

CHILDREN AND YOUTH IN CRISIS

Weathering the Storms of Mental Disorders and Emotional Disturbances

SUMMARY

The 2018-19 Santa Barbara County Civil Grand Jury (Jury) received requests to investigate behavioral wellness resources for children and youth in Santa Barbara County (County), particularly for those experiencing a mental health crisis. These crises present themselves as extreme emotional difficulties, self-harm and suicidal behaviors which demand immediate attention. The Jury investigated various agencies and interviewed professional personnel who provide mental health services in the County, including school and community-based organizations. These school and community-based groups are commended for their efforts in attempting to educate the public to recognize and prevent mental disorders and emotional disturbances.

The Santa Barbara County Department of Behavioral Wellness (DBW) and its contracted agencies are mandated providers for children's crisis services including crisis intervention, stabilization and resolution. However, aftercare and ongoing treatment will only be provided for children who are Medi-Cal eligible. The Jury found that, though the DBW has dedicated professional staff, additional resources for children's services are needed, including the improved delivery of crisis responses, advanced training for contract services providers and the development of local crisis respite shelters. These would enhance the continuum of care in this County for children who are experiencing mental disorders and emotional disturbances.

Addressing these deficiencies in County crisis services will provide desperately needed care to the youngest among us and also provide some relief and assurance to those distraught parents and caregivers who also face these challenges with them.

BACKGROUND

The 2018-2019 Santa Barbara County Civil Grand Jury responded to requests for investigation into mental health services for children and youth, with a special focus on those in crisis. For the purpose of this report, children and youth are those under the age of 18. A mental health disorder or illness is a disturbance that affects a person's thinking, emotions and behaviors, impacts daily functioning and learning, and ranges from mild to moderate to severe. The terms mental health and behavioral wellness are often used interchangeably, although behavioral wellness is the currently preferred term as it implies positive outcomes, resiliency and hope for recovery. Crises are defined as extreme emotional difficulties, dangerous thoughts, and behaviors demanding immediate attention.

Mental health disorders in children and youth have increased over the last few years, as evidenced by recent research:

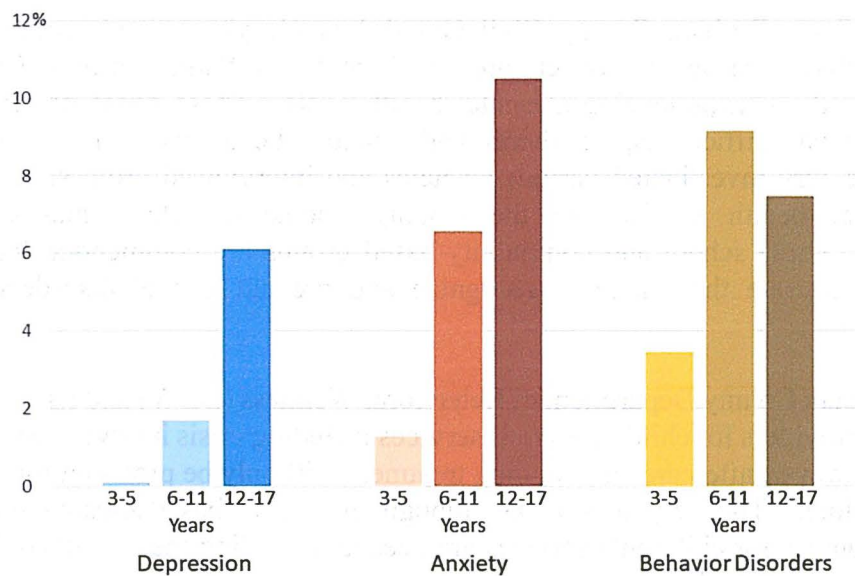
More U.S. adolescents and young adults in the late 2010s, versus the mid-2000s,

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experienced serious psychological distress, major depression or suicidal thoughts, and more attempted suicide.¹

The latest data gathered by the Centers for Disease Control and Prevention show that, among children ages two through eight, one in six has a mental, behavioral or developmental disorder.² The most common mental disorders are shown in the chart below.

Depression, Anxiety, Behavior Disorders, by Age



Source: www.cdc.gov/childrensmentalhealth

Research studies also indicate that 80 percent of chronic mental disorders begin in childhood, with 50 percent of these illnesses beginning by age 14.³ The problems faced by children and youth experiencing mental disorders are multifaceted. They may:

- perform poorly in school
- suffer from low self-esteem
- be at greater risk for displaying future behavioral problems
- not attain normal developmental markers
- not cope well with the stressors of life
- engage in poor decision-making
- be socially bullied, shamed or stigmatized

The trend toward negative psychological symptoms among children and youth has been attributed to an increase in social media use. However, social media is not the sole or main cause of psychological distress. According to medical practitioners interviewed, genetics, physical health issues, history of abuse, unstable home life and environmental stressors can be causative factors. The most problematic issue for educators, parents, caregivers and mental health workers is suicidality.

