



2010-2011 SANTA CLARA COUNTY CIVIL GRAND JURY REPORT

MENTAL HEALTH SUPPORT AT YOUTH RANCHES

Summary

The Grand Jury toured the two Santa Clara County (SCC) Ranch facilities for youth offenders, Muriel Wright Residential Center (Wright Center) and William F. James Boys' Ranch (James Ranch).

A concern was raised as to whether psychiatric support at the Ranches was adequate. After completing a number of interviews and document reviews, the Grand Jury concluded that County Mental Health (CMH) is providing a suitable level of support to the Ranches through a licensed child psychiatrist. The Grand Jury found, however, that the four leading agencies providing health-related services to juvenile offenders appear to have no coordinated approach to contracting with community-based organizations (CBOs), and the same CBO may be contracted by any of the agencies for the same or different services.

A 2009 Superior Court of California, SCC Juvenile Division Standing Order requires "multi-disciplinary sharing of health information for children in juvenile facilities." Despite this order the Grand Jury found no shared, centralized approach to recordkeeping. This lack of coordination diminishes the effectiveness of services provided—which may result in duplicated services, gaps in service or conflicting service.

Further, the Grand Jury found no evidence that available metrics were used to enable agencies to monitor the nature of services being provided, to measure their effectiveness, or to plan for future support.

Mental health/counseling support could be more effectively and efficiently delivered if Probation and agencies within SCC Health & Hospital System coordinated CBO involvement in health-related services and adherence to the Standing Order.

A list of acronyms used in this report is provided in Appendix A.

Background

Minors convicted of criminal offenses within SCC may be sentenced to a term of incarceration at Juvenile Hall, or to serve a six-month sentence at either of the county's two Ranch facilities if the Court determines it is appropriate. Wright Center is approved for a population of 48, including boys aged 12 to 15 and girls aged 12 to 18; while James Ranch is approved for a population of 84, boys only, aged 15-1/2 to 18. Minors

incarcerated at the Ranches are referred to as “clients.” The Ranches also provide a variety of counseling and mental health services. Because SCC now sends fewer minors to the California Division of Juvenile Justice for incarceration, the population at Juvenile Hall and the Ranches includes more serious offenders than in years past.

Methodology

The Grand Jury toured James Ranch, the Wright Center, and Juvenile Hall and interviewed staff members from the following agencies and CBOs:

- Santa Clara County Probation (Probation)
- Custody Health Services (CHS) and CMH, both under the umbrella of Santa Clara Valley Health & Hospital System
- Starlight Community Services, (CBO)
- Community Solutions (CBO)

The Grand Jury also reviewed documents listed in Appendix B. A facsimile of the Superior Court’s Standing Order is provided in Appendix C.

Discussion

Table 1 provides an overview of which agencies provide health services for all clients in juvenile incarceration facilities. All initial health screening (both physical and mental) is done at Juvenile Hall upon arrest and booking.

Referring to Table 1, two County agencies have responsibility for Juvenile offenders:

- Probation has overall responsibility for managing the juvenile incarceration facilities and its personnel, including staff and clients. Probation manages a client’s schedule, and provides general supervision and group counseling appropriate for the living arrangements. Probation also contracts with CBOs for socialization counseling, such as anger management, sexual conduct and communications skills. Probation ensures an individual makes it to his or her appointments.

Santa Clara County Health & Hospital System has responsibility for administering medical and mental health care. This administration delegates authority to three agencies:

- Custody Health Services (CHS): Medical support
- County Mental Health (CMH): Psychiatric care (screening, prescriptions, periodic monitoring of patients on psychotropic medication); mental health therapy; contracts with CBOs for mental health therapists at the Ranch facilities

- Department of Alcohol and Drug Services (DADS): Drug and alcohol counseling; contracts with CBOs for drug and alcohol counseling.

These three agencies and Probation are authorized to contract with CBOs for supplemental support and often contract with the same CBOs. However, there is no requirement for agencies to coordinate contracted services. Whether they contract for the same or different services appears to be unknown to the agencies.

