



CONTRA COSTA COUNTY CIVIL GRAND JURY REPORT NO. 1703
"Mental Health Services for At-Risk Children in Contra Costa County"

BOARD OF SUPERVISORS' RESPONSE

FINDINGS – California Penal Code Section 933.05(a) requires a response to the designated findings of the Grand Jury.

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.

Response: The respondent agrees with the finding. The County's Probation and Health Services departments work collaboratively to provide a high level of Mental Health services to the youth in the Juvenile Justice system including Juvenile Hall and the Orin Allen Youth Facility.

F2. Under the terms of the Katie A. requirements, upper and middle management levels of CFS and BHS have started to coordinate their efforts.

Response: The respondent disagrees wholly with the finding. Since about 1996, the Behavioral Health Division and Child and Family Services Bureau have collaborated on children's mental health services in a comprehensive way. Katie A. and the implementation of Continuum of Care Reform have contributed to a more coordinated relationship since Health Services and Employment and Human Services department staff meet on a weekly basis and often meet more than once a week.

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.

Response: The respondent disagrees partially with the finding. Children presenting at the Regional Clinics are seen on average within eleven to sixteen days for their first appointment with a Mental Health Clinical Specialist that provides comprehensive assessment and treatment. The County recognizes challenges with the availability of child psychiatrists and delays may occur with the medical treatment and medication support of the child.

F4. Children's Mental Health Services estimates that the County needs an additional six psychiatrists for its three clinics.

Response: The respondent disagrees partially with the finding. The County recognizes a need for additional psychiatrists to eliminate long waits for Psychiatry and to adequately staff our clinics. While the County is working to fill vacant psychiatrist positions, psychiatrist contractors are working at the clinics to support psychiatry services. The County will be looking at psychiatrist staffing to determine the number of additional psychiatrists needed for its three clinics.

F5. County salaries for psychiatrists are not competitive with private practice.

Response: The respondent agrees with the finding. In general, private sector practices offer more competitive salaries than public agencies.

F6. The shortage of psychiatrists causes delays in the diagnosis and treatment of medium to severely mentally ill children.

Response: The respondent disagrees partially with the finding. Shortage of psychiatrists may delay the medical treatment and medication support of the child. However, children are assessed and diagnosed to be seen for outpatient therapy by a Mental Health Clinical Specialist within eleven to sixteen days on average.

F7. West County clinic, which has the most medium to severe patients, also has the highest patient to therapist ratio.

Response: The respondent disagrees wholly with the finding. The number of children and ratios cited in table 1 of this grand jury report are inaccurate. The numbers stated by the grand jury are the total number of clients that are provided Utilization Review Services by that County Clinic in each region. The actual number of open children cases (County staff serviced) are 430 in Antioch, 435 in Concord, and 305 in West County for a total of 1,095.

Table A below provides more accurate figures of patient to therapist ratios, which shows caseloads are balanced across the clinics.

TABLE A:

	Antioch	Concord	West County	Total
Children	430	435	305	1095
Therapists*	15	16	12	43
Ratio	28.6:1	27.2:1	25.4:1	25.5:1

*Therapists include both psychiatrists and mental health clinical specialists.

F8. The 85 County Clinical Staff, who treat medium to severely mentally ill children, are not equitably distributed among the three clinics based on workload.

Response: The respondent disagrees wholly with the finding. Assignment of therapists across the County's regions is balanced as demonstrated in Table A of response F7. In addition to the therapist staff assigned to the clinics as stated in Table A of response F7, each clinic has an equitable distribution of Family Partners, Family Support Workers, etc. that also work as a team

to provide therapeutic intervention and stability to the families. In total, the County staffs approximately 95 clinical treatment staff, which includes psychiatrists, Mental Health Clinical Specialists, Mental Health Community Support Workers, and Mental Health Specialist IIs.

F9. Twenty percent of the CBOs and 68% of the individual private therapists are not available for appointments.

Response: The respondent disagrees wholly with the finding. Only CBOs and Network Providers that are available for appointments are referred. In order for individual private therapists and CBO's to maintain availability for referrals, they must have appointments available within ten (10) days.

