



**JOHN J. RYAN, DIRECTOR**

## COUNTY OF RIVERSIDE

### DEPARTMENT OF MENTAL HEALTH

**TO: The Little Hoover Commission**

**FROM: Donna M. Dahl, LCSW  
Program Manager  
Riverside County Department of Mental Health**

**DATE: October 26, 2000**

**RE: Testimony at Public Hearing on Children's Mental Health**

Thank you for the opportunity to address the issues of Children's Mental Health in the State from a county perspective.

**Services Available**

Services to children and youth in Riverside and in most parts of the state include a range of services focused on improving the lives of children and their families. These services include any combination of individual, group, family and medication treatment and specialized services such as day treatment, residential care, and hospitalization. Specialized support services are available in some counties including things such as respite care, mentorship, parenting skills groups, transportation and parent support activities. These support services however are generally not Medi-Cal billable and thus must have other funding available which generally makes them less available. Some counties have more services than others because of funding available especially in cross agency funding arrangements and also because there are barriers to services in some counties. For example counties with large geographic areas like Riverside have special difficulty in providing the range of services needed that are accessible to populations in all areas of the county.

**Access to Services**

Children are usually referred to county programs from agencies such as the schools, Social Services, and Probation plus of course some pediatricians and other private agency staff. Parents also often come into the clinics based on their concerns about their child's behavior.

Since the mid 1980's the Mental Health departments have had a legal mandate to provide services to children and youth at no cost to parents when referred through the schools as a part of the Individualized Education Plan, which is a plan, developed for children in Special Education. A written interagency agreement outlines the timelines and process for referral. This has increased the number of minors served who have mental health problems effecting their ability to learn. This mandate, although there is some funding available, has put pressure on the services available in counties since the referrals do ebb and flow and clinics may be impacted at some times more than others. This then in turn makes services to other populations, at times, less available. However this mandate did result in a significant increase in the number of minors receiving services and brought focused attention to the mental health needs of minors in Special Education.

At the same time System of Care funding began to be available in the late 80's for counties through a competitive process to develop a system of services that focused on identifying and serving youth at highest risk of placement into group homes and hospitals. This approach requires partnerships between the major public agencies and also focused on a strong partnerships with parents around services to their children. Cultural competence, individualized services, community based services and strong evaluation systems were also required components of the System of Care implementation. Most counties now have some level of system of care funding to serve youth in the Social Services and Probation populations who are at highest risk and highest cost, to provide community based services whenever possible.

Other funding streams such as Medi-Cal and others (Family Preservation, Challenge grants etc) have created opportunities for expansion of mental health services to groups of youth especially through partnerships with private and public agencies. Most new initiatives now require some level of interagency planning and services, and mental health services are often identified as very much needed services. These funding streams and initiatives have provided some level of additional funding to serve minors who meet certain target population criteria. Generally though groups of youth are left out of these new initiatives. One example is minors in the Probation system who live at home and have levels of mental health problems needing attention but the family is not eligible for Medi-Cal or and does not have insurance. The new Healthy Families insurance would cover some of these youth if the family signed up for it. However even with the insurance there is no incentive for the health provider to identify the mental health problem and refer for the service that the plan must provide. So many youth in public agencies, in schools and also in the general community still go without the services that they need.

Riverside County Mental Health provided direct treatment services to about 10,000 minors last year. They were referred from schools, public agencies and the community. However there are still minors who must wait for services and those who must be referred to community agencies for services at least in those places where agencies are available. Generally the public mental health system still must focus most of its resources on the most disturbed minors in the community and attempt to find community resources for the others. This has changed some in the past few years as other funding has become available but is still an issue in most counties. There are also special populations such as the very young child and transition age children (age 16-21) who have needs for specialized services often not available.

### **Quality of Care**

Quality of care within public mental health departments is ensured through regular supervision within clinics of clinicians and through a centralized quality review process that all mental health departments provide across their clinics. In addition all counties have a process of collecting satisfaction surveys from parents and youth as a part of a State requirement for outcome measurement.

### **Strength and Weaknesses of the System**

The greatest strengths of the system currently are the large number of efforts to use local partnerships to develop services, provide better cross agency planning plus the emphasis on family involvement at all levels of service provision and planning. Focus on accountability and development of measures to demonstrate outcomes is also a strength of the system. There is a strong commitment in counties to provide services but they face many challenges.

Weaknesses in the system come from a variety of categorical funding streams that must be pursued to try and provide services and still many in need are left out. The complexities of providing services to populations that often have a variety of need such as those also needing drug abuse services, the developmentally delayed, transition age youth, Probation youth, youth in crisis or homeless are special challenges. Primary prevention and anti stigma efforts get very little funding. There generally is no routine screening system in the public systems to identify youth in need of mental health services since there is no funding for all minors who would be identified. School systems seldom have social workers or psychologists who provide counseling within the school around emotional problems and thus referrals usually come to the public system, which is already limited in its ability to respond to increased needs across all populations. There is a lack of funding for basic family supports like respite care.

There is also a lack of funding for a locked community setting for those minors who lack the impulse control to handle open settings without running away and those who are very aggressive. The current system provides patients rights protections not allowing for minors to be placed in Community Treatment Facilities against their will, which results in minors languishing instead in locked juvenile justice settings, which have limited treatment.

There is a lack of human resources to staff mental health efforts especially in the social work and child psychiatry areas. Staff with bilingual skills are extremely difficult to find and therapists with specialties such as in early childhood treatment and dual diagnosis treatment are also limited. Rural counties of course have unique problems in finding staff willing to work in more remote areas. There are many vacancies in most agencies on a routine basis because of a lack of providers even when funding is available. Social Work Schools and psychiatry programs are not sufficiently able to provide the human resources needed for public services programs.

Additionally at the state level there is a lack of coordination across public systems to identify and reduce the categorical funding barriers and to provide a coordinated planned approach to delivery of services. There is no common philosophy or agreed upon approach to expectations of collaboration as new initiatives develop.

### **Recommendations for System Improvement**

Based on the above issues then several recommendations could be made to improve services to children and youth with mental health problems and provide better support to families struggling to care for children with moderate to severe mental health problems.

1. Provide adequate funding for children and youth to receive the mental health services they need and especially to those already a public responsibility such as those in the probation system. A routine process of screening could then be implemented so that those in need could be identified rather than those most acting out or those with stronger advocates or those with available categorical funding streams being most often identified for referral.
2. Address the need to fund basic supports for families that includes respite care and transportation when needed so families can continue to keep their child at home. Without these supports the child may end up in placement because the family is emotionally and financially drained and frustrated thus impacting their continued ability to parent a very difficult child.

3. Provide public education around mental health problems and the need to identify the problems before serious problems develop. Special information for providers such as pediatricians or child care providers and teachers needs to be available and distributed.
4. Ensure school funding is available to provide school social workers that can identify and assist youth with emotional and adjustment problems which do not require the specialty mental health services provided through the public system. This early intervention would provide a much needed service for youth to reduce later problems and improve school functioning.
5. Provide a focused look at the human resource shortage in the state and make efforts to ensure that training programs exist to provide the number and types of staff needed in the mental health field.
6. Coordinate all state efforts for children as a requirement to reduce the categorical nature of services and initiatives and the barriers that it creates.
7. Address the need for a locked community treatment facility with funding and a due process system that allows for putting minors in secure settings while assuring regular review of the need for this level of containment.
8. Address the Mental Health utilization in the Healthy Families program to ensure that needs are being identified and met.

Edited 10/31/00