

Mental Health Services for Children

The Mendocino County Department of Mental Health Services (Mental Health) is the agency in the County that is funded to provide mental health services for children. The Children's Services unit of Mental Health has grown over 400% in staff during the past three years and the current focus is expanding the base of Medi-Cal payments, rather than identifying and providing critically needed assessment, planning, and treatment services to children. This rapid growth has occurred without a comprehensive written plan for the agency. The following quotes from the Children's System of Care (CSOC) and a local student demonstrate the gulf between the administration and the client.

Budget Year Position Requests

The State Senate is currently quite supportive of Early Periodic Screening Diagnosis and Treatment Medi-Cal. This is a unique form of Medi-Cal that allows for 100% reimbursement for services to youth under 21 who have Medi-Cal. The probability is high that within the next year or two, this entitlement will be "Capped" and Counties will be "frozen" for years to come at the baseline they achieved before the capitation. The Children's Unit is looking at the year to come as one last dramatic expansion in services designed to capture this funding source for years to come so that the children of Mendocino County are assured of the treatment they need. (CSOC 2001-2002, April 20, 2001.)

WHAT IS GOING ON PEOPLE!

One day I went to school and I told my teacher that I have been harassed by my mom's boyfriend and the teacher told me to go see my counselor and at break I went to see my counselor and I told her and I said "I think I will kill him. Someone told me to do it." So she got on the telephone and called Mental Health. They told her that she "need to wait until tomorrow to bring me in." That same night my mother's boyfriend made fun of me and about 10 minutes later I heard a mad voice. The voice told me to kill my mom and her boyfriend tonight when they're asleep. The next day I went straight to my counselor and told her what happened last night and she told me that she will try to call Mental Health and have them see me A.S.A.P. So she called and was told to bring me down at 12:30 p.m. and it was 8:20 a.m. When we got there we had to wait 15 minutes and then some man came out and took me in and talked with me. About 30 minutes later we went back to school and I heard a voice telling me to kill my teacher, but I did not listen. A CPS worker came to school and talked to me and took me to respite. Three days passed and I had a doctor appointment [at Mental Health] and my counselor went with me and my counselor told the doctor about what was going on and the doctor said he needs to be put on a 5150 [involuntary 72 hour hold for danger to self or others], so I had to stay after school until they find me a bed, and someone called and said there are no beds and they will keep on trying during the

weekend (that time it was Friday) so my counselor called my grandma. So I got to stay with her. On Monday my counselor tried to see if there are some beds and the people at Mental Health said the doctor can't put me on a 5150, so my counselor took me to Mental Health to see a person and the person asked me the same thing as the doctor asked me, and my grandma was there and that made me feel sad to talk about these things. After my grandma took me back to her house. Tuesday came (today) and I have a meeting. At this meeting they will put me in a place where I am going to stay for good. (Written by a local high school student. Printed with student and parent permission .)

Critical needs of children are not met, and it is not because of lack of funding. Mental Health Children's Services is poorly managed and lacks a process for immediate interventions when children experience acute emotional or behavior problems unless they are at risk of out-of-home placement. Then the system shifts to try to keep the children at home.

Method of Investigation

The Grand Jury interviewed Mental Health administration and staff; Mental Health clients, parents, and attorneys; public school administrators and staff; Protection and Advocacy staff members. The Grand Jury visited Mental Health facilities and school day treatment programs. The Grand Jury attended a Policy Council on Children and Youth meeting for a presentation of Mental Health services. The Grand Jury reviewed the following: applicable State laws, Mental Health Policies and Procedures, the Mental Health 2000-2001 Compendium of Services (Compendium), CSOC (Children's System of Care) 2001/2002 Budget Year Position Requests, the Day Treatment Behavior Plan, Children and Families First minutes and Mental Health correspondence. Upon issuance of a subpoena and parent permission, the Grand Jury reviewed school Individual Education Plans (IEPs) with names deleted for students requiring Mental Health services.

Background Information

Since receiving the System of Care Grant 1997 to provide interagency interventions for children placed or at risk of placement out-of-home, the Children's Mental Health staff has grown from 8.5 Full-time Equivalent Clinicians in 1997 to 50 Full-time Equivalent Clinicians, Clinical Services Associates, and Human Service Workers in 2001.

The Compendium Children's Services section indicates the following programs: Systems of Care, Day Treatment Programs, School-based Services, and Juvenile Hall Services. Juvenile Hall services are reviewed in another Grand Jury Final Report, Juvenile Hall Update.

Service Delivery

Background Information

Welfare and Institutions Code §5600.5 states: “The minimum array of services for children and youth meeting the target population criteria established in subdivision (a) of Section 5600.3 should include the following modes of service in every geographical area, to the extent resources are available:

- a) Precrisis and crisis services.
- b) Assessment.
- c) Medication education and management.
- d) Case management.
- e) Twenty-four-hour treatment services.
- f) Rehabilitation and support services designed to alleviate symptoms and foster development of age appropriate cognitive, emotional, and behavioral skills necessary for maturation.”

Findings

1. Mental Health does not provide the “minimum array of services” specified above.

Response (Mental Health): Agree. Even though the Department has been aggressive in expanding services to outlying areas, it will never achieve the “minimum array of services” in all geographic locations of the County.

Response (Board of Supervisors): The Board agrees in part with this finding. The law refers to providing the “minimum array of services” to the extent resources are available. The Mental Health Department has done a commendable job of expanding services to the outlying communities by making the best use of financial resources and inter-agency partnerships.

a. Precrisis and crisis services are inadequate.

1) Parents and school counselors reported that children did not receive needed services when they were in crisis.

Response (Mental Health): Disagree in part. There may be isolated instances of children not receiving crisis services, but many children do receive timely intervention.

Response (Board of Supervisors): The Grand Jury did not provide enough information to agree or disagree with this finding.