¹ Twenge, Jean, et al, "Age, Period, and Cohort Trends in Mood Disorder and Suicide-Related Outcomes in a Nationally Representative Dataset, 2005-2017," *Journal of Abnormal Psychology*, published online March 14, 2019

² www.cdc.gov/childrensmentalhealth/data.html, last visited May 13, 2019

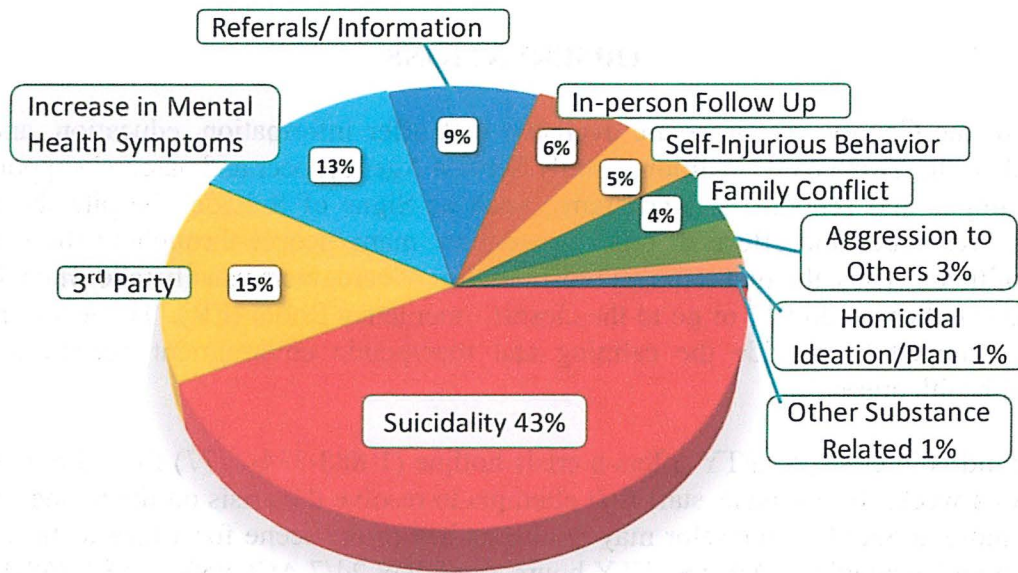
³ The ChildMind Institute, Inc., *2016 Children's Mental Health Report*

The California Mental Health Services Act became effective on January 1, 2005. It imposes a one percent tax on personal income over one million dollars, which has resulted in increased funding of billions of dollars⁴ for mental health programs in California. Every three years, the California County Departments of Mental Health, in consultation with their stakeholders, must each develop a three-year Mental Health Service Plan (MHSP). These plans outline goals to deliver coordinated, comprehensive and culturally competent mental health services to their communities. One important goal of the current Santa Barbara County MHSP is to provide “timely access to needed help, including in times of crisis.”⁵

The Santa Barbara County Department of Behavioral Wellness (DBW) offers a range of services for children and youth with serious emotional disturbances, and treatment for those experiencing substance abuse disorders. DBW is also in charge of coordinating and contracting for crisis mental health services in the County, such as telephone and mobile response. For children’s services, it contracts with the Safe Alternatives for Treating Youth (SAFTY) program, which operates under the auspices of Casa Pacifica in Ventura County. Focusing on crisis resolution, SAFTY personnel are committed to providing “the least restrictive means, while also providing the best options to keep the youth safe.”⁶ SAFTY will also provide aftercare referrals and will follow-up with children and youth who have been acutely hospitalized.

SAFTY maintains statistics on the reasons for calls to its crisis line.

Reasons for Calls to SAFTY July 2018-February 2019



⁴ www.dhcs.ca.gov Annual MHSA Revenue and Expenditure Reports, last visited May 23, 2019

⁵ www.countyofsb.org, Santa Barbara County Department of Behavioral Wellness, 2018-19 Budget, p. 7

⁶ SAFTY informational brochure

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SAFTY and DBW's ACCESS 24/7, Mobile Crisis team deliver crisis response services to anyone, regardless of ability to pay, whether they are uninsured, have private insurance or are insured through Medi-Cal.

