

# HEALTH AND HUMAN SERVICES COMMITTEE



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# **HEALTH AND HUMAN SERVICES COMMITTEE**

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## **HEALTH AND HUMAN SERVICES COMMITTEE**

In 2000, the County combined the Health Care Services departments with the Human Services System to form the Health and Human Services System. Under this structural reorganization, the Health and Human Services Committee of the Grand Jury had nine (9) departments to investigate, compile findings and make recommendations for improvement. These departments included eight from the Human Services System (HSS), which are: Behavioral Health, Public Health, Children's Services, Transitional Assistance, Aging and Adult Services, Preschool Services, Veterans Affairs and Community Services, and the separate department of the Arrowhead Regional Medical Center (ARMC).

Due to the enormity and scope of these departments, the committee chose to focus its attention and research in the following four areas:

- Aging and Adult Services
- Behavioral Health
- Children's Services
- Veterans' Affairs (no recommendations were made)

The committee interviewed the appropriate department heads and staff and collected pertinent information resulting in the following final reports.

## DEPARTMENT OF AGING AND ADULT SERVICES

### BACKGROUND

The Department of Aging and Adult Services (DAAS), with a staff of 345, provides services and programs for senior citizens and adults with disabilities throughout the County. It administers all funds under the Older Americans Act. This department is also mandated to receive reports of adult abuse and to administer the In-Home Supportive Services and Adult Protective Services programs. DAAS has offices in the Morongo Basin, Needles, Big River, San Bernardino, Rancho Cucamonga, Victorville, Barstow, Ontario, Redlands, Yucaipa and Fontana. The goals of the department are to empower seniors and at-risk adults by providing services, and working with individuals, service providers, and communities to improve or maintain choice, independence, and quality of living.

The senior (60+) population of San Bernardino County has grown 36% over the past ten years, currently numbering more than 200,000.

The first step taken to develop the idea of an "Aging and Adult Network" was introduced seven years ago. DAAS saw a need to help seniors preserve their independent lifestyles where possible, to offer consumer participation in program planning, to provide preventive services, home-and-community based-support and institutional care, to have a compassionate delivery of services, to offer a commitment to consumer-focused, client-centered delivery of services, and to utilize professional staff that has the proven knowledge and skills in the delivery of services. All of the above would be encompassed in the principles of the Aging and Adult Network.

According to the San Bernardino County Department of Aging and Adult Services and Advocacy Network (SBCAN) report of April 25, 2001, the historical events leading up to the creation of the Aging and Adult Network were:

1. ***Need for Advocacy.*** *Tight resources, multiple constituent groups, often making conflicting requests to policy makers and elected officials, and changing system design resulting in turf issues, must be addressed in order to transition effectively to meet expanding and changing needs of our senior and adult with disabilities population. Responsible advocacy from, and on behalf of, the senior and adult with disabilities communities will be essential.*

2. ***Growth of Senior and Adult with Disabilities Population.*** Demographic projections show a sharp increase in this population when the baby boomers reach age 60. Currently the fastest growing segment within the senior population is the group of individuals over age 75. More than 72 percent of those over age 65 (144,000) in the County live at or below the poverty level.
3. ***Need for Education on Issues.*** It is these latter two segments of the senior population cited above, that will require special services (health, recreation, housing, nutrition, social). Their growing needs will impact our social, education, and family institutions, as well as how business and government function. Elected officials, policy makers, and administrative leaders, must understand these future trends and position San Bernardino County to prepare for the resulting need for services.
4. ***Creation of Children's Network.*** In 1985, in response to growing concerns about the fragmentation of services available to children in need, the San Bernardino County Grand Jury recommended that an interagency council be established to study and coordinate children's services for the County. The Children's Network was designed the following year with leadership from the Juvenile Court, Board of Supervisors and other County department directors serving "Children at Risk". As happened with the Children's Network of San Bernardino County, this proposal to action is focused on accomplishing the same for the senior and adult with disability communities.

## **FINDINGS**

The Aging and Adult Network is being developed to serve seniors (65+) and disabled adults in order that they may maintain or improve their choices, independence, and quality of living. The "Network" would establish the standard that all recipients are to be treated with dignity, empathy, and respect for their self-worth. Its purpose is:

- To support the development of a comprehensive system of access and services by improving communication, planning, coordination, and collaboration among agencies;
- To provide a forum for clarifying perceptions and expectations about programs between County agencies and the community;

- To recommend and set priorities for DAAS, interagency projects, and for the Board of Supervisors relative to issues and programs impacting seniors and adults with disabilities;
- To implement public and private collaborative programs to better serve the targeted population;
- To advocate for the needs of the senior and disabled adult population.

