



REGIONAL COUNTY AND
PROVIDER CONVENINGS 2018-19



**CHILDREN AND YOUTH
SPECIALTY MENTAL HEALTH SERVICES**

“Supporting Collaboration and Partnership”

**December 11, 2018
Sacramento, CA**

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**WELCOME &
OVERVIEW FOR THE DAY**

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Welcome and Overview of the Day



Kimberly Mayer, MSSW

Director, The California Institute for Behavioral Health Solutions (CIBHS)

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Opening Remarks



Erika Cristo

Chief, Program, Policy & Quality Assurance Branch,
Mental Health Services Division, Department of Health
Care Services (DHCS)

Sara Rogers


Chief, Continuum of Care Reform Branch, California
Department of Social Services (CDSS)

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**ENSURING ACCESS TO MENTAL
HEALTH SERVICES FOR CHILDREN
AND YOUTH PLACED INTO
CONGREGATE CARE**

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



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Senior Policy Analyst, County Welfare Directors
Association of California (CWDA)

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Association of California (CBHDA)

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ENSURING ACCESS TO MENTAL HEALTH SERVICES FOR FOSTER CHILDREN & YOUTH PLACED INTO CONGREGATE CARE

Joint guidance by the County Welfare Directors Association of CA (CWDA)
County Behavioral Health Directors Association (CBHDA) &
Chief Probation Officers of California (CPOC)

Prepared for the Children and Youth Specialty Mental Health Services - Regional Provider and County Convenings 2018-2019



OVERVIEW OF PRESENTATION

- Background and Purpose
- Statutory Requirements
- Action Items for County Agencies
- Action Items for the State
- Considerations & Action Items for Providers
- Questions & Discussion

BACKGROUND AND PURPOSE

Continuum of Care Reform (CCR) implemented in January 2017 and requires:

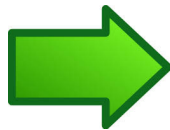
- ✓ Reduced use of congregate care – STRTPs reserved for youth whose needs cannot be met safely in a home-based family care
- ✓ Promote placements with family-based care, with emphasis on relatives
- ✓ Services aligned to meet the unique needs of the child/youth, including Specialty Mental Health Service (SMHS)
- ✓ Supports to caregivers including transitional services

These reform efforts were intended to begin immediately, but it has taken time to build capacity across California.

BACKGROUND AND PURPOSE

Group Homes

- Provided board and care only
- Mental Health Services only required for RCL 14's
- Long-term Placement Setting



STRTPs

- Intensive care and supervision PLUS...
- Intensive services milieu and all providers must provide Medi-Cal Specialty Mental Health Services (SMHS)
- Short-term treatment modality
- Core services required
- Must be accredited

BACKGROUND AND PURPOSE

Group Homes must:

- ✓ Obtain provisional licensure from CDSS (by 12/31/18 unless extension is granted)
- ✓ Complete Accreditation*
- ✓ Obtain Mental Health Program Approval*
- ✓ Obtain Medi-Cal Certification and Mental Health Contract from a County MHP*

*Within 12 months of provisional licensure

Some Group Homes may already have mental health contracts –

- Even with contracts, existing services may not yet have all the necessary, intensive-level services to meet youths' needs.

BACKGROUND AND PURPOSE

The Problem: Many children and youth placed into STRTP licensed facilities may not be receiving the appropriate SMHS and supports to meet their needs.

This is due in part to the transitions still underway for group home and STRTP providers:

- County placing agencies continue to place children and youth into STRTPs, expecting a higher level of service as they are “licensed” as STRTPs.
- Meanwhile, Mental Health Program Approvals, Medi-Cal Certifications, and SMHS Contracts are in process

STATUTORY REQUIREMENTS

Provider Requirements:

Providers have a statutory requirement to “ensure access” to needed SMHS through:

- Direct services provided on site and/or in-house by the STRTP
- OR
- Linking youth to services through the County MHP

STATUTORY REQUIREMENTS

County and State Agencies also have legal obligations:

- **County MHPs** have a legal obligation to provide SMHS under the EPSDT entitlement.
- County **placing agencies** have a legal obligation to identify needed services for foster youth and develop case plans to address child/youth needs.
- **DHCS and DSS** are the single state agencies with oversight responsibility to ensure the entitlement requirements are met by county agencies.

Therefore, we all share a role in ensuring access to SMHS for foster youth. **PARTNERSHIP & COLLABORATION** is key.



