



## COUNTY PROFILE

# Unclaimed Children Revisited *California Case Study*

## San Francisco County

“Eight years ago, my husband passed away, and when the social workers came to my house for a home visit, they discovered that my son was rude and not acting in a proper manner. After they gave advice to me, they transferred me to Children Mental Health Services. The most important thing parents and families need to know is that children’s/adolescent’s mental health services can really help them effectively in the process of mental health treatment. A team of professionals such as psychologists, psychiatrists, counselors or social workers are available to help solve problems. If children are effectively treated for their mental health, then parents and family members will have less pressure, and the family will be happy... I think we should advertise the benefit of the Children Mental Health Services using TV and radio. I can also share my own experiences with other people to let them know about these services. This will help those families with children or adolescents with mental health issues.”

— Based on an interview with Chinese parent, San Francisco County (translated from Cantonese)

San Francisco 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 San Francisco County, 17 system leaders and nine providers participated, representing the following disciplines: mental health, child welfare, juvenile justice, developmental disability, early childhood, finance, special education, and public health. Below we highlight the major themes that surfaced in discussions with San Francisco County leaders and providers.

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

- ◆ Seventeen system leaders and eight providers discussed EBPs.
- ◆ Perceptions towards EBPs were rather mixed among respondents in San Francisco. Ten showed support, seven reported concerns and issues, and six took neutral positions. One respondent reported not knowing about EBPs.
- ◆ Fifteen leaders reported implementing EBPs. The most frequently mentioned were Wraparound, multi-systemic therapy, early childhood mental health consultation and the Ages and Stages Questionnaire.
- ◆ Ten respondents described the effective implementation of EBPs such as cultural competency, fidelity or outcome measurements as a major challenge.
- ◆ Among those who discussed strategies in implementing EBPs, six talked about work development, including Parent University, a unique training program. Others discussed providing quality services such as family- and youth-driven programs, in particular enhancing parental involvement.

### *Developmentally-appropriate Services*

- ◆ Sixteen system leaders and six providers discussed services and supports along the developmental span.
- ◆ Of the 22 respondents, 16 discussed services for young children, 13 for school-age youth, and 10 for transition-age youth.
- ◆ Major themes addressed included service delivery and funding. An equal number of respondents felt that funding for young children was either strong or a challenge, and four described capacity to serve young children as limited.

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

- ◆ In San Francisco County, 16 system leaders and six providers addressed family- and youth-driven services.
- ◆ System leaders described a vast array of services available for the whole family. County-wide, there are a variety of strategies in place that embrace the philosophy of family- and youth-driven services. Innovative programs are being offered and developed, including an initiative in development by early childhood system leaders that will connect with the most vulnerable families and assess the mothers' prenatal mental and physical health.
- ◆ The respondents also acknowledged the challenges and barriers that exist to providing family- and youth-driven services such as working with parents with substance abuse problems or the lack of parent and youth involvement in advocacy.

\* 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**

- ◆ Twelve system leaders and nine providers commented on culturally- and linguistically-competent services.
- ◆ Of the 21 total respondents, 19 identified challenges and 17 identified strengths.
- ◆ System leaders discussed various reforms and initiatives aimed at reducing cultural and ethnic disparities and the overrepresentation of youth of color within public systems. These included a state advisory committee, community-driven councils and initiatives, and cross-system collaborations to reduce the disproportionality of African American youth in the child welfare system.
- ◆ Providers noted that San Francisco has leveraged its rich set of resources to improve the cultural and linguistic capacity of mental health professionals, though the capacity is still not at the optimal level.

**Prevention and Early Intervention**

- ◆ In San Francisco County, 14 system leaders and five providers addressed prevention and early intervention.
- ◆ Of these 19 respondents, 11 identified challenges regarding prevention and early intervention, and 15 identified strengths and strategies.
- ◆ Six respondents discussed First 5 as being important in expanding services for families and children 0 to 5. Nine respondents identified challenges, including a lack of funding and a low prioritization of the need for prevention and early intervention.