Table 1: SCC Agencies Responsible for Health Support to Juvenile Offenders

	Facilities Management and Day-to-Day Client Counseling and Supervision	Medical Support	Psychiatric Medication Rx and Rx Monitoring	Mental Health Therapy	Drug & Alcohol Counseling	Other Social Behavior Counseling
Juvenile Hall	Probation	SCC Custody Health Services	County Mental Health	County Mental Health	SCC DADS	Probation, SCC Agencies, & Various contracted CBOs
Muriel Wright Center	Probation	SCC Custody Health Services	County Mental Health	County Mental Health contracts to various CBOs	SCC DADS	Probation, SCC Agencies, & Various contracted CBOs
James Ranch	Probation	SCC Custody Health Services	County Mental Health	County Mental Health contracts to various CBOs	SCC DADS	Probation, SCC Agencies, & Various contracted CBOs

Juvenile Incarceration at the Ranches

Beginning in 2006, the Ranches implemented an “Enhanced Ranch Program” (ERP), sometimes referred to as a “modified Missouri model.” The ERP approach is based on the concept of a family-style environment with small-group, personalized oversight. The ERP model replaced a quasi-military approach, which employed large-group supervision and barracks living.

The ERP living units, or “pods,” are comprised of twelve minors living under 24-hour Probation supervision. This living arrangement allows for extensive interaction between the minors and their Probation counselors, each of whom is assigned to a specific pod. Probation counselors assigned to pods are required to complete additional training in the ERP approach. Probation counselors for each pod are responsible for making sure clients in their group attend appointments for counseling or therapy.

Although the Probation Department is responsible for ensuring that the clients at the Ranches receive the required services, the Grand Jury found no evidence that service providers were collaborating and collecting records and notes into a consolidated file that follows each client. As a result of a lack of collaboration in teams or in recordkeeping, Probation does not know whether clients are actually getting the treatment they need, if they are getting too much treatment, or none at all.

A Multi-Disciplinary Team (MDT)—made up of professionals from county agencies, relevant CBOs, and sometimes members of the minor’s family— is assigned to each minor slated to go to a Ranch facility. The MDT meets to discuss that minor’s program. The MDT may meet at critical points during the period of incarceration, but most often meets when an individual is being transferred from Juvenile Hall to a Ranch, and again prior to the minor’s discharge from the Ranch in order to plan for aftercare programs. Although the MDT serves a critical role in sharing and coordinating an individual’s treatments, the Grand Jury found that there are short-comings in the approach, in that at times counselors assigned to the same MDT do not know each other; meetings are not frequent enough during the term of incarceration to adequately monitor the adequacy and effectiveness of a particular program, or records are not available to allow quick reference and back-up when needed.

In particular, given the importance of coordinating treatment programs, the Grand Jury was concerned to find that at James Ranch, some counselors or providers did not know others working there in the same capacity unless they happened to be a part of the same MDT. General agreement among interviewees indicated site-wide team meetings were invaluable in fostering interdisciplinary communication, discussing treatment approaches and their effectiveness, and in simply providing a means to get to know their colleagues.

Psychiatric Support

Psychiatric support is limited to writing prescriptions and periodically checking on patients for whom psychotropic drugs are prescribed. CMH provides psychiatric consultation during a minor’s initial screening at Juvenile Hall. If psychotropic medication is prescribed, the psychiatrist assigned to Juvenile Hall visits those minors at the Ranches at least once every two weeks. Psychotropic medications, as with other prescription medications, are administered both at Juvenile Hall and at the Ranches by CHS registered nurses. The Grand Jury learned that the goal at the Ranches is to limit psychotropic medication when possible. Minors on psychotropic medication also receive mental health therapy.

Mental Health Therapy

The term, “Mental Health Therapy,” as used by CMH and Probation and this report, refers only to counseling by therapists. These therapists, also called clinicians, generally have a Master’s Degree and are certified as either a Marriage and Family Therapist or Licensed Clinical Social Worker, or are on a path to certification.

CMH provides twelve mental health therapists at Juvenile Hall. Since 2009, CMH has contracted with two CBOs, each providing one mental health therapist assigned to one of the Ranches. Although CMH is the contracting agency, the Grand Jury found that CMH conducts minimal oversight and coordination of these professionals. Interaction is essentially limited to contact with the Mental Health Manager at Juvenile Hall, who provides guidance only upon specific request.

The Grand Jury found that juvenile offenders' need for mental health care is significant. At the request of CMH, Huskey & Associates completed a report entitled *Implementing a Trauma-Informed Mental Health and Juvenile Probation System* (the Huskey Report) in 2008. The report states that up to 70% of youths in custody have undergone trauma, are drug or alcohol dependent, and/or have emotional problems, and require some form of mental health treatment. In addition, several interviewees told the Grand Jury that in their opinion, the entire Ranch population is in need of therapy of one sort or another.

