

“One of my children would set things on fire and would destroy property. He was not a bad kid; let’s just say his curiosity was very dangerous. I have a problem with mental health system prescribing medication. They gave my son medication for his ADHD without explaining the side effects. They don’t provide full disclosure. I later started reading about it and learned the medication calms them down but can also make them suicidal. I do want my child to get better but not to want to jump out of a building. The most difficult thing for me was sharing so much of my personal life with strangers. You lose your privacy. I don’t mind the calls but sometimes the tone they use made me feel like bad parent. A doctor at the Overview clinic who sits down with me was the most helpful and my children and takes the time to explain things to us. She not only teaches me but she also teaches my children at the same time. You should see my children when they go to see her. They start everything with “may I ...” I learned about respect, and we are also treated with respect. My children have come a long way. It feels good when the school calls you now to complement you about how well your children are doing, especially when they used to call just to complain.”

— Based on an interview with parent, San Diego County

## COUNTY PROFILE

# Unclaimed Children Revisited *California Case Study*

## San Diego County

San Diego 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.



**National Center for Children in Poverty**  
Mailman School of Public Health  
Columbia University

215 W. 125th Street, 3rd Floor  
New York, NY 10027-4426  
Ph. 646-284-9600

[www.nccp.org](http://www.nccp.org)

## 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 Diego County, 26 system leaders and five 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 San Diego County leaders and providers.

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

- ◆ Twenty-two system leaders and five providers discussed EBPs.
- ◆ Fifteen respondents expressed support, while six reported concerns and issues surrounding EBPs. Three reported not knowing about EBPs.
- ◆ The majority of respondents reported that they were in the process of EBP implementation; the most frequently implemented EBPs in the county were Wraparound (N=13), cognitive behavioural therapy (CBT) (N=5), and Incredible Years (N=4).
- ◆ Eight respondents raised concerns, with the majority discussing funding. Other issues discussed were the effectiveness of EBPs, workforce problems and the delivery system.
- ◆ Thirteen respondents described strategies, with equal numbers of respondents (N=7) discussing funding and enhancing structural supports such as training. Several respondents referred to the Mental Health Service Act (MHSA) of 2004 as their funding source.

### *Developmentally-appropriate Services*

- ◆ Nineteen system leaders and five providers discussed services and supports across the developmental span.
- ◆ Seventeen of the respondents discussed services for young children, 21 for school-age youth, and 11 for transition-age youth.
- ◆ The discussion focused on funding, particularly for school-age youth, and service delivery. Ten respondents felt that service delivery was strong for school-age youth.
- ◆ Seven respondents reported implementing EBPs for young children, with six specifically mentioning Incredible Years.

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

- ◆ In San Diego County, 20 system leaders and four providers addressed family- and youth-driven services.
- ◆ Sixteen respondents spoke about services offered to treat the whole family, while only two respondents, both from the mental health field, spoke about the philosophy behind youth- and family-driven services.
- ◆ While the majority of system leaders said that services for family members are provided (N=12), respondents differed on their knowledge of and ability to provide whole family services.

\* 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**

- ◆ Nineteen county leaders and four providers discussed culturally- and linguistically- competent services.
- ◆ Among the 22 San Diego respondents, 14 discussed challenges regarding services and 19 discussed strengths.
- ◆ Leaders overall had a positive view of the cultural and linguistic competence of their staff, as well as the strong contribution made by culturally- and linguistically-competent services.
- ◆ The majority of respondents reported strengths of the systems, including building cultural and linguistic competence requirements into contracts and a particular focus on the Tagalog, Latino, and Vietnamese communities.

**Prevention and Early Intervention**

- ◆ In San Diego County, 19 system leaders and four providers addressed prevention and early intervention.
- ◆ Of these 23 respondents, 10 identified challenges regarding prevention and early intervention, and 16 identified strengths and strategies.
- ◆ Ten respondents discussed EPSDT as a strength, especially in increasing school-based services, with five respondents mentioning AB2726 for special education programs.
- ◆ Eight respondents felt that there was an increased expansion of prevention and early intervention services, with many attributing the expansion to current and upcoming MHSA funding for EBPs and services in schools.

