

Harlight

BOS Agenda Date : June 4, 2002
Agenda Item No. 21

County of Santa Clara
Santa Clara Valley Health & Hospital
System
Mental Health Services



HHS10

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Department

DATE: June 4, 2002

TO: Board of Supervisors

FROM:

Robert Sillen 15m

Robert Sillen
Executive Director, Santa Clara Valley Health & Hospital System

SUBJECT: Mental Health – Resolution Authorizing Submission of Application to 2002 CSAC Challenge Awards Program

RECOMMENDED ACTION

Board of Supervisors: Donald F. Gage, Blanca Alvarado, Pete McHugh, Jim Beall, Liz Kniss
County Executive: Richard Wittenberg

Adopt Resolution authorizing submission of the application titled "California's First Community Treatment Facility" to the California State Association of Counties for the 2002 Challenge Awards Program. (Roll Call Vote)

FISCAL IMPLICATIONS

There is no impact on the County General Fund as a result of this action. The awards program requires no matching funds to receive the special award. The nominal fee (\$35) to apply for a CSAC Challenge Award will be absorbed within the Department's FY 03 budget.

REASONS FOR RECOMMENDATION

The California State Association of Counties (CSAC) will be presenting its 2002 Challenge Awards during its Annual Meeting in November 2002. This award is designed to recognize the innovative and creative spirit of California county governments for finding new and effective ways of providing programs and services to their citizens.

Given the immense coordinated effort between County agencies to implement the Community Treatment Facility (CTF), this program exhibits the unique vision and resourcefulness of Santa Clara County. Furthermore, given the complexity of program design, financing, contracting and licensing requirements, the CTF meets criteria set forth by CSAC as an innovative and unique program. Lastly, given that no historical data exists on which to build budgets for programs of this type, the County demonstrated its willingness to take risks to improve the care and coordination of mental health services for its children.

BACKGROUND

In 1998, planning began for the development of a Community Treatment Facility (CTF) and key program elements to address an array of psychiatric symptoms and severe behavior problems of Dependent Wards, Delinquent Wards, and emotionally disturbed youth (AB 3632) in the County. Many of these youth were cycling in and out of group homes and were ending up in institutions (Children's Shelter and Juvenile Hall) to await placement.

In September 1999, Santa Clara County was selected by the state as a host county to develop a new CTF for the Bay Area region with a prospective contractor, Starlight Adolescent Center, Inc. Santa Clara County itself has more than 6,000 wards and dependents and an additional 500 AB3632 Special Education students who rely upon the Mental Health Department system for treatment. Many of these children and teens (referred by the Social Services Agency and the Probation Department) are placed out of home in foster care and residential group homes.

In January 2000, a Behavioral Health Center concept paper was prepared for the Board that outlined specific behavioral health programs for youth that could be co-located in one facility, including a CTF. Later that May, the Board invested \$9 million dollars purchasing real property at 455 Silicon Valley Blvd. with the intent to help meet the mental health and substance abuse needs of youth in Santa Clara County. In addition, \$1.2 million dollars were reserved within the Mental Health Department's budget to address costs associated with the development of the behavioral health programs and any unforeseen facility expense.

In May 2000, three workgroups (Legal, Program & Facilities/Contracts) were established to facilitate the implementation process. These groups met weekly for almost 6 months to prioritize and expedite the start-up tasks with the provider. Mental Health Department staff and legal stakeholders met to resolve legal issues and formalize admission and medication consents. Staff from the Mental Health Department, Social Service Agency, Juvenile Probation Department, the Mental Health Advocacy Project and County Counsel developed training materials and held two trainings for 75 placement workers, Juvenile Court Judges, County Office of Education, & others admission processes. In all, there were more than 500 County "stakeholders" who collaborated in the design and implementation of Starlight Adolescent Center.

In October 2000, Starlight began admitting clients establishing the first CTF in the state, which effectively launched the County of Santa Clara as a leader in children's mental health service delivery and design.

CONSEQUENCES OF NEGATIVE ACTION

Failure to approve this action would prevent the County from submitting this entry to the CSAC Challenge Awards Program for 2002.

ATTACHMENTS

- (Transmittal submitted on May 21, 2002 5:56:05 PM – PDF Version)
- Entry Form (Resolution)
- Resolution (Resolution)

Starlight Adolescent Center



Report on the First Two Years
(October 2000 - October 2002)

Starlight: A Report on the First Two Years (November 2002)

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Starlight: A Report on the First Two Years (November 2002)

Introduction

This report summarizes Starlight Adolescent Center's first two years of operation. The role of the Community Treatment Facility (CTF) in the continuum of care for emotionally disturbed youth is outlined in the first part of the report. Subsequently, data are presented on the 67 youngsters who have been admitted to Starlight between October 16, 2000 and October 16, 2002.

Background: The Need for Community Treatment Facilities

Community Treatment Facilities (CTF) were created to fill a unique role in the California's mental health system of care, allowing for the most intensive and secure treatment of the most seriously emotionally disturbed youth. Special regulations (summarized in the box below) permit CTFs to provide high levels of supervision and security while facilitating intensive mental health and psychopharmaceutical treatment.

What is a CTF?

"A Community Treatment Facility (CTF) is a secure facility for seriously emotionally disturbed children who have tried other less restrictive mental health interventions and who may require periods of containment."
(DSS - CCL Licensing)

Why was the CTF created as part of the system of care?