ACTION ITEMS FOR COUNTY AGENCIES

Through the Interagency Placement Committee (IPC) - Joint collaboration between CWS, Probation and Mental Health Plans with responsibility to:

- ❑ Ensure the mental health assessment is completed prior to placement out of county
- ❑ Incorporate input from CFT to determine placements and needed services and supports to the child/youth and their family.
- ❑ Review needs of youth already in STRTP placements.
 - Youth should only be in an STRTP if the child/youth needs intensive therapeutic care AND a home-placement is not a safe option.
- ❑ Ensure timely notification of presumptive transfer, or waiver of transfer.
 - Notifications by placing agencies can occur during the admissions process when sending other info to the host county.

ACTION ITEMS FOR COUNTY AGENCIES

County Placing Agencies (CWS & Probation) + County Mental Health Plan + County Offices of Education/SELPA's should host a joint meeting of all congregate care providers to communicate the following:

- ❑ Child and Family Teaming goals, requirements and expectations
 - Discuss SMHS & non-SMHS, educational supports and needs, and level of care
- ❑ Delivery of Specialty Mental Health Services (SMHS)
 - How to link to SMHS absent a contract, through the County MHP
- ❑ Explain County's communication process regarding presumptive transfer or waiver
 - County MHPs need to help County placing agencies understand what services may or may not be readily accessible to the youth placed in a local STRTP.
 - County placing agencies and CFTs can use this information to determine appropriate placements and inform waiver decisions.

ACTION ITEMS FOR COUNTY AGENCIES

Also at this “orientation,” County Mental Health Plans (MHPs) should explain to providers:

- Whether the County MHP has accepted MH Program Approval delegation or whether it will be conducted by DHCS.
- How to:
 - Complete MH Program Approval & Medi-Cal Certification
 - Obtain a County contract to provide SMHS
 - Request assistance from the County MHP on staffing and/or Medi-Cal billing

CONSIDERATIONS FOR PROVIDERS

Be **MINDFUL** that...

- DHCS does not dictate who County MHPs contract with – but MHPs ARE obligated to provide or make arrangements for the provision of SMHS per medical necessity.
- STRTPs are required to ensure access to SMHS for any youth placed into their care.
 - NOT having a SMHS contract does NOT release the STRTP from the responsibility of arranging for SMHS.
- Step down from a STRTP requires the provider to engage with the County Placing Agency + IPC to ensure a final pre-exit CFT is held for the child.
 - Planning for transition must begin from the first day of placement and should always be part of the CFT discussion.

ACTION FOR STATE AGENCIES

DSS and DHCS should:

1. Reach out to all newly-provisionally licensed STRTPs to ensure the Mental Health Program Approval and Medi-Cal Certification processes are occurring timely.
2. Require providers to report back to DSS and DHCS with:
 - a) Name and Contact info of their County MHP designee.
 - b) Process they will follow to link youth to SMHS.
 - c) Communication plan to share (a) and (b) with their staff.
3. CDSS should issue an RFP to develop regional placement options to serve multi-system youth with high needs who are likely to be placed out-of-state.
 - ✓ Note that this effort is currently underway.

ACTION FOR PROVIDERS

Providers need to:

- Attend your County's orientation!
- Identify your point of contact with the MHP
- Develop internal policies to support youth who need SMHS:
 - Who communicates with the County IPCs, MHPs, and Placing Agencies?
 - How do you access SMHS when needed by the youth?
 - Your role in CFTs and transition planning for youth.
- Communicate those policies with your staff
- Contact the County IPC first, and State Agencies as warranted, when issues arise:

ccr@dss.ca.gov

STRTP@dhcs.ca.gov

KatieA@dhcs.ca.gov

FOR ADDITIONAL INFORMATION

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QUESTIONS & DISCUSSION

Thank you!
Questions & Discussion




**DHCS AND CDSS UPDATES
REGARDING STRTPs AND
PRESUMPTIVE TRANSFER**

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**DHCS and CDSS Updates
Regarding STRTPs and
Presumptive Transfer**



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Chief, Licensing and Certification Branch, Mental
Health Services Division, DHCS

Erika Cristo
Chief, Program, Policy & Quality Assurance Branch,
Mental Health Services Division, DHCS

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Short Term Therapeutic Programs (STRTPs)



- 49 providers (136 facilities) licensed STRTPs
- Mental Health Program Approvals
 - 97 STRTP mental health program approval applications (1,589 beds)
 - 4 applications were withdrawn (24 beds)
 - 70 mental health program approvals (1,074 beds) have been completed
 - 22 applications are under review or pending scheduling (485 beds)
 - 1 application is incomplete/pending corrections(6 beds)

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Delegation of Mental Health Program Approval



- Delegation of Mental Health Program Approval Task of STRTPs, Information Notice 18-049, issued October 23, 2018
- A county may request that DHCS delegate the mental health program approval task to its MHP by completing and sending the “Delegation of Approval Task” form to STRTP@dhcs.ca.gov
 - 12 counties have accepted delegation
 - 42 counties have declined delegation
 - 2 counties are undecided
 - Updated STRTP mental health approval interim regulations will be released in January 2019