The components of the Network would be a policy council, a service management team, issue-specific task forces, a service provider council, an adult advocacy council, regional councils, consumer groups, provider groups, and a senior and disabled fund. Each of these components would have its own stated purpose, responsibilities, and membership as outlined in the Network guidelines, which are on file in the DAAS office.

The staff of DAAS has voiced the opinion that the County needs to position itself to prepare for coming State grant policy program changes, including integrated funding and reporting requirements, accountability for fund utilization, and for changing constituent expectations of government services. To help achieve these goals and to obtain the necessary funding for the success of this program, a grant writer familiar with outside resources has been suggested by the DAAS staff. Monies generated by a grant writer would enable consumers to receive care in the least restrictive setting and at the appropriate level in a fiscal environment conducive to preventive health and rehabilitation.

DAAS does not have a confidential form for the exchange of private information about clients that would help facilitate the processes of the Network. The Children's Network has a *"Children's Interagency Consent to Exchange Confidential Information Protocol and Consent Form"* approved by the Board of Supervisors in 1992. This form, adapted to apply to seniors and dependent adults, would facilitate a full continuum of care.

## **RECOMMENDATIONS**

- 01-57 THE BOARD OF SUPERVISORS ADOPT THE PROPOSAL TO DEVELOP AN "AGING AND ADULT NETWORK", PATTERNED AFTER THE CHILDREN'S NETWORK, AS A MEANS TO REACH OUT TO SENIOR CITIZENS AND DEPENDENT ADULTS IN OUR COMMUNITY.

- 01-58 THE DEPARTMENT OF AGING AND ADULT SERVICES WORK WITH A GRANT WRITER TO RESEARCH ALL AVAILABLE FUNDS TO SUPPORT THE NEEDS OF THE "NETWORK".
- 01-59 THE DEPARTMENT OF AGING AND ADULT SERVICES DEVELOP AN INTERAGENCY PROTOCOL AND CONSENT FORM FOR SENIOR CITIZENS AND DEPENDENT ADULTS TO EXCHANGE CONFIDENTIAL INFORMATION.

## DEPARTMENT OF BEHAVIORAL HEALTH

### **BACKGROUND**

Under State law, the Department of Behavioral Health (DBH) provides mental health treatment and prevention services to all residents with mental illness or substance abuse disorders. The department contracts with Arrowhead Regional Medical Center (ARMC) and seven private hospitals for the provision of 24-hour Inpatient acute and residential care. DBH has an Outpatient Alcohol and Drug Program (OADP), day treatment clinics, outpatient services, and case management. Behavioral Health has offices in all regions of the County including the High Desert, West End, mountains, east and central valleys.

Prior to 1999 Behavioral Health's Hospital Inpatient Unit was administered and funded by DBH. Currently, the Director of ARMC is administering Arrowhead Regional Medical Center Behavioral Health (ARMCBH), but the funding for all inpatient care is controlled by DBH.

The Department of Behavioral Health's philosophy is to have one comprehensive community-based interagency system of mental health care that addresses the unique needs and strengths of patients and their families who have diverse cultural backgrounds. The basic premise of system of care is to redirect money into local levels of care in order to maintain clients in the community as much as possible.

### **FINDINGS**

The system for the transfer of psychiatric inpatients to DBH clinics is not well developed. At the time of the patient's discharge from ARMCBH, hospital staff schedules an outpatient discharge appointment for the patient with a Behavioral Health outpatient clinic in the area in which the patient resides. Patients (also described by DBH as consumers) are supplied with medications for two weeks post-discharge. After their follow-up outpatient appointment, medications are reassessed and reordered, providing the appointment is kept. Statistics show there is ***an approximate 58%*** no-show rate for these follow-up appointments.



**Barriers to mental health care include:**

1. Lack of collaboration between inpatient and outpatient treatment regarding case management services.
2. Lack of adequate transportation for outpatients to and from appointments.
3. Lack of childcare facilities in the outpatient clinics.

**Case Management**

According to DBH, case management is a difficult concept to define as it is usually used to describe a multitude of activities and services. DBH is responsible for the case management of outpatients, which is an organized approach to evaluating the health care needs of a patient. Case management identifies appropriate services to meet those needs, chooses the most cost-effective setting and providers, coordinates the delivery system by maintaining communications among providers (ARMCBH), patients and payers, and monitors the patient's progress.