- To provide for a level of care in between the RCL-14 (Group Home) and the acute psychiatric hospital;
- To provide special regulations that facilitate the management of serious psychiatric symptoms such as assaultive behaviors, noncompliance, and AWOLs.
- To allow for extended periods of secure residential care, while still allowing for "graduations" to community living settings.

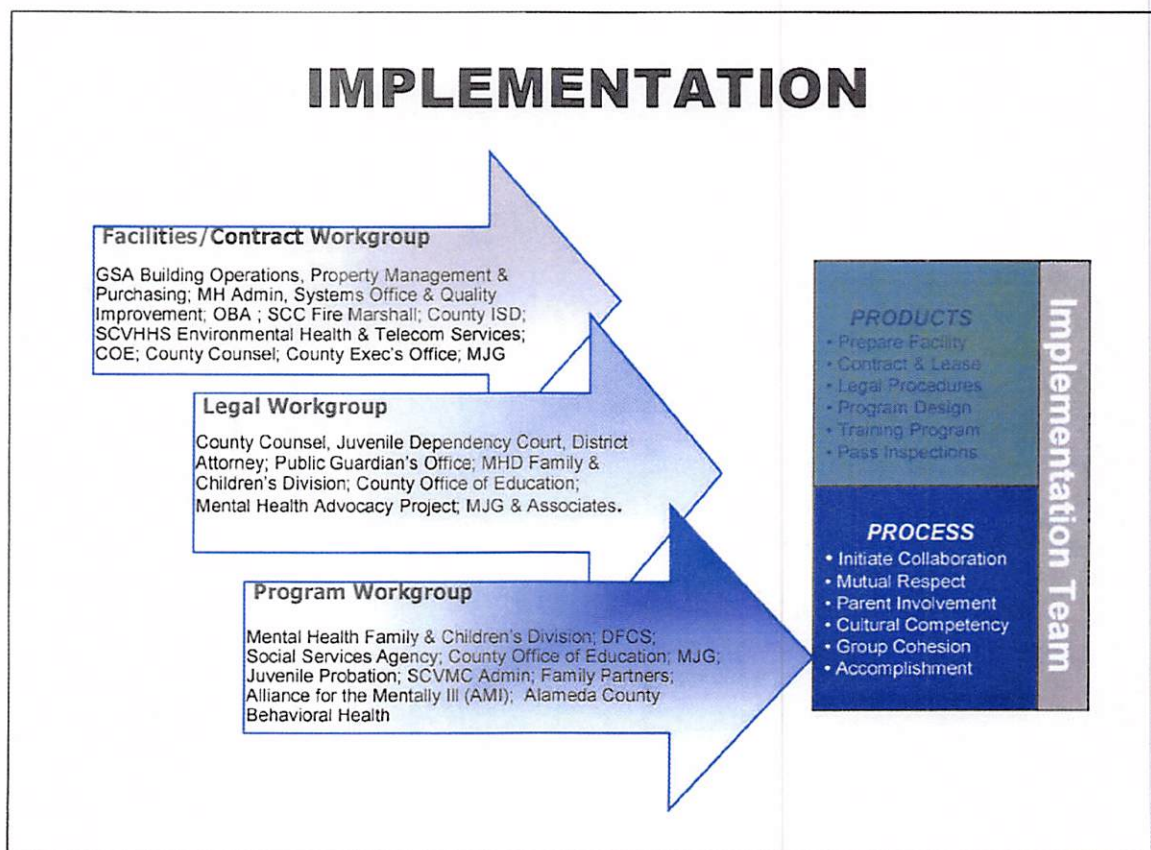
What are some of the unique regulatory provisions for the CTF?

- Certification by DMH
- Capacity for being locked
- Use of seclusion and restraint permitted
- LOS > 90 days allowed through review by external case manager
- Specific patient rights defined (as for a mental health patient, i.e., possibility of denial of rights, right to hearing; Title 9 and WIC)
- Specific admission policies (i.e., certification of SED status by LMHP and previous participation in less restrictive mental health interventions and consent to treatment on behalf of child (6552/ Tcon/ Conservatorship/ Roger S)
- Specific staffing requirements: more staff, higher staff qualifications, more staff orientation and training required