- 2) Mental Health Clinic Services Associate crisis workers screen children in crisis. The Clinic Services Associate position has no requirement for licensure or training in children's services.**

Response (Mental Health): Agree.

Response (Board of Supervisors): The Board agrees with this finding. The Board approved five new positions for Crisis Services, including one designated for a Children's Services specialist.

- b. Even though Mental Health states assessments are being done, thorough assessments of children are not completed before treatment plans are developed.**

Response (Mental Health): Disagree. The standard practice is that three sessions are spent in assessment and by the fourth session the Managed Care Plan requires a treatment plan be in place. Staff is regularly instructed in this procedure.

Response (Board of Supervisors): The Board disagrees with this finding, based on the explanation offered by the Mental health Department.

- c. Clients and parents testified that Mental Health provides no medication education. Mental Health states that this education is provided "in pamphlets handed out and available in the reception area, and through dialogues with psychiatrists and clinicians." Some medication management is provided via telemedicine.**

Response (Mental Health): Disagree. Pamphlets and written materials are provided in the lobby and by staff. Education on the uses and effects of medications are routine parts of sessions with medical staff. Clinical staff appropriately refers such questions to medical practitioners. Excellent medication management with pediatric psychiatrists is provided via telemedicine.

Response (Board of Supervisors): The Board disagrees with this finding. While the Grand Jury may have received such a comment, mental health staff work closely with medical practitioners regarding medication. Further, the Board commends the Department for implementation of its telemedicine program as a creative solution for rural areas without child psychiatrists.

- d. Mental Health provides case management for only the few children served through the System of Care (See System of Care, next page)**

Response (Mental Health): Disagree. Mental Health also provides case management for children with IEPs on school sites who have not necessarily

been reviewed by IACMT. IACMT has reviewed a total of 206 children (unduplicated count) since its beginning in the Fall of 1998. There are currently 130 active CSOC files.

Response (Board of Supervisors): The Board disagrees with this finding. The Board agrees with the Mental Health Department response. The Grand Jury appears to have out-of-date information.

e. There are no twenty-four-hour treatment facilities for children in the County. Mental Health states, “We provide transport to these out of county services.”

Response (Mental Health): Agree; there are no 24-hour facilities in the County to utilize. The Department provides transport to these facilities and pays for children to receive these services.

Response (Board of Supervisors): The Board agrees with the Grand Jury and Mental Health Department.

f. Mental Health provides rehabilitation and support services to a few clients. Mental Health states that these services “are provided by out-patient counseling, day treatment programs, CSOC programs such as the Family Strengths ‘Wraparound’ Program, Therapeutic Behavioral Services, and school based counseling services.”

Response (Mental Health): Disagree. The unduplicated count of children seen as reported by the DMH has increased from 346 in 1998/99 to 383 in 1999/00 and 650 in 2000/01.

The Children’s unit has provided a corresponding increase in the number of direct service and/or case management hours as follows: 1998/99 - 19,007 hrs. 1999/00 - 27,582 hrs and 2000/01 - 38,270 hrs.

Response (Board of Supervisors): The Board disagrees with this finding. It is unclear what the Grand Jury means by “a few clients.” As is evident by the Mental health Department’s response, the number of children served has been increasing steadily since the inception of CSOC.

2. Mental Health does not have a staff child psychiatrist, even though the Compendium states that psychiatric services are provided.

The County has no child psychiatrist present for diagnostic services for children.

Response (Mental Health): Agree. There is a statewide shortage of Child Psychiatrists.

Response (Board of Supervisors): The Board agrees with the Grand Jury and Mental Health Department.

a. Child psychiatrists in Riverside, California prescribe medications for children in Mendocino County through telemedicine hookups, without in-person contact.

Response (Mental Health): Agree. This program is seen as “cutting edge” elsewhere in the state, and is being widely replicated. Families and children have reported high levels of satisfaction with this program. (One study has shown a higher percentage of patients prefer telepsychiatry to meeting with an in-person psychiatrist.) It is accepted practice, and fully recognized as such by Medi-Cal and other third-party payors.

Response (Board of Supervisors): The Board agrees with this finding. The Board commends the Department for implementation of its telemedicine program as a creative solution for rural areas without child psychiatrists.

Mental Health does not employ a child psychiatrist to provide therapeutic services, including family interventions or behavior plans.

Response (Mental Health): Agree. Even if Mendocino County did employ Child Psychiatrist, medical doctors would not typically provide these services

Response (Board of Supervisors): The Board agrees with the Grand Jury and Mental Health Department response.

b. Current and former Mental Health staff testified that there is a need for the services of an in-person child psychiatrist.

Response (Mental Health): Department is unaware of staff responses to Grand Jury's inquiry. The Department has a Telepsychiatry program which provides a televised link to pediatric psychiatrists in Southern California.

Response (Board of Supervisors): The Board does not have enough information to either agree or disagree with this finding.

c. A local pediatrician told the Children and Families First Commission that stress symptoms in young children can be identified, but personally felt there were not resources to refer them to. The pediatrician stated that resources need to be in place before children can be diagnosed and referred.

Response (Mental Health): Disagree. Mental Health assessment and diagnosis falls into the scope of practice of licensed clinicians. There are over twenty clinicians who work full time in the County system that can provide assistance.

There are also many competent private providers who treat mental illness in children. There is no reason why a child should not be diagnosed and treated in Mendocino County

Response (Board of Supervisors): The Board disagrees with this finding. The Board agrees with the response presented by the Mental Health Department.

d. Mental Health staff suggested that the services of a Mental Health staff psychiatrist for children could be available to the Superior Court, Department of Probation, and the Department of Social Services.

Response (Mental Health): Agree in part. All the children of Mendocino County should receive treatment. As per (d) above Mental Health does not have a pediatric psychiatrist and has been unable to successfully recruit for all psychiatric positions available.

