

"San Francisco Alliance for Health Care"

A Voluntary Community Effort sponsored by The San Francisco Medical Society

250 Masonic Avenue
San Francisco, California 94118
(415) 581-2606

Malcolm S. M. Watts, M. D.
Project Director

In 1968 the Health and Social Services Committees of the San Francisco Board of Supervisors held public hearings on the Need of Emotionally Disturbed Children. The reports given at these meetings are summarized in the following pages and point out the need for an overall community method of coordinating and delivering services to emotionally disturbed children.

THE PROBLEM

Help for emotionally disturbed children has been hindered by insufficient services, as well as insufficient information, communication, and coordination of existing services. A committee on the needs of emotionally disturbed children could help establish priorities and coordinate public and private agencies working with emotionally handicapped children.

WHO ARE EMOTIONALLY DISTURBED CHILDREN?

Emotionally disturbed children can be viewed broadly at three different levels of disturbance:

1. The severely disturbed, involving major illness, in psychiatric terminology, the psychotic;
2. The moderately disturbed, involving disturbed relationships with people, the neurotic;
3. The behavior disturbance, involving lack of control and defiance against authority.

The committee also pointed out that it is difficult to definitely define emotionally disturbed children.

PAST STUDIES RELATED TO THE NEEDS OF THE EMOTIONALLY DISTURBED CHILD

Numerous studies have been made in the past, recommendations have rarely been implemented. Studies completed in the past include:

1. The major study of unmet needs of children with emotional disturbance was Project EDC completed August 1965 under the aegis of the Family and Children's Council, United Community Fund, San Francisco. Four major recommendations of Project EDC, namely that every effort be mobilized by our

community toward providing primary prevention, that we need to change and extend psychiatric treatment services, that we develop and expand necessary services for children requiring out-of-home care, and that we need basic changes in our Juvenile Court and California Youth Authority programs.

2. Family and Child Welfare Problems and Services in San Francisco. The Beisser Study, completed December 1948. A report of a survey committee, to the San Francisco Committee on Family and Child Welfare Services.

3. Residential Treatment for Emotionally Disturbed Children. Report of a Joint Committee of Family and Children's Council and the Health Council, 1954.

4. Preliminary Report on Mental Health Needs and Resources in San Francisco. The Babow Report, authorized by the Community Health Services Committee of the Health Council of the United Community Fund, June 1958.

5. Preliminary Report on Mental Health Needs and Resources in San Francisco. Published by the San Francisco Association for Mental Health Services Committee of the Health Council of the United Community Fund, June 1958.

6. A Survey of the Child Care Programs in San Francisco, March 1959, the Schmidt Report. This report was authorized by the Family and Children's Council and the Social Planning Committee, to survey the then existing child welfare programs in San Francisco.

7. Reports Reviewed:

A. Planning for the Protection and Care of Neglected Children in California. Final report of the study by National Study Service, August 1965.

B. San Francisco Planning Survey Regarding Child Neglect Issued by the National Study Service January 1966.

Primary focus of both of these reports is on protective services to neglected children. Each of the studies was accomplished by field teams working with the assistance of technical advisory committees.

COMPREHENSIVE PLAN OF CARE

The committee made the following recommendations for comprehensive care for emotionally disturbed children:

1. Development and strengthening of methods and programs for the prevention and early recognition of childhood mental illness

- a - teacher and probation staff training, including in-service training
- b - parent education

- c - training for pediatricians, school nurses and public health nurses
- d - extension of pre-school programs
- e - better utilization, and adequate staffing, of schools during non-school hours for programs for children
- f - extending legislation to provide specialized educational service for severely emotionally disturbed children from the age of three to 4.9 years
- g - recommends strengthening and expanding the present Child Guidance Services in public schools and making mental health consultation available to those in private schools
- h - urges that Youth Guidance Center, Juvenile Hall be used only for short term care and that probationary staff be given maximum caseloads of 50
- i - need for services to provide primary prevention
- j - organization of services on a neighborhood basis. For easier access for clients, more flexibility, reduction of duplication and utilization of neighborhood leaders.

2. Development of improved and additional resources to care for Severely emotionally disturbed children

- a - specialized group homes
- b - residential treatment centers
- c - therapeutic educational centers
- d - a halfway house for older adolescents ready to leave their own homes or to be placed in foster homes
- e - additional beds in the present child care institutions as well as additional staff
- f - institutional care for teenage predelinquent girls.