A local psychiatrist stressed the importance of outpatient treatment on an ongoing basis after a crisis. In order to receive aftercare services at DBW's clinics or in their special programs, children and youth must be eligible for, and become beneficiaries of, Medi-Cal. Despite the importance of receiving outpatient treatment on a timely basis, parents or caregivers, who have private insurance, experience great difficulty locating appropriate and available care providers, most of whom have long waiting lists.

METHODOLOGY

The Jury conducted extensive interviews with various Santa Barbara County stakeholders in children's behavioral wellness, including several senior staff members of the Department of Behavioral Wellness and Casa Pacifica, law enforcement personnel, school-based and community-based leadership, a pediatrician, a psychiatrist and parents of children and youth who have undergone mental health crises. A variety of publications from school-based and community-based organizations were reviewed.

The Jury reviewed the budgets, mission statements and program descriptions for DBW and SAFTY, researched California state laws and regulations and studied behavioral wellness delivery systems in other California counties. The Jury made on-site visits to DBW's 24/7 Access and Mobile Crisis Team, and Casa Pacifica's Santa Barbara SAFTY office.

OBSERVATIONS

Throughout the County, resources are available that offer information, education, and coping skills, such as the YouthWell Coalition, Family Service Agency, peer and parents' support groups, and off-campus and school-based programs, such as Signs of Suicide. Despite the available community resources and efforts at crisis prevention, many people throughout the County are unaware of them. Thus, the first step that most families or caregivers usually take when their child is in crisis is either to call 911 or go to the closest Emergency Room (ER). However, many ERs "are not equipped to provide the calming and therapeutic environment needed to manage behavioral health crises."⁷

When a child is in crisis, SAFTY offers a crisis hotline (1-888-334-2777) from 8 a.m. to 8 p.m. seven days a week. In response, staff first attempts to resolve the crisis on the phone. If a crisis demands more, a SAFTY counselor may be dispatched to the scene for a face-to-face, in-depth assessment and evaluation. After SAFTY hours, the DBW 24/7 ACCESS (1-888-868-1649) line staff takes over.

⁷ www.archive.mhsoac.ca.gov. Overview of Crisis Stabilization Services: California, February 26, 2015, last visited April 15, 2019.

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In late 2018, a Co-Response Team⁸ consisting of a DBW crisis worker and a county deputy sheriff who has received Crisis Intervention Training became available to respond and resolve crises in the southern part of the County. The Jury learned that mental health workers value the safety of this approach. Although this program may be in jeopardy of being eliminated, program funding discussions are ongoing. During interviews with professionals, they stated that the Co-Response team can often reduce the time required to contain the crisis. Recently, the Jury was told that the Co-Response team approach may be expanded to include the City of Santa Barbara Police Department.

Once the DBW response system is activated and the child in crisis is assessed and evaluated, there are several options for action. One is that the crisis is contained in the least restrictive way and the child safely remains at home or may be sheltered in another secure setting. The most restrictive option is for the crisis evaluator to write a California Welfare and Institutions Code §5585.50 hold that allows for an involuntary detainment of a minor in a psychiatric facility for up to 72 hours. The legal criteria for a 5585 hold are danger to self, danger to others, or gravely disabled. Under this code, a gravely disabled minor is “unable to use the elements of life that are essential to health, safety, and development, including food, clothing, and shelter, even though provided to the minor by others.”⁹

If a 5585 hold is instituted, the child must be transported by ambulance to an ER to be medically cleared before being accepted into an appropriate inpatient facility. At the ER, the attending psychiatrist, if certified to do so, may rescind the hold. However, if the 5585 hold is instituted, a psychiatric bed must be located. All children’s psychiatric hospitals are located out of County. If beds are available, children are transferred to Aurora Vista del Mar Hospital in Ventura. However, if not available, some children are transported as far away as San Francisco and San Diego. There is competition among California counties for these psychiatric beds. The Jury was unable to learn how many children have been sent to inpatient psychiatric facilities in recent years because it was told DBW does not have a computerized data record in place to track all 5585 holds and subsequent hospitalizations out of County, including the length of stay.

The Jury interviewed parents of children who had been psychiatrically hospitalized out of County. The stressors for children, parents and caregivers included the long distance from home and the difficulty communicating with both the child in the hospital and medical professionals attending to the child. The uncertainties of discharge planning added to the stress. Some of these stressors might have been alleviated if crisis respite shelters had been available locally.

In the past, delays occurred when certified crisis workers were called to the ER to evaluate the child and determine if a 5585 hold was required. Recently, a new program has been implemented to mitigate some of these ER delays. Licensed psychiatrists at local hospitals are now certified to write or rescind 5585 holds. This new protocol is designed to expedite the process of getting the child to an inpatient psychiatric facility through a written 5585 hold, or to resolve the crisis, rescind the hold and permit the child to return home.

