

**A REPORT BY  
THE 2016-2017 CONTRA COSTA COUNTY GRAND JURY**  
725 Court Street  
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Report 1703

**Mental Health Services for At-Risk  
Children in Contra Costa County**

APPROVED BY THE GRAND JURY:

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JUDGE OF THE SUPERIOR COURT

Contra Costa County Grand Jury Report 1703

## **Mental Health Services for At-Risk Children in Contra Costa County**

**TO: County Board of Supervisors, Behavioral Health Services**

### **SUMMARY**

The Grand Jury conducted a detailed investigation concerning the County's delivery of mental health services to at-risk children ("At-Risk Children"), which is defined as foster children or those in danger of becoming foster children, Commercial Sexually Exploited Children victims (CSEC), youth detained in Juvenile Hall, and children in domestic violence or sexual abuse situations. Over the course of a seven-month investigation, the Grand Jury found that at-risk children are not receiving timely access to mental health treatment. Several factors were preventing timely access, all of which are within the control of Behavioral Health Services and its subdivision Children's Mental Health Services. The Board of Supervisors should consider identifying funds to provide timely treatment for children.

### **METHODOLOGY**

The Grand Jury researched the statutes, agreements and regulations on mental health services for children that pertain to the County. It also researched official reports from State and County agencies, and conducted numerous interviews with County personnel who are involved in the delivery of mental health services.

### **BACKGROUND**

This Grand Jury conducted a detailed investigation of mental health services for at-risk children in Contra Costa County. For purposes of this investigation, the Grand Jury defined at-risk children as:

- Foster children or those in danger of becoming foster children
- Commercial Sexual Exploitation of Children (CSEC) victims
- Youth detained in Juvenile Hall
- Children who have experienced domestic violence and sexual abuse.

## **The Mental Health Commission White Paper**

The Mental Health Commission (MHC), an advisory body appointed by the Board of Supervisors to serve as the watchdog group in the County for mental health services, issued a white paper in April 2016 *“to encourage discussion around the current crisis in the county public mental health care system and deficits in the county mental health budget process that contribute to this crisis.”*

While the white paper was issued by MHC, Behavioral Health Services (BHS) assisted MHC with the data and the contents of the paper. The paper describes key points that are pertinent to at-risk children:

“The wake-up call of the crisis at Psychiatric Emergency Services (PES) that points to an impacted system that is unable to provide the right treatment at the right moment in time and is therefore struggling to truly meet the needs of people with a serious mental illness,”

“The compromised ability of... Child/Adolescent Clinics to meet the needs of patients due to understaffing as evidenced by three to four months wait times and a migration of patients to PES for intervention that is not meant to be a stand-in for treatment,”

“The underlying theme of inadequate staffing levels due to the inability of treatment facilities to attract and keep high quality psychiatrists and nurses because of uncompetitive compensation and such practices as closing of lists,”

“The underlying theme of dedicated, quality staff struggling to offer excellent care but undercut by budgets that are generated by a formulaic, top down process rather than a process that builds up a budget from program needs.”

## **The Katie A. Requirements**

In delivering mental health services, the County must comply with the terms of the *Katie A.* requirements. *Katie A.* was the lead plaintiff in a multiple-plaintiff lawsuit filed against Los Angeles County and the State of California in 2002. The lawsuit alleged that significant gaps existed in mental health services provided to children in the foster care system. By the age of 14, *Katie A.* had been shuffled through 37 foster homes and had endured 19 confinements in psychiatric hospitals.

Los Angeles County settled with the plaintiffs in 2003. The State of California agreed to the following *Katie A.* child definition and mental health service requirements in 2011:

Children who are in or at risk of entering foster care will be identified as the “*Katie A.* subclass.” A child will be part of the subclass if wraparound or specialized services are being considered for the child, or the child has been hospitalized three times in the past 24 months for behavioral reasons or is currently hospitalized for a behavioral issue.

Pursuant to this agreement, California counties must adhere to a protocol, called a “core practice model,” for screening and treating foster children. In accordance with this protocol, children may be eligible for the following services:

- Intensive Care Coordination (ICC)
- Intensive Home-Based Services (IHBS)
- Therapeutic Foster Care in specially-trained foster homes.