Case management is not a substitute for treatment services but a way of assuring that services are delivered to those who need them the most in an efficient and appropriate manner, and that other aspects of the patient's life (housing, shelter, work, relationships) are also emphasized so that patients might have a richer, more satisfying life. A case manager would assist the patient to navigate and understand the service systems available and to obtain the following:

- Cash benefits (Food Stamps, General Relief, Medically Indigent Aid, SSI, SSA, SDI, SSDI, and Medi-Cal)
- Housing: placement in licensed facility/independent housing
- Transportation
- Medications
- Employment
- Physical health services
- Dental services
- Payee services
- Advocacy/facilitation assistance
- Crisis intervention
- Problem resolution to overcome barriers to services/treatment

Since 1993 DBH has followed the Rehabilitation Model as prescribed by the California Department of Mental Health. This model is one in which the patient's goals and needs are a priority over the goals of the mental health system. Because case managers provide support and information to patients and their families, they need unlimited access to inpatients and should be contacted immediately by the hospital when a patient is admitted to the hospital. Case managers need to meet the patient within 1-2 work days after admission to the hospital to determine which goals the patient needs to achieve in order for him or her to maximize their functioning in the community. Case managers work with the patient to help him/her with finances, appointment schedules, after-care issues and/or family linkage. Case management is a coordinated strategy for patients with chronic mental illness to obtain the services they need, whenever and for as long as they need them.

DBH believes that a case management system does reduce "no-shows" in outpatient clinics.

**Both ARMCBH and DBH have suggested that a collaborative effort between the two departments is needed to improve the case management system of care for the benefit of the patients.**

### **Lack of Transportation for Patients to Appointments**

Depending on where the patient lives and where the outpatient clinic is located, even if a bus pass is issued, patients might be required to transfer from one bus to another or walk a long distance to get to the clinic. Some patients are not capable of completing this sort of task. For example, in Victorville the clinic is located approximately one mile from public transportation, which discourages patients from keeping their appointments. If a department vehicle were available the patient would be more likely to keep his/her appointment.

There are 24 outpatient clinics located throughout San Bernardino County that serve the 30,000 patients seen yearly by DBH. Presently the department has 46 vehicles available countywide (See Exhibit A). DBH could expand its outreach program if it could increase the number of vehicles.

## **Lack of Childcare Facilities**

DBH does not provide childcare at their clinics. Lack of childcare discourages patients from keeping their outpatient appointments. The waiting rooms at the clinics are not designed to accommodate children. Staff is not available to monitor these children while their parents are in treatment.

According to the Board of Supervisor's agenda of March 20, 2001, the Transitional Assistance Department (TAD) established on-site childcare drop-in centers in various TAD offices. The pilot project has been deemed successful and will be implemented countywide. The State Department of Mental Health does not provide funding for childcare services. DBH has trust fund money available for childcare services at present, but new funds would be needed to fund an on-going program. The DBH Perinatal Program **does** provide child care services. This very successful program is funded by a grant from the Federal government.

## **RECOMMENDATIONS**

- ✓ 01-60 PROVIDE A TRUE CASE MANAGEMENT SYSTEM IN BEHAVIORAL HEALTH AS PART OF THE DISCHARGE PLANNING, WITH LINKAGE TO THE HOSPITAL AND ONGOING OUTPATIENT TREATMENT.
- ✓ 01-61 INCREASE THE AVAILABILITY OF TRANSPORTATION TO BEHAVIORAL HEALTH OUTPATIENT CLINICS.
- ✓ 01-62 PROVIDE LICENSED CHILD CARE FACILITIES AT ALL BEHAVIORAL HEALTH OUTPATIENT CLINICS.
- ✓ 01-63 WORK WITH THE TRANSITIONAL ASSISTANCE DEPARTMENT IN FUNDING CHILDCARE SERVICES FOR BEHAVIORAL HEALTH OUTPATIENT CLINICS.

**Department of Behavioral Health  
VEHICLES AND DRIVERS TRACKING LOG**

<b>Clinic Name</b>	<b>Number of Vans</b>	<b>Number of Cars</b>	<b>Number of Drivers</b>
Agewise	1		
Barstow Clinic		1	
CalWorks High Desert		1	1
CalWorks San Brdno.	2		2
CalWorks Ontario/R.C.	1		
CCC - D Street	2	2	
CCC - Foothill		1	
CCICMS	2		
CONREP		2	
CSOC	1	1	
Homeless	2		
IMD		1	
Jail Services		2	
Phoenix - Home Run Pgrm	1		1
Pisces	1		
Property Management		3	
R.C. Home run Program	1		2
Referral & Placement	1	2	
STAR Program	1		
Upland CC - Affirm	1		
Victor Valley	2	2	
Central Valley	1	2	
Perinatal Fontana	2		2
Chino	1		
Victorville	3		2

**26                      20**

**Total number of vehicles                      46**

*Most vehicles are driven by clinical staff, unless a driver is specified above.*

# **DEPARTMENT OF CHILDREN'S' SERVICES**

## **CHILDREN'S ASSESSMENT CENTER**

### **BACKGROUND**

According to the Children's Fund in San Bernardino County, child abuse is now the leading cause of death of children under the age of four in the United States. When abused children were referred to Child Protective Services they were interviewed individually by multiple agencies involved in the processing or investigation of cases, resulting in unnecessary trauma during the process.