**Table 1: Strategies and Challenges for Mental Health Services Provision in San Francisco**

	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>• Work force development/ training</li> <li>• Enhancing parental involvement</li> <li>• Multisystemic therapy in middle and high schools</li> </ul>	<ul style="list-style-type: none"> <li>• Funding</li> <li>• EBPs (Ages and Stages Questionnaires (ASQ) and mental health consultation for young children)</li> </ul>	<ul style="list-style-type: none"> <li>• Family Resource Centers (FRCs)</li> <li>• EBPs</li> <li>• Parent University</li> </ul>	<ul style="list-style-type: none"> <li>• State advisory committee</li> <li>• Community-driven initiatives</li> <li>• Collaboration</li> </ul>	<ul style="list-style-type: none"> <li>• Incredible Years</li> <li>• ASQ</li> <li>• FRCs</li> <li>• Family Mosaic (Wraparound)</li> <li>• Pre- to Three program</li> </ul>
<b>Challenges/ Concerns</b>	<ul style="list-style-type: none"> <li>• Effectiveness</li> <li>• Cultural competence</li> <li>• Fidelity and outcome measurements</li> </ul>	<ul style="list-style-type: none"> <li>• Capacity, especially for young children</li> <li>• Funding</li> <li>• Workforce</li> </ul>	<ul style="list-style-type: none"> <li>• Parent and youth involvement in advocacy</li> <li>• Funding flexibility</li> <li>• Families with substance use disorders</li> </ul>	<ul style="list-style-type: none"> <li>• Over-representation of children of color in the public system</li> <li>• Capacity</li> <li>• Matching providers with clients</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of prioritization of prevention and early intervention and lack of services</li> </ul>
<b>Notes</b>	<ul style="list-style-type: none"> <li>• Parent University was a unique program mentioned</li> </ul>	<ul style="list-style-type: none"> <li>• System leader responses were often limited or skewed in scope to early childhood programs while providers mostly commented on school-age youth</li> </ul>	<ul style="list-style-type: none"> <li>• Parent Child Interaction Therapy, Incredible Years, and Wraparound were specifically mentioned</li> <li>• Limited supports for transition-age youth</li> </ul>	<ul style="list-style-type: none"> <li>• System is working towards improvement but is still not equipped to meet the considerable needs of the county</li> </ul>	<ul style="list-style-type: none"> <li>• EPSDT seen as a flawed system with regard to billing and preventive services</li> </ul>

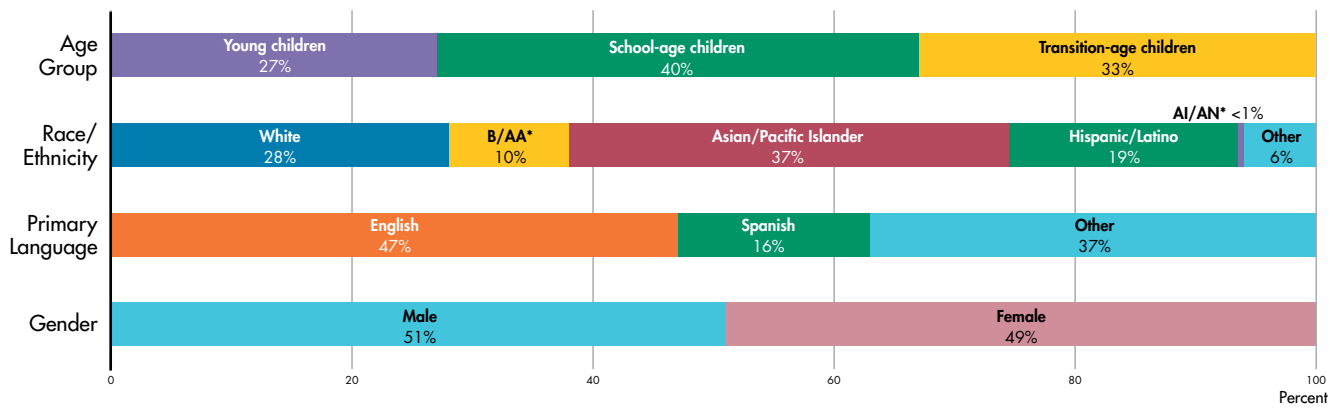
**Overall County Strength: Strides made in developing capacity and implementation of evidence-based programming.**

## Demographics of Children and Youth in San Francisco County

The estimated population of children and youth in San Francisco is 162,130. Forty percent of these youth are school-age and 33 percent are transition-age (18 to 24 years old), with an average age of 12.2 years old. Thirty-seven percent of the under-25 population are Asians/Pacific Islanders, while 28 percent are white. Forty-seven percent of children and youth in San Francisco speak English as their primary language, while 16 percent speak primarily Spanish. For a more detailed breakdown of the age, race and ethnicities, primary languages, and gender of children and youth in San Francisco, refer to Chart 1.