3. Development of more adequate care (qualitatively and quantitatively) for children in out-of-home placement

- a - emergency sheltered care
- b - subsidized receiving homes
- c - subsidized foster homes
- d - more specialized training and supervision to be made available to foster parents
- e - urges development of more placement resources particularly subsidized foster homes and group homes for disturbed adolescents; need for a community sponsored training program for foster parents
- f - expansion of adoptive services to natural parent, child and adoptive parent, including counselling.

4. Development and strengthening of services to children living in their own homes and to their families

- a - better protective services
- b - a day treatment center for children who require supervision and special services but who cannot attend public

schools because of their inability to adjust to normal classroom routines; the program for such a service to be flexible enough to provide for children with a variety of emotional disturbances. The facility should be able to provide care for children part of a day, a full eight hour day, or 24 hour care on an emergency basis.

- c - increased classes for the educationally handicapped
- d - increased availability and extension of psychiatric treatment and other mental health services
- e - the use of a day treatment center as part of out-patient treatment services for disturbed children
- f - urges the out-patient treatment facilities to examine their programs and modify present procedures; encourages use of home visits by professional clinic staff where necessary; that clinics consider accepting children who need long term treatment, that more clinics should accept referrals from the Juvenile Court
- g - increased day care facilities, especially in poverty areas
- h - increased homemaker services
- i - need for more intensive and continued work with families of disturbed children.

5. Development of Co-Ordination among all agencies dealing with children.

San Francisco does not have a planning and coordinating body which can function appropriately and effectively on the operating level. This function, on behalf of the emotionally disturbed child, should be established and, in the report's view, could best be attached to the Office of the Mayor. An advisory committee could serve as a planning body, could recommend priorities - a vital and indispensable function considering that financial resources are limited and all improvements cannot be made at once - as well as coordinating the existing programs into a comprehensive plan of care. Improved referral procedures between hospitals and clinics and more uniform reporting of statistics on treatment of children and adults are recommended.

- a - coordinated effort to secure funding from all available sources
- b - development of coordinated planning to assess gaps in service and fill these gaps
- c - establishment of priorities
- d - dissemination of information to both consumers and providers of service
- e - coordination with other Bay Area counties
- f - insured continuity of service so that children can move more easily from one service to another as their needs change
- g - assessment results of children's lives because of lack of services and because of services obtained
- h - keeping abreast of new legislation
- i - development and encouraging implementation of new techniques to meet the problems of disturbed children.

EXISTING SERVICES

The committee identified and described inpatient facilities, special education services, protective services, family services, foster care, independent day care, child abuse and licensing.

1. Foster Care

Department of Social Services has responsibility for the placement and supervision of a majority of children in foster care. Because of the insufficient number of foster homes and child care institutions in San Francisco, nearly half of these children are placed in facilities outside of San Francisco, and many outside of the immediate Bay Area. For facilities adequate to care for emotionally disturbed children, the situation is far worse. For lack of treatment facilities in this area, 33 emotionally disturbed children have been placed in residential treatment centers in Southern California under the supervision of a Child Welfare worker. About 61 other emotionally disturbed children, Juvenile Court delinquent wards, are in Southern California under the supervision of a Probation Officer. Table A shows the number of homes licensed by type 1963-71.

TYPE HOME	1963-68	1967-68	1969-70	1970-71
Agency Licensed	459	70		
24 hr Foster Care	52			
Day Care	342	74		

The dearth of foster homes locally is emphasized by the fact that of the children currently in placement, over 40% are in placements located in other counties.

2. Need for Services

- a) McAuley Neuropsychiatric Institute, the inpatient psychiatric service for children, reports that of 293 children treated, 79 were in need of further residential treatment, while 23 were referred for day treatment services. Obviously, only a few of these needs could be met.
- b) Another outpatient service reports that a survey of children's cases for the past 3 years reveals that 35 children were in need of either fulltime residential or day treatment. For most of these, such programs were not available and outpatient psychiatric treatment was of little help. This clinic, too, again and again reports the need for group homes, remedial educational services, day care, and after-school programming for all economic groups.

