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Dedicated to the Health
of the Whole Community



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April 19, 2001

TO: Blanca Alvarado, Chairperson
Supervisor James T. Beall, Co-Chairperson
Children and Families Committee

FROM: Nancy Peña, Ph.D., Director *D. Guller*
Mental Health Department *for NP*

SUBJECT: Status Report on Implementation of the Mental Health Department
Community Treatment Facility (CTF) at 455 Silicon Valley Blvd.

RECOMMENDED ACTIONS

1. Accept the Mental Health Department's Status Report on the Community Treatment Facility Implementation.
2. Direct the Mental Health Department to request Board of Supervisors approval to release FY01 reserve accounts funds from BU 412 totaling \$1,200,000 (IC 4350, ESBJ 6001) to \$1,000,000 (IC 4434, ESBJ 2329) and \$200,000 (IC 4434, ESBJ 2952) to offset one-time contract and facility expenses in FY01.

FISCAL IMPACT

There will be no fiscal impact on the County General Fund (CGF) as a result of these actions. The FY 01 funds were reserved at the beginning of FY 01 in the Department's budget for start-up expense and program development. Largely due to the loss of anticipated state revenue (see below), the \$1.2 million is needed on a one-time basis in FY 01 to cover start-up and operating expenses for Starlight Adolescent Center. SCVHHS Finance and OBA staff have reviewed Starlight Adolescent Center's FY 01 year-to-date and projected actual expenses, earned revenues and required county general fund contribution to verify the need for the \$1.2 million reserve funds in FY 01.

In the State's FY 01 budget, the legislature had appropriated approximately \$2500/month per CTF bed to help assist host counties in the development and deployment of this sub-acute resource for their regions. Unfortunately, citing the fact that no community treatment facilities were developed at the time the state budget was being approved, Governor Davis vetoed this funding. The fiscal impact to the Santa Clara County CTF project represented an approximate loss of expected state offsets totaling \$704,250 in FY 01 and approximately \$1,080,000 in annualized state revenue.

For FY 02, the required county general fund support for Starlight will decrease as the start-up phase of operations ends and the provider contract changes from a fixed cost to a fee-for-service basis. The FY02 budget assumes that approximately \$63,379 of the reserve funds will be needed for the CTF next year, subject to final contract negotiations with counties. The remainder of the reserve funds will be available for FY02 program development.

CONTRACT HISTORY

The County entered into its first contract this fiscal year, FY01, with Starlight Adolescent Center, Inc. to provide intensive locked residential treatment for severely emotionally disturbed adolescents. The parent provider responded to a State Department of Mental Health Request for Proposal on June 30, 1999 and was selected by the State to provide 36 regional beds (available to Bay Area counties), with 24 beds allocated for Santa Clara County youth.

Given that this program is a regional program, the department will also be entering into inter-county agreements for use of regional beds. The department has completed negotiations with Alameda County regarding its portion of the program and the contract language is being reviewed by respective County Counsels. Solano County is paying for two beds on a fee-for-service basis and several other counties have indicated an interest in purchasing beds as well. Contract negotiations with the provider for FY 02 included a review of current Santa Clara County need and management of all out-of-county bed requests.

REASONS FOR RECOMMENDATION

The recommended actions will allow the Department to meet its contract obligations in FY 01 and continue operations in FY 02 of the State's only Community Treatment Facility. This program is aptly suited to meet the unique needs of children in the out-of-home system that need

contained mental health placements. Additionally, this service provides a demonstrated asset to other County agencies charged with placing adolescents from the Children's Shelter and Juvenile Hall.

BACKGROUND

In January 2000, a concept paper was prepared for the Board that outlined specific behavioral health programs for youth that could be co-located in one facility. In May 2000, real property at 455 Silicon Valley Blvd. was purchased with the intent to help meet the mental health and substance abuse needs of youth in Santa Clara County by developing these behavioral health programs. Potential programs are listed here; however, please see the original concept paper for more detail. Programs are: 1) Integrated Assessment and 23-Hour Crisis Stabilization, 2) Cross-Agency Service Plan and Family Partnership, 3) Children's Mental Health Crisis Team, 4) Crisis Residential Services, 5) Community Treatment Facility, 6) Chemical Dependency Residential Treatment, 7) On-site Pharmacy, and 8) On-site Educational Services.