Apart from receiving mental health therapy as described above, a minor may be counseled separately for drug or alcohol abuse, or for a variety of other socialization issues. Such additional therapy may be mandated by court order or based on the results of psychological testing done at Juvenile Hall. DADS manages drug and alcohol counseling at Juvenile Hall and at the Ranches, either through in-house staff or staff provided by contracting with CBOs. Therapists agree that single-point counseling, where one counselor provides the full range of therapy, is preferred. However, in SCC today there is a mix of drug, alcohol and mental health counseling provided by different therapists. This is partly because the therapists (who have the same education and training) may not be certified to counsel in all areas, and partly because county bureaucracy or contracts with CBOs limits providers to just one area.

Duplication or Gaps in Service

California's "Healthy Returns Initiative," which focused on improving physical and mental health services in the state's juvenile justice system, reports that "50% of all youth detained at the county level in California have a suspected or diagnosed mental illness" and that three out of four have a substance abuse disorder. Given this finding, it seems that the *current mental health approach*, attempting to draw precise lines between one type of mental health counseling and another, may not be an effective approach to providing incarcerated minors the support they need. Even though the issues clearly overlap, the Grand Jury saw no evidence that SCC formally coordinates CMH, CBO mental health therapists, DADS, and other counselors either to avoid duplication or to ensure that the most effective possible approach to providing mental health counseling is being employed at the Ranches.

Figure 1 illustrates the confusion created when all agencies have the discretion to enter into individualized and segregated contracts with CBOs for services deemed necessary.

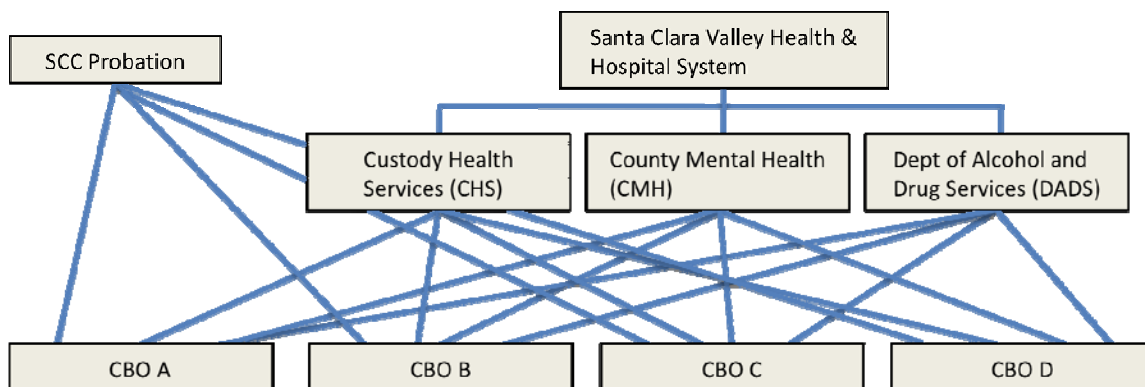


Figure 1: Agencies responsible for juvenile incarceration have the latitude to contract with any CBO for health services deemed necessary.

Because the agencies may have overlapping responsibilities, it is possible that duplication of service occurs if multiple agencies each fill the same need. For example, any given minor's treatment regimen may include both general mental health counseling provided by CMH and drug and alcohol counseling provided by DADS. Although the latter counseling is designated as specific to drug and alcohol issues, it may be that each of the separate counseling sessions must necessarily address the same underlying issues. Such duplication of services is at best a waste of resources. At worst, this may result in the client receiving conflicting advice, particularly when there is no requirement for counselors to collaborate on treatment approach. Gaps in service may also occur if one agency thinks another is filling the need. Further, although the Grand Jury found no evidence that CBO personnel had any interest other than in the welfare of their clients, poor coordination leaves the County vulnerable to unscrupulous CBOs, and the minor without the benefit of a comprehensive approach to treatment.

Medical Recordkeeping

In 2009, the SCC Superior Court issued a Standing Order requiring open communication and sharing of files among all individuals and agencies involved in and responsible for the treatment of incarcerated minors. The Grand Jury found no mechanism to collect all client records in one file accessible to all service providers. For example, at the Ranches, separate files (records and progress notes) are kept by the nurse, by the psychiatrist, by the mental health therapist and by each individual CBO provider. Sharing of file information appears to be inconsistent at best and dependent upon the personnel involved, or even upon the individual policies of a given CBO. This lack of centralization makes it difficult for health professionals accessing health information to understand the full range of treatment a client is receiving (or has received) and to evaluate its effectiveness.

