

Ensuring Access to Mental Health Services for Children and Youth Placed into Congregate Care

Joint document to be Operationalized by:

**County Welfare Directors Association of California (CWDA),
Chief Probation Officers for California (CPOC), and
County Behavioral Health Directors Association of California (CBHDA)**

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Issue: Under the Continuum of Care Reform (CCR), all group homes are required to first obtain licensure as a Short-Term Residential Therapeutic Programs (STRTPs) by the California Department of Social Services (CDSS). Upon licensure, the STRTP must pursue a mental health program approval, Medi-Cal Certification, and a contract with a Mental Health Plan (MHP) within 12 months of initial licensure in order to directly provide the Medi-Cal Specialty Mental Health Services (SMHS) required to be a fully operational STRTP.

CCR further requires that licensed STRTPs, (as a part of their STRTP rate), offer intensive care and supervision and an intensive services milieu. While board and care are funded by the placing agency agreement through Title IV-E funds, the behavioral health services component is supported by the county behavioral health system through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) entitlement. These services are intended to be provided all under a single STRTP program by direct care staff and clinicians. Therefore, STRTPs must become a direct provider of SMHS in order to be fully operational.

However, many licensed STRTPs remain in transition and are pending a mental health program approval and/or a contract with an MHP. Under state law, the STRTP must provide access to SMHS, and the county MHP must continue to ensure that SMHS are provided.¹ CCR establishes requirements for county child welfare and juvenile probation to reduce or limit the use of congregate care for children and youth with the most acute needs. Children and youth must have access to therapies and services required for them to develop the skills and behaviors needed to facilitate their ability to step down to a lower level of care (e.g.: home based family settings, including relative care and Resource Family Homes).

Some STRTPs, which were previously RCL 14 group homes, may already have a contract with an MHP. However, they may not have all the necessary services in place to provide the level of intensive care and the SMHS expected of STRTPs. The bigger issue is that many lower level group homes (RCL 12 and below) do not have any prior experience providing the intensive milieu of care and SMHS that are required under their STRTP license. Nonetheless, many counties continue to place foster children and youth into these facilities, with the expectation that such services will be rendered. In addition, some group homes and STRTPs continue to struggle to provide adequate services for foster youth.

In a small number of cases, the needs of children and youth exceed available resources. In such cases, these children and youth are either shifted from placement to placement, and/or hospital to hospital and/or have been sent out of state. This may result in increased instability and mental health problems thereby compromising the chances for the desired outcomes of reunification, permanency and rehabilitation.

¹ WIC 4096.5(c) (1) A short-term residential therapeutic program shall not directly provide specialty mental health services without a current mental health program approval. A licensed short-term residential therapeutic program that has not obtained a program approval shall provide children in its care access to appropriate mental health services.

(2) County mental health plans shall ensure that Medi-Cal specialty mental health services, including, but not limited to, services under the Early and Periodic Screening, Diagnosis and Treatment benefit, are provided to all Medi-Cal beneficiaries served by short-term residential therapeutic programs who meet medical necessity criteria, as provided for in Section 1830.205 or 1830.210 of Title 9 of the California Code of Regulations.

The Result: Many youth placed in STRTP licensed facilities may not be receiving the appropriate mental health and support services to meet their needs.

Addressing the Barriers to Mental Health Services

This document is designed to support appropriate mental health treatment for children and youth in licensed STRTPs that are not yet fully operational within an integrated core practice model (ICPM) framework. This requires collaboration between county child welfare, juvenile probation, and county behavioral health agencies, to do the following:²

- 1) The Interagency Placement Committee (IPC) in the county of the foster youth's child welfare/juvenile probation jurisdiction (which should include child welfare, behavioral health, juvenile probation, education, and Special Education Local Plan Area (SELPA) services, etc.) should retain the following responsibilities for the children and youth:
 - a. **Ensure completion of mental health assessments prior to placement out-of-county.** In the event of an emergency placement, the mental health assessment should be completed as soon as possible.³
 - b. **Make placement decisions based on the Child and Family Team (CFT) services, supports, and placement recommendations.** State law requires that certain agency representatives be included in the CFT including the child's social worker/probation officer, the county MHP representative, and, as warranted, a representative from the regional center and/or educational services.
 - c. **Review the rationale for every youth already placed in licensed STRTPs to make sure that the youth qualify for this level of care.** If the rationale does not comply with the eligibility standard for STRTP placement, then a transition plan must be developed.
 - d. **Ensure timely notification of presumptive transfer to the MHP in the host County, or if a waiver of the transfer, to the MHP in the county of jurisdiction, and the STRTP.**
While it is the placing agency's responsibility to provide notice for all youth placed out-of-county, the IPC can support notification efforts as well. Notification can occur during the admissions process when sending other information to the host county and STRTP.⁴

- 2) The County agencies (child welfare, juvenile probation, behavioral health, and SELPA) should host a joint meeting with all group homes and STRTPs within the county of jurisdiction, to orient them to:
 - a. What they can expect from their county child welfare/Probation/MHPs/ /education agencies. This includes:
 - **A Child and Family Team (CFT) meeting will be convened** (Placing agencies are responsible for ensuring the CFT meeting is convened within 60 days of the child's initial placement, every six months thereafter, or prior to a placement disruption. For children and youth with more complex needs who are receiving ICC or TBS services, a CFT must be held every 90 days. The CFT will identify the behavioral health needs of the child or youth and family, and the county MHP will identify the designated person for SMHS linkage.

² This document is meant as a guide for placing agencies, behavioral health departments and providers. It is recognized that there are some time frames that vary for probation and child welfare proceedings that may result in deviation in the timing of certain events contained within this document.