The first programs to be implemented were the Community Treatment Facility (CTF) and their companion programs, a Non-Public High School and an Intensive Day Treatment program. Admissions to Starlight Adolescent Center and CTF began in October 2000, and continue weekly (see attached report). Due to unanticipated loss of state revenues and a slower than expected ramping up of referrals, the Department is asking for approval to utilize the \$1.2 million reserve on a one-time basis in FY 01 to cover start-up and operating expenses for Starlight Adolescent Center.

Since the development of these components at this site, preliminary inter-agency discussions regarding the implementation of other programs has occurred. In assessing the current child and adolescent behavioral health needs, additional service components have been identified that are considered critical. Specifically, there has been significant concern expressed at the lack of acute inpatient and outpatient crisis services for children and adolescents. This service gap has been identified as the most pressing priority for the next phase of program implementation. The current lack of sufficient child and adolescent inpatient beds has become a concern for all bay area counties. During the recent discussions with the Board, and the subsequent request for mid-year funding to address the problems in the adult continuum of residential treatment resources, the issue of children's inpatient need was raised. As beds have become scarce regionally, it has become increasingly difficult to find hospital beds for county youth. Recently children have been placed as far north as Vallejo and Sacramento, and as far south as Fresno. Most recently, no beds were available, resulting in a significant number of overstay occurrences in EPS.

During budget meetings with the County Executive, the issue was raised again within the context of discussions regarding future program implementation at the new Behavioral Health Center. At the County Executive's request, the Department is developing cost scenarios for the implementation of an inpatient resource for children. Given the need to establish an immediate resource, the Department and Valley Medical Center administrations are recommending that short- and long-term solutions be developed. These are presented in the attached report.

CONSEQUENCES OF NEGATIVE ACTION

Failure to approve these actions increases the likelihood that the Community Treatment Facility will not be able to continue operations and slows the development of key children's crisis services that could potentially increase the need for more expensive out-of-county acute psychiatric care.

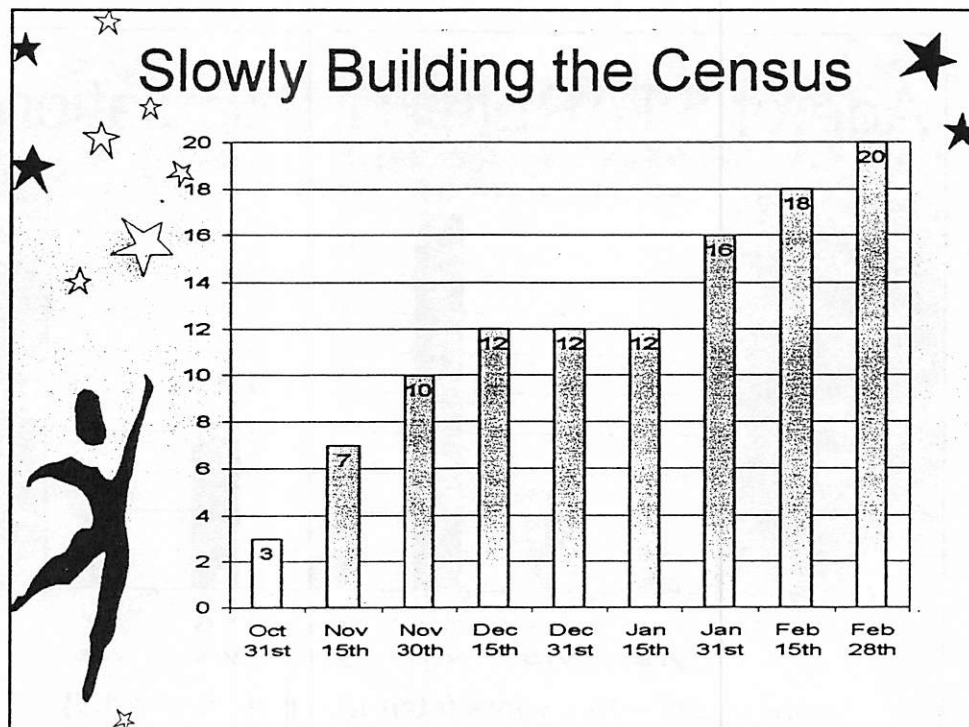
STEPS FOLLOWING APPROVAL

Submit transmittal and recommendations to the next available Board meeting.