Starlight: A Collaborative Creation

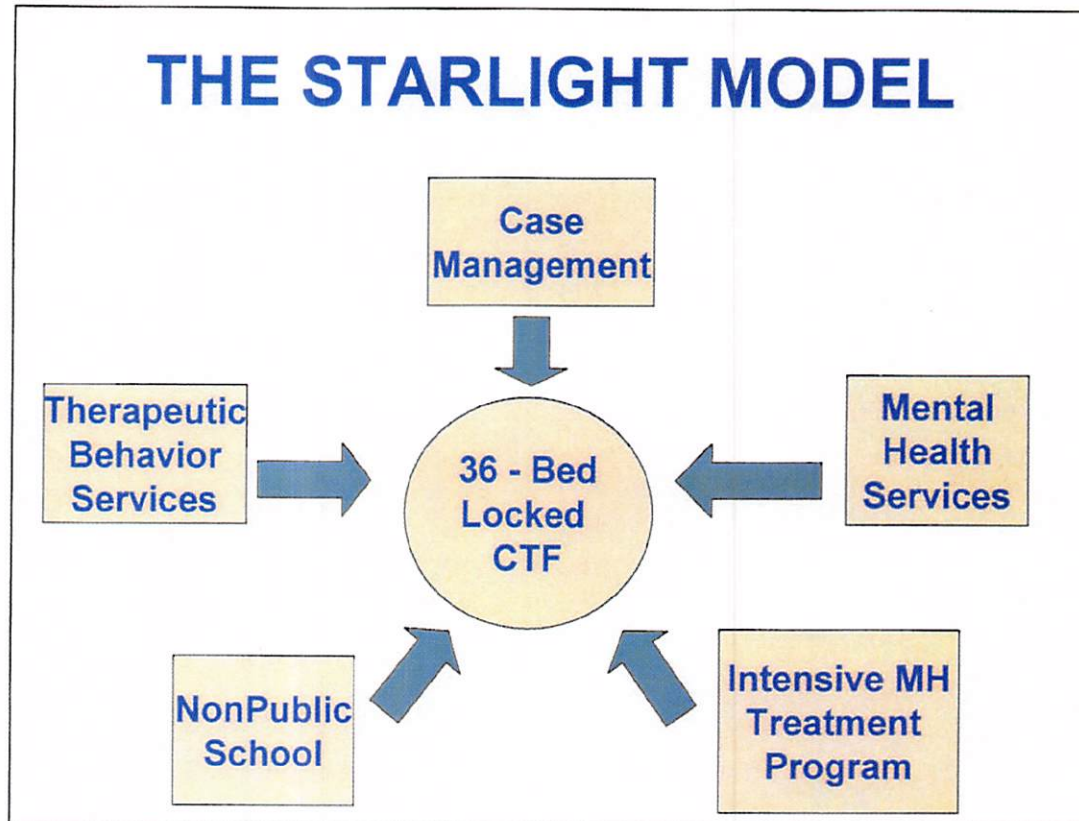
In 1999, Santa Clara County was selected as a host county to develop California's first CTF for SED youth. This county's Department of Mental Health serves more than 6,000 wards and dependents and another 500 AB3632 Special Education students, many of whom are in out of home placements. Services for the most seriously ill of these youth are coordinated through an Interagency Team of placement, administrative, and program staff representing the Mental Health Department, the Social Services Agency, and the Probation Department. In addition, since 1998, the Board of Supervisors has committed significant resources to ensure that children placed out of home receive needed and appropriate services. In all, there were more than 500 County "stakeholders" who collaborated with Stars Behavioral Health Group principals in the design and implementation of Starlight Adolescent Center.

The County implementation process is illustrated in the diagram below. Three workgroups (Legal, Program & Facilities/Contracts) were established to facilitate the implementation process. These groups met weekly for almost 6 months to prioritize and expedite the start-up tasks. Mental Health Department staff and legal stakeholders resolved and formalized legal issues regarding admission and medication consents. Staff from the Mental Health Department, Social Service Agency, Juvenile Probation Department, and County Counsel developed training materials and held trainings for 75 placement workers & others to educate front-line staff about program and admission processes.



Starlight: A Special Program for Youth with Special Needs

The Starlight model, philosophy, services, and goals and the most common client symptoms are summarized in the boxes below.



STARLIGHT SERVICES

- Comprehensive evaluations
- Psychotherapy
- Psychoeducational skills development
- Recreational activities
- Social services & case management
- Dietetic services
- Medication & medication monitoring
- Educational services

MOST COMMON CLIENT PROBLEMS

- Assaultive
- Suicide attempts
- Runaway attempts
- Sexual acting out
- Explosive tantrums
- Hallucinations and delusions
- Paranoia

STARLIGHT PHILOSOPHY

- Safety and supervision
- Positive youth development
- Expectation of success
- Enhancing quality of life
- Achieving of independence
- Interagency collaboration
- Family participation
- Results orientation
- Cultural competence
- Comprehensiveness
- Transitional services

STARLIGHT GOALS

To provide an intensive treatment program to SED adolescents which maintains them in their community setting and assists them and their family/caregiver to return as soon as possible to their family environment.

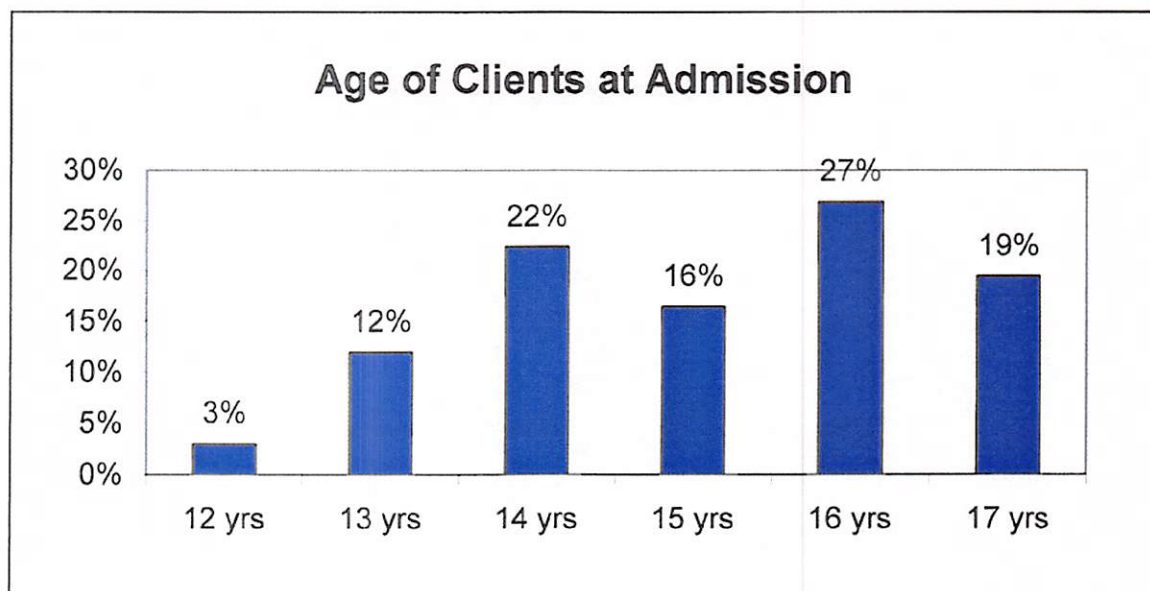
Population of Starlight (Age, Sex, and Ethnicity)