Probation is ultimately responsible for the management and administration of county juvenile facilities; therefore, Probation is obligated to comply with and implement the provisions of the Standing Order. However, the Grand Jury concluded, based upon its observations and interviews, that there is a lack of records collection or consolidation. Furthermore, Probation has not established the policies and procedures necessary for multi-disciplinary recordkeeping and information sharing as required by the Standing Order. If such policies and procedures are in place, the Grand Jury found no evidence that they were being proactively implemented and enforced. It should be noted that a system called UNICARE is available for consolidated recordkeeping and is used for adult records in SCC.

Metrics to Evaluate Effectiveness

Among other findings, The Huskey Report concluded that the optimum caseload for each mental health clinician assigned to any of the SCC Juvenile facilities is 18. Given the population of underserved minors incarcerated at SCC Juvenile facilities who require mental health services due to pre-existing conditions such as trauma, emotional disorders or other issues, any of which may be combined with drug or alcohol abuse, the Report concluded that an additional 15 mental health therapists were needed to serve that population properly. The Huskey Report also recommended that mental health therapists be assigned to specific pods just as Probation counselors are.

In interviews with the Grand Jury, several members of Probation staff indicated that more time devoted to mental health therapy at SCC Juvenile facilities was needed. When the Grand Jury shared this concern with CMH, the response was that although they knew Probation wanted more therapists, this was impossible given current budget constraints.

Probation's annual report of medical services reported the number of minors incarcerated in SCC Juvenile facilities currently on psychotropic medication. It raised additional questions regarding the nature, quality, and extent of mental health support, in addition to medication, which was being provided to incarcerated juveniles. The Grand Jury therefore asked to see the following metrics:

- How many currently receive mental health therapy?
- How many hours of mental health therapy are provided per month per facility?
- How many who could benefit from regular therapy are not authorized to receive it?
- How many who request drug and alcohol or other specialized treatment programs do not have court orders authorizing or mandating those programs?
- How many see a mental health therapist and also see a licensed therapist for any other purpose, such as substance abuse?

Neither Probation nor CMH produced this data, despite multiple requests. It is evident that, if it exists, such data is not assembled or used to analyze services provided or their effectiveness.

It should be noted that CMH regularly collects metrics from CBOs it contracts with to ensure they meet their contract obligations. CMH also maintains records of psychological testing done at Juvenile Hall. However, the Grand Jury could not find any evidence that this data was assembled in any comprehensive report which would allow for meaningful analysis or planning, or which could be used for any other purpose in monitoring the nature and effectiveness of mental health services.

Future Trends

The trend in mental health therapy is for clinicians to be certified for “co-occurring disorders,” which allows a single therapist to provide mental health therapy as well as drug and alcohol abuse counseling. Such an integrated behavioral health program has been implemented in other California counties but not SCC. Implementation of such a program at SCC juvenile facilities could eliminate duplication of efforts by CMH and DADS, enable the County to provide mental health counseling to more juveniles, and get closer to the Huskey Report recommendation of 1:18 therapist to patient ratio without increasing the budget.

Conclusions

The Grand Jury was impressed with the dedication and commitment of the Probation counselors and therapists interviewed. All seemed to be sincerely interested in the well-being of their clients.

While Probation staff at the Ranches are satisfied with the individual mental health therapists provided by CBOs, the lack of coordination of their services handicaps Probation’s efforts to provide the best services possible to their clients. Further, the practice of each agency maintaining its own separate records, such as medical charts and progress notes, hampers the continuity of health care and the coordination of appropriate treatment for clients. It also appears that since mental health therapists are not assigned to specific pods as the Probation counselors are, the provision of mental health services is moving in the opposite direction from that recommended in the Huskey Report, which advised a pod approach to all staff (Probation and counselors/therapists) assignments to achieve continuity of treatment. In addition, there is significant risk of burnout, given the administrative decision to assign just a single therapist to each Ranch facility. By more closely aligning Ranch therapists to the CMH therapists assigned to Juvenile Hall, all therapists could provide back-up and extra help as needed at any SCC juvenile facility, which could alleviate burnout.

A wide range of providers offer services to the Ranches. With so many players, communication will continue to be a challenge. Ranch management must continue to assess the communication needs of the various groups and ensure, at minimum, that client information is collected in one file and shared with all treatment providers. The Grand Jury applauds the effort by CMH and CHS to institute quarterly communication meetings with the CBOs beginning in the first quarter of 2011, and encourages Probation and DADS to participate in those meetings.