- c) Yet another clinic reports that 50% of the children referred to them were 12-17 years of age. For these youngsters outpatient care is often not enough and treatment resources of all kinds are in very short supply. They add: of all the school children referred to them, 2 out of every 5 had learning handicaps. Parenthetically, it should be noted that these figures include children of all intellectual levels, some of whom are exceedingly bright.
- d) Langley Porter, a state agency, was asked to evaluate or treat over 400 cases during the past year. Currently in treatment are 100 children and parents, a total of 300 persons. Children's Hospital Child Guidance Clinic currently treats 241 patients. McAuley Neuropsychiatric Institute admitted 293 children between October 1967 to September 1968 for inpatient service. Mt. Zion currently treats 188 children while others wait to be evaluated. From July 1968 through September 1968, San Francisco Mental Health Services provided brief treatment on the average of 131 children monthly. In the same period they provided service to an average of 86 cases monthly in their Youth Guidance Clinic.
- e) The San Francisco Unified School District, indicated that approximately 10% of the school population is emotionally disturbed to one degree or another - that is, 10% of 90,000 children or some 9,000 children in San Francisco. Expansion of special services within the school district is indicated.

3. Social Services

There is no quantitative data on the number of children in need of protective services, but fragmented statistics derived from various sources point to a high incidence and lack of essential services.

As the Department of Social Services does not have quantitative data about the number of emotionally disturbed children receiving AFDC and Child Welfare Services, it will use materials from its Child Welfare Division, which apply also to the children in its Family Division, to support its recommendation for a Committee.

In view of the damaging life experiences of the children receiving Child Welfare Services, it can be inferred that many have emotional problems. Abundant case material substantiates this inference and also demonstrates that resources and remedial services are insufficient for their care and treatment.

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250 Masonic Avenue
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Malcolm S.M. Watts, M.D.
Project Director

August 10, 1972

Hulda E. Thelander, M.D.
#40 Seafirth Place
Tiburon, Calif.

Dear Dr. Thelander:

We are enclosing an abstract of the 122 page report of the Health and Social Services Committee of the San Francisco Board of Supervisors. This committee held twelve meetings under the leadership of the San Francisco Social Services Commission from March 7, 1968 - October 10, 1968. We feel this report will provide background information to you and it will aid us in avoiding duplication of work already done by other committees.

If you are aware of other studies or work of committees which has been done, we would appreciate it if you would contact us.

Sincerely,



Robert L. Paver, M.D.
Chairman Pro Tem
Development Council

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Malcolm S.M. Watts, M.D.
Project Director

Hulda E. Thelander, M.D.
#40 Seafirth Place
Tiburon, Calif.

Dear Dr. Thelander:

During the next few weeks Alliance staff will be identifying existing Children's Mental Health Services in San Francisco utilizing the enclosed form. This form has been coordinated with the San Francisco Information and Referral Council, other agencies and individuals concerned with the need for children's health services. Suggestions have been made to develop a computerized information system that can be continually updated for community use. This appears to have great potential for referral services and improved inter-agency coordination.

We would appreciate it if you could supply us with information about your services, e.g., newsletter, brochure, description of services, etc. Mrs. Linda Kip will be coordinating this effort. If you have questions please do not hesitate to contact her at 563-2606.

Sincerely,



Robert L. Paver, M.D.
Chairman Pro Tem
Development Council

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250 Masonic Avenue
San Francisco, California 94118
415-398-3600

1840-1841

Name of Organization _____ (8-72)
Address _____ (8-55) ZIP _____ (56-60)
Telephone Area Code _____ (64-66) Number _____ (68-75) Ext. _____ (76-80)
Executive Director _____ (57-80)
President of Board of Directors _____

I What services do you provide?

Diagnostic, Evaluation, Referral	_____	(8)
for own services (201)	_____	(9)
for other agencies (202)	_____	(10)
Crisis intervention (203)	_____	(11)
Day care	_____	(12)
partial care (204)	_____	(13)
full day care (205)	_____	(14)
Day treatment (206)	_____	(15)
Hospital	_____	(16)
outpatient (207)	_____	(17)
inpatient (208)	_____	(18)
Residential treatment (209)	_____	(19)
Foster care (210)	_____	(20)
Group homes (211)	_____	(21)
Other _____	_____	(22)

Do you provide after care? _____ (23)
(Y, yes; N, no)

If Yes, what is your program? _____

What additional services would you like to provide? _____

II What population are you serving; your special orientation?