Between October 15, 2000 and October 15, 2002 April 1, 2002, a total of 65 youngsters were admitted to Starlight. Slightly more than half of the clients (52%) were girls and slightly less than half were boys.

The ethnic distribution of the Starlight clients is shown in the table below. Because Starlight includes youth from various counties in Northern California, this table includes comparison data of children in out-of-home placements in both Santa Clara County and in California as a whole.

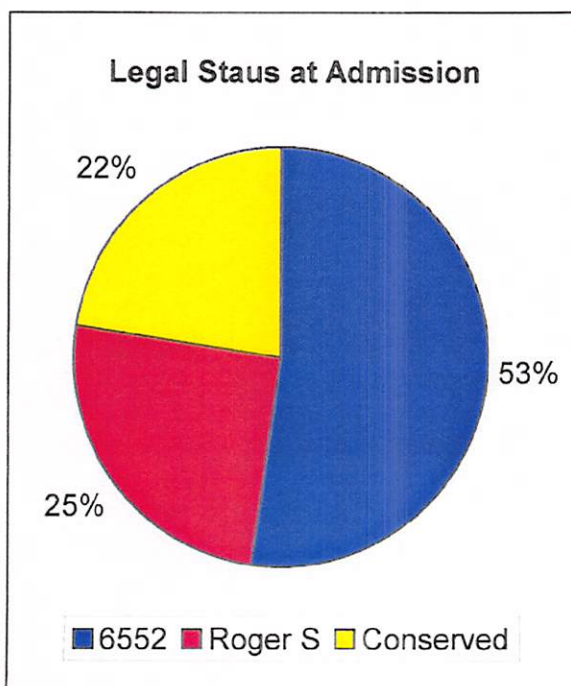
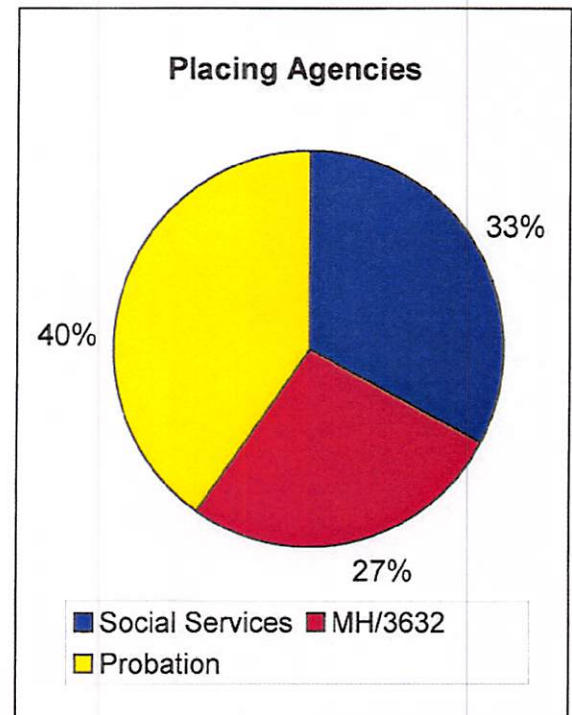
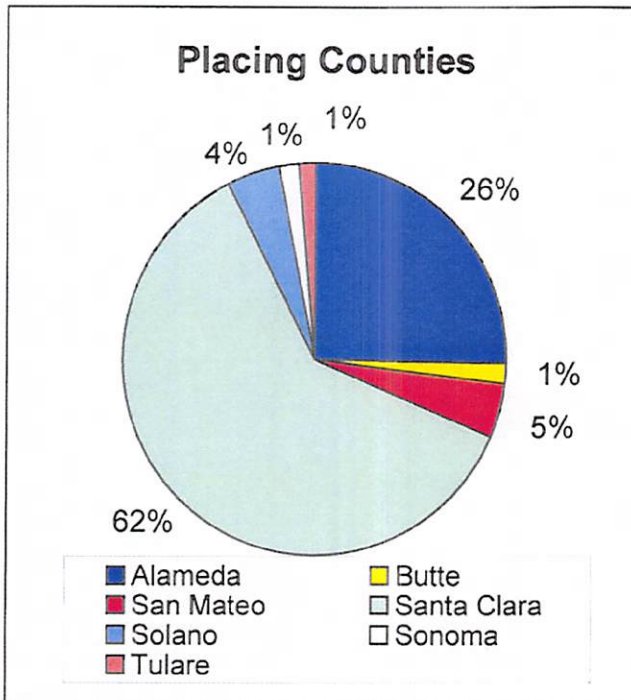
DATA ON ETHNICITY OF CHILDREN IN OUT-OF- HOME PLACEMENTS			
	Starlight	Santa Clara County	California
Black	18%	15%	36%
White	45%	27%	30%
Hispanic	34%	51%	32%
Asian	1%	6%	2%
Native American	1%	<1%	<1%

The clients ranged in age from 12 to 17 years at admission, and their average age at admission was 15.1 years (± 1.4). As illustrated in the graph below, the most common age at admission was 16 years.