⁸ www.sbsheriff.org, Sheriff’s Roundup, 1st Quarter 2019

⁹ California Welfare and Institutions Code §5585.25

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In 2018, DBW was awarded a grant by the Mental Health Services Oversight and Accountability Commission of \$800,000 to improve mental health services for children in crisis.¹⁰ This grant provides funding for the creation of two hospital-based Children's Triage Program teams located in North and South County, each consists of a licensed clinician and a parent partner. At the time of this report, only the triage team at Marian Regional Medical Center in Santa Maria is in operation.

The goal of the Children's Triage Program is to assess the nature and severity of the mental health crisis, determine what treatment options best meet the needs of the child, and provide support and information to the parents and caregivers who are also present in the emergency room. The licensed practitioner and parent partner will work closely with the hospital staff, the child and the caregivers to de-escalate the crisis, develop safety plans and, if possible, rescind the hold. Additionally, the Children's Triage Program team members will follow up to ensure effective community re-integration for children upon discharge, including assistance navigating the mental health system and providing linkages to services and supports. SAFTY also provides follow up, aftercare, referrals and linkage to mental health services in the community regardless of the child's or caregiver's health insurance.

The Jury became aware of perceived difficulties in the delivery of current DBW crisis services. This systemic issue revolves around the need to respond in a timely and efficient way, in keeping with the important MHSA goal of "timely access to needed help, including in times of crisis."

The Jury received several reports that crisis calls made to both SAFTY and the DBW 24/7 ACCESS Team are not always answered or returned promptly and there are often long wait times for the on-scene arrival of SAFTY crisis workers or no on-scene responses at all. Some interviewees also mentioned SAFTY personnel often cannot write a 5585 hold without consulting their supervisor which causes an unacceptable delay in de-escalating the crisis. In fact, the Jury learned that SAFTY workers are no longer allowed to work in the Cottage ERs and UCSB medical services for this reason.

DBW has allocated considerable resources to provide crisis facilities for adults in the County, but not for children. The continuum of care for adults in crisis ranges from the most restrictive to the least restrictive setting. The most restrictive setting is the Psychiatric Health Facility, a 16-bed locked unit which accepts individuals 18 and older who have been placed on a 5150 involuntary hold, the adult equivalent of a 5585 hold. DBW also operates a Crisis Stabilization Unit (CSU), which offers adults an alternative to in-patient hospitalization, where they can stay up to 23 hours and receive evaluation, treatment, medications, and aftercare referrals. The DBW also contracts with outside providers to ensure those adults who require longer stabilization times can be placed in two crisis residential facilities in the County.

At the present time, there is no CSU, acute psychiatric hospital, licensed crisis residential, Temporary Shelter Care Facility (TSCF)¹¹ or any other crisis respite shelter for children and youth in the County. The Jury was informed that DBW determined a CSU facility for children and youth

¹⁰ www.mhsoac.ca.gov. Triage Grant Awards, April 26, 2018, last visited May 23, 2019

¹¹ www.cdss.ca.gov/inforesources/Continuum-of-Care-Reform/Temporary-Shelter-Care-Facilities last visited May 30, 2019

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only would not be economically feasible. However, the Jury learned that DBW is exploring the possibility of establishing a licensed CSU that can accommodate adults, children and youth in the Santa Maria area where there is facility availability.

There is another type of shelter that can provide safety and security for children in crisis. A licensed Temporary Shelter Care Facility is owned and operated by a county or on behalf of a county by a private, nonprofit agency and provides 24-hour non-medical care for up to 10 calendar days for children and youth under 18 years of age. TSCFs are safe and supportive places for recovery when more care is required than can be provided at home.

CONCLUSION

The most salient observation the Jury made is the need for greater mental health resources in the County for children and youth, including community and private psychiatrists, pediatricians who are experienced in diagnosing and treating mental illness and co-existing disorders, case managers who can navigate the complicated systems of health care and insurance companies, and in-county, short-term facilities for crisis de-escalation. While some community-based preventive and support services exist, many families are unaware of them.

The Santa Barbara County Civil Grand Jury agrees with the YouthWell Coalition that:

Early intervention resources are limited and there are many barriers to access regardless of ability to pay for services. There are significant gaps and lack of coordination in youth mental health services and as a result, many youth and families are not able to access resources when they are struggling, which often leads to unnecessary crisis.¹²

The Santa Barbara County Grand Jury posits that all stakeholders in children's mental health must act to address the need for in-county facilities to avoid out-of-county placements. Placing children on 5585 holds and sending them to out-of-county psychiatric facilities is restrictive, expensive and stressful for children, parents, families and mental health care providers. Establishing and maintaining local sheltered environments where children and youth in crisis can go to cool off and stabilize while on-going safety plans are developed, may improve their mental health and well-being and will hopefully avert future crises.