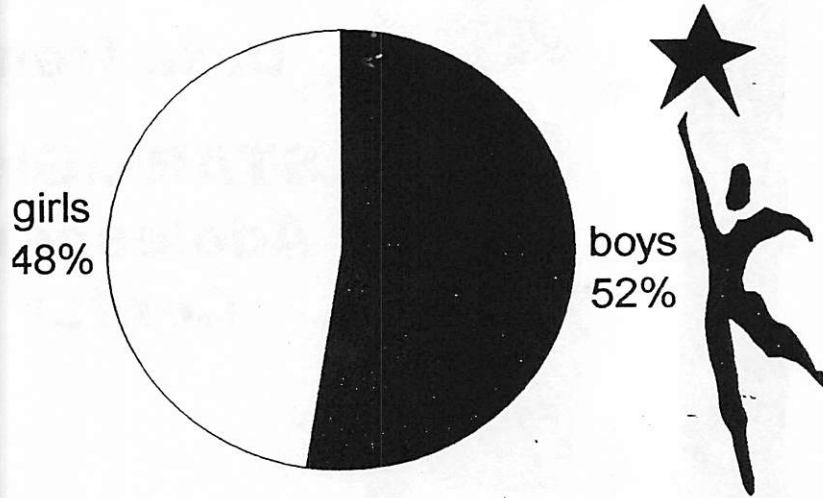
Cc: Kim Roberts, Susan Murphy, Maryann Barry, Michael Meade, M.D., Jaime Lopez,
Mental Health Board and Mental Health Contractor's Association



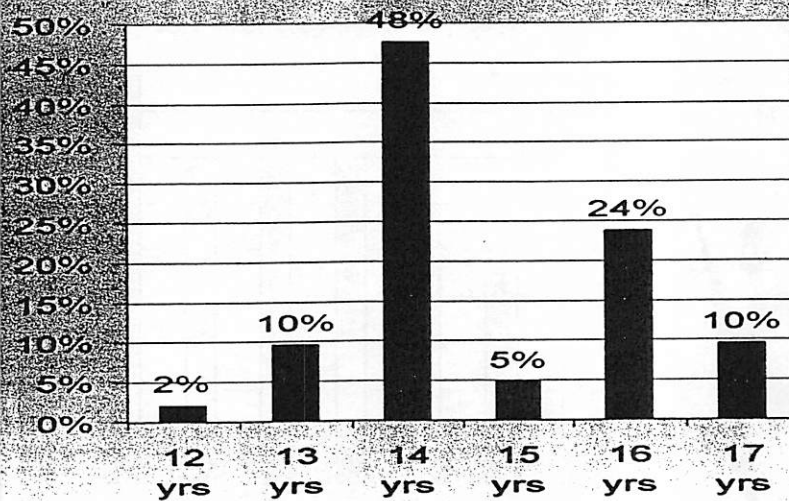
Data from **STARLIGHT Adolescent Center**