³ Per 11462.01 Assessments must be done by the IPC prior to placement. However, county agencies may place into an STRTP on an emergency basis, in which case a licensed mental health practitioner must make a determination within 72 hours of the need, and the IPC must make a written determination, with input from the CFT, within 30 days.

⁴ Counties should use the Single Point of Contact as listed here:

<http://www.cdss.ca.gov/Portals/13/Users/036/36/36/Presumptive%20Transfer%20Points%20of%20Contact.pdf?ver=2018-08-02-122730-367>. Any updates should be sent to: <http://www.cdss.ca.gov/County-Offices>.

- **Linkage to Services:** All agencies must have effective oversight mechanisms that ensure all children and youth placed in STRTP's are linked to a mental health provider that is contracted by the responsible MHP, and capable of providing the appropriate level of services required to stabilize the youth. For youth placed in a STRTP that is not yet fully approved to provide SMHS, this means the responsible county MHP must provide or arrange to provide medically necessary SMHS.
 - Have a process for communication between the placing agency and County MHP regarding the presumptive transfer, or waiver of transfer, of mental health services for all foster children.
 - All entities should weigh the risks and benefits for each individual child or youth who may be placed in a STRTP that has not completed the Mental Health Program Approval and/or Medi-Cal certification and MHP contract.
- b. Specific responsibilities of placing Agencies, county child welfare/juvenile probation include:
- In concurrence with MHP and education, inform providers what the intensive milieu care is expected to look like for the child or youth, and the type and level of service needs expected from the provider, including but not limited to:
 - Expectations for CFT meetings and timing of meetings (including a mandatory emergency CFT prior to a 7-day notice per ACL 17-122). This information can be added to the Admissions Agreement.⁵
 - Holding an initial CFT soon after admission that includes information about waiver or presumptive transfer of services.
 - A discussion of strengths and challenges for the youth, but still expected to be addressed by the STRTPs.
 - Consider adding expectations for any specific SMHS, particularly child- or youth- specific challenges, into the Admissions Agreement.
 - Ensure all foster youth in group homes have a CFT to discuss non-Specialty Mental Health services and supports, educational supports and needs, and placement level of care needs.
- c. County MHP-specific responsibilities include:
- Inform the Department of Health Care Services (DHCS) and county placing agencies as to whether the county MHP accepted the delegation of conducting annual Mental Health Program Approvals.
 - Inform STRTPs of the process to pursue the following:
 - Submitting the Program Approval Application to the local MHP and/or DHCS
 - Obtaining the Medi-Cal certification upon completion of the Mental Health Program Approval.
 - Requesting/obtaining a mental health contract with the local MHP, and other MHPs, when receiving an out of county placement with a waiver of presumptive transfer.
 - Identifying and supporting providers with questions or technical assistance needs regarding staffing and Medi-Cal billing.
 - Being available to share treatment information with an MHP in another county, in cases where presumptive transfer has occurred.

⁵ Note; AB 2247 takes effect January 1, 2019 and will require placing agencies, once a 7-day notice is received, to develop a placement prevention strategy, and if a placement change becomes necessary, to provide written notice 14 days prior.

- Informing the STRTP how to access SMHS for children and youth placed in its county if the STRTP does not have (or will not get) a contract with the host MHP for services.
- Educate placing agency staff regarding the limitations of the provision of SMHS (that a STRTP will not be able to provide in the absence of the Program Approval, Medi-Cal Certification and Mental Health Contract), and how those services will be provided by other means, when medically necessary for the child or youth.
- Provide or make arrangements to provide SMHS to children and youth who are placed in STRTPs that are not fully approved, provide links to service providers within the setting or that transportation to these services is provided.
- Provide a MHP central point of contact for the provider to resolve access issues.

3) Once a STRTP is licensed by DSS:

- a. The STRTP is required to ensure access to SMHS and should therefore reach out to the MHP in the county they are located in, to confirm the STRTP's understanding of the steps to take to obtain a Medi-Cal Certification, a mental health contract, and any other required elements needed if they are not already Medi-Cal certified.
- b. While the MHP is obligated to provide or arrange to provide medically necessary SMHS, the MHP is not obligated to enter into a Medi-Cal contract.
- c. When the child or youth is ready to step down from the STRTP, the STRTP must engage with the county placing agency and the IPC and ensure that a final pre-exit CFT is held for the child or youth.
 - Planning for transition should begin on the first day of placement into the STRTP and should be part of the CFT discussion.

In addition, CDSS and DHCS should do the following:

- 1) Jointly reach out to all newly-licensed STRTPs, to assist them in connecting with the MHP in the county where the facility is located.
 - STRTPs need to understand the process for obtaining an MHP contract, how to access SMHS for its residents during the period of transition to a fully operational STRTP, and contact information of the county MHP, to ensure access to SMHS.
- 2) Require STRTP providers to report back to CDSS and DHCS with:
 - a. Name and contact info of the county MHP designee.
 - b. Process they will follow to link children and youth to services, including but not limited to, psychiatric emergencies, medication support, crisis intervention, and outpatient therapy.
 - c. Strategies to inform all staff of the previously described processes.
- 3) CDSS, in collaboration with DHCS, should issue a Request for Proposal to follow through on the promised regional approach to expand capacity of STRTPs to serve youth with complex needs across multiple systems. These STRTPs must be staffed, funded, and supported to stabilize youth who are experiencing severe mental health issues and other co-occurring needs, such as developmental disabilities and substance use disorder, to promote placement stability and transition to community.

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