Placing Agencies, Counties, Legal Status, Prior Histories

Starlight's clients were referred by the Departments of Social Services, Mental Health, and Probation from various counties in Northern California. Information about the placing counties, placing agencies, legal status of the clients, and prior histories of the clients is summarized below.



Prior Histories

Prior to admission, most of the clients were residing: in Juvenile Hall (47%), in a psychiatric hospital (18%), or with family (15%).

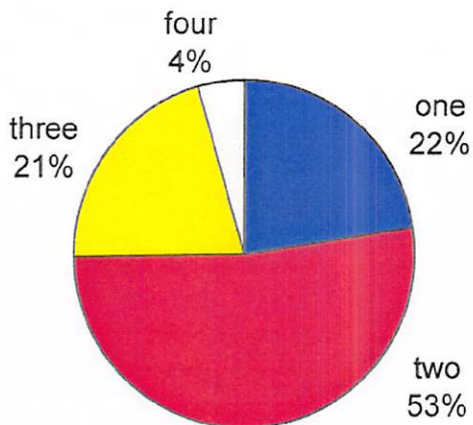
Previous Psychiatric Hospitalizations: 84% of the clients had previous psychiatric hospitalizations, and 43% had 4 or more such hospitalizations. Several clients had had 12 psychiatric hospitalizations.

Previous Failed Group Home Placements: 87% of the clients had a history of at least one failed group home placement, and more than a quarter of the clients (28%) had 5 or more failed group home placements.

Client Diagnoses and Functional Levels

All Starlight's clients have serious psychiatric diagnoses (according to DSM-IV diagnostic criteria), and most (78%) have more than one such diagnosis. The table and charts below illustrate the number and types of psychiatric diagnoses found at Starlight.

Number of Psychiatric Axis I Diagnoses Per Client



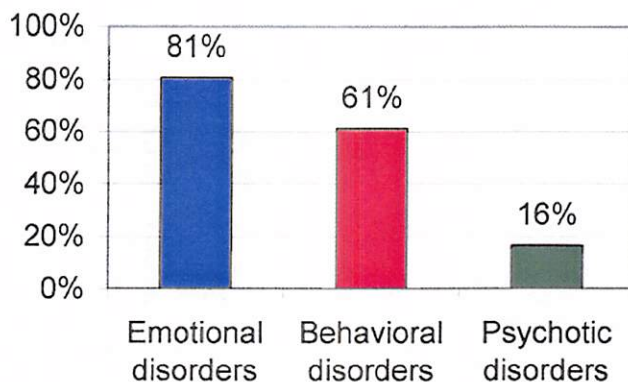
Global Assessment Scores

The average "GAF" scores for the clients at admission was 37.9 (± 11.3).

Almost half of the clients (48%) had scores in the 31-40 range, indicating major impairments in several areas (e.g., persistent aggression without instigation, markedly withdrawn and isolated, or suicidal attempts with clear lethal intent, affecting behaviors at home, school, with peers, or in society at large). Another 26% of the clients had scores below this range, reflecting even more serious difficulties (e.g., inability to function in almost all areas or need for supervision to prevent hurting self or others).

Emotional disorders (e.g., depressions, bipolar disorder, obsessive-compulsive disorder and PTSD) affected 81% of Starlight's clients. Behavioral disorders (e.g., oppositional-defiant disorder, conduct disorder, and ADHD) were present in 61% of the clients. Psychotic disorders (e.g., psychosis not otherwise specified, schizophrenia, and schizoaffective disorder) were present in 16% of the clients.

Types of Psychiatric Disorders in the Starlight Population



Diagnosis	%
Depression NOS	21%
Major Depression	24%
Dysthymia	6%
Bipolar	18%
Obsessive compulsive	1%
PTSD	25%
Gen. Anxiety	1%
Mood NOS	4%
Oppositional-defiant	25%
Conduct	25%
ADHD	27%
Intermittent Explosive	6%
PNOS	9%
Schizoaffective Disorder	4%
Schizophrenia	3%