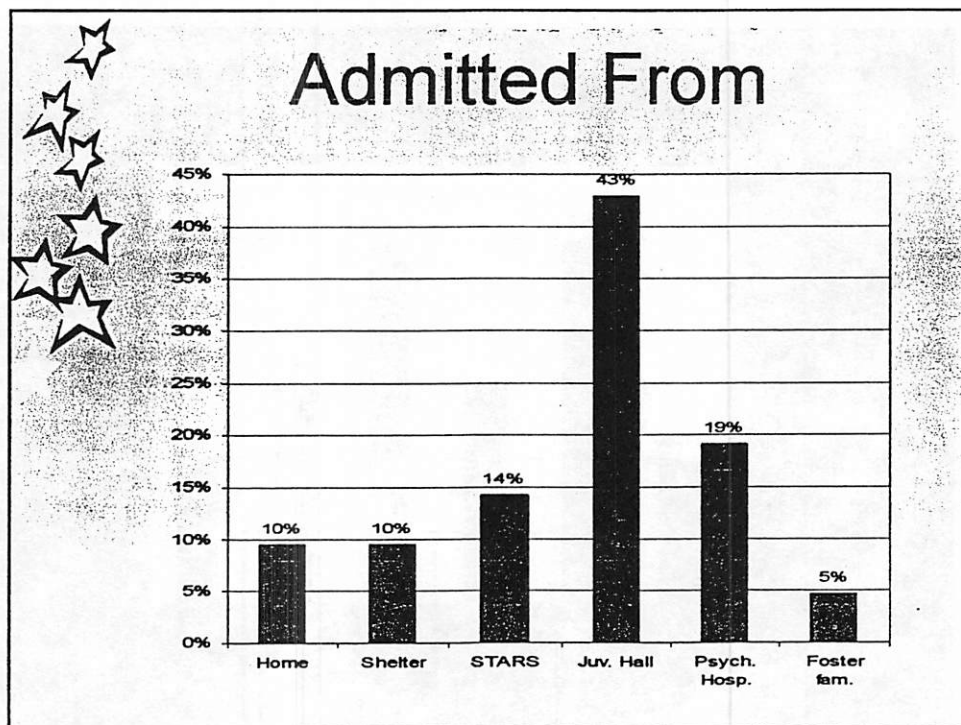
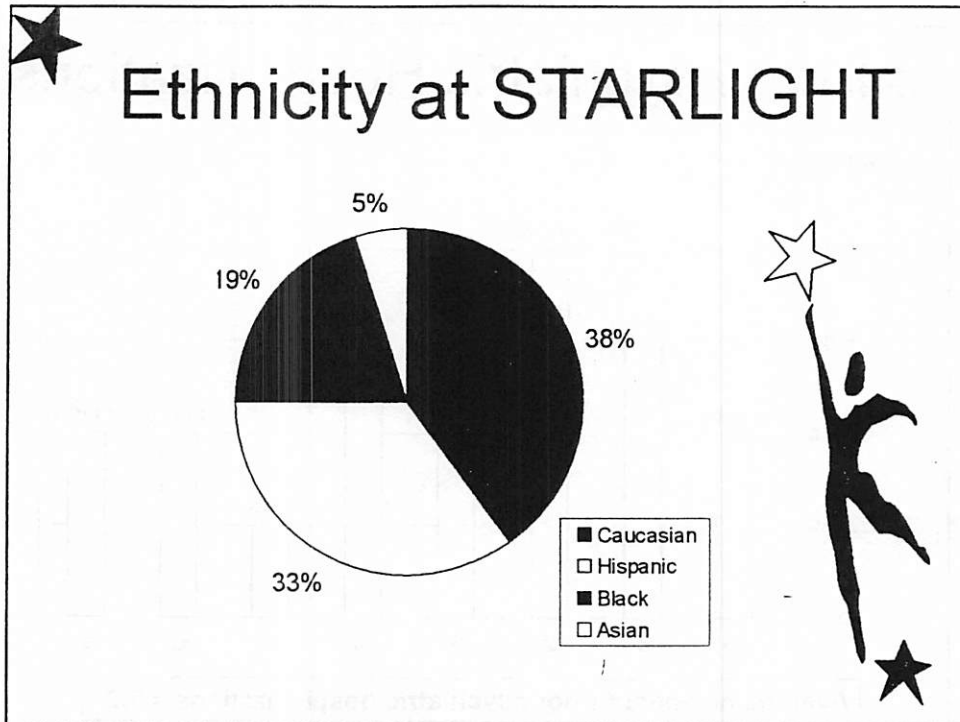
Sex of the STARLIGHT Population



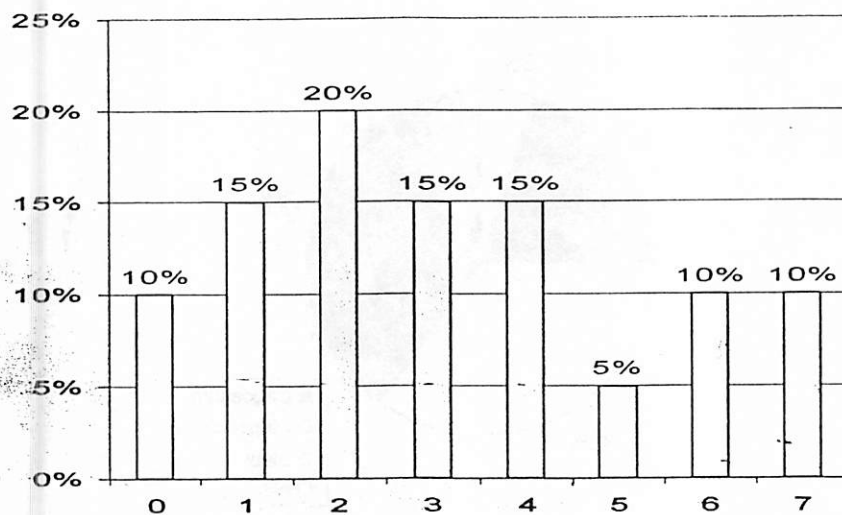
Age of STARLIGHT Population



Average age = 14.9 years (standard deviation = 1.5)