Response (Board of Supervisors): The Board agrees in part, as explained by the Mental Health Department response.

3. Mental Health does not provide services for pre-school children who are experiencing psychosocial problems.

Response (Mental Health): Disagree in part. Mental Health screens every referral that comes in. The fact is not many preschool children are referred.

Mendocino would benefit from proactive screening for preschoolers. Staff experience shows that there is a huge reluctance to identify very young children with mental health problems.

Children's Services Staff serve on interagency preschool collaborative teams and provide consultation and strategies to partner agencies.

Response (Board of Supervisors): The Board disagrees in part with this finding. The Board agrees with the response presented by the Mental Health Department and encourages staff to continue working with interagency collaborative teams regarding preschool age children.

4. Even though Mental Health states that the Patients' Rights Advocate represents all clients of its department, all parents and most staff, including parent advocates, interviewed stated that they were unaware of the existence of a Patients' Rights Advocate for children.

Response (Mental Health): Agree in part. The Patients' Rights Advocate has focused most of her attention on the Adult System of Care. The Children's services staff has discussed specific children's issues with the Patient Rights Advocate, but there have not been many instances of this.

Parent Advocates are on CSOC staff and assist with advocating for appropriate services to children. They have responded to virtually every request from parents/providers and/or partner agencies. PAN representatives have functioned as surrogates on behalf of schools for local Group homes, have attended court with families, have met with families referred from AODP regarding CPS issues (in Ft. Bragg) have traveled with parents to out of county IEP's, have traveled with families in the process of interviewing residential group homes for their children. Department policy has been to respond to every request and to offer Parent Advocate availability to every family the CSOC comes in contact with.

Response (Board of Supervisors): The Board agrees in part and has a solid record supporting the establishment of Parent Advocate positions within the Children's System of Care.

5. Mental Health has no system for evaluating the outcomes of services provided.

Response (Mental Health): Disagree. Every family who remains in the system and has either a year of service or a planned discharge receives an assessment tool called a Client Satisfaction Questionnaire developed by the University of California in San Francisco.

The PACE program has been evaluated by the State for recidivism and school progress and has shown progress in both areas.

Every family who enters the system is evaluated by five standardized instruments adopted by the State; YSR, CBCL, CAFAS, CSQ8 and CLEP.

Response (Board of Supervisors): The Board disagrees with this finding. The Board agrees with the response presented by the Mental Health Department.

System of Care (SOC)

Background Information

The State Department of Mental Health made funds available for promoting interagency coordination of services for severely emotionally disabled children at risk of out-of-home placement with the intent of providing services in the community, reducing costs of placements, and keeping children in their own communities whenever possible.

In 1997, Mental Health applied for and received 3-year State grant of \$750,000 to implement the System of Care. Mental Health, the Department of Social Services, the Department of Probation, Alcohol and Other Drugs Prevention, and the

Mendocino County Office of Education collaborated to provide individual case management for severely emotionally disabled children at risk of out-of-home placement in facilities that offer extensive supports.

Mental Health states that the County will now receive from the State an on going \$313,000 annually to continue System of Care.

The SOC Director is a Department of Social Services employee who works under the director of the Mental Health, Children's Services Program Manager.

Out-of-home placements in group home settings by the Department of Social Services, Probation, and Mental Health were as follows:

- ❑ In 1996-97, 52 children,
- ❑ In April, 2001, 79 children.

The Compendium, p. 16 states:

“Mission/goal(s) of program: Treatment of children deemed severely emotionally disabled [SED] and their families; reduce need for hospitalization or placement out-of-home in the SED population.

Description of program/activity: Evaluation/Referral/Treatment

- Short-term outpatient family therapy
- Coordination of services with other System of Care partners.
- Case management for student in residential treatment or other placement.
- Referral Criteria:

Families, school personnel, probation officers, police, social workers and individuals who contact the department all make referrals. All request for services are handled by the CSOC process.”

Findings

- 6. Mental Health has focused on System of Care as the primary provider of services to children. Responses to questions posed to Mental Health about services for all children are answered in System of Care jargon and signed by the System of Care Director. Mental Health staff responsibilities are blurred.**

Response (Mental Health): Disagree. There are three “intake teams” in the County; Ukiah, Willits and Fort Bragg. These teams meet weekly or more often if necessary to triage and assign new referrals. This process is a combined effort of both Children's Mental Health and System of Care. This is a common practice through out the State. If responsibilities appear blurred, it is because there is so much teamwork occurring it is not necessary to remind each other of roles. Each staff person has a specific written job description as outlined in the children's procedure manual. In a collaborative effort it often appears that responsibilities are blurred. They are in fact shared.

Response (Board of Supervisors): The Board disagrees with this finding. The Board agrees with the response presented by the Mental Health Department.

7. System of Care provides services to a small percentage of the reported number of children receiving services.

Response (Mental Health): Agree. Children's Mental Health does serve more children than the CSOC. The CSOC is multi-agency effort to reach out to families with children with most severe disturbances. The Mental Health Department has dramatically expanded services to all children both in scope and in numbers. The children in CSOC represent a small proportion of reported services.

Response (Board of Supervisors): The Board agrees in part with this finding. The Board agrees with the response presented by the Mental Health Department, pointing out that CSOC deals with the most severely emotionally disabled youth.

a. Mental Health staff report that approximately 300 children are receiving services from its department.

Response (Mental Health): Disagree. This past year the department has served more than 650 children. The complete year's data was not available at the time of the interviews with the Grand Jury.

Response (Board of Supervisors): The Board disagrees with this finding. The Board agrees with the response presented by the Mental Health Department.

b. System of Care is intended for a limited number of children who are at risk of out-of-home placement in facilities for children with severe psychosocial problems, not the broader population of children who may be in need of Mental Health services

Response (Mental Health): Agree. The goal is to focus on the most severely disturbed children and then reinvest savings into earlier interventions.

