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

MH Children's Outpatient Clinics - Demographics by Age and Ethnicity

Served vs Medi-Cal eligiblle population in **FY 2016-2017**

Basic demographic indicators for the Medi-Cal eligible population, served by the CCHSD MH vs county wide

Children, open at MH Clinics for svcs

Region	# of Clients	% of Total
Central	358	32.9%
East	418	38.4%
West	312	28.7%
Grand Total	**1,088**	**100.0%**

CCC Medi-Cal Eligible Children

Region	# of MC children	% of Total
Central	25,284	22.8%
East	49,741	44.8%
West	36,024	32.4%
Grand Total	**111,049**	**100.0%**

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Children, open at MH Clinics for svcs

Region	Age Group	# of Clients	% of Region Total
Central	Age Group #1: 0-5	1	0.3%
	Age Group #2: 6-12	127	35.5%
	Age Group #3: 13-17	179	50.0%
	Age Group #4: 18-21	51	14.2%
	Total for Central	**358**	**100.0%**
East	Age Group #2: 6-12	136	32.5%
	Age Group #3: 13-17	228	54.5%
	Age Group #4: 18-21	54	12.9%
	Total for East	**418**	**100.0%**
West	Age Group #1: 0-5	1	0.3%
	Age Group #2: 6-12	112	35.9%
	Age Group #3: 13-17	158	50.6%
	Age Group #4: 18-21	41	13.1%
	Total for West	**312**	**100.0%**
	Grand Total	**1,088**	**N/A**

CCC Medi-Cal Eligible Children

Region	Age Group	# of MC children	% of Region Total
Central	Age Group #1: 0-5	7,124	28.2%
	Age Group #2: 6-12	8,361	33.1%
	Age Group #3: 13-17	5,511	21.8%
	Age Group #4: 18-21	4,288	17.0%
	Total for Central	**7,124**	**100.0%**
East	Age Group #1: 0-5	14,110	28.4%
	Age Group #2: 6-12	16,727	33.6%
	Age Group #3: 13-17	10,812	21.7%
	Age Group #4: 18-21	8,092	16.3%
	Total for East	**14,110**	**100.0%**
West	Age Group #1: 0-5	10,731	29.8%
	Age Group #2: 6-12	12,125	33.7%
	Age Group #3: 13-17	7,502	20.8%
	Age Group #4: 18-21	5,666	15.7%
	Total for West	**10,731**	**100.0%**
	Grand Total	**111,049**	**100.0%**

MH Children's Outpatient Clinics - Demographics by Age and Ethnicity

Served vs Medi-Cal eligiblle population in **FY 2016-2017**

Basic demographic indicators for the Medi-Cal eligible population, served by the CCHSD MH vs county wide

Children, open at MH Clinics for svcs

Region	Ethnicity	# of Clients	% of Region Total
Central	African-American	47	13.1%
	Asian/Pacific Islander	13	3.6%
	Caucasian	164	45.8%
	Hispanic	120	33.5%
	Native American	3	0.8%
	Other Non White	10	2.8%
	Unknown	1	0.3%
	Total for Central	**358**	**100.0%**
East	African-American	113	27.0%
	Asian/Pacific Islander	10	2.4%
	Caucasian	119	28.5%
	Hispanic	139	33.3%
	Native American	4	1.0%
	Other Non White	7	1.7%
	Unknown	26	6.2%
	Total for East	**418**	**100.0%**
West	African-American	93	29.8%
	Asian/Pacific Islander	12	3.8%
	Caucasian	60	19.2%
	Hispanic	127	40.7%
	Native American	4	1.3%
	Other Non White	1	0.3%
	Unknown	15	4.8%
	Total for West	**312**	**100.0%**
	Grand Total	**1,088**	**N/A**

CCC Medi-Cal Eligible Children

Region	Ethnicity	# of MC children	% of Region Total
Central	African American	1,040	4.1%
	Asian/Pacific Islander	3,771	14.9%
	Caucasian	5,840	23.1%
	Hispanic	9,029	35.7%
	Native American	69	0.3%
	Other Non White	4,764	18.8%
	Unknown	771	3.0%
	Total for Central	**1,040**	**100.0%**
East	African American	9,024	18.1%
	Asian/Pacific Islander	5,030	10.1%
	Caucasian	7,069	14.2%
	Hispanic	20,617	41.4%
	Native American	116	0.2%
	Other Non White	6,382	12.8%
	Unknown	1,503	3.0%
	Total for East	**9,024**	**100.0%**
West	African American	6,099	16.9%
	Asian/Pacific Islander	5,035	14.0%
	Caucasian	1,925	5.3%
	Hispanic	17,456	48.5%
	Native American	50	0.1%
	Other Non White	4,414	12.3%
	Unknown	1,045	2.9%
	Total for West	**6,099**	**100.0%**
	Grand Total	**111,049**	**N/A**

MH Children's Outpatient Clinics - Demographics by Age and Ethnicity

Served vs Medi-Cal eligiblle population in **FY 2016-2017**

Basic demographic indicators for the Medi-Cal eligible population, served by the CCHSD MH vs county wide