Findings and Recommendations

Finding 1

Various mental health providers demonstrate a lack of coordination and communication, which compromises the effective delivery of those services.

Recommendation 1a

Santa Clara Valley Health & Hospital System (SCVHHS) should continue to move toward ensuring that all therapists, whether employed by CMH or a CBO, are certified to provide counseling for “co-occurring disorders.” Furthermore, SCVHHS should pursue efforts to dismantle bureaucratic and contractual barriers to providing single-point (one counselor to one client) counseling.

Recommendation 1b

Probation, CMH, and DADS should designate one person to be responsible for coordinating mental health treatment for each client.

Recommendation 1c

Probation leadership at the Ranches should evaluate communication systems currently in use by providers at each of the facilities, and they should work to ensure that open communication and file-sharing programs are put into place. In addition, the frequency of site-wide team meetings or other programs should be increased in order to ensure that various team members know one another and are familiar with the treatment programs for all minors under their care.

Finding 2

Communication among individual professionals about mental health needs is limited and inefficient and is exacerbated because separate records, such as medical charts and progress notes, are maintained.

Recommendation 2

Santa Clara Valley Health & Hospital System should institute one chart or one recordkeeping system, such as the UNICARE system already in place, and require its use by CMH, Custody Health Services, DADS, and the relevant CBOs.

Finding 3

Metrics are available but are not used to evaluate whether mental health needs are being met, whether needs are increasing, or whether the various CBO providers are being used in the most efficient manner.

Recommendation 3a

Probation and CMH should agree on benchmarks to identify which minors in custody should receive mental health or social services counseling.

Recommendation 3b

Probation and CMH should agree on which metrics are necessary to plan staffing needs, and review those metrics at regular communication meetings.

APPENDIX A

Table of Acronyms and Abbreviations

CBO	Community-based Organization
CHS	Custody Health Services, a Department within Santa Clara Valley Health & Hospital System
CMH	County Mental Health, a Department within Santa Clara Valley Health & Hospital System
DADS	The Department of Alcohol and Drug Services, a Department within Santa Clara Valley Health & Hospital System
ERP	Enhanced Ranch Program
Huskey Report	A 106-page report entitled "Implementing a Trauma-Informed Mental Health and Juvenile Probation System", presented to Santa Clara County Mental Health Department and the Juvenile Probation Department, October 31, 2008. Submitted by Huskey & Associates
MDT	Multi-Disciplinary Team
Probation	Santa Clara County Probation Department
SCC	Santa Clara County
SCVHHS	Santa Clara Valley Health & Hospital System
The Ranches	William F. James Boys' Ranch and Muriel Wright Residential Center

APPENDIX B

Bibliography

Agreement between the County of Santa Clara and Community Solutions for the Provision of Mental Health Services for Fiscal Year 2008-2009, and Amendments through 2010.

Exhibit A1, Amendment to Agreement between the County of Santa Clara and Starlight Community Services for MHSA JPD Aftercare and JPD Ranch Mental Health. July 1, 2010.

Healthy Returns Initiative, website: <http://www.healthyreturnsinitiative.org/index.html>

Huskey, B. & Associates, *Implementing a Trauma-Informed Mental Health and Juvenile Probation System*, presented to Santa Clara County Mental Health Department and the Juvenile Probation Department, October 31, 2008.

Juvenile Justice Commission, County of Santa Clara, Inspection Report Muriel Wright Residential Center, June 2009.

Juvenile Justice Commission, County of Santa Clara, Inspection Report Muriel Wright Residential Center, June 2010.

Juvenile Justice Commission, County of Santa Clara, Inspection Report James Boys Ranch. January 2009.

Juvenile Justice Commission, County of Santa Clara, Inspection Report William F. James Boys' Ranch. May 2010.

County Contract with Starlight for services to William F. James Boys' Ranch.

County Contract and related amendments with Community Solutions for services to Muriel Wright Residential Center.

Superior Court of California, County of Santa Clara Juvenile Division, Standing Order for Multi-Disciplinary Sharing of Health Information for Children in Juvenile Facilities. Filed August 13, 2009.