The County hired several coordinators and appointed a *Katie A.* specialist manager to handle the new protocol.

## **DISCUSSION**

The Grand Jury used the new *Katie A.* requirements and the MHC white paper as starting points to investigate Contra Costa County’s delivery of mental health services to at-risk children.

**Youth confined in Juvenile Hall** receive a consistent and well-regulated package of children’s mental health services from the County since these children are in a controlled confinement. Of the 110 youth currently at the Hall (some of whom are CSEC victims), 30% have been identified as having mental health problems. BHS has assigned three County clinicians and a program manager to work exclusively at the Hall to provide treatment, which involves medication and therapy. All three therapists are grant-funded, and the grants require regular data reports on the outcome of the treatments.

**CSEC victims and children in domestic violence and sexual abuse situations** are sometimes discovered by police responding to a complaint. The police refer the children to the Victim Advocates in the District Attorney’s Office. After securing the child in a safe environment, the advocate arranges for the child to receive therapy so that the child can better assist in the legal prosecution of their abusers. BHS is not usually involved in this process. Rather, the Victim Advocate arranges for the victim to receive treatment from a private therapist or psychiatrist. This treatment is funded by the State Victim Compensation Fund and continues for the months or years that the victim needs to recover. Despite receiving mental-health treatment, some CSEC victims are reluctant to testify against their pimp abusers.

An estimated 85-90% of foster children need some form of mental health services. Given this statistic, it is not surprising that a significant component of the estimated 7,000-plus children in the County who are serviced for mental health annually are foster children, estimated at over 1,700, or those who are in danger of becoming foster children. Only 300 of these children currently belong to the “*Katie A.* subclass.” The County’s compliance in the *Katie A.* requirements is a work in progress. Satisfactory

compliance depends upon skilled coordination between the social workers in Children and Family Services (CFS) and the clinicians at BHS.

Children who may need mental health services are generally assessed and evaluated within 7-10 days. However, children wait much longer, weeks or months, to receive treatment.

After assessment and evaluation, the social workers at CFS arrange for treatment for the child client through the BHS liaisons. The liaisons provide the social workers and child guardians with three referrals of available psychiatrists or therapists from their database. The social workers or guardians call these mental health professionals to schedule treatment. Oftentimes, the social workers or guardians find that the three referrals they have been given by the BHS liaisons are not available. Then they must go back to the liaisons to arrange for another set of three referrals. This is the cause of many delays. The CFS social workers state that the child has an average waiting time for treatment of three months and the BHS liaisons state that the average is only 4 to 6 weeks. These two sets of County workers are working from different perspectives and from different calendar counts. The BHS liaisons also state that they do not have an updated list of unavailable psychiatrists or therapists.

After the screening and evaluation phase, each of the 7,000-plus children are classified into two groups:

1. Medium to severe
2. Mild to medium

The mild to medium cases are scheduled for appointments with psychiatrists and therapists in non-profit community-based organizations (CBOs) and private therapists contracted by BHS. The medium to severe cases are scheduled for appointments with the psychiatrists and therapists in the County's three regional mental health clinics.

There are several factors that prevent children from accessing mental health services in a timely manner. These factors differ depending on whether the child is classified as medium to severe, or mild to medium.

### **Medium to Severe Cases**

The three mental health clinics are understaffed in terms of psychiatrists, the doctors who diagnose the children and prescribe medication for them when appropriate. Children's Mental Health Services estimates it needs to hire six more psychiatrists to handle the workload and resolve the inequitable distribution among the regional clinics. The County pays \$30-50,000 less than what psychiatrists can earn in private practice.

Table 1 shows the distribution of the medium to severe cases assigned to the three clinics and the corresponding distribution of psychiatrists in those three clinics.

**TABLE 1**

	<b>Antioch</b>	<b>Concord</b>	<b>West County</b>	<b>TOTAL</b>
Children	630	740	800	2170
Psychiatrists*	2.2	3.5	1.3	7
Ratio	286.4	211.4	615.4	310

Note: \* Full time equivalent

As shown on Table 2, the distribution of 85 County therapists across the three clinics is inequitable relative to the distribution of medium to severe mental cases.

