REGIONAL CONVENINGS 2018

CHILDREN AND YOUTH SPECIALTY MENTAL HEALTH SERVICES

“Moving Policy Into Practice”

January 31, 2018
Sacramento, CA
Welcome & Overview for the Day
Opening Remarks

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Goals for the Convening

- Support counties in their continued implementation efforts & initiatives related to Specialty Mental Health Services (SMHS) for children and youth

- Provide a forum for multi-agency partners to learn from each other and strengthen their work with cross-system partners
Goals for the Convening

• Provide Updates on:

► Pathways to Well Being (Intensive Home Based Services (IHBS), Intensive Care Coordination (ICC), & Therapeutic Foster Care (TFC))

► AB 1299—Presumptive Transfer of Specialty Mental Health Services

► AB 501—Children’s Crisis Residential Programs

► SB 1291—Mental Health Plan Foster Care Services Data

► Continuum of Care Reform (CCR)

► Short Term Residential Therapeutic Program (STRTP) Mental Health Program Approval
Moving Policy into Practice
Current Policy and Programmatic Efforts and Initiatives
Pathways to Well Being (ICC, IHBS and TFC)
Pathways to Well Being

- **Medi-Cal Manual** for Intensive Care Coordination (ICC), Intensive Home Based Services, and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, Third Edition

- Information Notice 17-055 - **Removal of lockout for ICC and IHBS in group homes/STRTPs**

- Monitoring Provision of Services
  - External Quality Reviews/MHP Triennial Reviews
Pathways to Well Being

• DHCS and CDSS data match
• County calls and site visits
• Technical assistance
• Community team
The Medi-Cal Manual includes:

- Description and indicators of need for TFC
- TFC agency role, TFC parent qualifications and training requirements
- Settings, limitations and lockouts
- Claiming and reimbursement
- Documentation requirements
- Sample progress notes
- Vignettes pertaining to three, trauma-informed TFC case examples
DHCS and CDSS released the Therapeutic Foster Care Resource Toolkit

- Includes learning objectives for each of the identified TFC trainings topics

- Provides information and resources to assist TFC Agencies in their development of a TFC parent training program to meet the 40-hour pre-service and 24-hour ongoing TFC training requirements
• Next Steps
  – Moving forward with implementation of TFC
  – Availability and readiness of Foster Family Agencies
  – Child welfare, juvenile probation and MHPs working together on recruitment efforts for FFAs and TFC parents
• TFC will be provided by TFC parents under the direction of a Foster Family Agency

• Alternatively, if the county does not have an available or suitable FFA to serve as a TFC provider, the county may assume the functions of the FFA
• TFC parent recruitment
  – Who are the children and youth currently in your care?
  – What are the strategies, tools, ideas to consider when developing recruitment plans
    • Current resource family parents
    • Relatives
    • Intensive Services Foster Care trained caregivers
• RFA and TFC Parent Recruitment
  – Digital recruitment
  – Dr. Denise Goodman
  • Will provide 2-day regional trainings across the State beginning spring/summer about recruitment, retention and support of resource families
  • Direct work with select county child welfare and probation departments
  • Support for counties and resource families
Assembly Bill (AB) 1299
Presumptive Transfer of Specialty Mental Health Services
Overview of AB 1299

• Effective July 1, 2017, Assembly Bill (AB) 1299, transfers responsibility for authorization, provision and payment of SMHS to the MHP in the foster child’s county of residence.

• Intent is to improve timely access to SMHS for children in foster care who are placed out-of-county.

• On July 14, 2017, DHCS and CDSS released Information Notice 17-032 & All County Letter 17-77 to establish policy guidance.
Presumptive Transfer

When a child in foster care resides:
Outside of their county of jurisdiction:

Responsibility to provide SMHS TRANSFERS to child’s county of residence

Transfer includes: authorization, provision and payment for SMHS
Role of the Child and Family Team (CFT) Process

- The CFT process should be seen as the primary venue to discuss recommendations, questions, or concerns regarding placement, services, and supports.

- The CFT process is an opportunity for the child and family, mental health providers, placing agency worker and others to discuss whether presumptive transfer would benefit the child or youth and support the goals in his or her case plan.
To ensure timely communication, Counties should:

- Identify a single point of contact or unit
- Have a dedicated phone number and/or e-mail address at the Mental Health Plan & Placing agency & public website

Presumptive Transfer has Three Conditions (A thru C) which provide specific steps which must be followed by Counties for any foster child who resides in a county other than the county of original jurisdiction

Exceptions, determined on an individual basis, may result in a waiver to presumptive transfer and these provisions being retained by or transferred to the county of original jurisdiction
Presumptive Transfer

- **Waiver of presumptive transfer**: requests by the foster child, the person or agency that is responsible for making MH care decisions on behalf of the foster child, or the child’s attorney, and is based on an exception.

- **Court Hearing Request**: may be requested by the individual who requested the waiver, the foster child, the person or agency responsible for making MH care decisions may request the court review the placing agency’s determination regarding the request for a waiver.