FINDINGS AND RECOMMENDATIONS

Finding 1

There are no Crisis Stabilization Units for children and youth in Santa Barbara County as an alternative to out-of-county hospitalizations.

Recommendation 1

That the Board of Supervisors direct the Department of Behavioral Wellness to pursue the establishment of a licensed Crisis Stabilization Unit that can accommodate adults, children and youth in Santa Maria.

¹² <https://youthmentalwellness.org> YouthWell Coalition, The Community Issue

Finding 2

There are no licensed Temporary Shelter Care Facilities for children and youth in Santa Barbara County as an alternative to out-of-county hospitalizations.

Recommendation 2

That the Board of Supervisors direct the Department of Behavioral Wellness to explore partnerships with community agencies to sponsor and maintain licensed Temporary Shelter Care Facilities for children and youth in Santa Barbara County.

Finding 3

The crisis call-in phone service and mobile crisis staff of both the contracted provider SAFTY and the Department of Behavioral Wellness' ACCESS 24/7 Mobile Crisis teams often do not respond to the scene of a crisis or return phone calls in a timely manner.

Recommendation 3a

That the Board of Supervisors direct the Department of Behavioral Wellness to establish and implement measurable response times, and to track and evaluate the efficacy of their crisis response services.

Recommendation 3b

That the Board of Supervisors direct the Department of Behavioral Wellness to require its contracted partner SAFTY to respond in the field for face-to-face evaluations more quickly and frequently.

Finding 4

The SAFTY mobile crisis workers do not write 5585 holds in a timely manner because they lack authority to do so without first consulting a supervisor.

Recommendation 4

That the Board of Supervisors direct the Department of Behavioral Wellness to require the crisis response staff of their contracted partner, SAFTY, to receive more training to acquire the authority to write 5585 holds independently and in a timely manner.

Finding 5

The Department of Behavioral Wellness does not keep readily accessible data on the numbers of children on 5585 holds hospitalized out of County, where they are sent, their length of stay in each facility, and the cost of their treatment.

Recommendation 5

That the Board of Supervisors direct the Department of Behavioral Wellness to design and implement a computerized record of the 5585 holds that are written, where the children are hospitalized out of County, their length of stay in each facility, and the cost of their treatment.

Finding 6

The Children’s Triage Program staff interacts with children and youth in crisis and their families in the Emergency Rooms and works to ensure community re-integration and linkage to behavioral health services upon discharge from the ER or psychiatric hospitals.

Recommendation 6a

That the Board of Supervisors direct the Department of Behavioral Wellness to evaluate the efficacy of the new Crisis Triage Program by keeping statistics on the number of children served and process outcomes.

Recommendation 6b

That the Board of Supervisors direct the Department of Behavioral Wellness to continue to pursue the full implementation of the Children’s Triage Program in South County.

Recommendation 6c

That the Board of Supervisors direct the Department of Behavioral Wellness to integrate the funding of the Children’s Triage Program into the Department of Behavioral Wellness budget on an ongoing basis.

Finding 7

On-line, comprehensive information on mental health services, community supports and resources for children and youth who are experiencing a crisis in Santa Barbara County is not readily available on a central website.

Recommendation 7

That the Board of Supervisors direct the Department of Behavioral Wellness to design, post and keep current an on-line dashboard that provides comprehensive contact information on mental health services and community resources for children and youth in all geographic areas of Santa Barbara County, and publicize this resource to the community at large.

REQUEST FOR RESPONSE

Pursuant to *California Penal Code 933 and 933.05*, the Santa Barbara County Civil Grand Jury requests each entity named below to respond to the enumerated Findings and Recommendation within the specified statutory time limit:

Responses to Findings shall be either:

- Agree
- Disagree Wholly, with an explanation
- Disagree Partially, with an explanation

Responses to Recommendations shall be one of the following:

- Has been implemented, with a brief summary of the implemented actions
- Will be implemented, with an implementation schedule
- Requires further analysis, with an explanation and the scope and parameters of an analysis or study, and a completion date that is not more than 6 months after the issuance of this report

- Will not be implemented because it is not warranted or is not reasonable, with an explanation

REQUIRED RESPONSES:

Santa Barbara County Board of Supervisors – 90 Days

Findings and Recommendations 1, 2, 3a, 3b, 4, 5, 6a, 6b, 6c, 7