**TABLE 2**

	<b>Antioch</b>	<b>Concord</b>	<b>West County</b>	<b>TOTAL</b>
Children	630	740	800	2170
Therapists	22	47	16	85
Ratio	28.6	15.7	50	25.5

The normal management response to such uneven distribution is to reallocate some therapists from Concord, to Antioch and to West County. The Grand Jury found no evidence that any such plan is being considered.

**Mild to Medium Cases**

BHS contracts with 34 non-profit Community Based Organizations (CBOs) to treat the estimated 5,000 children considered mild to medium cases. Twenty percent of these 34 CBOs were at capacity as of February 2017, meaning that seven of the CBOs had no appointment availability. The BHS liaisons, who provide the appointment referrals for the guardians/patients, do not have current data on the clinicians' availability. Thus, social workers or guardians call to CBOs that have no availability, causing delays in the children's treatment.

In addition to providing mental health treatment through CBOs, BHS can assign the 5,000 children who are diagnosed as mild to medium cases to the over 200 individual private therapists that it contracts with. Like CBOs, these private therapists have limited availability. Table 3 shows the availability of those private therapists in February 2017 and their distribution in the three regions.

**TABLE 3**

	<b>East County</b>	<b>Central</b>	<b>West County</b>	<b>TOTAL</b>
Private Therapist	60	100	47	207
Available	13	33	21	67
Not available	47 (78%)	67 (67%)	26 (55%)	140 (68%)

Overall, 68% of the private therapists were not available for appointments. Thus, children must wait longer for mental health services.

While no-shows for appointments also contribute to longer wait times, this factor is not under the control of BHS. The tables show what is within the control of BHS and its subdivision that manages treatment delays for at-risk children.

## **FINDINGS**

- F1. The County provides timely and consistent mental health services to detained youth in Juvenile Hall, CSEC victims, and children in domestic violence and sexual abuse situations.
- F2. Under the terms of the *Katie A.* requirements, upper and middle management levels of CFS and BHS have started to coordinate their efforts.
- F3. Many at-risk children are not receiving mental health treatment for several weeks to several months after the County assesses their mental-health needs.
- F4. Children's Mental Health Services estimates that the County needs an additional six psychiatrists for its three clinics.
- F5. County salaries for psychiatrists are not competitive with private practice.
- F6. The shortage of psychiatrists causes delays in the diagnosis and treatment of medium to severe mentally ill children.
- F7. West County clinic, which has the most medium to severe patients, also has the highest patient to therapist ratio.
- F8. The 85 County therapists, who treat medium to severely mentally ill children, are not equitably distributed among the three clinics based on workload.
- F9. Twenty percent of the CBOs and 68% of the individual private therapists are not available for appointments.
- F10. BHS liaisons are not provided with current information about the availability of CBOs and private therapists for appointments.

## **RECOMMENDATIONS**

- R1. The Board of Supervisors should consider identifying funds to add six psychiatrists at the three regional mental health clinics.
- R2. The Board of Supervisors should consider directing Human Resources to review the compensation packages for County psychiatrists to ensure their compensation packages are competitive compared with the private market.

- R3. The Board of Supervisors should consider directing BHS to redeploy therapists with a view to a more equitable ratio of children per therapist among the County's three mental health clinics.
- R4. The Board of Supervisors should consider identifying funds to enable BHS to review and improve systems related to the real time availability of CBOs and individual private therapists for mental health service appointments.
- R5. The Board of Supervisors should consider directing BHS to monitor and report on the wait times for mental health treatment for at-risk children.

**REQUIRED RESPONSES**

	<b>Findings</b>	<b>Recommendations</b>
Contra Costa County Board of Supervisors	F1 to F10	R1 to R5

These responses must be provided in the format and by the date set forth in the cover letter that accompanies this report. An electronic copy of these responses in the form of a Word document should be sent by e-mail to [ctadmin@contracosta.courts.ca.gov](mailto:ctadmin@contracosta.courts.ca.gov) and a hard (paper) copy should be sent to:

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