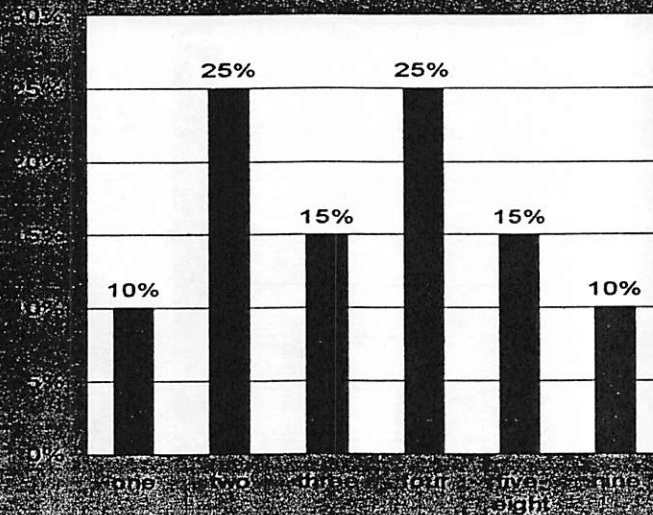


Prior Psychiatric Hospitalizations

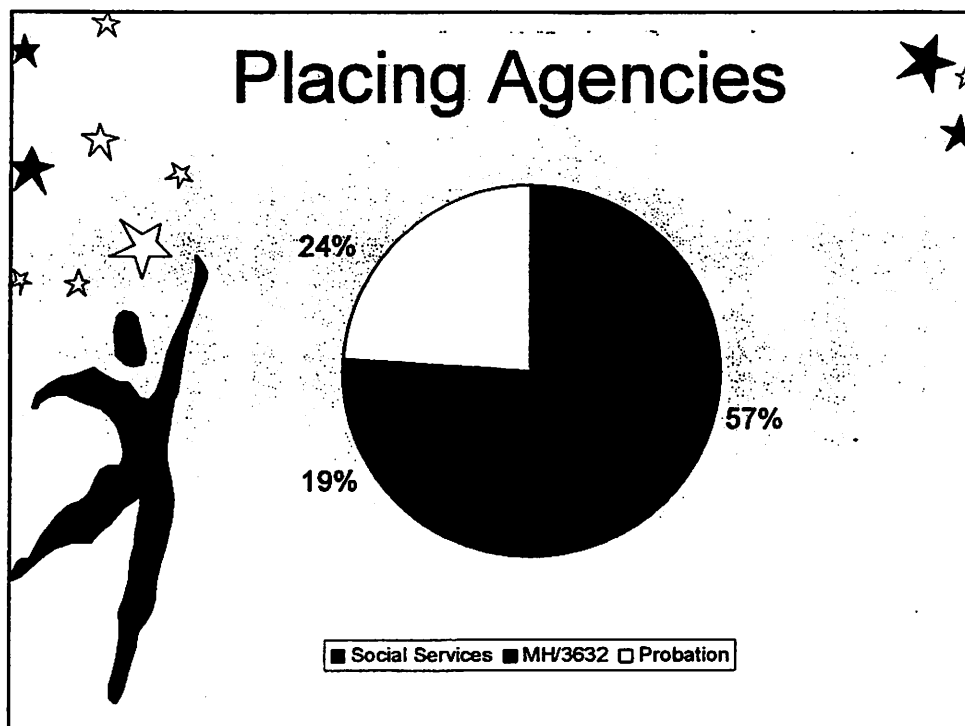
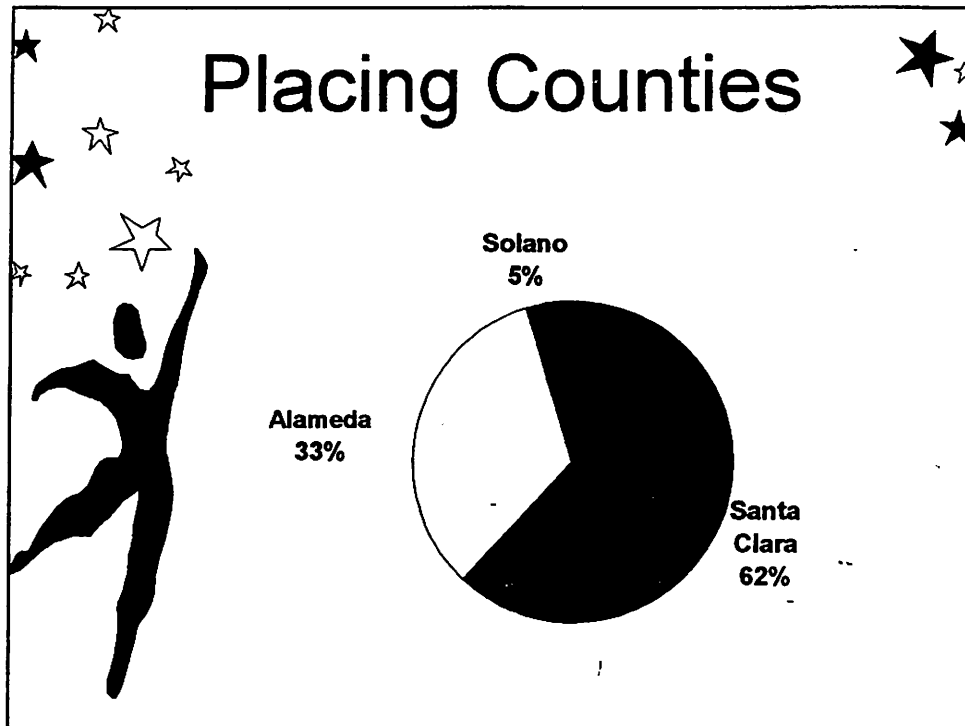


