

ADOLESCENT CRISES

Summary

The 2002-2003 Sonoma County Civil Grand Jury reviewed the services of two county agencies that serve minors with mental health problems; the Department of Mental Health and the Sonoma County Office of Education. The Grand Jury found that there are many programs that serve a limited population of Sonoma County children. The lack of funding from the State of California has weakened these programs and will seriously compromise them in the future.

Families whose children do not qualify for these programs must bill their own insurance companies for the services of private therapists, psychologists or psychiatrists or else bear the costs of these professionals themselves. These services in the private sector are not within the scope of this investigation.

Reason for Investigation

The 2001-2002 Grand Jury received a complaint from the parent of a child who committed suicide. The investigation of the complaint was initiated too late in that Jury's term to be completed. This year's Grand Jury interviewed the original complainant and continued the investigation.

Background

Last year's Jury found that there was no in-patient hospital facility in this county or adjacent counties for minor children in acute mental crisis although there are facilities available for adults. They reported that it is difficult for parents to find help for children suffering symptoms of mental distress. This year's Jury focused their investigation on the two county agencies, the Department of Mental Health and the Sonoma County Office of Education which offer services to young people diagnosed as being emotionally disturbed. These services begin with the assessment of symptoms and lead to remedial plans. Such plans might include a modified education program, therapy, medication, or a regime of intensive behavior modification.

Investigative Procedures

The Grand Jury:

- I. Interviewed the following persons:
 - Complainant
 - Three mothers of children with histories of mental illness
 - Child with history of clinical depression, now recovered
 - Psychologist, Sonoma County Office of Education
 - Child Psychiatrist
 - Two staff from Social Advocates for Youth
 - A family Therapist
 - A member of the Juvenile Justice Commission
 - The Director of the Department of Mental Health

- The Director of Youth and Family Services, Department of Mental Health.
2. Reviewed the following documents:
- Various documents from a private ad-hoc group, the Adolescent Suicide Prevention Task Force
 - The Directory of Sonoma County Human Service and Nonprofit Organizations
 - Various community resource brochures from Social Advocates for Youth
 - Healthy Families Handbook, State of California
 - California Insurance Code, Sections 12693-12699,
 - Mental Health Financial Plan, submitted to Sonoma County Board of Supervisors, February 25, 2003
 - Letter from the Juvenile Justice Committee
 - Draft of the report of the Juvenile Justice Commission
 - Document describing the Special Education Local Plan Area
 - Lists of Teen Help/Hot Lines
 - A Guide for Students with Depression, www.save.org/student.html
 - California Mental Health Parity Law, www.dmh.ca.gov/library/faq/mental/
 - Report to the State Department of Mental Health on Mental Health for Special Education Pupils, www.just-solutions.net/mental health services
 - Various newspaper articles.
3. Toured the Department of Mental Health facilities.

Findings

F1. The Department of Mental Health provides services for the following populations of young people up to the age of 22:

- Children in public schools who are in special education programs and need mental health assistance to be able to continue their education.
- Children in the Medi-Cal or Healthy Families insurance programs who are dependents of the county.
- Children in the juvenile justice system.
- Children from the school special education programs who are classified as severely emotionally disturbed (SED) with a mental impairment and who need very concentrated services.
- Any child in an acute emotional crisis who requires immediate emergency assessment and possible hospitalization.

F2. The Department of Mental Health provides the following services for minors;

- In the more restrictive special education programs of the public schools, staff from the Department of Mental Health help evaluate the child's needs and are part of the team planning the child's Individual Education Program (IEP). The goal of the IEP is to allow the child to continue his/her education.

- Under the mandates of AB 3632 referral, a severely disturbed child is eligible for therapy, counseling, and medication if needed. He/she attends school in a separate dedicated classroom with a staff of trained educators, psychologists, and therapists in attendance. This is an expensive program whose cost is shared by the Department of Mental Health and the Sonoma County Office of Education.
- The Department of Mental Health has a grant to treat 30 severely emotionally disturbed children in a very intensive behavior modification program. These children have been assessed as being able to benefit from the program. The staff works with the children in a school setting and with the children's families. The results from this program are dramatic; these children seldom mature into adults with mental illness, and the improvement in their mental health generally happens very quickly. The State of California is cutting funding for this program.
- The Department of Mental Health provides counseling and medication, if needed, for the young people in the juvenile justice system. This program is not funded by the Department of Mental Health but is paid for by the Sonoma County Juvenile Probation Department.
- Children who are residents of the Valley of the Moon Children's home, in foster care or living in group homes, are dependents of the county and are entitled to the services of the Mental Health Department.
- All children in acute crisis can be seen at Norton Psychiatric Emergency Services. If they are assessed as needing hospitalization, the department will try to find a bed in a designated hospital outside of the county. Even though the patient may have private insurance, the Department of Mental Health must guarantee payment to the hospital if the patient's insurance fails to honor the claim.