### **FINDINGS**

In 1992 the Children's Network Policy Council established a task force comprised of designated representatives from Child Protective Services, County Medical Center, Public Health Department, Department of Behavioral Health, District Attorney, Sheriff, Juvenile Court, Family Law Court, County Counsel, Loma Linda University Medical Center, Children's Fund and the Children's Network. Their mission was to explore a method to reduce trauma to the children who were victims of sexual abuse. The task force developed an innovative solution: a public/private partnership between the County of San Bernardino and Loma Linda University Children's Hospital.

In 1994 a Child Assessment Center opened, sponsored by Loma Linda University Medical Center and San Bernardino County. One hundred forty-eight (148) children were processed that year and the number has increased by increments of 150 per year, to the present 900 children seen in 2000. Sexually abused children were the primary focus. Since 1998 physically abused children have also been seen.

A cooperative effort by the County, the Children's Fund and private benefactors resulted in the present Children's Fund Assessment Center facility on Tippecanoe Street in San Bernardino, which opened in October 1999. Vulnerable children who have become trapped and neglected and who desperately need attention and compassion are seen at this facility.

A special effort was made to design the interior of the building to provide a child-friendly atmosphere. Interview rooms are decorated with animal murals hand painted by volunteers. Stuffed animals for the children to cuddle are strategically placed throughout the facility. The *Wall of Honor*, in the Center's entry, is made of 4" x 4" ceramic tiles which individuals can purchase for a \$100 donation. It is not only colorful, but a unique fund-raiser. The design of each tile has an individual donor's name transferred onto the tile for perpetuity.

Agency personnel involved in each case can be present in the 2-way mirror observation rooms when specially trained staff forensically interviews the child. A forensic physical exam is performed by a pediatric physician specialist and can be viewed later by videotape. This physician writes a report of the findings and includes photos, and testifies in court as necessary. This facility offers a one-stop multi-disciplinary approach to an investigation. The traumatized children benefit by only being exposed to one complete and quality investigative process.

Referrals come from the 13 law enforcement agencies in the County. They currently pay \$500 annually for a membership to the Children's Assessment Center and a fee of \$50 per exam of a child. Referrals also come from the Department of Children's Services and Family Court. There are monthly multi-disciplinary team meetings to provide an opportunity for these children's cases to be reviewed by team members, ensuring the best system of care for the clients.

## **COMMENDATIONS**

THE GRAND JURY COMMENDS THE EXEMPLARY COOPERATIVE EFFORT BY THE COUNTY OF SAN BERNARDINO, CHILDREN'S FUND, LOMA LINDA UNIVERSITY CHILDREN'S HOSPITAL AND PRIVATE BENEFACTORS THAT RESULTED IN THE CHILDREN'S ASSESSMENT CENTER IN SAN BERNARDINO.

THE GRAND JURY COMMENDS THE CHILDREN'S FUND FOR ITS ONGOING FINANCIAL SUPPORT TO THE CHILDREN'S ASSESSMENT CENTER.

THE GRAND JURY COMMENDS THE VOLUNTEERS WHO DESIGNED, DECORATED AND PAINTED THE ANIMAL MURALS FOR THE CHILD-FRIENDLY INTERVIEW AND EXAM ROOMS.

THE GRAND JURY RECOGNIZES THE VALUE OF THE CENTER'S *WALL OF HONOR* AS AN OUTSTANDING FUND-RAISING TOOL.

## **JUVENILE DEPENDENCY COURT FACILITIES**

### **BACKGROUND**

With a staff of almost 800, the Department of Children's Services (DCS) administers programs designed to address child abuse and neglect in San Bernardino County. Its mission is *"to maintain families whenever possible, and when not possible, to provide the best permanent plan for the child."* DCS staff is required to work and conduct the business of child placement at the Juvenile Dependency Courts.