Average number of prior psychiatric hospitalizations = 3.2

of Prior GH Placements



Average number of failed group home placements = 3.8



★ Major Types of Axis I ★ Psychiatric Diagnoses

Emotional Disorders: e.g., Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder Not Otherwise Specified, Bipolar, Posttraumatic Stress Disorder

Behavioral Disorders: e.g., Conduct Disorder, Oppositional-Defiant Disorder, Intermittent Explosive Disorder, Impulse Control Disorder, ADHD

Psychotic Disorders: e.g., Schizoaffective Disorder

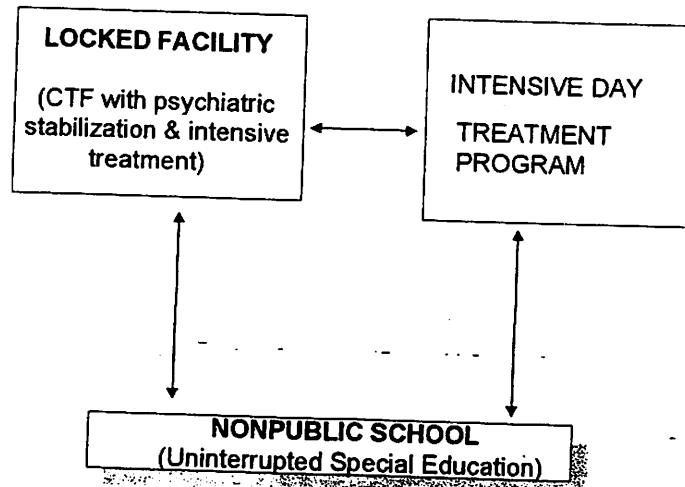
★ Prevalence of the Major ★ Psychiatric Disorders

Emotional Disorders: present in 19/21 clients or 90% of STARLIGHT's population

Behavioral Disorders: present in 16/21 clients or 76% of STARLIGHT's population

Psychotic Disorders: present in 1/21 clients or 5% of STARLIGHT's population

STARLIGHT MODEL



★ Preliminary Data from ★ ★ STARLIGHT: Referral Differences ★

	Probation (n=5)	DMH (n=4)	DSS (n=12)
Average age	14.0	14.3	15.5
Average GAF	43.0	23.0	40.7
% with emotional disorders	80%	75%	92%