MENTAL HEALTH CARE FOR ADOLESCENTS

Summary

The Grand Jury conducted a preliminary investigation into the disparity between the mental health services provided in Sonoma County for adolescents and those provided for adults, as well as the availability of facilities that provide crisis care (inpatient observation and stabilization) for adolescents.

The Jury found fewer services available for adolescents than for adults. It is difficult and time-consuming for a family to acquire and coordinate mental health treatment for a child. The most serious problem is the lack of inpatient facilities for adolescents in crisis, i.e. those in need of immediate observational stabilization.

Problems are evident in both the public and private mental health care sectors. While shortcomings may be easily identified, their resolution will require the enlightened collaboration of county, state, federal, and private health service sectors.

Reason For Investigation

The Grand Jury initiated this investigation in response to a complaint about inequities in mental health service available to minors in Sonoma County. A major concern was the lack of a facility within Sonoma County where adolescents in crisis can be immediately hospitalized. The complaint was received late in the term of this Grand Jury, thus leaving little time for a thorough inquiry. This Jury recommends that the 2002-2003 Grand Jury conduct a more definitive analysis of mental health services for minors.

Background

The Mental Health Division of the Sonoma County Department of Health Services is chartered to provide mental health services to those covered by Medi-Cal insurance and to wards of the court (e.g., foster children and Juvenile Hall residents). Patients covered by private health care plans are not eligible for county mental health support except for emergency situations when Psychiatric Emergency Services may provide temporary shelter.

Support for adolescents and their families is provided by Youth and Family Services and, in emergency situations, by Psychiatric Emergency Services. The Mental Health Division, under contract with the Sutter Medical Center, operates a 30-bed inpatient facility for mentally ill adults. There is no facility, either public or private, for children and adolescents in Sonoma and adjoining counties. For adolescents in need of immediate inpatient stabilization, Psychiatric Emergency Services secures admission and coordinates transportation to a crisis facility in San Francisco, Vallejo, or Sacramento. When a bed is not available at any of those facilities, the

person is kept and monitored in the County Psychiatric Emergency Services, Norton Center facility.

Over the past 20 years, advances in therapy (both medication and counseling techniques) have reduced the number and length of mental health-related hospitalizations.

Investigative Procedures

The Grand Jury:

- 1. Interviewed the following persons:
 - Director, Sonoma County of Department Health Services
 - Division Director, Sonoma County Mental Health Services
 - Section Manager, Sonoma County Mental Health Services
 - Manager, Sonoma County Youth and Family Services
 - Director, New Directions Adolescent Services
 - Division Chief of Child and Family Youth Services, Kaiser Permanente Santa Rosa
 - Complainants.
- 2. Reviewed the following documents:
 - Various Press Democrat articles
 - Assembly Bill 88, 1999 Session
 - California Health and Safety Code, Section 1374.72
 - California Insurance Code, Section 10140 10145.

Findings

- F1. Since July 1, 2000, California Insurance Code mandates parity between mental health and medical condition insurance coverage.
- F2. Mental health services available for adolescents in Sonoma County are not as comprehensive as those for adults.
- F3. Hospitals in Marin, Mendocino, Napa, and Sonoma counties do not provide inpatient treatment for adolescents in crisis. Sonoma County adolescents who require crisis care (inpatient observation and stabilization) must be transported to a hospital outside of the county. The closest facilities are in San Francisco, Vallejo, and Sacramento.
- F4. Two nearby hospitals that provided crisis care (North Coast/CPC in Sonoma County, Ross in Marin County) have discontinued adolescent care within the last 10 years.
- F5. When beds are not immediately available in San Francisco, Vallejo, or Sacramento, adolescents are temporarily housed in the Psychiatric Emergency Services (Norton Center) facility.

- F6. The Psychiatric Emergency Services facility is not appropriate for housing and/or treatment of adolescents in crisis because they cannot be separated from adult clients. The available isolation rooms are dark and dingy, and there are no beds.
- F7. There are approximately 1300 licensed Mental Health therapists in Sonoma County, the second highest per capita concentration in the state after Marin County. Many are reluctant to accept adolescent patients.
- F8. The number of Sonoma County adolescents who require hospitalization for mental health reasons is not sufficient to support a facility for this county alone. Significantly fewer adolescents require crisis care than adults. Also, over the past 20 years advances in therapy and medication have reduced the number and length of mental health-related hospitalizations.
- F9. The Sonoma County Mental Health Services inpatient facility is not currently licensed or staffed to treat adolescents.
- F10. In times of crisis, it is frequently difficult, frustrating, expensive, and very time consuming for families to find competent and comprehensive mental health care for their children.

Conclusions

In Sonoma County, mental health care for adults is more comprehensive and accessible than it is for minors.

This disparity in mental health care for minors is caused, in part, by the large difference between the number of adult and minor patients. Due to the small number of Sonoma County adolescents who require mental health hospitalization, it is not financially feasible for a hospital to provide such service.

Families with children in need of mental health therapy frequently require help in finding and coordinating care. County Mental Health Services provides this assistance for Medi-Cal recipients, but private insurers may not.

Recommendations

- R1. Sonoma County Department of Health Services should explore with public and private counterparts in neighboring counties the operation of a shared facility that would provide inpatient care for adolescents.
- R2. Sonoma County Mental Health Services should provide an ombudsman to guide residents in the acquisition and coordination of mental health services.
- R3. The Psychiatric Emergency Services facility should be modified to provide a clean, pleasant area where minors can be housed while awaiting transportation to a psychiatric hospital.

R4. Anyone who finds disparities between medical and mental health insurance coverage should report them to the California Insurance Commissioner, Department of Managed Health Care, and the Department of Corporations.

California Department of Insurance Consumer Communication Bureau 300 Spring Street, South Tower Los Angeles, CA 90013 Department of Managed Health Care 980 North Street, Suite 500 Sacramento, CA 95814-2725

California Department of Corporations 1515 K Street, Suite 200 Sacramento, CA 95814-2677

R5. The 2002-2003 Grand Jury should continue the analysis of mental health care for minors.

Required Responses to Findings

None

Required Responses to Recommendations

County Board of Supervisors: R1 through R3 Director, Department of Health Services: R1

Division Director, Mental Health Services: R1 through R3