



Sacramento County Mental Health Board

July 5, 2023

Sacramento County Board of Supervisors
700 H Street, Suite 2450
Sacramento, CA 95814

To: Sacramento County Board of Supervisors
Re: Support for BHS Recommended Actions for Therapeutic Behavioral Services and Youth Intensive Placement Pool

Honorable Supervisors:

The Sacramento County Mental Health Board (MHB) writes in strong support of the Division of Behavioral Health Services' recommended actions to increase funding for Therapeutic Behavioral Services (TBS) from \$1,158,959 to \$4,616,184, and to create a Youth Intensive Placement Pool which blends several mental health contracts that have coinciding child welfare placements for a total of \$13,550,000 in pooled funds (an increase of \$9,374,696).

In February 2023, the MHB's Children's System of Care Committee identified Sacramento County's foster youth as a special population to study. Children in foster care have experienced abuse, neglect, and other adverse childhood experiences that can negatively impact their physical and mental health. Up to 80% of children in foster care have significant mental health issues, compared to approximately 18-22% of the general population.¹ The American Academy of Pediatrics' Healthy Foster Care American Initiative identified mental and behavioral health as the "greatest unmet health need for children and teens in foster care."² Factors contributing to the mental and behavioral health of children and youth in foster care include the history of complex trauma, frequently changing situations and transitions, broken family relationships, inconsistent and inadequate access to mental health services, and the overprescription of psychotropic medications.³

Currently, Sacramento County has over 1200 foster youth ages 0 – 17. Of the 1,221 foster youth, 317 are in a home placement with a legal guardian. Based on case plans of the remaining 904 cases (not including finalized guardianship with a legal guardian as noted above), 36.2% have a goal of adoption, and 36.0% have a goal of reunification and 11.3% have a goal of guardianship. Further, 39% of the county's foster youth have been in the child welfare system for over two years.

According to "A Proclamation on National Foster Care Month" in 2021: "Too many children are removed from loving homes because poverty is often conflated with neglect, and the enduring effects of systemic racism and economic barriers mean that families of color are disproportionately affected by this as

¹ https://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/information_packets/Mental_Health.pdf

² <https://www.aap.org/en/patient-care/foster-care/mental-and-behavioral-health-needs-of-children-in-foster-care/>

³ <https://www.ncsl.org/human-services/mental-health-and-foster-care>

well.⁴ Black and Native American children are far more likely to be removed from their homes than other children, even when the circumstances surrounding the removal are similar.⁵ Once removed, Black and Native American children stay in care longer and are less likely to either reunite with their biological parents or be adopted.⁵ In Sacramento County, American Indian/Alaska Native youth have the highest rate of open Child Protective Services (CPS) cases despite the American Indian/Alaska Native community comprising only 0.6% of the Sacramento County total population. Likewise, Black youth make up 33.1% of the Sacramento County's foster youth, despite the Black community comprising only 11.2% of the county's total population. Black children make up almost half the congregate care population (45.6%) despite only making up 11.2% of the total county population. They are also the mostly likely to be in congregate care at 0.7 per 1,000 black children. Black, Latino, and Native American children are more likely to be in congregate care than a White child and Asian/Pacific Islander children are less likely.

Placing children in unfamiliar settings with strangers can be traumatic. Youth are removed from their families and placed in a foster care system that has a shortage of appropriate resource parents and inadequate capacity for individualized mental health treatment services.⁶ When their mental health needs are untreated or poorly managed, foster youth can display aggression and an inability to self-regulate their emotions, which can lead to placement disruption. The trauma that accompanies placement disruption puts foster youth at risk for negative outcomes such as aggression, substance use, delinquency, and depression.⁷ Multiple placements have also been found to lead to delayed permanency, academic difficulties, and challenges developing meaningful attachments.⁸

When a foster youth's mental health challenges and behaviors are too difficult to be managed in a less restrictive setting, there is a tendency to rely on congregate care as a measure of intervention. Unfortunately, foster youth living in group homes are 2.5 times more likely to get placed in the criminal justice system than youth placed with resource families.⁹ Additionally, more than 90% of youth in foster care with five or more placements will enter the juvenile justice system.¹⁰ By age 17, over half of foster youth have experienced an arrest, conviction, or spent at least one night in a correctional facility.¹¹ The foster care-to-prison pipeline particularly affects youth of color, LGBTQ-identified youth, and young people with mental illnesses.¹²

Over the past five months, the MHB Children's System of Care Committee received presentations from multiple stakeholders including: Sacramento County Behavioral Health Services and Sacramento County Department of Child, Family, and Adult Services; system partners including Sacramento County Office of Education, Stanford Sierra Youth and Families, and FosterHope Sacramento, and advocates including the Ad Hoc Mental Health Collaborative and California Youth Connection. There was consensus among all stakeholders that financial policies must be implemented that prioritize placement stability, avoid institutionalization, increase access to trauma-informed supports, and meet the needs of children in foster care in family-based settings, especially youth with more intensive needs.^{13,14}

