

## COUNTY PROFILE

# Unclaimed Children Revisited *California Case Study*

## San Mateo County

San Mateo 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.

“When I started out pretty young, lots of dysfunction where I was living; there was lots of depression. I felt like doctors I was seeing were really pushy, didn’t know what to do with me, treatment I was receiving. I acted out a lot. I went to a lot of mental institutions, I didn’t like where I lived. They weren’t very welcoming, I was pressured to talk but I didn’t feel safe enough to talk. They weren’t friendly; they were authoritative; maybe could play games instead of talk.. The stereotype [is the hardest part], being the “crazy person,” not being normal... When I’ve been able to connect with someone in mental health services [is the most helpful]; a powerful person in my support system.”

– Based on an interview with youth, San Mateo

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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 Mateo County, 12 system leaders and four providers participated, representing the following disciplines: mental health, child welfare, juvenile justice, early childhood, finance, special education, substance abuse and treatment and public health. Below we highlight the major themes that surfaced in discussions with San Mateo County leaders and providers.

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

- ◆ In San Mateo, 10 system leaders and three providers responded to questions about EBPs. Respondents' views were mixed, with five reporting support for EBPs while others reported concerns or neutral positions.
- ◆ Nine respondents discussed EBP implementation; the most frequently mentioned EBPs were Functional Family Therapy (FFT) (N=3), the Ages and Stages Questionnaire (ASQ) (N=3); and aggression replacement therapy (ART) (N=2).
- ◆ Three respondents raised concerns and five discussed strategies. Among the concerns raised were challenges related to workforce. Among those who discussed strategies, workforce development was the main focus, with particular focus on training in ART or FFT.

### *Developmentally-appropriate Services*

- ◆ Twelve system leaders and four providers contributed to the discussion on developmentally-appropriate services.
- ◆ Twelve respondents each discussed services for young children and school-age youth, and eight described services for transition-age youth.
- ◆ One quarter of the respondents identified collaboration for school-age youth as a strength.
- ◆ Four respondents spoke about early childhood programming, with three mentioning EBPs such as ASQ.

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

- ◆ In San Mateo County, 11 system leaders and three providers addressed family- and youth-driven services.
- ◆ The majority of respondents (N=10) said they offer family services and have a family focus.
- ◆ Respondents noted that there was a major organizational shift when the county added family partnership teams. Family members take part in youth policy meetings, act as consumer workers and community partners, and participate on clinical treatment teams.
- ◆ Providers discussed services offered for the family that include family and individual therapy, Healthy Homes (mental health screenings for parents of children age 0-5 and developmental services), transportation for families to see clinicians, and weekly child family collaborative meetings to help foster communication and collaboration across systems working with families.

\* 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**

- ◆ Ten county system leaders and four providers discussed culturally- and linguistically-competent services. Among the 14 San Mateo respondents, nine identified challenges while 12 identified strengths.
- ◆ Though some initiatives are in the early stages, three-quarters of system leaders discussed the strengths of the current system. The system leaders reported an availability of linguistically-competent staff and a strong commitment to reaching a higher level of cultural competence in the coming years.
- ◆ Despite active county efforts to recruit bilingual and bicultural staff, there is still a dearth of Spanish-speaking providers. Providers listed attrition and high cost of living among the reasons for the lack of linguistically-competent personnel.

**Prevention and Early Intervention**

- ◆ In San Mateo County, 10 system leaders and three providers addressed prevention and early intervention.
- ◆ Of these respondents, four identified challenges regarding prevention and early intervention, and eleven identified strengths and strategies.
- ◆ Among those who discussed strategies, the focus was on early childhood, with seven respondents discussing Prenatal to Three.
- ◆ Four respondents discussed adolescent and youth programs, three respondents described school-based programs, and three respondents recommended addressing risk factors through early identification and screening.