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Delegation of Mental Health Program Approval



- **12 counties have accepted delegation**
 - Del Norte
 - Fresno
 - Los Angeles
 - Mariposa
 - Napa
 - Orange
 - San Benito
 - San Joaquin
 - San Luis Obispo
 - Santa Cruz
 - Shasta
 - Ventura

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Delegation of Mental Health Program Approval



- **43 counties have declined delegation**
 - Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, El Dorado, Glenn, Humboldt, Imperial, Inyo, Kern, Lake, Lassen, Madera, Marin, Merced, Modoc, Mono, Monterey, Nevada, Placer, Plumas, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Mateo, Santa Barbara, Santa Clara, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter-Yuba, Tehama, Trinity, Tulare, Tuolumne, Yolo
- **Two counties are pending responses**
 - Kings, Mendocino

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STRTPs and Presumptive Transfer



- Updates and ongoing efforts
- Placement of children and youth in STRTPs
- Presumptive transfer waivers

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COUNTY AND PROVIDER PANEL PART 1, STRTPs

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County and Provider Panel Part 1, STRTPs



Facilitator

- **Kim Suderman, LCSW**, CIBHS Consultant

Sacramento County

- **Melissa Jacobs, LCSW**, Division Manager, Sacramento County Behavioral Health
- **Geri Wilson, MS**, IPC Facilitator/STRTF Program Statement Review Lead, Department of Child, Family and Adult Services, Child Protective Services
- **Sarah Duncan**, STRTP and CPS Program Planner, Department of Child, Family and Adult Services, Child Protective Services
- **Synthy Lathipanya**, Sacramento County Probation

Provider



- **Anna Gleason**, Chief Executive Officer, Summitview Child and Family Services, Inc.

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BREAK

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COUNTY AND PROVIDER PANEL PART 2, PRESUMPTIVE TRANSFER

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County and Provider Panel Part 2, Presumptive Transfer

Facilitator

- **Kim Suderman, LCSW**, CIBHS Consultant

Sacramento County

- **Melissa Jacobs, LCSW**, Division Manager, Sacramento County Behavioral Health
- **Geri Wilson, MS**, IPC Facilitator/STRTP Program Statement Review Lead, Department of Child, Family and Adult Services, Child Protective Services
- **Sarah Duncan**, STRTP and CPS Program Planner, Department of Child, Family and Adult Services, Child Protective Services
- **Synthy Lathipanya**, Sacramento County Probation

Provider

- **Anna Gleason**, Chief Executive Officer, Summitview Child and Family Services, Inc.

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REPORT OUT FROM TABLE DISCUSSIONS

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COUNTY AND PROVIDER PANEL
INTENSIVE SERVICES FOSTER CARE (ISFC) AND
THERAPEUTIC FOSTER CARE (TFC)

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County and Provider Panel
ISFC & TFC

Facilitator

- **Kim Suderman, LCSW**, CIBHS Consultant

Sacramento County

- **Melissa Jacobs, LCSW**, Division Manager, Sacramento County Behavioral Health
- **Genevieve Maze, MSW**, Human Services Program Planner, Department of Child, Family and Adult Services, Child Protective Services

Providers

- **Dr. Laura Heintz**, Chief Executive Officer, Stanford Youth Solutions

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ROUNDTABLE DISCUSSION THERAPEUTIC FOSTER CARE

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Roundtable Discussion Therapeutic Foster Care




Facilitated by the Center for Health Care Strategies, Inc. (CHCS) and supported by Casey Family Programs

- **Kamala Allen**, Vice President, Program Operations and Director, Child Health Quality
- **Melissa Bailey**, Senior Fellow

Goals

- Gather perspectives on the key challenges and possible solutions relating to implementing TFC in Counties
 - Early implementation efforts
 - Innovative approaches
- Inform CHCS brief on TFC implementation, in conjunction with individual interviews

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NEXT STEPS, DHCS AND CDSS UPDATES AND Q&A

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Future Convening Dates



Convening 2	Southern Region (Riverside)	Wednesday, February 20
Convening 3	Central Region – Southern (Visalia)	Thursday, March 7
Convening 4	Bay Area Region (Oakland)	Wednesday, May 8
Convening 5	Los Angeles Region (Long Beach)	Tuesday, June 11
Convening 6	Long Beach (LA Region)	Tuesday, June 4

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Send Feedback, Questions, Comments to:

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KatieA@dhcs.ca.gov

Countysupport@dhcs.ca.gov

CWSCoordination@DSS.ca.gov

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