⁴ <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/04/30/a-proclamation-on-national-foster-care-month-2021/#:~:text=Black%20and%20Native%20American%20children,birth%20parents%20or%20be%20adopted.>

⁵ https://www.childwelfare.gov/pubpdfs/racial_disproportionality.pdf

⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8023222/pdf/nihms-1640822.pdf>

⁷ https://www.childwelfare.gov/pubPDFs/bulletins_youthsud.pdf

⁸ <https://www.casey.org/media/23.07-QFF-SF-Placement-Stability-Impacts.pdf>

⁹ <https://experts.umn.edu/en/publications/juvenile-delinquency-in-child-welfare-investigating-group-home-ef>

¹⁰ <https://jlc.org/news/what-foster-care-prison-pipeline>

¹¹ <https://www.chapinhall.org/wp-content/uploads/Midwest-Study-Youth-Preparing-to-Leave-Care-Brief.pdf>

¹² https://www.cjci.org/media/import/documents/the_foster_care_to_prison_pipeline.pdf

¹³ <https://dhs.saccounty.gov/BHS/Documents/Advisory-Boards-Committees/Mental-Health-Board/2023-MHB/2023-MHB-CSOC/MN-MHB-Children%27s-SOC-2023-05-15.pdf>

¹⁴ <https://go.childrenow.org/2022-california-childrens-report-card>

To help children in foster care heal from trauma and past abuse and neglect, they need stable and enduring relationships with nurturing adults, and supports and services tailored to their individual needs. By supplementing federal and state funding with local budget allocations for an integrated systems approach, such as the ones being recommended by Sacramento County's Division of Behavioral Health Services, Sacramento County will ensure its foster youth and their caregivers have access to the resources, supports, and services they need to build and maintain strong family relationships. Overall outcomes will improve, such as the reduced likelihood of transferring from the county's children's system of care to its' adult system of care or its criminal justice system. By increasing investments in specialty mental health services like TBS and intensive wrap-around services, while also investing in the creation of a Youth Intensive Placement Pool, foster youth may avoid placement disruptions and remain in their home- and community-based placements, which will yield more positive behavioral health outcomes.¹⁵ Redirecting funding toward helping biological parents retain custody of their children, as well as supporting kinship care when children are not able to stay with their biological parents, helps to preserve attachments and significant relationships while promoting healing.¹⁶

In summary, the MHB is in strong support of the recommended actions by the Sacramento County Division of Behavioral Health Services to increase funding for Therapeutic Behavioral Services (TBS) from \$1,158,959 to \$4,616,184 and to create a Youth Intensive Placement Pool that blends several mental health contracts that have coinciding child welfare placements for a total of \$13,550,000 in pooled funds (an increase of \$9,374,696). The increased funding for TBS will support more referrals for youth with behaviors that are too difficult for their families or foster placement to handle (e.g., tantrums, assaultive behavior, destruction of property) with the provision of short-term 1:1 assistance using a behavioral model to assist with specific behaviors that could destabilize the youth. Additionally, the creation of a Youth Intensive Placement Pool allows for the provision of specialty mental health services for children awaiting dependency placement in a Welcoming Center or who are in dependency placement. These specialty mental health services can be provided in foster home settings (i.e., therapeutic foster care, intensive services foster care) and foster family agencies (FFA) may also provide these services, so that services are provided by the same provider. Additionally, the Youth Intensive Placement Pool allows for licensed temporary shelter care facilities as Welcoming Centers and expands short-term residential treatment programs (STRTP) to allow for Welcoming Centers, as well as other congregate or foster care settings that meet the needs of the community that meet regulatory requirements, that allow for specialty mental health services by enrolled providers.

Warehousing foster youth in emergency make-shift shelters, out-of-county institutions, and juvenile detention centers is intolerable and compounds the existing trauma and other mental health challenges experienced by youth in dependency. The recommended actions by BHS for increased funding for TBS and the creation of a Youth Intensive Placement Pool are directly aligned with the MHB's overarching recommendation that Sacramento County prioritize placement stability, avoid institutionalization, increase access to trauma-informed supports, and meet the needs of children in foster care in family-based settings, especially youth with more intensive needs by supplementing federal and state funding with local budget allocations.

Sincerely,

Corrine McIntosh Sako, Psy.D., LMFT

¹⁵ <https://www.disabilityrightsca.org/custom-page/it-feels-like-a-juvenile-hall-to-me-a-snapshot-of-conditions-in-the-warren-e-thornton-0>

¹⁶ <https://www.cdss.ca.gov/inforesources/cdss-programs/foster-care/furs>

Corrine McIntosh Sako Psy.D. LMFT, Chairperson
Sacramento County Mental Health Board

cc: Ryan Quist, PhD, Behavioral Health Director