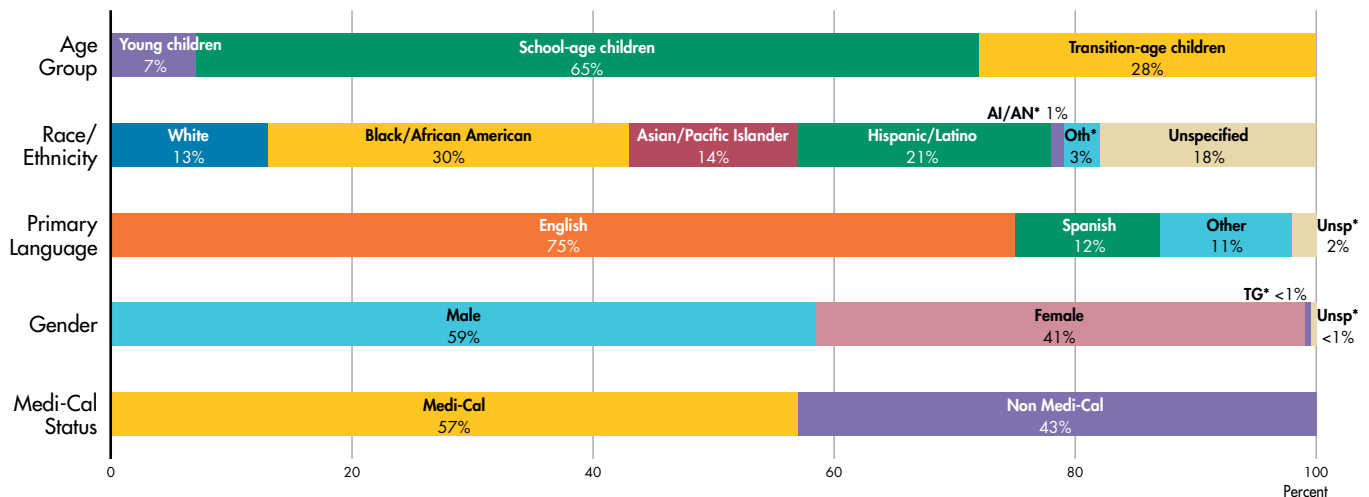
There are 6,141 mental health service users under the age of 25 in San Francisco. The majority (65 percent) of these service users are school-age children, with an average age of 14.5 years old. African Americans represent the largest racial and ethnic group (30 percent), followed by Hispanics/Latinos (21 percent). Seventy-five percent of service users speak English primarily, while 12 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 San Francisco.

**Chart 1: Children and Youth Under Age 25 in San Francisco** (N=162,130)



Source: American Community Survey, 2006.

**Chart 2: Mental Health Service Users Under Age 25 in San Francisco** (N=6,141)



Source: California Department of Mental Health, Consumer and Services Information System, FY 2005/2006.

\*Abbreviations: AI/AN=American Indian/Alaskan Native; B/AA=Black/African American; Oth=Other; TG=Transgendered; Unsp=Unspecified

Table 2 shows that there are some important distinctions between the general population and service users in San Francisco. There are significantly more school-age children (65 versus 40 percent) among service users than in the general population. There are a significantly higher proportion of African American service users (30 percent) than African Americans in

the general population (10 percent). Among service users in San Francisco, 75 percent speak English primarily, compared to 47 percent in the general population. Additionally, there are a slightly greater proportion of male service users than there are males in the general population (59 versus 51 percent).

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

	All Children and Youth in San Francisco	Mental Health Service Users in San Francisco
<b>Age Distribution</b>	<ul style="list-style-type: none"> <li>• Average age: 12.2 years old</li> <li>• Young Children (27%)</li> <li>• School-age Children (40%)</li> <li>• Transition-age Youth (33%)</li> </ul>	<ul style="list-style-type: none"> <li>• Average age: 14.5 years old</li> <li>• Young Children (7%)</li> <li>• School-age Children (65%)</li> <li>• Transition-age Youth (28%)</li> </ul>
<b>Race/Ethnicity</b>	<ul style="list-style-type: none"> <li>• Whites (28%)</li> <li>• African Americans (10%)</li> <li>• Asians/Pacific Islanders (37%)</li> <li>• Hispanics/Latinos (19%)</li> <li>• American Indians/Alaskan Natives (&lt;1%)</li> <li>• Other (6%)</li> </ul>	<ul style="list-style-type: none"> <li>• Whites (13%)</li> <li>• African Americans (30%)</li> <li>• Asians/Pacific Islanders (14%)</li> <li>• Hispanics/Latinos (21%)</li> <li>• American Indians/Alaskan Natives (1%)</li> <li>• Other (3%)</li> <li>• Unspecified race and ethnicity (18%)</li> </ul>
<b>Primary Language</b>	<ul style="list-style-type: none"> <li>• English speakers (47%)</li> <li>• Spanish speakers (16%)</li> <li>• Other language (37%)</li> </ul>	<ul style="list-style-type: none"> <li>• English speakers (75%)</li> <li>• Spanish speakers (12%)</li> <li>• Other language (11%)</li> <li>• Unspecified primary language (2%)</li> </ul>
<b>Gender</b>	<ul style="list-style-type: none"> <li>• Males (51%)</li> <li>• Females (49%)</li> </ul>	<ul style="list-style-type: none"> <li>• Males (59%)</li> <li>• Females (41%)</li> <li>• Transgendered (&lt;1%)</li> <li>• Unspecified gender (&lt;1%)</li> </ul>

