



# REGIONAL CONVENINGS 2018



## CHILDREN AND YOUTH SPECIALTY MENTAL HEALTH SERVICES

*“Moving Policy Into Practice”*

**May 8, 2018  
Garden Grove, CA**



# Welcome & Overview for the Day



# Opening Remarks



## **Erika Cristo**

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

## **Sara Rogers**

Chief, Continuum of Care Reform Branch, Children and Family Services Division, California Department of Social Services



# Goals for the Convening



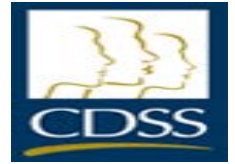
- Support counties in their continued implementation efforts & initiatives related to Specialty Mental Health Services (SMHS) for children and youth
- Provide a forum for multi-agency partners to learn from each other and strengthen their work with cross-system partners



# Goals for the Convening



- **Provide Updates on:**
  - ▶ Pathways to Well Being (Intensive Home Based Services (IHBS), Intensive Care Coordination (ICC), & Therapeutic Foster Care (TFC))
  - ▶ SB 1291—Mental Health Plan Foster Care Services Data
  - ▶ AB 1299—Presumptive Transfer of Specialty Mental Health Services
  - ▶ AB 501—Children’s Crisis Residential Programs
  - ▶ 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



- Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS)
  - Monitoring Provision of Services
  - Demonstration Project Identifier (DPI)
- [Medi-Cal Manual](#) for ICC, IHBS, and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, Third Edition
- [Removal of lockout for ICC and IHBS in group homes/STRTPs](#) (IN 17-055)





# Pathways to Well Being



- DHCS and CDSS data match
- County calls and site visits
- Technical assistance
- Community team



# Therapeutic Foster Care



- Therapeutic Foster Care (TFC) is available as an Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit to children and youth, under the age of 21, who are Medi-Cal eligible and meet medical necessity criteria
- TFC:
  - Is short-term, intensive, highly coordinated, trauma-informed, and individualized
  - Consists of interventions of one or more of the following: plan development, rehabilitation, and collateral
  - Is intended for children and youth who require intensive and frequent mental health support in a family environment
  - Should not be the only SMHS; children and youth must receive ICC and other medically necessary SMHS
- There must be a CFT in place to guide and plan TFC service provision



# Therapeutic Foster Care



- The TFC Parent must:
  - Be at least 21 years old and must meet “other qualified provider” qualifications (i.e., has a high school degree or equivalent)
  - Meet and comply with all basic foster care/resource parent requirements; and
  - Meet and comply with all requirements and training related to the role as a TFC parent
  - Must have forty (40) hours of initial TFC parent training and must complete twenty-four (24) hours of annual, ongoing training



# Therapeutic Foster Care



- TFC will be provided by TFC parents under the direction of a TFC Agency (a Foster Family Agency in most cases)
- The TFC Agency ensures that the TFC parent meets Resource Family Approval (RFA) program standards and the required qualifications as a TFC parent
- The TFC Agency will employ a Licensed Mental Health Professional (LMHP) or a Waivered or Registered Mental Health Professional (WRMHP) who will:
  - Direct the TFC parent regarding the interventions the TFC parent will provide as identified in the client plan
  - Meet with the TFC parent, face-to-face, in the TFC parent's home, a minimum of one (1) hour per week
  - Review and co-sign progress notes, ensuring that each progress note meets Medi-Cal SMHS and contractual requirements



# Therapeutic Foster Care



- The TFC parent(s) must write and sign a daily progress note for each day that TFC is provided
- The progress note must meet Medi-Cal documentation standards
- The TFC Agency must comply with the mental health documentation requirements prescribed by the county MHP in accordance with the contract between DHCS and the local MHP
- The unit of service for TFC is a calendar day



# Therapeutic Foster Care



- 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



# Therapeutic Foster Care



- 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



# Therapeutic Foster Care



- 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





# Therapeutic Foster Care



- 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



# Therapeutic Foster Care



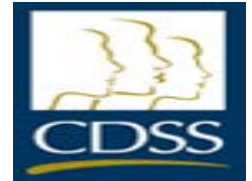
- RFA and TFC Parent Recruitment
  - Digital recruitment
  - Dr. Denise Goodman
    - Will provide 2-day regional trainings across the State beginning spring/summer about recruitment, retention and support of resource families
    - Direct work with select county child welfare and probation departments
    - Support for counties and resource families



# 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



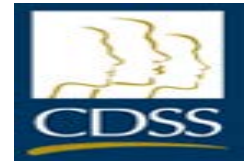
# Data Sources & Findings



- 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



# Data Sources & Findings



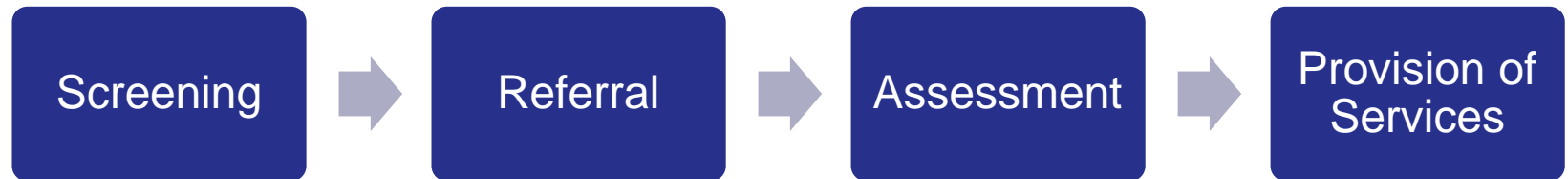
- Based on the EQRO's findings, DHCS is to notify MHPs in writing of any deficiencies found in the access, timeliness, and quality of services
- MHPs are required to submit corrective action plans to DHCS based on deficiencies identified by the EQRO
- DHCS is required to post corrective action plans 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**