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

	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 training</li> <li>• Funding</li> </ul>	<ul style="list-style-type: none"> <li>• Funding for school-age youth</li> <li>• Service delivery for school-age youth</li> </ul>	<ul style="list-style-type: none"> <li>• Family and youth participation in advocacy roundtables</li> <li>• Implementation of pilot parent-training program for foster and kinship parents of children 6 to 12 with SED</li> </ul>	<ul style="list-style-type: none"> <li>• Building competence requirements into contracts</li> <li>• Focus on Tagalog, Vietnamese, and Latino populations</li> </ul>	<ul style="list-style-type: none"> <li>• Project KEEP</li> <li>• Incredible Years</li> <li>• Parent Child Interaction Therapy (PCIT)</li> <li>• Building Bridges Program (school prevention intervention for preschool kids)</li> <li>• Safe school programs: bullying, support groups</li> </ul>
<b>Challenges/ Concerns</b>	<ul style="list-style-type: none"> <li>• Effectiveness of EBPs</li> <li>• Workforce</li> <li>• Funding</li> </ul>	<ul style="list-style-type: none"> <li>• Funding for young children</li> <li>• Need to diversify funding</li> </ul>	<ul style="list-style-type: none"> <li>• Consistent support of the philosophy of family- and youth-driven services</li> </ul>	<ul style="list-style-type: none"> <li>• Serving undocumented immigrant children and youth</li> </ul>	<ul style="list-style-type: none"> <li>• More funding for prevention and early intervention services seen as needed</li> <li>• Lack of routine screening and assessment in early childhood and schools</li> </ul>
<b>Notes</b>	<ul style="list-style-type: none"> <li>• Wraparound was the most frequently mentioned EBP</li> <li>• Providers did not discuss on the topic</li> </ul>	<ul style="list-style-type: none"> <li>• Several mentioned implementing early childhood EBPs, particularly Incredible Years</li> </ul>	<ul style="list-style-type: none"> <li>• Knowledge of and ability to provide whole-family services varied by respondent</li> </ul>		<ul style="list-style-type: none"> <li>• Respondents in child welfare mentioned the Ages and Stages Questionnaire as a strength, along with an increase in the number of children identified as needing services</li> </ul>

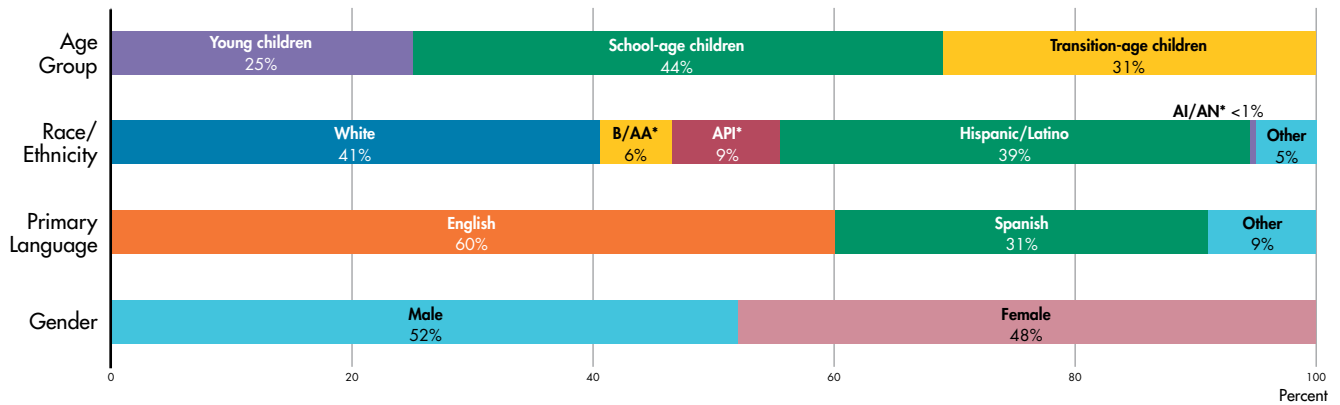
**Overall County Strength: Strong culturally- and linguistically-competent services focusing on the Tagalog, Vietnamese, and Latino populations.**

## Demographics of Children and Youth in San Diego County

The estimated population of children and youth in San Diego is 1,085,122. Forty-four percent of these youth are school-age and 31 percent are transition-age (18 to 24 years old), with an average age of 12.3 years old. Forty-one percent of the under-25 population is white, while 39 percent are Hispanic/Latino. Sixty percent of children and youth in San Diego speak English as their primary language, while 31 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 Diego, refer to Chart 1.