Response (Board of Supervisors): The Board agrees with this finding. The Board agrees with the response presented by the Mental Health Department.

c. Through the System of Care, 10 children, as of April 17, 2001, receive wraparound services, such as respite care, shopping, and housecleaning, which provide support to families so that the children can remain at home. Two full-time Clinicians coordinate support staff of eight, plus a pool of extra help, in order to provide services for the 10 children.

Response (Mental Health): Agree: There are currently 12 families being served through Mendocino’s Family Strengths “Wraparound” Program. In all but one of these families there are other children and/or family members or care givers who have mental health issues who are benefiting from the intense services Wraparound provides. This unique program, funded through State Department of Human Services, allows complete flexibility to meet intensive service needs that have previously been met in a high level residential home or would currently require placement in a high level residential home at an average monthly cost of \$12,000-\$15,000. per child. There are two Family Strengths “Wraparound” teams, each consisting of 1 facilitator/clinician, 3 case managers, 1 human service worker and support for Parent Advocates. Each team (one in Willits and one in Ukiah) can serve 7-8 families depending upon the complexity and breadth of needs of those families. The staffing to provide a team for the coastal area has recently been approved by the Board of Supervisors.

Response (Board of Supervisors): The Board agrees with this finding. The Board agrees with the response presented by the Mental Health Department.

8. Parents reported a need for wraparound services on the Coast where services are planned, but have not been provided. The staff position of parent advocate for the Coast has been vacant for the past year.

Response (Mental Health): Agree. A team is planned for the Coast in the coming year. Funds are available to hire a person who is qualified for the position.

There has been an ongoing effort to find a parent on the coast to fill the Parent Advocate position. However, in the interim, a PAN representative has been assigned and travels to the coast, out-of-county etc. to meet these needs.

Response (Board of Supervisors): The Board agrees in part with this finding. The Board agrees with the response presented by the Mental Health Department, and notes that staff for a coastal Family Strengths team was recently approved.

9. Parents of children returning from out-of-home placement testified that Mental Health was negligent in providing services specified in an IEP, and did not make provisions for the child’s return to the community or assist adequately in finding another placement. Witnesses testified that because Deputy County Counsel was not available, Mental Health staff refused to attend a required emergency meeting attended by all other agencies involved in planning for immediate client services.

Response (Mental Health): The needs of every child returning from out of home placement are reviewed by the IACMT in order to arrange for a variety of

support services including wrap-around, Therapeutic Behavioral Services (TBS), outpatient treatment and/or school support. In most cases, if a new placement is required, the IACMT works with Mental Health Department case managers to locate an appropriate placement as quickly as possible. Regarding IEP meetings, Department staff has never knowingly missed a required meeting. Mental Health clinicians are only required to attend IEPs when placement is being discussed. Other IEPs, in which academic goals are being determined, are not the purview of Mental Health staff, and they likely would not attend. If lawyers are present representing parents or the School District, the Department prefers to also have legal counsel on hand. Staff is not in the position to make commitments such as financial agreements or timing of placements, for example, on behalf of the County, so having an attorney present can actually promote resolution of issues in these meetings.

Response (Board of Supervisors): The Grand Jury did not provide sufficient information for the Board to either agree or disagree with this finding. The Board agrees with the response presented by the Mental Health Department.

10. System of Care promotes the idea that with appropriate support and intervention, all children remain at home.

Response (Mental Health): Agree.

Response (Board of Supervisors): The Board agrees with this finding.

- a. Out-of-home placement is not always detrimental. Former group home residents testified that placement in an out-of-county treatment program had been beneficial.**

Response (Mental Health): Agree.

Response (Board of Supervisors): The Board agrees with this finding.

- b. Some children with severe behavior management problems need specialized school programs that are not currently provided in the County.**

Response (Mental Health): Agree.

Response (Board of Supervisors): The Board agrees with this finding.

School Services and Day Treatment Programs

Background Information

Mental Health operates Day-Treatment Programs and offers counseling services at school sites. Mental Health Clinicians provide mental health evaluations for IEPs

when a team of school personnel and parents determine that a child's mental health is interfering with education.

School-based Mental Health Services: the Compendium, p. 18 states,

“The mission/goal of program “To provide services to those students in outlying areas who qualify for mental health services.”

Description of program/activity: Provides counseling with individuals and families at settings donated by school districts.

Must meet Mental Health requirements of DSM IV [Diagnostic and Statistical Manual of Mental Disorders IV] diagnosis along with severity, duration and impairment in functioning as indicators of medical necessity.”

Day Treatment Programs: the Compendium, p. 17, states,

“Mission/goal of program: A psychiatric treatment program allied with special education instruction, to provide habilitative treatment to children in the least restrictive setting who are at risk for placement out-of- home and/or school failure.

Description of program/activity: All children are assessed and determined to be Severely Emotionally Disabled. An Individual Education Plan is developed. Program combines special education, psychiatric treatment and intensive family therapy.

Referral criteria: These students must be identified as qualifying for special education services, as well as qualifying for mental health services.”

Findings

11. Mental Health staff states that the best way to provide services to children is through the schools. However, no clear list exists for school services available in the County.

Response (Mental Health): Disagree. Several lists were provided.

Response (Board of Supervisors): The Board disagrees with this finding. The Board agrees with the response presented by the Department of Mental Health.

12. There are contradictions between the Compendium and the information received in interviews with school personnel and Mental Health staff. The Compendium states that clients “Must meet Mental Health requirements of DSM IV diagnosis.” Most of the reviewed IEPs for children receiving services lacked a DSM IV diagnosis.