The Access Unit is staffed by licensed clinicians who screen callers to determine clinical acuity in order to make a referral. The Access Unit uses an acuity screening tool to determine a patient's functional impairment. The screening tool also indicates level of care options for referrals. Patients with mild-moderate impairments are either referred back to their primary care providers referred to a mental health clinician who works at a primary care health center, or to the contracted network of providers. Those who have mild-moderate functional impairments with private insurance such as Kaiser or Blue Cross are referred back to their managed care health plans. Patients who have moderate-severe impairments are referred to Community Based Organizations or the County Regional Mental Health Clinics.

F10. BHS liaisons are not provided with current information about the availability of CBOs and private therapists for appointments.

Response: The respondent disagrees wholly with the finding. Liaisons operate with the most recent information available, as provided by surveys to private therapists and the expectation that CBOs notify liaisons of any availability changes. Behavioral Health liaisons follow the same protocol as Mental Health Access by providing three potential clinician referrals to each beneficiary. The County is not aware of issues with CBO's and private therapist's lack of availability and this is a process that is reviewed annually by the state.

RECOMMENDATIONS - California Penal Code Section 933.05(b) requires a response to the designated recommendations of the Grand Jury.

R1. The Board of Supervisors should consider identifying funds to add six psychiatrists at the three regional mental health clinics.

Response: The recommendation requires further analysis. There are currently three funded psychiatrist positions that are vacant and the County is working to fill. Once those positions are filled, the County will continue assessing staffing needs and determine the number of additional positions needed. Furthermore, the County is currently in negotiations with Physicians' and Dentists' Organization of Contra Costa, which includes a review of benefits and wages for all represented classifications, including psychiatrists. Once an agreement is reached, more accurate salary and benefits figures will be available to identify the amount of funding needed for any additional positions.

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 to the private market.

Response: The recommendation will not be implemented because it is not reasonable. The County is currently in negotiations with Physicians' and Dentists' Organization of Contra Costa; therefore, a review of benefits and wages for all represented classifications, including psychiatrists, is underway. The County cannot compete with the private market; therefore, comparing County compensation packages with other counties establishes more reasonable benchmarks. The issue of the County's psychiatrist compensation packages is being addressed and will be known after negotiations are complete.

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.

Response: The recommendation has been implemented. Clinical staff are fairly and evenly distributed across the regional clinics with equitable ratios of children per therapist. Table A, included in the response to F7 shows the equitable distribution of psychiatrists across the County clinics. Our goal is to continue to deploy therapists with consideration to equity and the number of consumers presenting at the clinics for services.

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.

Response: The recommendation will not be implemented because it is not reasonable. The County is not aware of the existence of a real time tool to support the recommended effort. However, the County has processes in place to maintain current information on the availability of CBOs and individual private therapists. The Access Line regularly conducts test calls to CBOs and private therapists to ensure appointments are available. No referral is made to a CBO or private therapist unless they have an appointment available in the next ten (10) days.

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.

Response: The recommendation has been implemented. The Behavioral Health Division is required by regulation to monitor and report on the timeliness of mental health treatment for at-risk youth. During the last annual review, which was conducted in February of this year, the following data was presented to the External Quality Review Organization (State audit team):

Timeline from initial request to clinical assessment appointment:

	County Wide	West Region	Central Region	East Region
Average length of time from first request for service to first clinical assessment	14.1 days	11.6 days	11.5 days	16.5 days
MHP standard or goal	15 days	15 days	15 days	15 days
Percent of appointments that meet this standard	63.8%	80.6%	81.0%	46.9%
Range	1-48 days	1-47 days	1-43 days	5-48 days

Timeline from initial request to first psychiatry appointment:

	County Wide	West Region	Central Region	East Region
Average length of time from first request for service to first psychiatry appointment	12.0 days	11.2 days	3.1 days	20.5 days
MHP standard or goal	30 days	30 days	30 days	30 days
Percent of appointments that meet this standard	100%	100%	100%	100%
Range	1-30 days	1–26 days	1-9 days	12–30 days