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

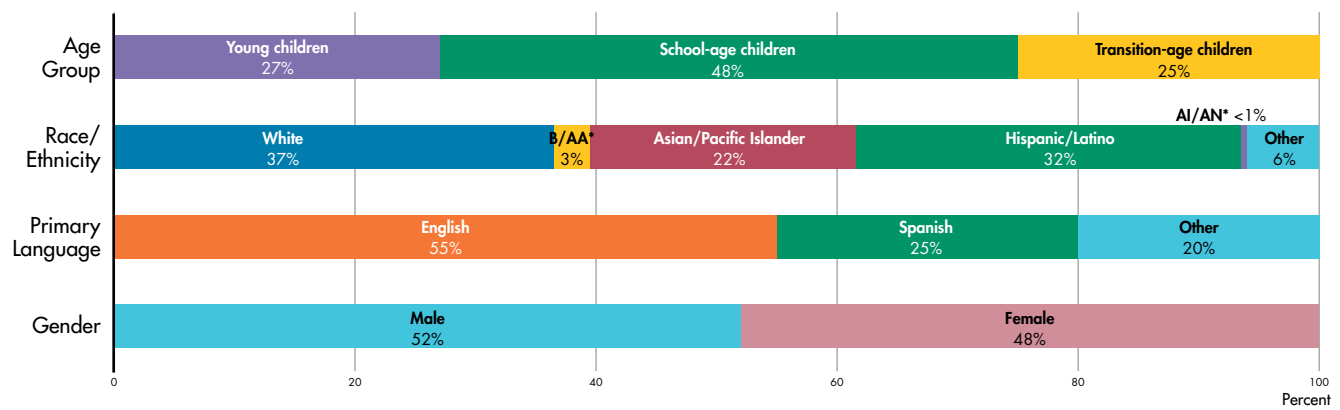
	Evidence-based Practices (EBPs)	Developmentally Appropriate Services	Family- and Youth-driven Services	Culturally- and Linguistically-competent Services	Prevention and Early Intervention
<b>Strategies/ Strengths</b>	<ul style="list-style-type: none"> <li>• Workforce development, especially for ART and FFT</li> </ul>	<ul style="list-style-type: none"> <li>• Collaboration, especially for school-age youth</li> <li>• Early childhood programming</li> <li>• EBPs for young children, especially ASQ</li> </ul>	<ul style="list-style-type: none"> <li>• Family partnership teams</li> <li>• Funding</li> <li>• Family-focused services</li> <li>• Collaboration</li> </ul>	<ul style="list-style-type: none"> <li>• Linguistically-competent staff</li> <li>• Strong commitment towards increasing cultural competence</li> </ul>	<ul style="list-style-type: none"> <li>• Family partnership teams/support groups</li> <li>• Children’s health initiative</li> <li>• Healthy Homes</li> <li>• Touch Points program</li> <li>• Ages and Stages Questionnaire (ASQ)</li> </ul>
<b>Challenges/ Concerns</b>	<ul style="list-style-type: none"> <li>• Effectiveness of EBPs</li> <li>• Workforce</li> <li>• Fidelity</li> </ul>		<ul style="list-style-type: none"> <li>• Lack of education and training services for parents and family members</li> </ul>	<ul style="list-style-type: none"> <li>• Spanish-language staff, despite county’s recruitment efforts</li> <li>• High cost of living</li> <li>• Attrition</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of funding</li> </ul>
<b>Notes</b>	<ul style="list-style-type: none"> <li>• No real consensus on the issue and overwhelmingly popular EBP</li> </ul>		<ul style="list-style-type: none"> <li>• Overall positive view of the efforts county is making</li> </ul>		<ul style="list-style-type: none"> <li>• Minimal discussion of policies such as Mental Health Services Act, First 5, and EPSDT.</li> </ul>
<b>Overall County Strength: Strides made in the area of family- and youth-driven services.</b>					

## Demographics of Children and Youth in San Mateo County

The estimated population of children and youth in San Mateo is 219,892. Forty-eight percent of these youth are school-age and 25 percent are transition-age (18 to 24 years old), with an average age of 11.5 years old. Thirty-seven percent of the under-25 population are white, while 32 percent are Hispanic/Latino. Fifty-five percent of children and youth in San Mateo speak English as their primary language, while 25 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 Mateo, refer to Chart 1.