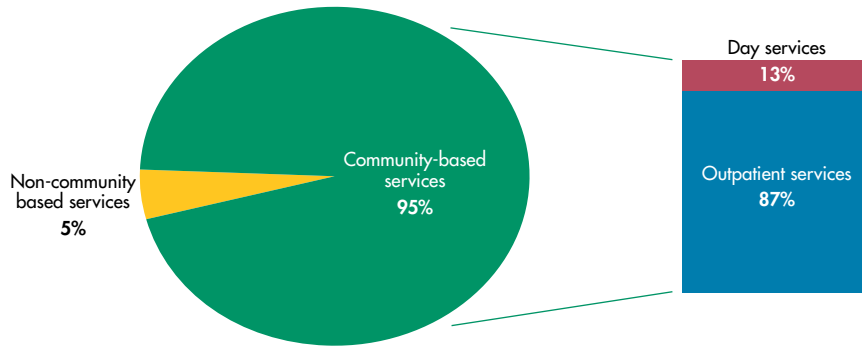
Sources: American Community Survey, 2006; California Department of Mental Health, Consumer and Services Information System, FY 2005/2006.

## Type of Services Received within the San Francisco County Mental Health System

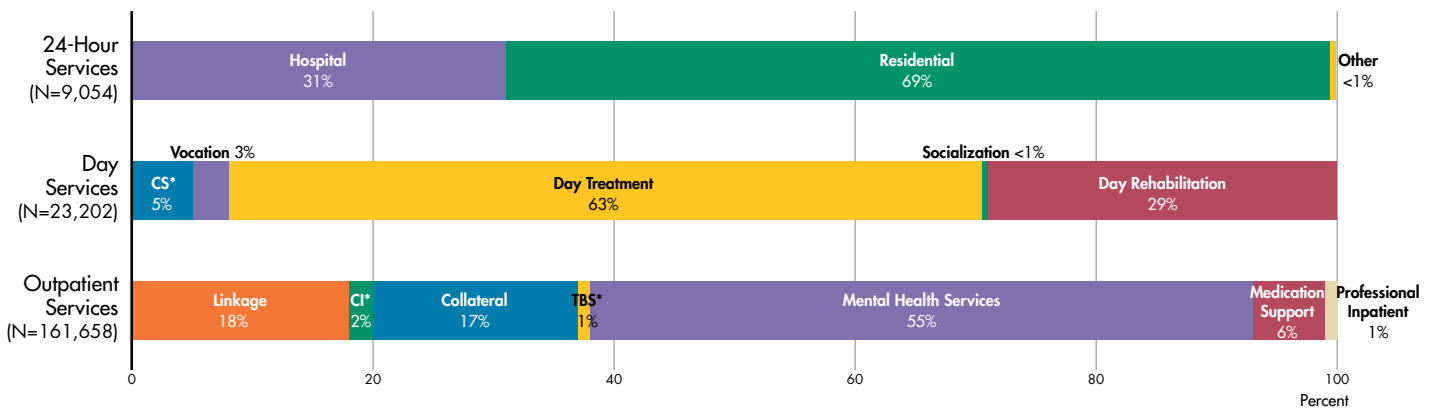
County mental health services are categorized as either community-based (day or outpatient treatment) or non-community-based (24-hour, inpatient or residential services). As defined in the Consumer and Services Information System, day services are those that provide a range of therapeutic and rehabilitative 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-five percent of public mental health services to children and youth under-25 in San Francisco are community-based (see Chart 3). Compared with other counties, San Francisco has a slightly higher proportion of non-community based services (five percent versus one percent across 11 counties). Of the 184,750 community-based mental health services received in San Francisco, 87 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 San Francisco**



**Chart 4: Types of Mental Health Services Received in San Francisco**



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

## Summary

Overall, San Francisco’s mental health service delivery system for children and youth is characterized by its strong commitment and use of resources in addressing racial and ethnic disparities in the mental health delivery system. The county also has a variety of unique youth- and family-driven services such as EBPs, Parent University, and an initiative for addressing maternal depression among early childhood leaders. 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.*