F3. The Department of Mental Health is financially dependent on the State of California. It receives 90% of its funds from the state and only 1% from the county. The annual budget for Youth Services is about \$12.5 million. By the end of this fiscal year (July 2003) about \$3.6 million of that budget is projected to be in arrears. The major loss from the State is the funding suspension for the mandated services (AB3632) for children in special education programs and the lack of reimbursement of 70% for Medi-Cal billing.

Since July 1, 2002, health plans and insurers have been required to provide parity in benefits for mental health disorders on the same basis as physical health disorders. However, since this parity was legislated, the percentage of claims paid by private insurers has decreased by 43%. Last year only 4.4% of the \$ 2.3 million billed to commercial insurance by the Department of Mental Health was recovered.

F4. If the funding were adequate, the Department of Mental Health would provide services for every child in the county who needs help. Their wish list includes a hospital for those acutely ill with emotional problems, a program of early intervention and a mobile service unit which could respond very quickly to children in crisis.

F5. The losses in both current and future funding mean that every child who is mandated to be served will continue to be seen, but the services will be diminished.

F6. The Juvenile Justice Commission reports that the mental health treatment of young people transferring from county detention to a group home is often inadequate at a time of great instability for the child.

F7. The Department of Mental Health treats about 2400 children a year, of which 470 are labeled as severely emotionally disturbed and receive the most concentrated services

In 2002 they saw 300 acutely ill children at the emergency clinic of whom 160 required hospitalization.

F8. There are many children who do not receive mental health treatment. These include children who do not qualify for any of the services offered by the Department of Mental Health. There are older adolescents who are at risk for suicide or depression whose symptoms may be difficult to recognize. Many families simply do not know where to turn when their children need help.

Conclusions

Certain defined populations of children receive the benefits of the therapeutic programs of the Department of Mental Health. Special education students with moderate problems get help that allows them to continue their education. Some of the more severely affected students are treated in concentrated programs that can thwart the onset of mental illness.

Outside the school system, county dependents or juveniles in detention receive some therapy. All young people can be seen as emergency patients.

The early intervention in treatment of severely disturbed children often reduces the development of mental illness. Early treatment is economically sound as well as socially responsible. Children who are not treated sufficiently are more apt to become adults with a long term mental illness than children who do get adequate treatment. Adults with mental illness often add to the problems of homelessness and poverty at a great social and financial cost to the public.

There is a large population of young people not covered by these programs. They must find diagnosis and treatment from private therapists or psychiatrists. Yet many of these families have no information about what programs might be available for their child or where to find treatment in the private sector. Often when they need this information, there is a crisis with the child and intervention is needed immediately.

The lack of funding for youth services in the Department of Mental Health will damage the programs now in effect and may render the department ineffectual in the near future. Without a more solid fiscal base, plans such as an in-patient hospitalization facility, mobile teams to treat youth in crisis, or early intervention programs will never become a reality.

Commendation

The Grand Jury commends the Department of Mental Health and the public school system of Sonoma County for their working partnership treating children identified as severely disturbed. Such a partnership is not common throughout the state.

Recommendations

R1. The Department of Mental Health should oversee the production and distribution of a comprehensive informational brochure for those families in the private sector who do not know where to get help for their disturbed or mentally ill teens or children. A list of resources should include these items;

- Professional therapists
- Family support groups such as the National Alliance for the Mentally Ill
- Patient support groups through Interlink
- Peer counseling groups such as the one for pre-suicidal teens called "Reach Out to Someone"
- Non-profit agencies such as Social Advocates for Youth, which offer information and telephone numbers for the many teen "Help Hot-Lines"

R2 .Sonoma County should subsidize the printing and distribution costs of this informational brochure.

R3. Since the Department of Mental Health is already short-staffed, it is recommended that the department explore the possibility of having a student at the college or graduate level undertake the project as an intern or as a thesis subject or seek community volunteers.

Required Responses to Findings

Department of Mental Health: F5 and F6

Required Responses to Recommendations

Department of Mental Health: R1 and R3

Board of Supervisors: R2