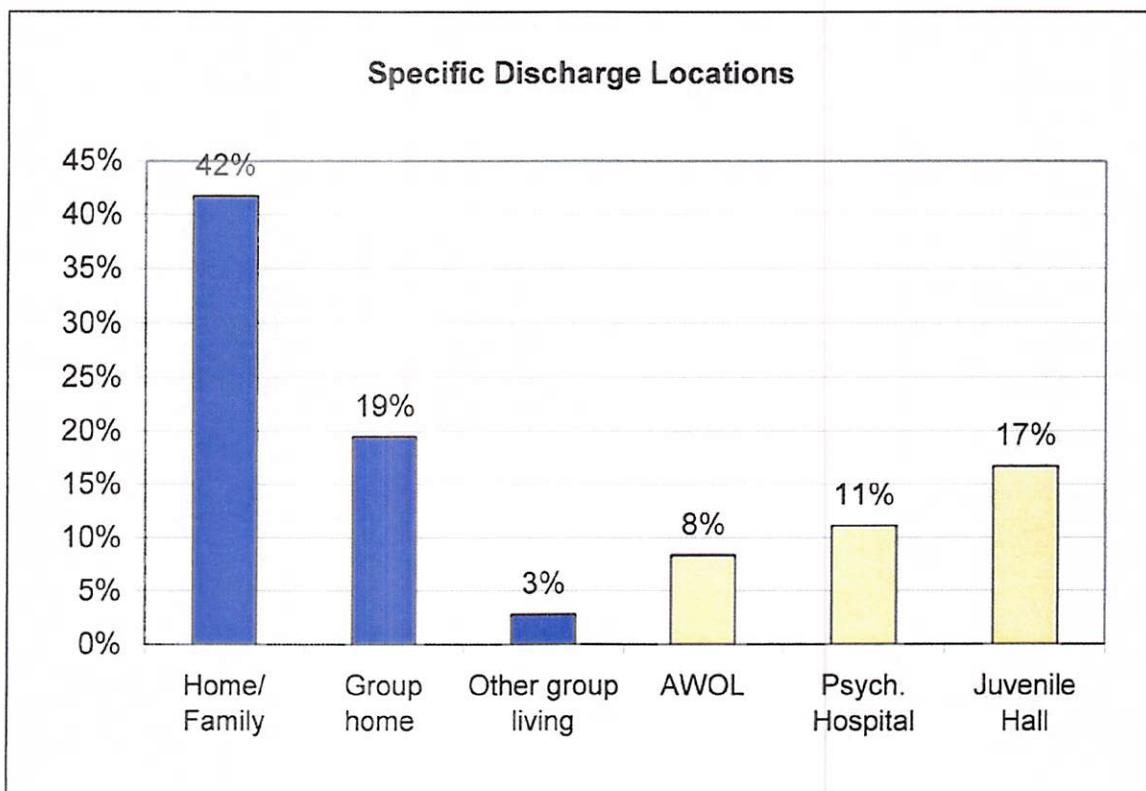
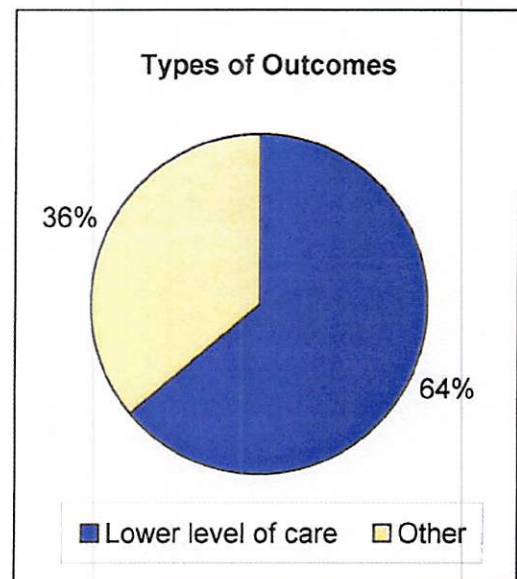
Outcomes

As of October 15, 2002, 36 clients have been permanently discharged from Starlight. Twenty-three of these (64%) were discharged to lower levels of care and 13 (36%) had other types of discharges.

The specific discharge locations for these clients are illustrated in the bar graph below. The most common type of discharge was family reunification (occurring with 15 clients or 42% of the discharges). For the most part, these youth had been alienated from their families for long periods of time, so this is a significant accomplishment.