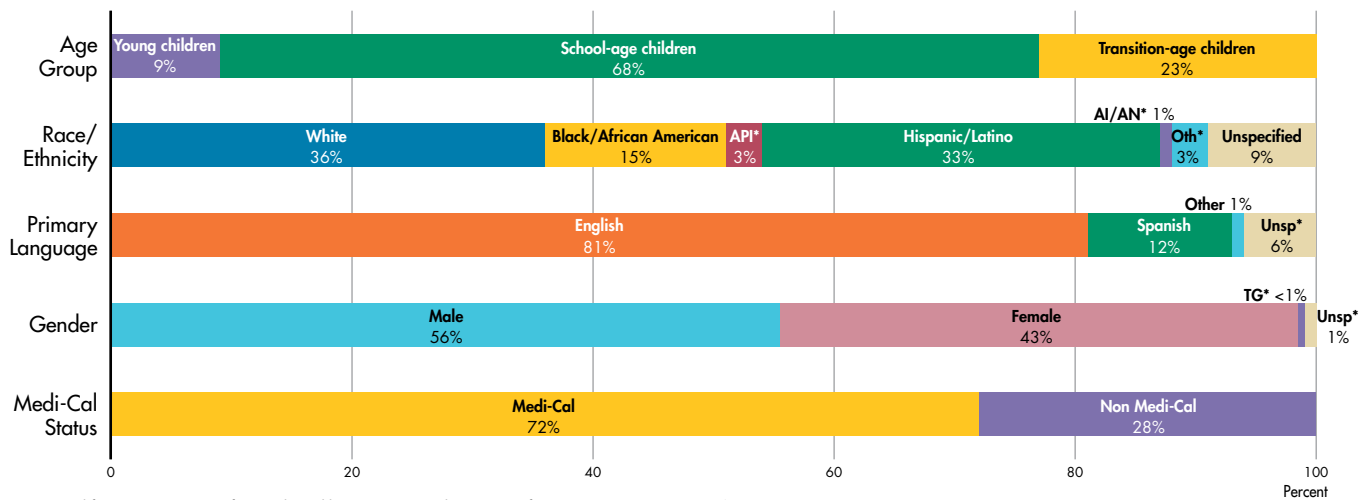
There are 17,822 mental health service users under the age of 25 in San Diego. The majority (68 percent) of these service users are school-age children, with an average age of 13.4 years old. Whites represent the largest racial and ethnic group (36 percent), followed closely by Hispanics/Latinos (33 percent). Eighty-one 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 Diego.

**Chart 1: Children and Youth Under Age 25 in San Diego (N=1,085,122)**



Source: American Community Survey, 2006.

**Chart 2: Mental Health Service Users Under Age 25 in San Diego (N=17,822)**



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; TG=Transgendered; Unsp=Unspecified

Table 2 shows that there are some important distinctions between the general population and service users in San Diego. There are significantly more school-age children (68 versus 44 percent) among service users than in the general population. Among service users in San Diego, 81 percent speak English primarily, compared to 60 percent in the general population.

African Americans were overrepresented among mental health service users, making up 15 percent of that population, despite representing only six percent of the general population. Additionally, there are a slightly greater proportion of male service users than there are males in the general population (56 versus 52 percent).

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

	All Children and Youth in San Diego	Mental Health Service Users in San Diego
<b>Age Distribution</b>	<ul style="list-style-type: none"> <li>• Average age: 12.3 years old</li> <li>• Young Children (25%)</li> <li>• School-age Children (44%)</li> <li>• Transition-age Youth (31%)</li> </ul>	<ul style="list-style-type: none"> <li>• Average age: 13.4 years old</li> <li>• Young Children (9%)</li> <li>• School-age Children (68%)</li> <li>• Transition-age Youth (23%)</li> </ul>
<b>Race/Ethnicity</b>	<ul style="list-style-type: none"> <li>• Whites (41%)</li> <li>• African Americans (6%)</li> <li>• Asians/Pacific Islanders (9%)</li> <li>• Hispanics/Latinos (39%)</li> <li>• American Indians/Alaskan Natives (&lt;1%)</li> <li>• Other (5%)</li> </ul>	<ul style="list-style-type: none"> <li>• Whites (36%)</li> <li>• African Americans (15%)</li> <li>• Asians/Pacific Islanders (3%)</li> <li>• Hispanics/Latinos (33%)</li> <li>• American Indians/Alaskan Natives (1%)</li> <li>• Other (3%)</li> <li>• Unspecified race and ethnicity (9%)</li> </ul>
<b>Primary Language</b>	<ul style="list-style-type: none"> <li>• English speakers (60%)</li> <li>• Spanish speakers (31%)</li> <li>• Other language (9%)</li> </ul>	<ul style="list-style-type: none"> <li>• English speakers (81%)</li> <li>• Spanish speakers (12%)</li> <li>• Other language (1%)</li> <li>• Unspecified primary language (6%)</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 (56%)</li> <li>• Females (43%)</li> <li>• Transgendered (&lt;1%)</li> <li>• Unspecified gender (1%)</li> </ul>

