Stories of API Children & Youth
Spotlight on Chinatown Child Development Center

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SF Health Commission Meeting in Chinatown
San Francisco Health Network

Children/Youth Currently Served within CYF

Primary Language of Children and Youth

- Filipino, 81
- Vietnamese, 33
- Samoan, 29
- Other API, 26
- Korean, 7
- South Asian, 5
- Southeast Asian, 4
- Howard, 3
- Native American, 12
- Pacific Islander, 39
- African-American/Black, 826
- Asian, 473
- White, 254
- Multi-ethnic, 122
- Other, 62
- Latinx, 857

Total: 1,881
Education is a prominent strength among Asian youth. Spirituality/Religiosity is prominent for NHOPI. Relationship Permanence is a prominent strength for API youth compared to other groups.

### Top 3 Strengths

- **Asian (n = 2,018)**
  - Relationship Permanence: 64%
  - Family: 58%
  - Educational: 52%

- **Pacific Islander (n = 241)**
  - Relationship Permanence: 64%
  - Family: 65%
  - Educational: 63%

- **African-American/Black (n = 3,438)**
  - Relationship Permanence: 58%
  - Family: 55%
  - Educational: 54%

- **Latinx (n = 3,130)**
  - Relationship Permanence: 60%
  - Family: 60%
  - Educational: 59%

- **White (n = 925)**
  - Relationship Permanence: 54%
  - Family: 60%
  - Educational: 58%
Asian youth have **low frequency** of risk behaviors. **Suicide Risk** ranks third. **Danger to Others** is a more frequent risk behavior for NHOPI youth.
Asian youth ranks second in their frequency of accessing crisis services.
“Client reported experiencing command hallucinations, paranoia and disorganized behavior. Client expressed ‘feeling hopeless and out of control’ and ‘I feel like someone else is controlling my mind and body’. Mother reports client has been under a lot of stress due to high academic demand and possible bullying.” – Crisis Eval

“Client is generally dismissive of the need for medication and of the idea that she is ill... She admits to being stressed out by interactions on social media and worries a lot about her school work.” – Psychiatry Eval

“She didn’t understand how meeting with this [therapist] was helpful and that she was wasting her time from studying... She requested being seen for a shorter duration... She worries about falling behind at school and not getting into a good UC... Client talked about needing support and a space to talk but was also frustrated that all the services and therapies were taking too much of her time away from school.” – Tx Therapist
- CYF: Seek & Serve (CYC)
- MHSA: API Youth Family Support Services (CYC)
- MHSA: API Mental Health Collaborative (RAMS)
- LEGACY & CCDC Outreach
First established in 1972

Comprehensive, outpatient community behavioral health clinic of the Department of Public Health

Serves children and adolescents, up to 18 years of age, who are residents of San Francisco and who have Medi-Cal, Healthy Kids Healthy Families, or no insurance coverage (Medi-Cal eligible)
CCDC’s mission is to promote the social-emotional well-being of children, youth, and their families in San Francisco by providing comprehensive mental health services which are easily accessible and linguistically and culturally appropriate.
➢ CCDC prides itself in the ability to provide services that are linguistically and culturally appropriate via a multidisciplinary staff who speak English, Cantonese, Mandarin, and Vietnamese.

➢ Multi-disciplinary staff consist of Clinical Social Workers, Marriage and Family Therapists, Clinical Psychologists, Psychiatrists, Health Workers, etc.
CCDC Current Clients Data Dashboard

Race/Ethnicity

Language

Currently open episodes

Principal diagnosis

Homeless

Sex *

Age group -

Length of stay

*There is no available data at this time for the transgender category
CCDC Services

- Individual, group, and family therapy
- Collateral contacts with parents and significant others;
- Case management services;
- Medication support services
- Psychological testing
- Infant Parent Group
- School-based therapy services
- Consultation for community-based organizations
CCDC Therapy Interventions
STEP Survey 2019 (N = 14)

Cognitive Therapy
- Motivational Enhancement Therapy
- Trauma-Focused CBT
- Parent Management Training (PMT)
- Multisystemic Therapy
- Family-Based Behavioral Treatment

Cognitive Behavioral Therapy (CBT)
- Insight-Oriented Psychotherapy
- Motivational Interviewing (MI)
- Functional Family Therapy
- Interpersonal Psychotherapy
- Rational Emotive Therapy (RET)

Behavior Therapy
- Common Sense Parenting
- Applied Behavior Analysis (ABA)
- Brief Strategic Family Therapy
- Exposure and Response Prevention (ERP)
- Brief Strategic Family Therapy
CCDC children and youth have maintained strengths in **Cultural Identity**, **Education**, and **Relationship Permanence**. They have developed strengths in **Vocational**, **Interpersonal**, and **Family** domains.
CCDC children and youth have most improved on the following needs: Adjustment to Trauma (i.e., Dysregulation); Anger Control; and Anxiety.
Case Management Services

➢ Occupational Therapy
➢ LEGACY: Peer Support Program
➢ Seneca DBT Program
➢ Felton PREP and BEAM programs
➢ Therapeutic Behavioral Services
➢ Transgender Health Services
➢ Community mentorship program
➢ Transitions to different levels of care and programs (Transitional Age Youth Program, adult outpatient clinic)
Since 2007, with funding from the Mental Health Services Act, CCDC in collaboration with the Chinatown Public Health Center implemented the Disabilities Access Clinic (DAC)

Provides specialty mental health services for children and adolescents with disabilities at their primary care clinic

Improves coordination among medical, psychiatric, and social services providers
CCDC Community Partners

- Chinatown Disaster Preparedness Committee
- NICOS Chinese Health Coalition
- Asian Alliance Against Domestic Violence
- APA Family Support Services
- Community Youth Center of SF

- Network for a Healthy California—Chinese Project (with Chinatown Public Health Center)
- Asian Youth Advocacy Network
- Asian & Pacific Islander Health Parity Coalition
- SF Youth Works
Potential Barriers to Treatment

- **Stigma**: Saving face makes it difficult to acknowledge mental illness and to seek help

- **Distrust of the system**:
  - Ethnic minorities have been subject to poor treatment, discrimination and racism in America
  - Transgenerational experience of trauma in immigrant populations: pre-migration, migration, encampment, post-migration

- **Lack of understanding or awareness** of Western concept of mental illness, symptoms of mental illness, services available, and how to access the services

- May depend on **socio-economic status** and **educational level**
  - Lack of language and culturally sensitive mental services

Bith-Melander et al., Intl J of Envir Res and Public Health, 2017
Efforts to Reduce the Barriers

Reducing the Stigma
➢ CCDC participates in annual health fairs and community events
➢ Clinical work to focus on impairing behaviors rather than the disorder

Building Trust
➢ CCDC’s community and school relationships lead to referrals
➢ Referrals from previous clients and parents, a trusted source
➢ Continue to address and resolve any ongoing barriers
➢ Knowledge and linkage to community resources

Psychoeducation:
➢ Depending on education level and socio-economic background, some families may need more health education than others

Language & Culture
Increasing awareness of Western concept of mental illness and services available, along with improving access
➢ Collaboration with primary care
➢ Collaboration with schools
➢ School-based services
➢ CCDC clinicians offer presentations at community events
➢ Peer support: CCDC Infant Parent group, LEGACY
Thank You!

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