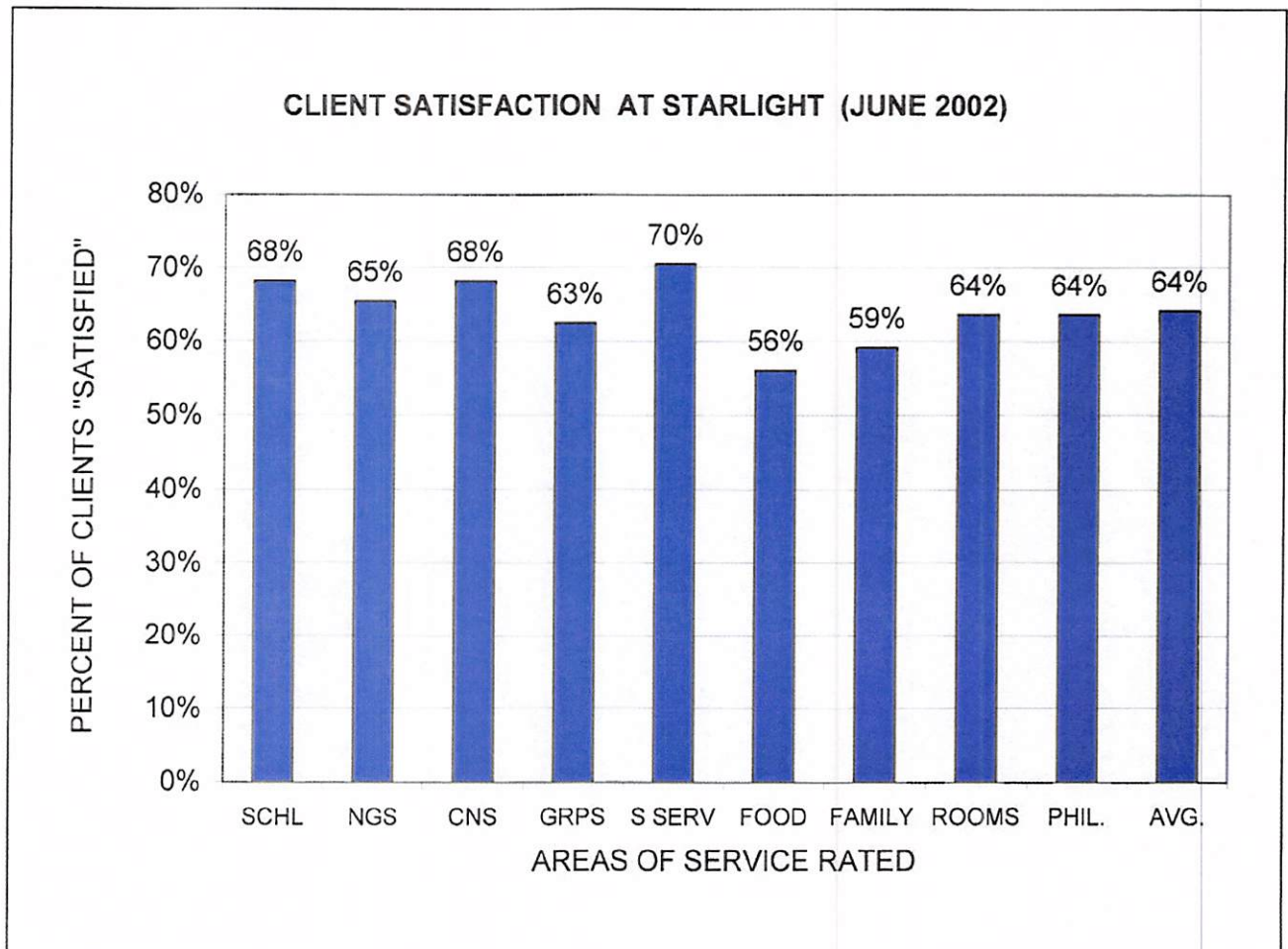
The next largest group of discharges were to group home settings. Seven clients (19% of those discharged) were successfully placed in community group homes and one other client was placed in another group living situation.

"Unsuccessful" discharges included three clients who AWOLed (8% of the discharges), four clients who were psychiatrically hospitalized, and six clients sent to Juvenile Hall. Those who were sent to Juvenile Hall had received many services and much support at Starlight; however, they were not amenable to mental health treatment.



Client Satisfaction

The chart below summarizes the results of the most recent Client Satisfaction Survey (done in June 2002). The areas rated included: school services, nursing services, counseling, groups and rehab activities, social services/case management, food, family services, rooms/the facility, and the treatment philosophy. When all of these areas were averaged, 64% of clients were found to be "satisfied" or "very satisfied" overall. Another client satisfaction survey will be done during November 2002.

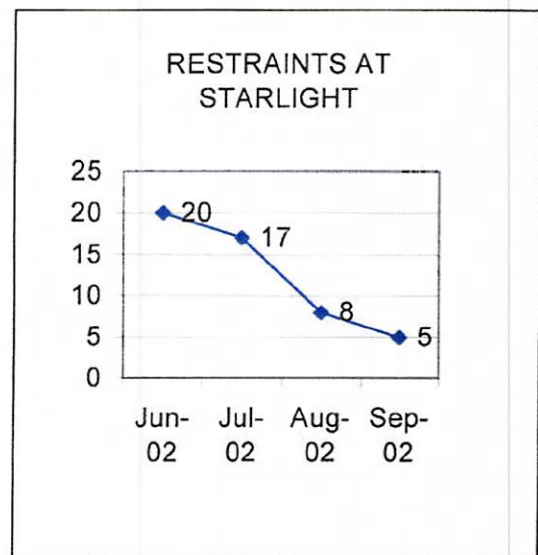
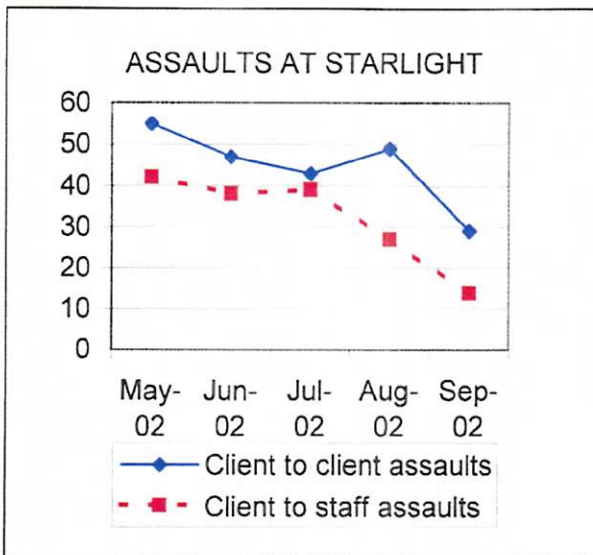