Response (Mental Health): Disagree. Every child who has an IEP that is served by the Mental Health Department has a DSM IV diagnosis. The diagnosis is not

kept in the school file but rather in the confidential Mental Health Chart. These charts were not reviewed by the Grand Jury.

Response (Board of Supervisors): The Board disagrees with this finding. The Board agrees with the response presented by the Department of Mental Health.

13. Mental Health has not provided school districts with consistent written information regarding services available through Mental Health. The Compendium is not specific in listing services provided or how a district can obtain those services.

Response (Mental Health): Disagree. A letter was sent out to every District in 1999 explaining the services of the Mental Health Department. Each year since then a Mental Health Clinician has made a presentation to the local SELPA Policy Council which includes the Special Education Directors from each district explaining in detail the services of the Department.

Response (Board of Supervisors): The Board disagrees with this finding. The Board agrees with the response presented by the Department of Mental Health.

14. Mental Health reported: “Services to the schools are provided through contracts with local districts. The opportunity to purchase those services was made known to the SELPA (Special Education Local Plan Area) and through the Superintendent’s Council, as well as informal contacts by us to Principals and Special Education Directors.”

Response (Mental Health): Agree.

Response (Board of Supervisors): The Board agrees with this finding.

15. Mental Health provided three contracts with school districts to the Grand Jury. Contracts do not specify the programs to be provided or the evaluation of their outcomes.

Response (Mental Health): Agree in part. Contracts do not describe services. Attachments to the contracts spell out all services. Attachments do not speak about outcomes.

Response (Board of Supervisors): The Board agrees in part with this finding. While the Board agrees with the response presented by the Department of Mental Health, it is unfortunate that the Grand Jury did not review the “Scope of Work” which is customarily included as an attachment to County contracts. The Board is also concerned about outcomes and will ask the Department for clarification on how the school-based contracts are evaluated.

16. Some high school counselors testified that they were unaware other districts were receiving Mental Health Clinician services at high school sites.

Response (Mental Health): The Mental Health Department does not know what was said to the Grand Jury.

Response (Board of Supervisors): The Board was not given sufficient information by the Grand Jury to either agree or disagree with this finding.

17. Mental Health services are not provided in an equitable manner to the 12 school districts throughout the County. Some district superintendents informed the Grand Jury that even though Clinicians were in their areas and the students in their schools experienced the need for services they have never had a Clinician available to them for mental health services in the schools.

Response (Mental Health): Disagree. Superintendents always have the right to refer a child to the Mental Health Clinic for services. The family of the child must fill out a sliding scale financial assessment. If the District wants the Mental Health Department on their school site, they must assist with one half of the costs associated with the delivery of services. When a District has a contract with Mental Health, the Department does not discriminate against children who do not have resources and everyone who has mental illness is served at no cost to the family of the child. If a District does not have a contract with Mental Health, a child who is eligible will receive AB3632 services regardless.

Response (Board of Supervisors): The provision of services to children is a collaborative effort between the schools, the Mental Health Department, and other agencies. The County has always been supportive of requests from school districts to implement collaborative programs to the extent resources are available.

18. Contracts are not monetarily equitable throughout the County. Some districts pay Mental Health for services, Mental Health reimburses some districts for staff and facilities, while other districts provide space and receive service. Services are billed to Medi-Cal whenever possible.

Response (Mental Health): Disagree in part. Contracts are entirely equitable. Every District pays exactly the same. If there is a Day treatment program on site, the Mental Health Department may purchase the services of a para-professional to assist in the staffing pattern required by the State of California. All districts that have purchased clinical services are required to provide space for those services to occur. Every year the Department receives a greater number of requests for school site services.

Response (Board of Supervisors): The Board disagrees with this finding. The Board agrees with the response prepared by the Mental Health Department. As previously stated, the provision of services to children is a collaborative effort between the schools, the Mental Health Department, and other agencies. The County has always been supportive of requests from school districts to implement collaborative programs which meet the needs of that particular district.

19. School districts receive Mental Health services in convoluted ways as follows:

Response (Mental Health): Disagree. Services are tailored to meet the needs of each school site. There is confusion between the Department contracting with the districts to provide services to students at the district's request and the provision of mental health services to individual students at the school sites. The Department does not contract for day treatment programs. Day treatment programs are provided on school sites whenever the school agrees to provide the educational components. Because there is no exchange of funds, the Department enters into MOU's, not contracts, for Day treatment services. Contracts are made between schools and Mental Health to provide counseling services, including attendance at care-team meetings, holding socialization groups, and consulting with teachers of students served by the Mental Health Department at the school's request.

The Department does not provide services to districts. It provides services to students.

Response (Board of Supervisors): The Board disagrees with this finding. The Board agrees with the response prepared by the Mental Health Department. As previously stated, the provision of services to children is a collaborative effort between the schools, the Mental Health Department, and other agencies. The County has always been supportive of requests from school districts to implement collaborative programs which meet the needs of that particular district.

a) Willits Unified School District (Willits) pays Mental Health \$47,000 per year and has the most comprehensive Mental Health support. Willits contracts with Mental Health for Day Treatment Programs and Clinician counseling services for elementary through high school.

Response (Mental Health): Disagree in part. The Department has a contract for \$47,000 to provide counseling services on behalf of Willits Unified for elementary through high school students. The Department is also expanding the PACE program to Willits this year, which will provide a 10 seat Day Treatment program for students on probation. Family Strengths wrap around services to

provide services to students returning from out of home placements are also being expanded, as well as TBS services to students to prevent placement and avoid hospitalizations.

Response (Board of Supervisors): The Board disagrees in part with this finding. The Board agrees with the response presented by the Department of Mental Health.

b) Mendocino Unified School District contracts with Mental Health for the operation of a Day Treatment Program, but no other services.