Severely emotionally disturbed	_____	(24)
Moderately emotionally disturbed	_____	(25)
Developmentally disabled	_____	(26)
Physically handicapped	_____	(27)
Unwed mother	_____	(28)
Drug user	_____	(29)
Delinquent	_____	(30)
Run-away	_____	(31)
Other _____	_____	(32)

III What type of treatment do you use?

Group therapy	_____	(34)
Individual therapy	_____	(35)
Family counseling	_____	(36)
Encounter games	_____	(37)
Vocational counseling	_____	(38)
Tutoring-education	_____	(39)
Recreation	_____	(40)
Other _____	_____	(41)

IV What are your criteria for admission? _____

Serve ages from _____	(8,9)
to _____	(10,11)
Serve males(M), females(F), both(B) _____	(12)
Serve certain ethnic or religious group (Y,yes:N,no) _____	(13)
If yes, please indicate: _____	(15-30)
Serve certain geographic area (Y,yes:N,no) _____	(31)
If yes, please indicate: _____	(33-52)
Bilingual staff or interpreter? (Y,yes:N,no) _____	(53)
Language(s) _____	(54-60)

V Capacity

1. Number of persons now served by your organization

Number _____ (8-11) per (period) _____ (12)

2. Do you presently have the capacity to serve more people? (Y,yes:N,no) _____ (13)

3. Do you have a waiting list? (Y,N) _____ (14)

Please indicate which service(s) require a waiting period:

<u>Service</u>	<u>Approximate waiting period</u>
_____ (15-17)	_____ (19-22)
_____ (23-25)	_____ (27-30)
_____ (31-33)	_____ (35-38)
_____ (39-41)	_____ (43-46)

VI Referral

1. What are the usual methods by which persons obtain services from your facility?

Emergency walk-in _____ (8)
 Walk-in _____ (9)
 Telephone _____ (10)
 Referral required _____ (11)
 Appointment required _____ (12)
 Written application required _____ (13)

2. Where do your referrals come from? (rank in order)

Welfare _____ (15)
 School _____ (16)
 Probation _____ (17)
 Day care center _____ (18)
 Public health nurse _____ (19)
 Private physician _____ (20)
 Pediatrician _____ (21)
 Hospital _____ (22)
 Friends or relatives _____ (23)
 Other _____ (24)
 _____ (25-33)

3. To whom do you refer your clients? _____

 _____ (44-80)

4. What additional services would you refer your clients to if such services existed? _____

VII What are your hours and days of operation?

1. Office hours: DAYS _____ HOURS _____ (8-80)

2. Specific services DAY(S) HOURS
(8-10) (12-80)

VIII Fees

1. Please indicate usual method(s) of charge for services:

Full charge : to client _____ (8)
Full charge : third party payment _____ (9)
Partial charge : sliding scale _____ (10)
 based on income _____ (11)
Partial charge : fixed low fee _____ (12)
No charge _____ (12)

2. Do you accept Medicare _____ (13)
 MediCal _____ (14)

3. If you charge for service(s) please indicate range of fee involved by service:

<u>Service</u>	<u>Range of fee (in dollars)</u>	
	Minimum	Maximum
(15-17)	(18-20)	(21-23)
(25-27)	(28-30)	(31-33)
(35-37)	(38-40)	(41-43)
(45-47)	(48-50)	(51-53)
(55-57)	(58-60)	(61-63)

ADDITIONAL COMMENTS:

Date completed: _____

Respondent: _____

Interviewer: _____

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Project Director

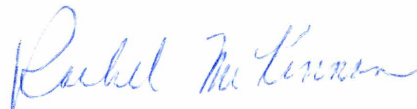
Hulda E. Thelander, M.D.
#40 Seafirth Place
Tiburon, Calif.

Dear Dr. Thelander:

We were delighted to meet you and to have the opportunity to talk with you about Children's Services in San Francisco. I will be contacting you when I have finished reading the materials. We are enclosing the information which has been sent to the committee members.

Your house is so open and airy and in such a pleasant setting. I will be looking forward to visiting you again.

Sincerely,



Rachel McKinnon
Coordinator

RM/pd
Encl.

