



REGIONAL COUNTY AND  
PROVIDER CONVENINGS 2018-19



**CHILDREN AND YOUTH  
SPECIALTY MENTAL HEALTH SERVICES**

***“Supporting Collaboration and Partnership”***

**March 7, 2019  
Visalia, CA**



# WELCOME & OVERVIEW FOR THE DAY



# Welcome and Overview of the Day



**Kimberly Mayer, MSSW**

Director, California Institute for Behavioral Health  
Solutions (CIBHS)



# Opening Remarks



## **Erika Cristo**

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

## **Jess Torrecampo**

Chief, Policy & Performance Bureau, Continuum of Care  
Reform Branch, California Department of Social Services  
(CDSS)



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



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



**Loc Nguyen, DrPH, MSW**

Consultant, County Welfare Directors Association of  
California (CWDA)

**Kim Suderman, LCSW**

Consultant, County Behavioral Health Directors  
Association of California (CBHDA)

# 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:

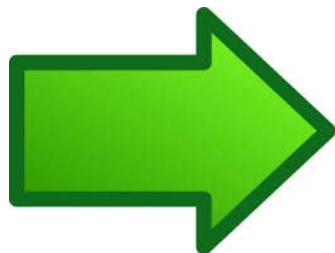
- ✓ Reduced use of congregate care – STRTPs reserved for youth whose needs cannot be met safely in a home-based family care
- ✓ Promote placements with family-based care, with emphasis on relatives
- ✓ Services aligned to meet the unique needs of the child/youth, including Specialty Mental Health Service (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 Medical Specialty Mental Health Services (SMHS)
- Short-term treatment modality
- Core services required
- Must be accredited

## BACKGROUND AND PURPOSE

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

This is due in part to the transitions still underway from group home to interim licensed STRTP provider:

- County placing agencies continue to place children and youth into interim licensed 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 CDSS** 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

## **CDSS 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 CDSS 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](mailto:ccr@dss.ca.gov)

[STRTP@dhcs.ca.gov](mailto:STRTP@dhcs.ca.gov)

[KatieA@dhcs.ca.gov](mailto:KatieA@dhcs.ca.gov)

# FOR ADDITIONAL INFORMATION

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## CPOC

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## QUESTIONS & DISCUSSION

Thank you!

Questions & Discussion



# DHCS AND CDSS UPDATES REGARDING STRTPs AND PRESUMPTIVE TRANSFER



# DHCS and CDSS Updates Regarding STRTPS and Presumptive Transfer



## **Jess Torrecampo**

Chief, Policy & Performance Bureau, Continuum of  
Care Reform Branch, CDSS

## **Erika Cristo**

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



## Short-Term Residential Therapeutic Programs (STRTPs)



- **Group Home Transitions/Applications**
  - Licensed
  - In Process (Confidence Lists)
  - Denied
    - Group Home Rate Extensions Requirements
- **STRTP ACL** - forthcoming
  - Best Practices, 14-Day Notices, Standardized Referral Packet, Updated Admissions Agreement
- **CDSS CCR STRTP website**
  - Lists, Program Statements, Provider Profiles
  - Dashboard/Geomap





## STRTPs continued



- **DHCS STRTP Mental Health Program Approval**
  - 131 STRTP mental health program approval applications received (2,054 beds)
  - 80 site visits have been completed (1,201 beds)
  - 36 applications are under review (501 beds)
  - 4 applications withdrawn (24 beds)
  - 2 applications incomplete (106 beds)



# 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](mailto:STRTP@dhcs.ca.gov)
  - 11 counties have accepted delegation
  - 47 counties have declined delegation
  - Updated STRTP mental health approval interim regulations will be released in late-February or March 2019



# Delegation of Mental Health Program Approval



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



# Delegation of Mental Health Program Approval



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



# STRTPs and Presumptive Transfer



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



BREAK



# COUNTY AND PROVIDER PANEL STRTPs & PRESUMPTIVE TRANSFER



# County and Provider Panel STRTPs & Presumptive Transfer



## Facilitators

- **Kim Suderman, LCSW**, CIBHS Consultant
- **Kimberly Mayer, MSSW**, Director, CIBHS

## Fresno County

- **Joseph Rangel**, Fresno County Department of Behavioral Health
- **Rita Bohannon**, Fresno County Department of Social Services

## Merced County

- **Betty Hoskins**, Merced Co. Behavioral and Recovery Services
- **Julianne Sims-Culot**, Merced County Human Services Agency
- **Joel Daffron**, Merced County Probation

## Providers

- **Lisa Jacobs**, Creative Alternatives





# QUESTIONS AND ANSWERS WITH PANELISTS



LUNCH



# TABLE DISCUSSIONS & REPORT OUT



## Table Discussions & Report Out



Please reflect on what you heard from the presentations on STRTPs and Presumptive Transfer:

1. What is the biggest takeaway?
2. What ideas/strategies might you be able to replicate?
3. What challenges have you encountered and how you have mitigated or continue to work to address these?

Please share your implementation status for Therapeutic Foster Care (TFC):

1. Where are you in the process of implementing TFC services?
2. Has your county or provider agency developed or implemented any processes, best practices, trainings, etc. that have enabled you to be move forward with your implementation efforts?
3. What challenges have you encountered and how you have mitigated or continue to work to address these?



# COUNTY AND PROVIDER PANEL

## INTENSIVE SERVICES FOSTER CARE (ISFC) AND THERAPEUTIC FOSTER CARE (TFC)



# County and Provider Panel ISFC and TFC



## Facilitators

- **Kim Suderman, LCSW**, CIBHS Consultant
- **Kimberly Mayer, MSSW**, Director, CIBHS

## Fresno County

- **Joseph Rangel**, Fresno County Department of Behavioral Health
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## Merced County

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- **Julianne Sims-Culot**, Merced County Human Services Agency
- **Joel Daffron**, Merced County Probation

## Providers

- **Lisa Jacobs**, Creative Alternatives
- **Michelle Terrazas**, Golden State Family Services



# QUESTIONS AND ANSWERS WITH PANELISTS



# QUESTIONS AND ANSWERS WITH DHCS & CDSS





# Future Convening Dates



<b>Convening 4</b>	Bay Area Region (Oakland)	Wednesday, May 8
<b>Convening 5</b>	Los Angeles Region (Long Beach)	Tuesday, June 4
<b>Convening 6</b>	Superior Region (Anderson)	Tuesday, June 11



Send Feedback, Questions, Comments to:

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