As stated by the Chairman of the Board of Supervisors, *"As a society, we have a responsibility to care for the children, our children, that are abused, forgotten and neglected."*

The Juvenile Dependency Courts have been housed in modular buildings since 1997. These facilities are located in an open, unrestricted area on the eastern portion of the vacated County Medical Center. They are overcrowded and inadequate for conducting official business. There are only two small courtrooms. There is only one small 8' x 10' room in the lobby that is used by all attorneys and their clients for private conferences.

The current modular court facility is 6,118 square feet and the adjacent facility is approximately 3,200 square feet. There are two 4' x 6' holding cells that do not contain restroom facilities, water station, and an attorney/client conference room as required by State regulations. There are an insufficient number of holding cells to meet the requirement of separate holding facilities for men and women. Children entering the courtroom can see their incarcerated parents in these holding cells located directly outside the courtroom entries.

County Counsel offices and additional DCS staff are located in a separate building across the street from the trailers. These County entities provide services to children and their families that include legal service representation, social work, and Medi-Cal and food stamp services. The existing facilities service up to 150 people each day, including children, parents, guardians, attorneys, and staff.

## **FINDINGS**

In San Bernardino County, 33% of the present population is under the age of 17. Of these children, almost one in ten is likely to be a victim of abuse. In 2000 there were 24,334 reports of child abuse and neglect involving 50,030 children in the County, an increase of 7.8% over 1999, according to County statistics. DCS stated that among the reasons for the increase in child abuse referrals are the County's huge population growth over the past ten years and increasing substance abuse in families, which is a factor in 75% of the cases. Children who are found to suffer severe abuse and neglect come under the jurisdiction of the Juvenile Dependency Court, a division of Superior Court. There is only one Dependency Court in the County. It is located in the City of San Bernardino. Children under the jurisdiction of this Court are placed in the custody of DCS for purposes of care and supervision. The department is considering alternative ways of dealing with heavy caseloads, such as hiring more social workers with Bachelor's degrees instead of requiring Master's degrees.

At the Juvenile Dependency Courts there is inadequate ventilation and circulation of air, roof leakage, inadequate parking, minimal waiting area space, lack of outside seating for lobby overflow, and an inadequate intercom system. There is no privacy in these overcrowded conditions, and individuals must have their names broadcast over an outside intercom system in order to be called into the court for hearings. Attorneys must interview people in the public hallway in view of the children, other minors, and the general public — lost is any sense of confidentiality. The public restrooms do not meet current Health and Safety regulations.

There are no waiting room facilities for the children who have to wait long hours in the trailers for their hearings. There is one small inadequate waiting area in the DCS offices across the street. It has a TV, a couple of games and a few books. The children in need of these facilities are here through no fault of their own.

In a memo from DCS addressed to the Grand Jury Children's Services Subcommittee, the following information was given. There is no Juvenile Dependency Court located in the desert region of San Bernardino County. Currently, the desert region of DCS supervises 1,598 children who are in the Dependency Court process. Substantial numbers of desert residents are involved in the Dependency Court. This caseload increases annually. Each social worker averages three Dependency Court hearings per month. The task of coordinating long distance transport with caregivers and schools, scheduling drivers and vehicles, and obtaining approvals for travel related expenses, personnel, vouchers and other issues adds an extra 12 hours of work monthly



for this staff. The location of the court down the hill adds the equivalent of five and one-half (5½) staff occupied full-time in tasks related to the **lack of a desert Dependency Court**. The travel and distance from court adversely impacts families already in crisis. Often this inconvenience for families continues for years as fully 25% percent of families are on DCS caseloads for more than three years. The impact on DCS resources is also substantial. A conservative estimate is that over 800 hours of social work time is consumed monthly by the extra tasks related to not having a Juvenile Dependency Court located in the High Desert community.

## **RECOMMENDATIONS**

- 00-64 EXPEDITE THE CONSTRUCTION OF A PERMANENT FACILITY FOR THE JUVENILE DEPENDENCY COURT AND ITS SUPPORT SERVICES TO INCLUDE A MULTI-LEVEL PARKING FACILITY TO MEET THE NEEDS OF STAFF AND PUBLIC.
- 00-65 PROVIDE A LARGE COMFORTABLE WAITING ROOM TO ACCOMMODATE THE EVER INCREASING NUMBERS OF FAMILIES ASSIGNED TO THE JUVENILE DEPENDENCY COURT.
- 00-66 PROVIDE A WELL-DESIGNED CHILD-FRIENDLY PLAYROOM FOR THE CHILDREN WAITING FOR THEIR COURT HEARINGS.
- 00-67 BUILD A JUVENILE DEPENDENCY COURT IN THE HIGH DESERT REGION OF THE COUNTY.