"San Francisco Alliance for Health Care"

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250 Masonic Avenue
San Francisco, California 94118
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August 9, 1972

Malcolm S.M. Watts, M.D.
Project Director

Hulda E. Thelander, M.D.
#40 Seafirth Place
Tiburon, Calif.

Dear Dr. Thelander:

When we met, you expressed interest in keeping informed about the Ad Hoc Committee on Children's Mental Health Services activity. To keep you informed, I have placed your name on a Resource and Review Committee. As we progress, I hope you will send us your suggestions and comments.

Sincerely,



Rachel McKinnon
Coordinator

"San Francisco Alliance for Health Care"

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August 9, 1972

Malcolm S.M. Watts, M.D.
Project Director

Hulda E. Thelander, M.D.
#40 Seafirth Place
Tiburon, Calif.

Dear Dr. Thelander:

The staff of the Ad Hoc Committee on Children's Mental Health Services had anticipated a general meeting of this committee sometime in July. However, the unexpectedly large number of persons interested in the committee who wish to work with this group has necessitated substantial preliminary staff work in the following areas:

1. Identifying existing resources for children's mental health services;
2. Abstracting the report and extensive data gathered by the Health and Social Services Committee of the San Francisco Board of Supervisors under the leadership of the San Francisco Social Services Commission from March 1, 1968 - October 10, 1968 and which should be available to all participants of the Ad Hoc Committee;
3. Field visits to agencies and persons providing children's services to identify needs or gaps in existing services.

To provide the participants with the necessary background information to assist the committee, and because of summer vacation schedules of participants and staff, it is felt that more can be accomplished if the first meeting is held in September.

A list of persons who will be serving on the committee, as of this date, is enclosed for your review. If you have suggestions for members or information you would like to share prior to the initial meeting, please contact Miss Rachel McKinnon, 563-2606.

We look forward to hearing from you.

Sincerely,



Robert L. Paver, M.D.
Chairman Pro Tem
Development Council

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tained if the ultimate goals of maximum prevention, cure and amelioration are to be attained. This means training of competent investigators with deep knowledge of their primary field plus indoctrination into the special problems of research in the area of mental retardation.

National Institute of Child Health and Human Development (NICHD)

The need for more research workers in all fields and disciplines, with primary interest in mental retardation, remains critical. Research training grants which provide support for student stipends, faculty salaries, and necessary equipment and supplies for teaching and research are the primary mechanisms used for stimulating additional training. These training grants provide training in basic biomedical research, clinical research and behavioral research. In addition to trainees directly involved in receiving stipends from these programs, a large number of other scholars also benefit from the existence of the specific programs through participation in seminars or courses and use of facilities established for or by the training program. Trainees range from pre-doctoral candidates through post-doctoral trainees with several years of professional experience.

In addition, fellowship and research career development awards cover basic biology, clinical medicine, and behavioral studies.

National Institute of Neurological Diseases and Stroke (NINDS)

While the training program of the National Institute of Neurological Diseases and Stroke is not specifically and exclusively directed towards mental retardation, it is directed toward the development of competent clinical and basic research scientists in the fields associated with the diseases of the nervous system. These disciplines provide the basic tools required for any serious attack on the problem of organically-based mental retardation. Particularly important are the Institute programs for the research training in pediatric neurology, the specialty often required to make the initial diagnosis of mental retardation. Training programs in speech pathology and audiology are fundamental to therapy in the mentally retarded and receive strong support from the Institute.

II. RESEARCH

National Institute of Child Health and Human Development (NICHD)

The National Institute of Child Health and Human Development sponsors research over a broad range from almost every branch of the

physical, biological, psychological, social and clinical sciences. These investigations are concerned with the etiology, epidemiology, pathophysiology, diagnosis, prevention and amelioration of mental retardation. Of primary Institute concern are fundamental inquiries into the causes and means of preventing mental retardation through research into the biological and behavioral processes which may be influential in the development of this disorder. The Institute's research attack on this complex disorder is implemented through a program of research grant support, the creation and support of special research facilities and resources, the dissemination of scientific information through support of scientific conferences, and contract support of research designed to accomplish specified research objectives.

The attack on mental retardation has been strengthened by the development of twelve special research facilities. These Mental Retardation Research Centers were designed to conduct broad interdisciplinary research and to move promptly to apply the results in service programs to prevent mental retardation or help those already afflicted.

