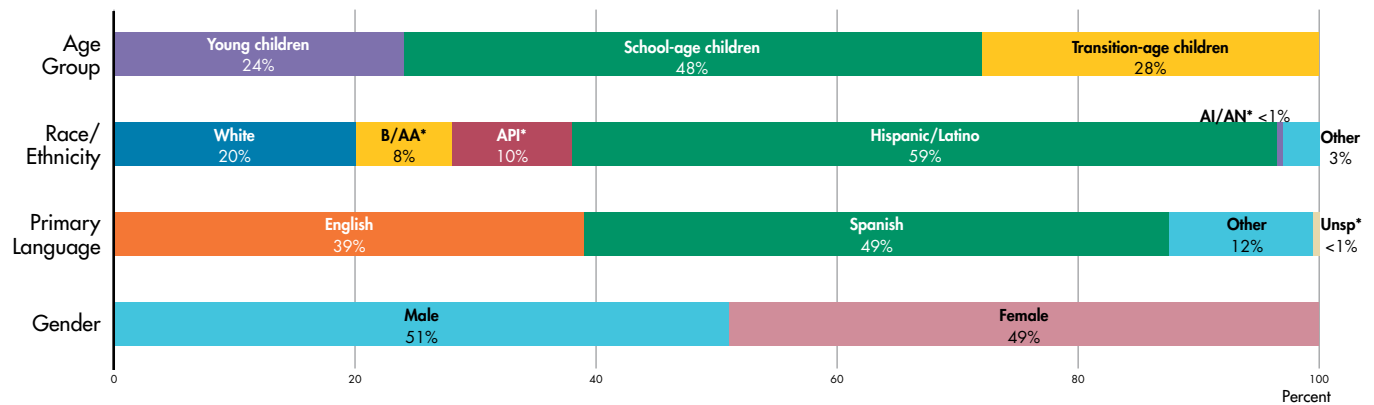
Overall County Strength: Fairly well implemented evidence-based practices across disciplines as a result of the Katie A. lawsuit.

Demographics of Children and Youth in Los Angeles County

The estimated population of children and youth in Los Angeles is 3,586,984. Forty-eight percent of these youth are school-age and 28 percent are transition-age (18 to 24 years old), with an average age of 12.1 years old. The majority (59 percent) of the under 25 population are Hispanic/Latino, with whites making up the second largest racial and ethnic group (20 percent). Forty-nine percent of children and youth in Los Angeles speak Spanish as their primary language, while 39 percent speak primarily English. For a more detailed breakdown of the age, race and ethnicities, primary languages, and gender of children and youth in Los Angeles, refer to Chart 1.

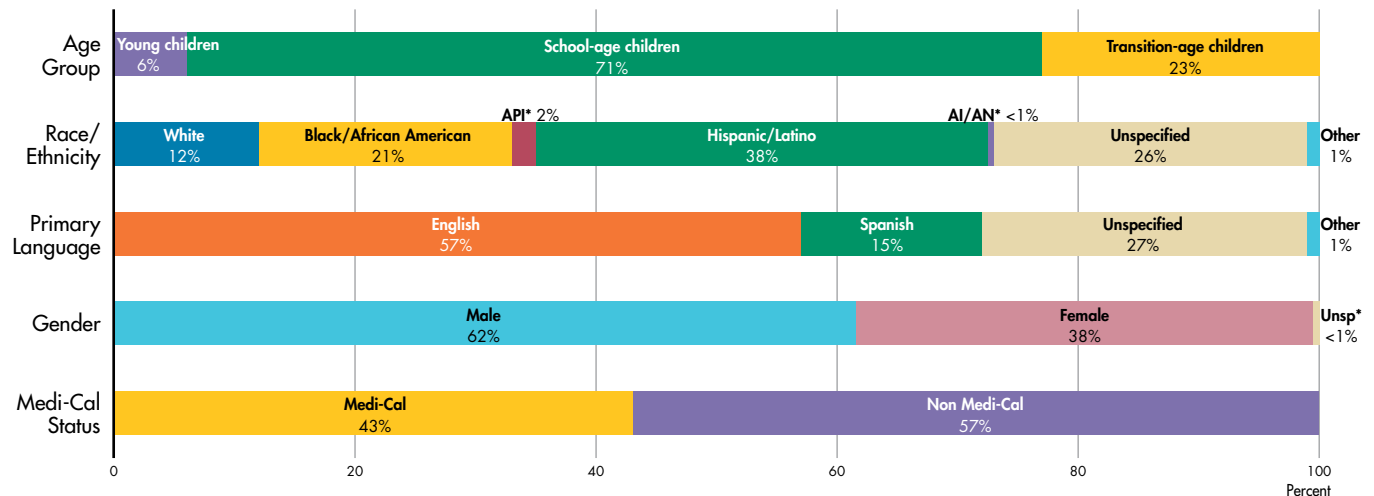
There are 89,047 mental health service users under the age of 25 in Los Angeles. The majority (71 percent) of these service users are school-age children, with an average age of 14.2 years old. Hispanics/Latinos represent the largest racial and ethnic group (38 percent), with a substantial number whose race and ethnicity is unrecorded (26 percent). Fifty-seven percent of service users speak English primarily, and 27 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 Los Angeles.

Chart 1: Children and Youth Under Age 25 in Los Angeles (N=3,586,984)



Source: American Community Survey, 2006.