- **The Child and Family Team (CFT)**: a CFT should be consulted on whether the transfer may impact the delivery of, or access to services.
Placing Agency Responsibilities

• Engage child, family, mental health provider, and others in a strengths-based CFT process

• Requires placing agencies to provide notification and information on presumptive transfer, requirements for requesting a waiver, waiver determinations and the process for submitting a request for a hearing

• Responsible for updating address changes in MEDS

• In response to a request to waive presumptive transfer, make individualized determination on whether any exceptions apply
Mental Health Plan Responsibilities

• MHPs are required to provide or arrange and pay for SMHS for those foster youth who reside in their county, absent the exceptions to the conditions.

• Under the conditions of a Waiver, the MHP in the county of jurisdiction must be able to demonstrate they can enter into a contract with a SMHS provider in order to ensure SMHS can be provided to the foster youth who is being placed out of county.

• MHPs in the county of residence are to be notified on a case-by-case basis of youth: placed in the county who have been assessed and require SMHS, have been screened and need to be assessed for SMHS, or have not been screened or assessed but a determination is made by a guardian, family member or provider that the child should be assessed for SMHS.
STRTP Responsibilities

- Are required to ensure that foster youth have access to SMHS
- Must be included in the CFT process
  - CFT process is best opportunity to address barriers and resolve conflicts
- Waiver requests
Assembly Bill (AB) 501
Children’s Crisis Residential Program
The intent of AB 501 is to address a gap in crisis residential services for children and youth.

Children’s Crisis Residential Programs (CCRP) will provide:

- Short-term crisis stabilization services; reassessment every 10 days
- Therapeutic intervention
- Specialized programming

AB 501 authorizes CDSS to license a Short-Term Residential Therapeutic Program (STRTP) to operate as a CCRP.
DHCS and CDSS Roles

• DHCS and CDSS are working with various stakeholders to establish CCRP standards and procedures for oversight, enforcement, and issuance of children’s crisis residential mental health program approvals

• Information notice with information and guidance is forthcoming
Senate Bill (SB) 1291
SMHS Data on Foster Care
Children & Youth
Overview

• SB 1291 requires annual MHP reviews to be conducted by an External Quality Review Organization (EQRO) & commencing July 1, 2018 requires those reviews to include specific data for Medi-Cal eligible minor and non-minor dependents in foster care

• EQRO will report on:
  – Access to & timeliness of mental health services
  – Quality of mental health services
  – Translation & interpretation services
  – Performance data
  – Utilization data
Data Sources & Findings

• The intent of SB 1291 is to improve the ability of the State and Counties to oversee SMHS for Foster children and youth and to track outcomes related to those services.

• EQRO will utilize existing DHCS and MHP data to obtain, review and validate data.

• This data will be shared with County Board of Supervisors and will include data to assist in the development of MH service plans, performance outcomes system data and metrics, as specified.
Based on the EQRO’s findings, DHCS is to notify MHPs in writing of any deficiencies found in the access, timeliness, and quality of services.

MHPs are required to submit corrective action plans to DHCS based on deficiencies identified by the EQRO.

DHCS is required to post corrective action plans prepared by MHP and EQRO data on DHCS website.
Screening, Referral, Assessment and Provision of Specialty Mental Health Services

- DHCS and CDSS Data Match Efforts
  - Understand “full picture” and how children and youth move through mental health and child welfare

- Understand how many children are screened, how many children are referred and assessed and how many children receive services and what types of services

Goal is to identify and address gaps
Continuum of Care Reform (CCR)
Continuum of Care Reform

- **Child and Adolescence Needs and Strengths (CANS)**
  - Chosen as a statewide assessment tool

- Child and Family Teams
STRTP Mental Health Program Approval Protocol
STRTP Mental Health Program Approval

• DHCS has updated the:
  - Interim STRTP Regulations
  - Interim STRTP Mental Health Program Approval Protocol
  - The STRTP Mental Health Program Approval Application

• DHCS will issue an information notice regarding the requirements and procedures in February 2018
STRTP Mental Health Program Approval

- DHCS has authority to delegate to MHPs approval, oversight, enforcement, due process and other responsibilities over the mental health programs at the STRTP within its borders

- DHCS will issue an information notice to address “delegation of task” process
  - Request that the MHP indicate whether the MHP will accept delegation or not
  - If an MHP does not accept delegation, DHCS will conduct the Mental Health Program Approval for STRTPs in that county

- DHCS and CDSS working on STRTP staffing requirements
Questions and Answers
Lunch
County Panel
Successes & Challenges from the Field on Cross System Collaboration and Practice
Sacramento County

**Melissa Jacobs, LCSW**, Division Manager, Sacramento County Behavioral Health
**Stephen Wallach**, Interim Division Manager, Sacramento County Child Protective Services

Sutter-Yuba County

**Karleen Jakowski, LMFT**, Program Manager, Youth & Family Services, Sutter-Yuba Behavioral Health
**Erich Runge, MSW**, Operations Program Manager, Child & Adult Protective Services, Yuba County Health and Human Services
**Tara Moseley**, Program Manager, Yuba County Probation

**Kim Suderman, LCSW**, CIBHS Consultant
Questions and Answers
Table Discussions
Report Out From Table Discussions and Identify Best Practices
Future Convening Dates

County Convening’s:
• Central Region – March 8, 2018
• Southern – May 8, 2018
• Bay Area Region – July 12, 2018
• Northern Region – September 27, 2018

Provider Convening’s:
• Webinar: November 2, 2018
Closing Remarks & Wrap-Up

Send Feedback, Questions, Comments to:

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