Response (Mental Health): Disagree. Mental Health runs a Day Treatment program on a school site with the collaboration of the District. There is also a \$12,000 contract for Mental Health to provide counseling services 2 days per week. The Department just received Board of Supervisors authorization to implement TBS on the Coast, which will be an additional service for MUSD students who qualify under Medi-Cal regulations.

Response (Board of Supervisors): The Board disagrees with this finding. The Board agrees with the response presented by the Department of Mental Health.

c) Under contract, Mendocino County Office of Education (MCOE) and Mental Health participate in operating the Probation Alternative in a Community Environment (PACE) Day Treatment Program. Mental Health pays MCOE approximately \$40,000 per year. The only other reported Mental Health service for MCOE is to provide a representative on the Early Start Team that meets twice a month.

Response (Mental Health): Disagree. MCOE and Mental Health are also full partners in the Children's System of Care.

Response (Board of Supervisors): The Board disagrees in part with this finding. The Board agrees with the response presented by the Mental Health Department.

d) The Ukiah Unified School District (Ukiah) and Mental Health have had a draft unsigned contract for over a year. The terms of the contract require Mental Health to pay Ukiah approximately \$30,000. District officials and Mental Health employees for the Inland Valley Day Treatment Program have signed a memo of understanding, but the memo has not been approved by the Board of Supervisors or County Counsel.

Mental Health provides 1.5 Full-time equivalent Clinicians at Oak Manor School for a Day-Treatment program that can have a maximum of ten

students, and three days of counseling services at two Ukiah elementary schools. (Ukiah also hires its own district staff to provide counseling services.)

Response (Mental Health): Agree. At the time the Grand Jury requested information the contract was not signed. The MOU is now signed by all necessary parties.

Response (Board of Supervisors): The Board agrees in part with this finding. The Board agrees with the response presented by the Mental Health Department.

e) Fort Bragg Unified School District receives services of two Clinicians who have assigned times at all Fort Bragg schools and other times dependent on client's needs.

Response (Mental Health): Disagree. There never has been a contract with Ft Bragg schools. Mental Health Children's Services provides services on the school campus on an as-needed basis.

Response (Board of Supervisors): The Board disagrees in part with this finding. The Board agrees with the response presented by the Mental Health Department. However, it also notes that new positions recently approved by the Board will enhance Children's Services on the coast.

f) Laytonville Unified School District receives services on Mondays from one Clinician. The CSOC 2001-2002 Budget Year Position Requests states that Mental Health entered a contract during the past year with Laytonville Elementary to provide school-based services; however, Mental Health did not provide the Grand Jury with a contract,

Response (Mental Health): Agree. Services were provided to students in Laytonville. A contract is now signed and in place. Relationships between schools and Mental Health historically have not been driven by written contracts but rather by good will. Mental Health is increasingly being asked to enter into contracts as the value of school-based services is demonstrated.

Response (Board of Supervisors): The Board agrees with this finding. The Board agrees with the response presented by the Mental Health Department.

g) Anderson Valley Unified School District receives Clinician services one morning per week.

Response (Mental Health): Agree. There never has been a contract with Anderson Valley School District. Mental Health has provided services to

children attending school in the district one morning a week, but only to those IEP children for whom Mental Health is legally obligated.

Response (Board of Supervisors): The Board agrees with this finding. The Board agrees with the response presented by the Mental Health Department.

h) Round Valley Unified School District received no services, but Mental Health reports the district is now requesting services.

Response (Mental Health): Agree. The plan is to begin to provide services in Fall 2001.

Response (Board of Supervisors): The Board agrees with this finding. The Board agrees with the response presented by the Mental Health Department. The Board recently approved the new positions to provide this service.

i) Arena Elementary, Point Arena High School, Leggett, Manchester, and Potter Valley School Districts receive no services.

Response (Mental Health): Disagree in part. Services are delivered to students in Pt. Arena Elementary and Manchester, both on the school sites and in a satellite clinic in downtown Pt. Arena. Students in Leggett receive services from clinicians located in Willits. Potter Valley School District students receive services from clinicians based in Ukiah.

Response (Board of Supervisors): The Board disagrees in part with this finding. The Board agrees with the response presented by the Mental Health Department.

j) Cornerstone School, a privately owned non-public school for children who have not been able to succeed in a public school setting, is scheduled to have a Mental Health operated day treatment program although no contract exists stating what the private school will pay for Mental Health services. The past school year, the school has had one Mental Health Clinician Monday morning for counseling and another Clinician Monday afternoon for group therapy.

Response (Mental Health): Agree. Cornerstone School is a private non-profit entity that provides educational opportunities for students who would otherwise have to seek an out- of-county setting for their education and treatment. The Board of Supervisors has just authorized Mental Health to begin to provide Day Treatment at this site, as well as wraparound and TBS to these students, when necessary. No contract will exist because no money will be exchanged between these two agencies. An MOU will be created to operate the

intended Day Treatment program in 2001/2002. The Department's legal mandate is to provide services to eligible students wherever they attend school.

Response (Board of Supervisors): The Board agrees with this finding. The Board agrees with the response presented by the Mental Health Department.

k) North Haven School, a privately owned non-public school at the Trinity residential facility in Ukiah, receives no Mental Health services.

Response (Mental Health): Agree. No services have been requested.

Response (Board of Supervisors): The Board agrees with this finding. The Board agrees with the response presented by the Mental Health Department.

20. In violation of the Education Code, positive interventions for behaviors that interfere with learning are not being used consistently. When Mental Health provides services to children with IEPs, Mental Health becomes subject to the regulations of the Education Code. When Mental Health workers participate in the development of a Behavior Plan, they must recommend positive interventions for behaviors that interfere with learning. [Ed. Code 56523 (b)(1)].