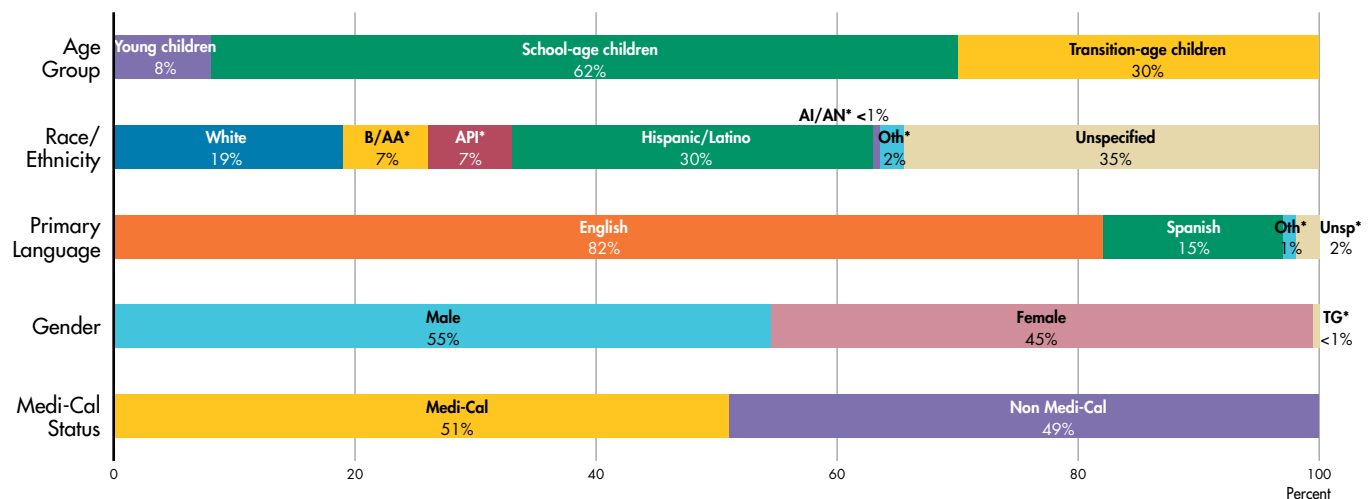
There are 3,765 mental health service users under the age of 25 in San Mateo. The majority (62 percent) of these service users are school-age children, with an average age of 14.9 years old. Hispanics/Latinos represent the largest racial and ethnic group (30 percent). Thirty-five percent of respondents did not have their ethnicity reported. Eighty-two percent of service users speak English primarily, while 15 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 Mateo.

**Chart 1: Children and Youth Under Age 25 in San Mateo** (N=219,892)



Source: American Community Survey, 2006.

**Chart 2: Mental Health Service Users Under Age 25 in San Mateo** (N=3,765)



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 Mateo. There are significantly more school-age children (62 versus 48 percent) among service users than in the general population. The race and ethnicity of many service users were not collected

(35 percent), which makes it difficult to evaluate racial and ethnic differences in service utilization in the county. Among service users in San Mateo, 82 percent speak English primarily, compared to 55 percent in the general population.

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

	All Children and Youth in San Mateo	Mental Health Service Users in San Mateo
<b>Age Distribution</b>	<ul style="list-style-type: none"> <li>• Average age: 11.5 years old</li> <li>• Young Children (27%)</li> <li>• School-age Children (48%)</li> <li>• Transition-age Youth (25%)</li> </ul>	<ul style="list-style-type: none"> <li>• Average age: 14.9 years old</li> <li>• Young Children (8%)</li> <li>• School-age Children (62%)</li> <li>• Transition-age Youth (30%)</li> </ul>
<b>Race/Ethnicity</b>	<ul style="list-style-type: none"> <li>• Whites (37%)</li> <li>• African Americans (3%)</li> <li>• Asians/Pacific Islanders (22%)</li> <li>• Hispanics/Latinos (32%)</li> <li>• American Indians/Alaskan Natives (&lt;1%)</li> <li>• Other (6%)</li> </ul>	<ul style="list-style-type: none"> <li>• Whites (19%)</li> <li>• African Americans (7%)</li> <li>• Asians/Pacific Islanders (7%)</li> <li>• Hispanics/Latinos (30%)</li> <li>• American Indians/Alaskan Natives (1%)</li> <li>• Other (2%)</li> <li>• Unspecified race and ethnicity (35%)</li> </ul>
<b>Primary Language</b>	<ul style="list-style-type: none"> <li>• English speakers (55%)</li> <li>• Spanish speakers (25%)</li> <li>• Other language (20%)</li> </ul>	<ul style="list-style-type: none"> <li>• English speakers (82%)</li> <li>• Spanish speakers (15%)</li> <li>• Other language (1%)</li> <li>• Unspecified primary language (2%)</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 (55%)</li> <li>• Females (45%)</li> <li>• Transgendered (&lt;1%)</li> </ul>