Santa Clara County Probation Department, Juvenile Detention Services website:
[http://www.sccgov.org/portal/site/probation/agencychp?path=%2Fv7%2FProbation%20Department%20\(DEP\)%2FJuvenile%20Detention%20Services](http://www.sccgov.org/portal/site/probation/agencychp?path=%2Fv7%2FProbation%20Department%20(DEP)%2FJuvenile%20Detention%20Services)

APPENDIX C

2009 Standing Order

FILED

2009 AUG 13 P 4:17

David H. Yarnes, Clerk of the Superior Court
County of Santa Clara
By: 
Deputy Clerk

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA E.L. IBARRA
JUVENILE DIVISION

STANDING ORDER FOR MULTI-DISCIPLINARY SHARING OF HEALTH INFORMATION FOR CHILDREN IN JUVENILE FACILITIES

Title 15 of the California Code of Regulations section 1407 requires juvenile facilities (including both juvenile halls and juvenile ranches) that provide on-site health services to establish policies and procedures for the multi-disciplinary sharing of health information. The nature and extent of information shared shall be appropriate to treatment planning, program needs, protection of minors and others, maintenance of security, preservation of safety and order, and management of the facility. The purpose of sharing health information is to ensure the continuity of health care, appropriate treatment and protection of minors and staff, and preservation of security, safety, and order at the facility.

The Court finds that the Santa Clara juvenile facilities provide on-site health services to minors in custody. As such, the Court also finds that a certain amount of health-related information must be shared among medical, county mental health, community mental health, and custody staff who work in juvenile facilities (including, but not limited to Probation Officers, Juvenile Hall and Juvenile Ranch Counselors) without obtaining explicit consent of parents or minors. This is limited to facts that necessarily must be shared in order to safely and properly

Standing Order re: Multidisciplinary Sharing of Info.

manage minors within the facility or to plan for future placement and programming, but not for the prosecution of minors.

Based upon these findings, the Court hereby makes the following standing order:

1. Sharing of health information between medical, county mental health staff and community based organizations providing mental health services.

Medical, county mental health staff and community based organizations providing mental health services in juvenile facilities shall share at a minimum the health information listed below and any other information required for the appropriate treatment planning and the protection and safety of minors in custody and employees of the County's juvenile facilities. This information shall also be shared for the purpose of transition planning for release of the minor. The following information shall be shared between medical and mental health staff in regard to each minor that is admitted to a juvenile facility.

- a. Nursing assessments
- b. Medical Administration Records ("MARs")
- c. Medications prescribed for the minor, including any side effects of such medications.
- d. Medical, psychiatric, and psychological condition that impact treatment of the minor. These include but are not limited to chronic conditions, developmental delays, and psychiatric disorders.

2. Sharing of health information between medical, county mental health, community based organizations providing mental health service, and custody staff.

- a. Health information shall be shared with custody staff who work in the facilities when required for the appropriate treatment planning and the protection and

Standing Order re: Multidisciplinary Sharing of Info.

safety of minors in custody and employees of the juvenile facilities. Health information regarding minors identified with special needs shall be included in a treatment case plan. Custody staff working within juvenile facilities shall be provided with information of each minor admitted to any juvenile facility specifically identified who:

- (1) Has suicidal tendencies
- (2) Has homicidal tendencies
- (3) Presents a clear danger of injury to self or others
- (4) Is gravely disabled
- (5) Has certain medical conditions that require special housing, observation, and/or care including but not limited to chronic conditions, developmental delays, communicable conditions, physical limitations, and psychiatric disorders
- (6) Is taking medication with side effects that may require special housing, observation, and/or care.

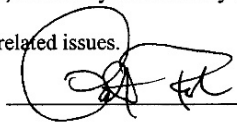
b. Custody staff shall not discuss minors' medical and mental health information to anyone outside medical, mental health, and custody staff working within juvenile facilities. Custody staff who release health information to anyone other than medical, mental health, and custody staff will be subject to disciplinary action, up to and including termination.

3. Consultation when health-related issues arise.

Medical, county mental health, community based organizations providing mental health services and custody staff working within juvenile facilities shall consult and confer with

Standing Order re: Multidisciplinary Sharing of Info.

each other when either medical, mental health, or custody staff identify a problem that concerns minors' medical and mental health-related issues.

Dated: August 13, 2009 

Honorable Patrick Tondreau
Presiding Judge Juvenile Court

Standing Order re: Multidisciplinary Sharing of Info.



This report was **PASSED** and **ADOPTED** with a concurrence of at least 12 grand jurors on this 12th day of May, 2011.

Helene I. Popenhager
Foreperson

Gerard Roney
Foreperson pro tem

Kathryn Janoff
Secretary