Region	# of Svcs in FY16-17	% of Svcs	Total Cost	% of Cost
Central	13,266	39.6%	$3,154,828	35.7%
East	11,955	35.7%	$3,300,070	37.3%
West	8,264	24.7%	$2,389,185	27.0%
Grand Total	**33,485**	**100.0%**	**$8,844,083**	**100.0%**

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MH Children's Outpatient Clinics - Demographics by Age and Ethnicity

Served vs Medi-Cal eligiblle population in **FY 2016-2017**

Basic demographic indicators for the Medi-Cal eligible population, served by the CCHSD MH vs county wide

Children, open at MH Clinics - all cases

Region	# of Clients	% of Total
Central	763	25.0%
East	983	32.2%
West	1,305	42.8%
Grand Total	**3,051**	**100.0%**

CCC Medi-Cal Eligible Children

Region	# of MC children	%
Central	25,284	22.8%
East	49,741	44.8%
West	36,024	32.4%
Grand Total	**111,049**	**100.0%**

MH Children's Outpatient Clinics - Demographics by Age and Ethnicity

Served vs Medi-Cal eligiblle population in **FY 2016-2017**

Basic demographic indicators for the Medi-Cal eligible population, served by the CCHSD MH vs county wide

Children, open at MH Clinics - all cases

Region	Age Group	# of Clients	% of Region Total
Central	Age Group #1: 0-5	51	6.7%
	Age Group #2: 6-12	288	37.7%
	Age Group #3: 13-17	321	42.1%
	Age Group #4: 18-21	103	13.5%
	Total for Central	**763**	**100.0%**
East	Age Group #1: 0-5	70	7.1%
	Age Group #2: 6-12	409	41.6%
	Age Group #3: 13-17	417	42.4%
	Age Group #4: 18-21	87	8.9%
	Total for East	**983**	**100.0%**
West	Age Group #1: 0-5	151	11.6%
	Age Group #2: 6-12	598	45.8%
	Age Group #3: 13-17	438	33.6%
	Age Group #4: 18-21	118	9.0%
	Total for West	**1,305**	**100.0%**
	Grand Total	**3,051**	**N/A**

CCC Medi-Cal Eligible Children

Region	Age Group	# of MC children	% of Region Total
Central	Age Group #1: 0-5	7,124	28.2%
	Age Group #2: 6-12	8,361	33.1%
	Age Group #3: 13-17	5,511	21.8%
	Age Group #4: 18-21	4,288	17.0%
	Total for Central	**7,124**	**100.0%**
East	Age Group #1: 0-5	14,110	28.4%
	Age Group #2: 6-12	16,727	33.6%
	Age Group #3: 13-17	10,812	21.7%
	Age Group #4: 18-21	8,092	16.3%
	Total for East	**14,110**	**100.0%**
West	Age Group #1: 0-5	10,731	29.8%
	Age Group #2: 6-12	12,125	33.7%
	Age Group #3: 13-17	7,502	20.8%
	Age Group #4: 18-21	5,666	15.7%
	Total for West	**10,731**	**100.0%**
	Grand Total	**111,049**	**100.0%**

MH Children's Outpatient Clinics - Demographics by Age and Ethnicity

Served vs Medi-Cal eligiblle population in **FY 2016-2017**

Basic demographic indicators for the Medi-Cal eligible population, served by the CCHSD MH vs county wide

Children, open at MH Clinics - all cases

Region	Ethnicity	# of Clients	% of Region Total
Central	African-American	105	13.8%
	Asian/Pacific Islander	20	2.6%
	Caucasian	304	39.8%
	Hispanic	302	39.6%
	Native American	8	1.0%
	Other Non White	18	2.4%
	Unknown	6	0.8%
	Total for Central	**763**	**100.0%**
East	African-American	240	24.4%
	Asian/Pacific Islander	27	2.7%
	Caucasian	268	27.3%
	Hispanic	391	39.8%
	Native American	8	0.8%
	Other Non White	10	1.0%
	Unknown	39	4.0%
	Total for East	**983**	**100.0%**
West	African-American	372	28.5%
	Asian/Pacific Islander	35	2.7%
	Caucasian	169	13.0%
	Hispanic	666	51.0%
	Native American	10	0.8%
	Other Non White	22	1.7%
	Unknown	31	2.4%
	Total for West	**1,305**	**100.0%**
	Grand Total	**3,051**	**N/A**

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East	11,955	35.7%	$3,300,070	37.3%
West	8,264	24.7%	$2,389,185	27.0%
Grand Total	**33,485**	**100.0%**	**$8,844,083**	**100.0%**

A REPORT BY
THE 2016-2017 CONTRA COSTA COUNTY GRAND JURY
725 Court Street
Martinez, California 94553

Report 1703

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

APPROVED BY THE GRAND JURY:

Date: 5/11/17

JIM MELLANDER
GRAND JURY FOREPERSON

ACCEPTED FOR FILING:

Date: May 19, 2017

JOHN T. LAETTNER
JUDGE OF THE SUPERIOR COURT

Contact: Jim Mellander
Foreperson
925-608-2621

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

	Antioch	Concord	West County	TOTAL
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

	Antioch	Concord	West County	TOTAL
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

	East County	Central	West County	TOTAL
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

	Findings	Recommendations
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 and a hard (paper) copy should be sent to:

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