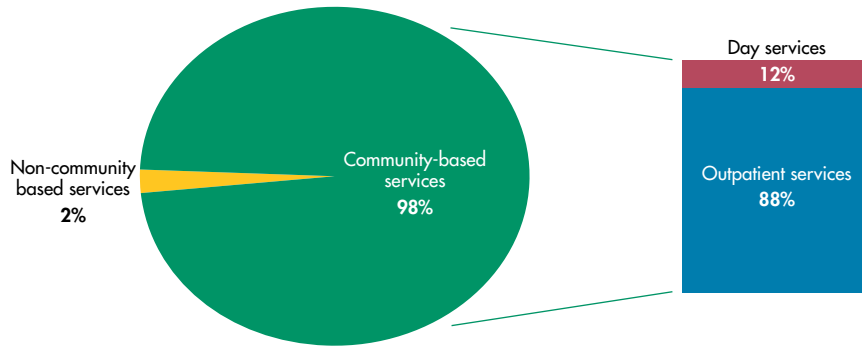
Sources: American Community Survey, 2006; California Department of Mental Health, Consumer and Services Information System, FY 2005/2006.

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

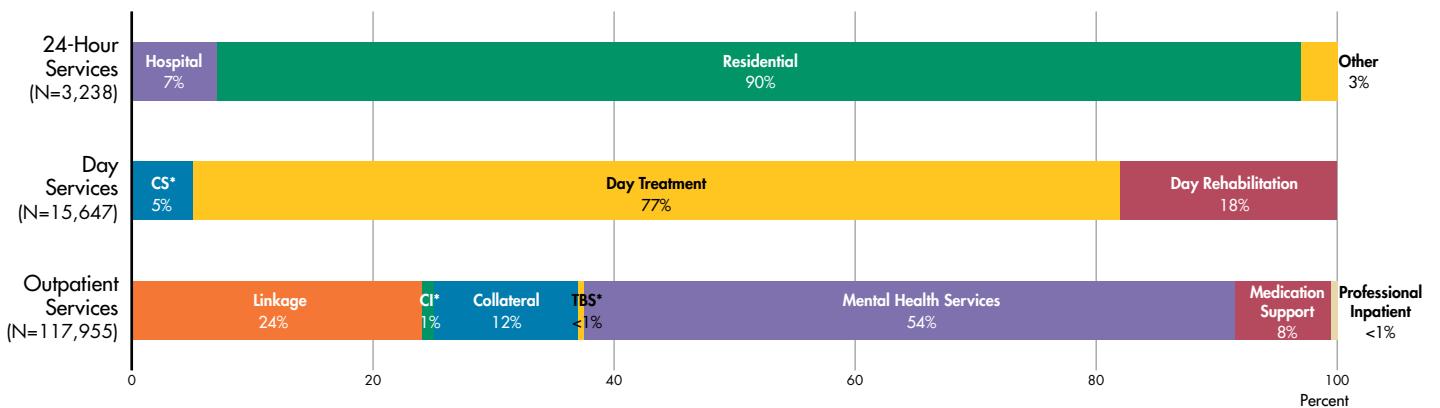
County mental health services are categorized as either community-based (day or outpatient treatment) or non-community-based (24-hour, inpatient or residential services). As defined in the Consumer and Services Information System, day services are those that provide a range of therapeutic and rehabilitative 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 Mateo are community-based (see Chart 3). Of the 133,152 community-based mental health services received in San Mateo, 88 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 Mateo**



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



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

## Summary

San Mateo’s mental health service delivery system for children and youth is characterized by a strong system of services for young children and school-age children, along with the use of evidence-based practices, the Ages and Stages Questionnaire and Prenatal to Three. The Family Partnership Team and an availability of linguistically-competent staff are also seen as strengths of the county. 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.*