Clinical Quality Indicators

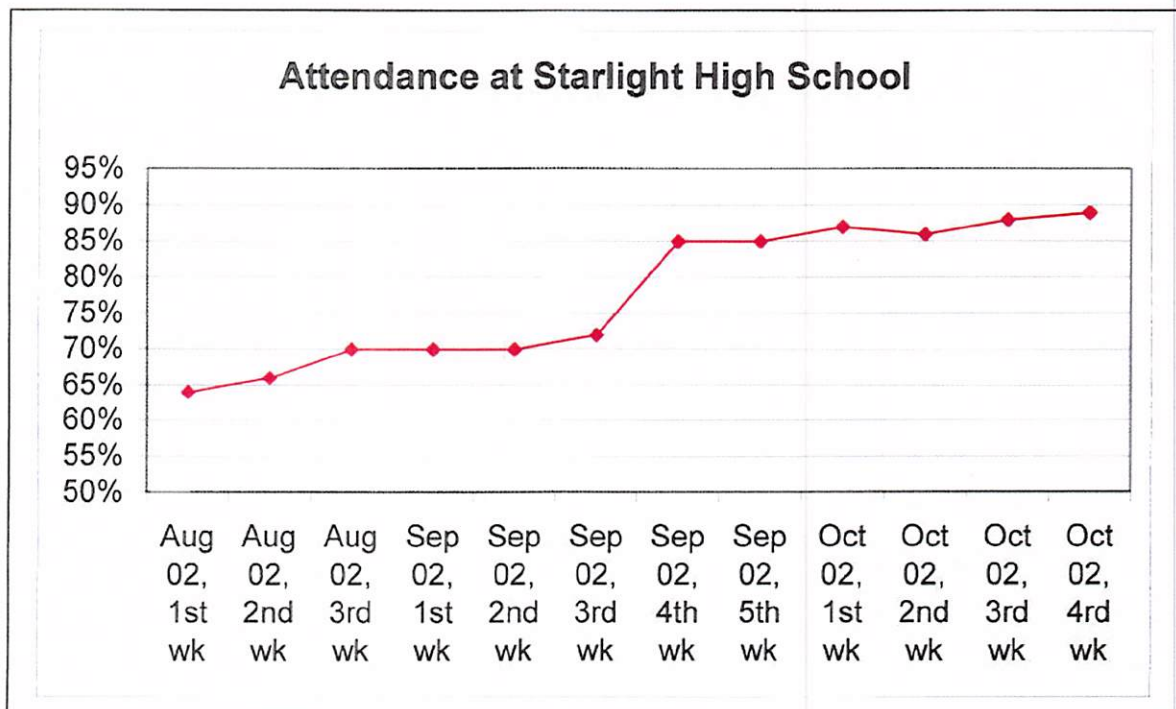
Starlight has a The Quality Improvement System which focuses on critical aspects of treatment and care. It continuously collects data; identifies problems; recommends corrective actions; and monitors and evaluates functioning. Two recent concerns at Starlight have been high rates of assaults and high rates of restraints.

The two charts on the following page illustrate how assault episodes have been reduced by approximately half between May and September 2002 and the use of restraints has

been reduced by approximately 75% between June 2002 and September 2002.



Another recent quality improvement project was to improve attendance levels at Starlight High School. A Quality Improvement Team formulated a set of recommendations in early September and since then, school attendance has steadily increased. As illustrated in the chart below, in September alone, average attendance (for all students and all classes) went from 70% in the first week to 85% by the end of the month. By the end of October, rates had gone to 89%.



Issues and Accomplishments

Opening the first CTF in California was a complex undertaking even with the full support of the State and County Departments of Mental Health and other State and County agencies including Community Care Licensing. For those areas which have represented special challenges to the program, the current progress and/or upcoming plans or goals are summarized below.

- **Staff recruitment and retention:** In last 6-9 months, the staff recruitment and retention situation in the San Jose area has significantly changed due to the economic factors in the South Bay. All positions including both Nursing and Social Work are now being filled at Starlight without difficulty.
- **Client acuity and appropriateness:** As the data presented earlier in this report illustrate, the youth being referred to Starlight have high acuity levels and multiple, very serious psychiatric disorders including psychoses, major mood disorders, and serious acting-out or behavioral disorders. Many came from acute psychiatric hospitals where they had received intensive psychiatric interventions including multiple psychotropic medications. Others came from Juvenile Hall, and brought with them a mindset of treatment noncompliance.

Starlight has worked hard to develop a "Clinical Pathways" program that includes tailored combinations of medications, counseling, rehabilitation groups, and other treatments specifically designed for different clinical profiles. Nonetheless, there are some youth who are not amenable to mental health treatment. A goal for the upcoming year is to refine the patient referral process so that all referrals are appropriate for Starlight's services and meet the SED criteria.

- **Family issues:** The majority of the youth referred to Starlight have been placed away from families and have lacked close consistent role-models for long periods of time. Families have been an increasing focus at Starlight, with special emphasis on our "Multifamily Group" and a new "Parent Partner" program. Starlight is finding that even the most troubled families are showing signs of reengaging with their youth and working as part of the treatment team in a renewed effort to improve their relations with their youngsters. Starlight is very proud of having achieved family reunifications for 42% of its youth. It is our hope that, through our "transition aftercare program" the youth who are "graduating" from residential treatment in Starlight will have the guidance and support necessary to ensure continuing success in the community and with their reunified families.
- **Community Day Treatment:** During the last few months, considerable progress has been made in developing our community based aftercare program which is composed of a NonPublic School and Intensive Day Treatment. Currently ten youngsters attend school, day treatment, or both. The youngsters enrolled include STARLIGHT CTF graduates as well as Community youth.
- **TBS Services:** Therapeutic Behavioral Services at Starlight have expanded to include youngsters in the Community Program as well as those in the County Children's Shelter.