Response (Mental Health): Agree in part. This law indicates that "behavior intervention plans" must be developed by behavior specialists in compliance with special education law prior to suspension or expulsion. These behavior intervention plans are the responsibility of education. Mental Health is not subject to the Education Code regarding "behavior intervention plans." Mental Health is available for consultation to the behavior specialist upon request.

Response (Board of Supervisors): The Board disagrees in part with this finding. The Board agrees with the response presented by the Mental Health Department.

21. The Grand Jury visited a Day Treatment Program operated by Ukiah Unified School District and Mental Health and found that a child was being isolated, without visual or personal supervision in violation of California Code of Regulations, Title V 3052 (l)(7) p. A-41. That Day Treatment Program had a schedule of general behavior interventions posted on the wall and the final consequence on the list was isolation in a closed room. State law requires individual interventions for individual students. Classroom rules would be appropriate for posting, but general punishments are not.

Response (Mental Health): Disagree. The Ukiah Unified School site that was visited does contain a quiet room that is included in the classroom, and is part of the teacher's office. This room is under constant observation by staff. It contains

a large window that views the outdoors. This quiet room has no lock on the door and has a window in the door so staff can observe the child in question. The design of the room meets educational code. The licensed psychologist that consults with the program assisted in training the staff about the appropriate use of the room. This is a room that contains a beanbag chair where children often go voluntarily when they need to relax and regroup. Children can go there when they are experiencing side effects to medication or if they were unable to sleep the night before and want to rest. Children often see this as a resource. If a child has a “timeout” in the room it is under strict provisions: 1) it is part of a behavior plan produced by a licensed psychologist; 2) logged for staff review 3) time limited and 4) under staff observation.

The child in question was in the room voluntarily, and thus did not need to be supervised intensely, as he could come out of the room whenever he chose. The room has been very useful and has allowed children to stay in school who might otherwise have to go home. Many positive incentives currently exist in this program.

Response (Board of Supervisors): The Board disagrees with this finding. The Board agrees with the response presented by the Mental Health Department.

22. A review of IEPs of children in the Day Treatment Program found that none of the IEPs reviewed contained Behavior Intervention Plans (which would identify positive individual interventions) as required by law.

Response (Mental Health): Disagree. Behavior plans are generally not part of an IEP. They may or may not be attached to an IEP. Many children in this program not only have behavior plans for school, but also for home. These plans may be revised based on how the child responds, and always identify positive and strength-based interventions.

Response (Board of Supervisors): The Board disagrees with this finding. The Board agrees with the response presented by the Mental Health Department.

23. Mental Health Day Treatment Programs have no method of tracking children when they move from elementary school to middle school or when they return to regular classrooms to measure the success of the program provided.

Response (Mental Health): Disagree. The Day Treatment programs contain an aftercare component that includes outpatient services for a minimum of 6 months after the student leaves the program. Frequently, outpatient services continue for longer than 6 months, as the criteria for closure is successful transition into an appropriate educational and community setting. This option is available to all former Day Treatment students regardless of what new school they enter.

Response (Board of Supervisors): The Board disagrees with this finding. The Board agrees with the response presented by the Mental Health Department.

24. Supervision and management of school programs is sporadic. School districts do not supervise the Mental Health workers who are on the school sites. Clinicians report their work hours with time sheets to direct supervisors who in turn certify the hours and turn the time sheets in to the payroll department. Until March 2001, the Mental Health did not have a written list of locations of Clinicians and their work sites. Mental Health provided the Grand Jury a list of Clinician information that sometimes conflicts with information provided by the school districts.

Response (Mental Health): Disagree in part. When Mental Health staff is out-stationed on school sites, they are provided clinical supervision for their entire caseload. There are four clinical supervisors. Each Day Treatment program has a clinical supervisor assigned to address administrative and clinical issues. In addition to time sheets, clinicians turn in daily records that indicate all of their work activities for each day.

Response (Board of Supervisors): The Board disagrees in part with this finding. The Board agrees with the response presented by the Mental Health Department.

Recommendations

A. Mental Health focus on the needs of all children, rather than those that can generate Medi-Cal dollars to increase funding. (Findings 1-24)

Response (Mental Health): Already implemented. Title XXII, section 5600.2 states “public mental health services in this state should be provided to priority target populations.” This is further defined as including “children and youth with serious emotional disturbances.” No financial limitations are imposed families under these mandates.

Subsequent case law found that children with Medi-Cal were typically underserved in California’s mental health system, and as a result, restorative settlements have been ordered by the courts. For this reason, children in California with Medi-Cal have special entitlements for services, which are currently fully reimbursed by the State. Mendocino County has been aggressive in seeking these resources for children in this county. It is important to note that Medi-Cal dollars are generated only in response to billing for specific services delivered. There is no “new money” without “new services.”

The Department also welcomes children into its many school-based services without regard for income, and at no cost to the families of these children.

Children and families without Medi-Cal may be served by the county on a sliding-scale basis, depending on therapeutic need.

Response (Board of Supervisors): The Board agrees with the Mental health Department that this recommendation has already been implemented. Further, the Board commends the Department and its collaborative partners for making the best use of local dollars to serve the most children.

B. Mental Health provide the services as specified in Welfare and Institutions §5600.5. (Finding 1)

Response (Mental Health): Implemented to the degree resources are available. W&I Section 5600.5 refers to the minimum array of services that should be delivered to the target population “in every geographical area to the extent resources are available.” Mendocino County Mental Health Children’s Services has made remarkable progress in getting assessment and case management services to outlying areas. The addition of telepsychiatry services to Ft. Bragg and Willits in the past year has greatly expanded access to pediatric psychiatry in these areas. However, access to crisis and 24-hour services will continue to center on Ukiah, and to a lesser degree, the Coast. Thus the full “minimum array” of services will likely never be achieved throughout “every geographical area.”