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

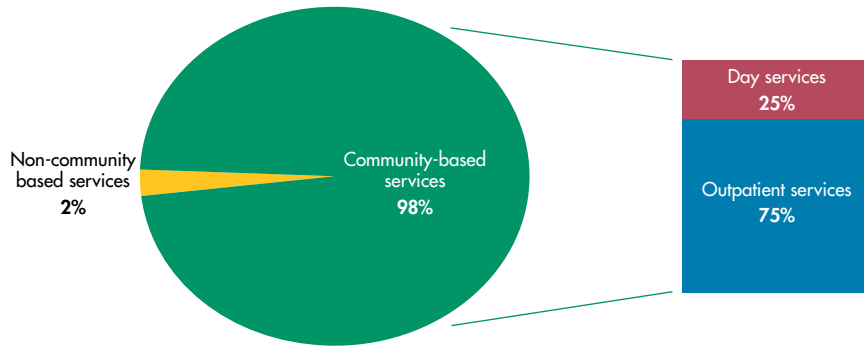
## Type of Services Received within the San Diego County Mental Health System

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

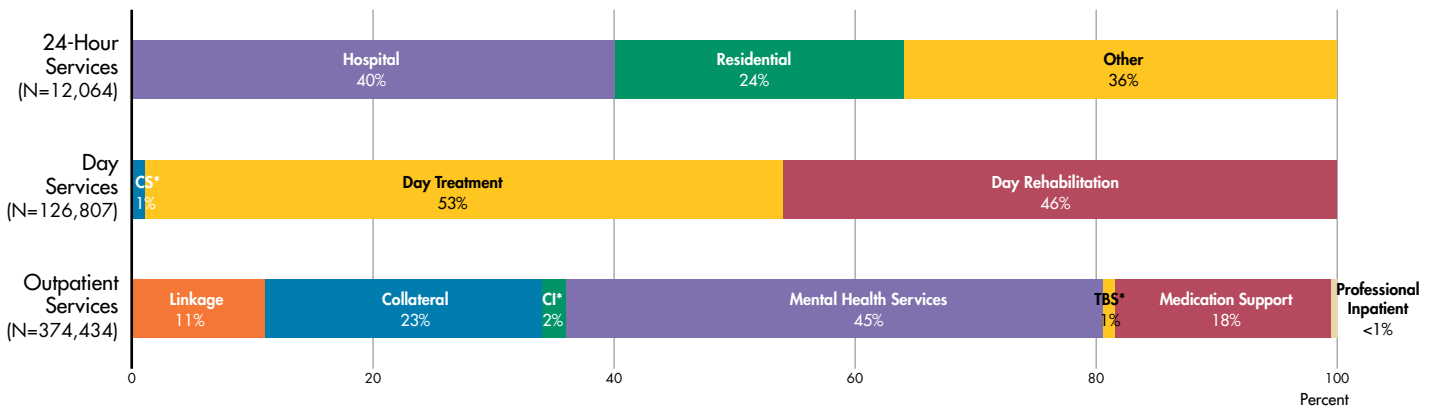
24-hour services are designed to provide a therapeutic environment of care and treatment within a residential setting.

Ninety-eight percent of public mental health services to children and youth under-25 in San Diego are community-based (see Chart 3). Of the 501,241 community-based mental health services received in San Diego, 75 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 Diego**



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



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

## Summary

San Diego’s mental health service delivery system for children and youth is characterized by strong services for school-age children and the use of evidence-based practices for young children, including programs like Incredible Years. Further, infrastructures for building culturally- and linguistically-competent services, such as requirements in contracts and a focus on the Tagalog, Latino, and Vietnamese communities, 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.*