Chart 2: Mental Health Service Users Under Age 25 in Los Angeles (N=89,047)



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; Unsp=Unspecified

Table 2 shows that there are some important distinctions between the general population and service users in Los Angeles. There are significantly more school-age children (71 versus 48 percent) among service users than in the general population. Race and ethnicity information was not collected for many

service users (26 percent) in Los Angeles, and 57 percent of service users speak English as their primary language, compared to only 39 percent of the general population. Additionally, there are a greater proportion of male service users than there are males in the general population (62 versus 51 percent).

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

	All Children and Youth in Los Angeles	Mental Health Service Users in Los Angeles
Age Distribution	<ul style="list-style-type: none"> • Average age: 12.1 years old • Young Children (24%) • School-age Children (48%) • Transition-age Youth (28%) 	<ul style="list-style-type: none"> • Average age: 14.2 years old • Young Children (6%) • School-age Children (71%) • Transition-age Youth (23%)
Race/Ethnicity	<ul style="list-style-type: none"> • Whites (20%) • African Americans (8%) • Asians/Pacific Islanders (10%) • Hispanics/Latinos (59%) • American Indians/Alaskan Natives (<1%) • Other (3%) 	<ul style="list-style-type: none"> • Whites (12%) • African Americans (21%) • Asians/Pacific Islanders (2%) • Hispanics/Latinos (38%) • American Indians/Alaskan Natives (<1%) • Other (1%) • Unspecified race and ethnicity (26%)
Primary Language	<ul style="list-style-type: none"> • English speakers (39%) • Spanish speakers (49%) • Other language (12%) • Unspecified primary language (<1%) 	<ul style="list-style-type: none"> • English speakers (57%) • Spanish speakers (15%) • Other language (1%) • Unspecified primary language (27%)
Gender	<ul style="list-style-type: none"> • Males (51%) • Females (49%) 	<ul style="list-style-type: none"> • Males (62%) • Females (38%) • 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 Los Angeles 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 Los Angeles are community-based (see Chart 3). Of the 3,016,995 community-based mental health services received in Los Angeles, 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 Los Angeles

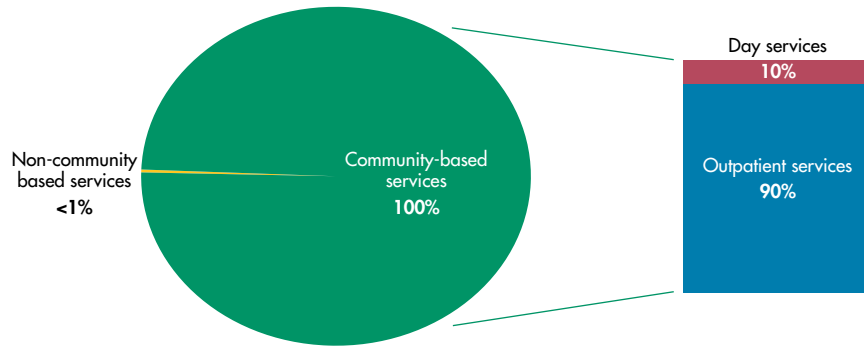
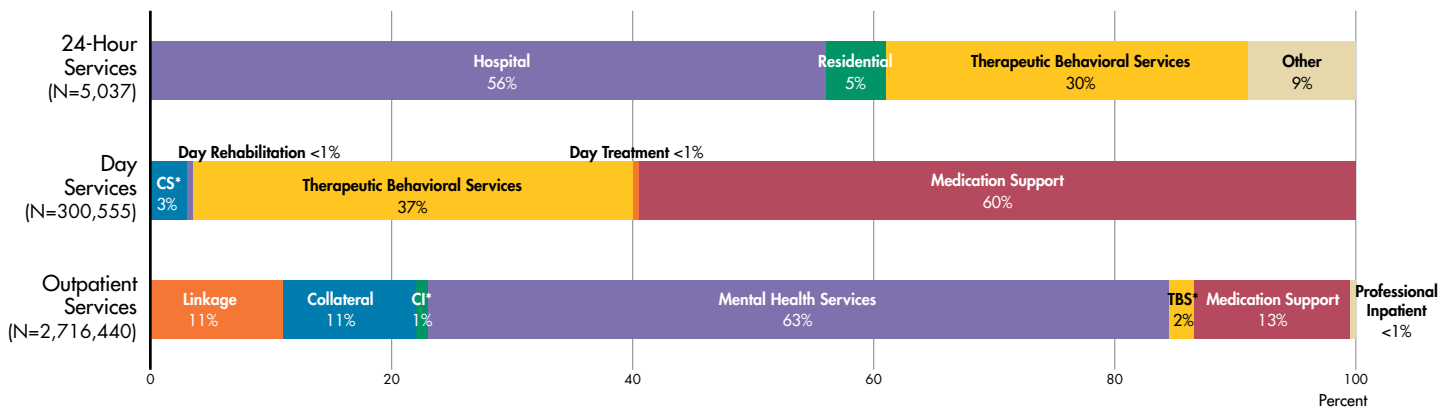


Chart 4: Types of Mental Health Services Received in Los Angeles



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

Summary

Overall, Los Angeles’ mental health service delivery system for children and youth is characterized by fairly well implemented evidence-based practices across disciplines. Respondents indicated that this came as a result of the Katie A. lawsuit. The leaders and providers acknowledged the needs of increasing multicultural and multilingual staff to reflect the county’s diverse communities. 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.