These twelve centers provide the major research thrust of our Nation's efforts to combat and prevent mental retardation and related disorders of human development. All but one of the centers have completed their construction and nearly all are fully operational. Collaborative and interdisciplinary research and research training programs are evolving as laboratory space is occupied and scientific exchange is enhanced.

 NICHD-supported scientists are making progress in a wide variety of investigations. These include:

- Intensive study of metabolic abnormalities in storage disorders which has made prenatal diagnosis and therapeutic abortion possible.
- Study of dietary therapy in PKU indicating it must start in the first three weeks of life and may be discontinued after average treatment time of 50 months.
- The development of a screening instrument for early detection of handicapped children which may be used by health aides in poverty areas.
- Studies in intrauterine undernutrition and the nutritional status of migrant children.
- A simple, quick, and accurate method to identify each human chromosome will make diagnosis of chromosomal defects more precise.
- Kidney transplantation may provide a possible means of controlling certain inborn errors of metabolism.
- The development of an automated system of chromosomal analysis using computer technology.

the pointer

A Nonprofit Publication

Editorial Office: 111 Alta Vista Drive, Grass Valley, California 95945

Business Office: Box 131, Syracuse, New York 13210

~~Box 131~~

August 25, 1972

Dear Jo:

Thank you for your two communications. It is always a great joy to hear from you, and I admire your continued activities in the field of medicine.

About your article on "Interference with Organogenesis and Fetal Development," I suggest a Federal agency. Try through the Department of Health, Education, and Welfare, Office of Mental Retardation Coordination.

While your work may not be slanted toward the mentally retarded, under the above bureaus, or affiliated with them, are some high-powered facilities working under Federal funds. They are involved in much research, and should know of your efforts.

You have certainly produced a great work. It should be circulated and publicized. Keep knocking on these Federal doors until you find a responsive contact.

Also, sound out Charles C. Thomas, Publisher, 301 Lawrence Ave., Springfield, Ill. 62703

This is a well-established company, and perhaps they can combine your work with someone else's for a fuller book. They are well-informed in the field, and may be able to give you some suggestions.

Also, try Johns Hopkins Medical Press, and the medical staff for clues as to where to present your material. Can you make copies, photostatic; but we aware of !shoplifters! he field abouds with them. You will

have to protect your material. Maybe just outlines and topics, etc., may be enough. Right now I cannot place my hand on your second letter. We are packing to return to Grass Valley. Try the Federal agency listed above. I have been wrestling on similar topics with some of them
Professional publication for special class teachers and parents of the handicapped
this summer. Best wishes. Keep in touch. School starts for me next week.

Sincerely,

Have you seen the new format of The Pointer?

Carolyn

the pointer

A Nonprofit Publication

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August 26, 1972

Dear Jo:

Hi! Found your most recent message.

Yes, you hit the target dead center when you stated that "we have to educate the public on health matters." The American Medical Association is quite negligent of such matters, and to a criminal degree.

Yes, health education should be a required subject. It is in the curriculums, but is touched only in a very light, slight manner. Partly, the schools are already overloaded with everything that plagues society. Let the schools teach it, is the hue and cry. Now they have overloaded with drug education.

us
What about the homes, the parents, the civic groups, the churches? The Welfare departments? etc. The schools get the brunt of it all, and being understaffed, as most schools are, something has to give.

Standardized tests, which are required, do not touch upon health areas, just upon the core of the academics, so teachers beat the bushes to hold up that end of the curriculum. I suggest as a start that you try the various professional publications. Go to a large public library, look carefully through magazines that might carry features such as yours. Study the slant, the literary focus, etc., and gear your major material in such direction. Find a range of magazines, even Sunday magazine periodicals-- use professional and general public sources. Try to get on radio, TV; try our State Department of Education, Division of Pupil Health Services (that is not their name-but pursue that dept. Try the U.S. Department of Education. You have great material. The "merchandising" of it is what is the great, major problem. Pursue articles! That is quick penetration. Best wishes. More ideas later on.

Professional publication for special class teachers and parents of the handicapped

Lovingly,

Carolyn

For our teachers, The Pointer
could publish pertinent portions for you.

For many people live in needless ignorance.
Try the Virginia Graham TV Show - The Mike Wallace Show.