# Questions and Answers





Break



# 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**



# Procedural Steps



- 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



# Procedural Steps



- **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





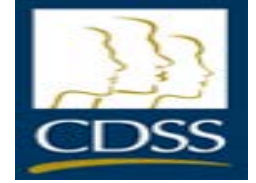
# Mental Health Plan Responsibilities



- 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



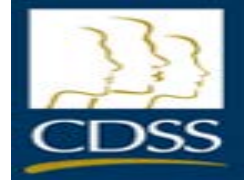
# STRTP Responsibilities



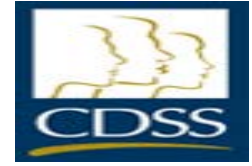
- Are required to ensure that foster youth have access to SMHS
- Must be included in the CFT process
  - CFT process is best opportunity to address barriers and resolve conflicts
- Waiver requests



# Next Steps



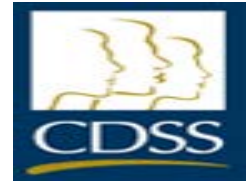
- Upcoming Information Notice



# Assembly Bill (AB) 501 Children's Crisis Residential Program



# Overview of AB 501



- 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



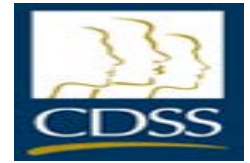
- DHCS and CDSS are working with various stakeholders to establish CCRP standards and procedures for oversight, enforcement, and issuance of children's crisis residential mental health program approvals
- Information notice with information and guidance is forthcoming



# Continuum of Care Reform (CCR)



# Continuum of Care Reform



- Child and Adolescence Needs and Strengths (CANS) and Child and Family Teams (CFT's)
- STRTP Selection and Oversight
- FFA Selection and ISFC and TFC
- IPC Process

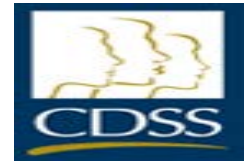




# STRTP Mental Health Program Approval Protocol



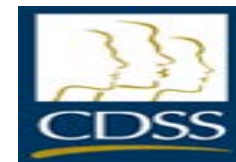
# STRTP Mental Health Program Approval



- 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



# STRTP Mental Health Program Approval



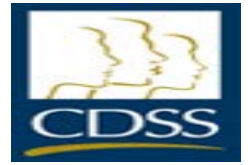
- DHCS has authority to delegate to MHPs approval, oversight, enforcement, due process and other responsibilities over the mental health programs at the STRTP within its borders
- DHCS will issue an information notice to address “delegation of task” process
  - Request that the MHP indicate whether the 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



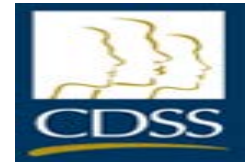
# Lunch



# County Panel Successes & Challenges from the Field on Cross System Collaboration and Practice



# County Panel Presentation



**Facilitator: Kimberly Mayer, MSSW**, Director, CIBHS

**Kim Suderman, LCSW**, CIBHS Consultant

## **San Diego County**

**Yael Koenig, LCSW**, Deputy Director, San Diego County Behavioral Health

**Shelly Paule, MSW, LCSW**, Policy Analyst, San Diego County Child Welfare Services

**Delona King**, Supervising Probation Officer-Foster Care, San Diego County Probation Department

## **Los Angeles County**

**Robert D. Byrd, Psy.D.**, Mental Health Clinical District Chief, Los Angeles County Department of Mental Health

**Kym Renner**, Deputy Director, Administrative Support Los Angeles County Department of Children and Family Services

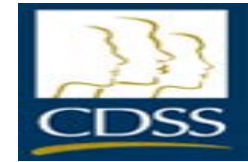
**Pamela Pease**, Supervising Deputy Probation Officer, Los Angeles County Probation Department, Child Welfare

## **San Bernardino County**

**Dianne Wolkenhauer, PhD**, Program Manager II, San Bernardino County Department of Behavioral Health

**Nicky Hackett**, Deputy Director Placement Resources Division, San Bernardino County Children & Family Services

**Joe Bakunas**, Division Director I, San Bernardino County Probation Department



# Questions and Answers





# Table Discussions



# Report Out From Table Discussions and Identify Best Practices



# Future Convening Dates



## County Convening's:

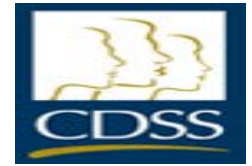
- Bay Area Region – July 12, 2018 (Berkeley)
- Northern Region – September 27, 2018

## Provider Convening's:

- Webinar: November 2, 2018



# Closing Remarks & Wrap-Up



Send Feedback, Questions, Comments to:

[KatieA@DHCS.CA.gov](mailto:KatieA@DHCS.CA.gov)

[CWSCoordination@DSS.ca.gov](mailto:CWSCoordination@DSS.ca.gov)

[TFC@CIBHS.org](mailto:TFC@CIBHS.org)

[Countysupport@DHCS.ca.gov](mailto:Countysupport@DHCS.ca.gov)

[CCR@DSS.ca.gov](mailto:CCR@DSS.ca.gov)



# Complete the Survey using your mobile device!

## **iPhone or iPad Users:**

1. Open us the camera app.
2. Hold the camera up to the QR code.
3. No need to hit the shutter button, your iOS device will automatically recognize the QR code.
4. Click the pop up window that appears at the top of the screen and complete the survey.



**Android Users:** You will need to have a QR code reader app installed on your device.

*Make sure you have mobile signal or you're connected to Wi-Fi*

You can also type this link in your browser:

<https://www.surveymonkey.com/r/CYSConvenc3>