Response (Board of Supervisors): The Board believes that this recommendation is also being implemented. The Board recently approved 18 new positions to complete the final step of implementation for CSOC, including expansion of services on the coast, as well as in Willits, Round Valley, and Laytonville.

C. For the first contact with the family, Mental Health assign their most competent licensed children’s Clinician to assess the urgency of the situation.

Response (Mental Health): The Department agrees with this recommendation. To be implemented this fiscal year (budget item approved by the Board of Supervisors 7/24/01).

Response (Board of Supervisors): Already implemented. The Board approved 5 new clinicians for the Crisis Division, with one being designated as a Children’s Services specialist.

D. Mental Health staff provide medication information or a staff person to discuss with each client medications and interactions. (Finding 1c)

Response (Mental Health): Implemented. This is the responsibility of medical staff, which is the only Mental Health staff capable of providing this service within their scope of practice. If the Grand Jury is suggesting that clinical staff also perform this function, it will not be implemented, as these duties fall outside the scope of practice as defined by their education and licensure.

Response (Board of Supervisors): The Board agrees with the response of the Mental Health Department.

E. Mental Health research the possibility of coordinating with other County agencies to hire a staff psychiatrist for children who would assess children, create treatment plans, and evaluate therapeutic interventions, as well as monitor medications. (Finding 2)

Response (Mental Health): Will not be implemented because it is unfeasible. As indicated earlier, pediatric psychiatrists are among the most rare of practicing physicians, and the chances of attracting a qualified practitioner to Mendocino County are extremely remote.

Response (Board of Supervisors): The Board agrees with the response presented by the Mental Health Department. Ideally, our community would have a full array of specialists for all medical needs. However, this is not likely to happen in rural areas. Therefore, the Board commends the Mental health Department for its implementation of telepsychiatry as a creative model for our community.

F. Mental Health provide programs for identification and services for pre-school children who are experiencing psychosocial problems. (Finding 3)

Response (Mental Health): Agree – The Mental Health Department is working with an inter-agency collaborative to bring these services to children ages 0-5 within the next year. (Proposition 10 is seen as a potential source of funding such a program.)

Response (Board of Supervisors): The Board agrees with this recommendation. As previously mentioned, the Board supports the efforts of Mental Health staff to participate in collaborative teams serving children under 5.

G. Mental Health hire a children’s Patient Right’s Advocate with special training in child development, behavior, and family systems. (Finding 4)

Response (Mental Health): The Department disagrees with this recommendation. The Department already has a full time Patients’ Rights Advocate and three other parent partners. Mendocino County is regarded by

the State Department of Mental Health as a model County in this regard. A review of the duties of the PRA under Title XXII, section 5500 et seq. gives no instance where specialized training in child development, behavior and/or family systems would be useful.

Response (Board of Supervisors): The Board agrees with the response presented by the Mental Health Department and agrees that the Parent Advocates, along with the Patients' Rights Advocate, can represent the interests of consumers.

H. Mental Health develop a means of evaluating their service delivery outcomes. (Findings 5, 23)

Response (Mental Health): Already implemented. As indicated in the "findings" section, the State Department of Mental Health has standardized requirements of the Mental Health Department to report client outcomes. These requirements are extensive and complex, involving the use of 5 standardized instruments.

Response (Board of Supervisors): The Board agrees with the response presented by the Mental Health Department. If the Department wishes to implement additional means of self-evaluation, the Board is willing to hear their suggestions.

I. Mental Health develop a continuum of services that provides early intervention to address the mental health needs of all children experiencing psychosocial problems and prevent the later need for out-of-home placement. (Findings 6-10)

Response (Mental Health): To be implemented. The Mental Health Department and Children's System of Care were given the mission of addressing the needs of children with the most severe problems in high level (level 12 or above) placement. This effort has been successful, and in the past year the CSOC has begun to target all children in level 10 placements and children at risk of placement. In addition, this year's budget included funding for the MHD to do assessments for all children being seen by the Department of Social Services. The Department will continue to move in this direction, depending on availability of resources (human as well as monetary.)

Response (Board of Supervisors): The Board agrees with the response presented by the Mental Health Department.

J. Children’s Mental Health develop and distribute to all school districts a specific written notice of services available to school districts and the procedures for obtaining those services. (Findings 11-19)

Response (Mental Health): Already implemented. The SELPA already has a system in place, and the Mental Health Department provides information annually to SELPAS, which is then distributed by SELPA to all jurisdictions.

Response (Board of Supervisors): The Board agrees with the response presented by the Mental Health Department. It is recommended that the Grand Jury obtain information from the SELPAs to ascertain how this information is distributed.

K. Mental Health develop guidelines that are in accordance with the Education Code for positive behavioral interventions. (Findings 20-22)

Response (Mental Health): Implemented. The Department worked with a consulting psychologist to assure that the guidelines already developed by education are suitable in a Mental Health context. The Department has been assured that their protocols meet all standards for both psychological and educational practices.

Response (Board of Supervisors): The Board agrees with the response presented by the Mental Health Department.

L. Children’s Mental Health revise the Compendium of Services to be a readable, easily understood document that accurately provides a detailed list of services available. (Findings 1-24)

Response (Mental Health): To be implemented in the next fiscal year. The compendium is updated annually.

Response (Board of Supervisors): The Board agrees with the response presented by the Mental Health Department.

M. The Board of Supervisors contract to conduct a program management audit of Children’s Services. (Findings 1-24)

Response (Board of Supervisors): The Board disagrees with this recommendation at this time. The Grand Jury has not presented a compelling argument for a management audit. The Mental Health Department and County Administrative Office recently completed a major review of Mental Health Services, and 18 new positions were approved by the Board to enhance Children’s Services. These new programs should be

given a chance to mature before any conclusions are drawn regarding the effectiveness of Children's Services.

Response Required

Mendocino County Board of Supervisors

Response Requested

Mendocino County Department of Mental Health

