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# Youth with Complex Care

## CPOC Conference

### May 23, 2022

**Loc H. Nguyen, DrPH, MSW**  
 Child Welfare Policy Consultant  
 County Welfare Directors Association of California

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## Agenda

- Introduction
- Facility Types
- Reframing the Perspective
- Regional Center Considerations
- Summary
- Questions

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### Background

- I was the CFS director for San Mateo County for over 5 years.
  - Oversaw a RCL-12, 30-day, 12-bed emergency shelter.
  - Oversaw only public FFA at the time (1 CPS SW, 1 FFA SW with no more than 10 children).
  - Oversaw the only public Child Welfare Program in CA that was nationally-accredited by COA.

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### Facility Acronyms

- STRTPs: Short-Term Residential Treatment Facilities
- CCFs: Community Care Facilities (Vendorized Regional Center Homes)
- CCHs: Community Crisis Homes (for RC consumers)

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### Facility Acronyms

- PHFs: Psychiatric Health Facilities
- MHRCs: Mental Health Rehabilitation Centers
- CTFs: Community Treatment Facilities

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### Facility Types for Possible TA Calls

	Placements	Psychiatric Facilities
Children under 18	STRTPs CCFs (for RC youth) CCHs (for RC youth) CTFs	PHFs (4)
Non-Minor Dependents	CCFs (for RC adults) CCHs (for RC adults)	MHRCs PHFs (28) State Hospitals

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### STRTPs

- We are in our 5<sup>th</sup> year with CCR, and have talked about STRTPs in various venues.
- So today, I am going to focus on other facility types that you may not be as familiar with.
- Some may be covered by Title IV-E funding for care and supervision, and I will mentioned those as well.

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### Regional Center Vendorized Homes

- There are 3500 foster youth at least 3 years old in CA who are RC consumers, and 74% are with non-related Resource Families, 24% are with relative RFs, and 2% are in RC Vendorized Homes.\*
- RC Vendorized Homes are officially called Community Care Facilities, and are group homes licensed by CDSS and vendorized by RCs.

\* DDS presentation at CDSS Stakeholder meeting on 11/4/2019. CWDA County Welfare Directors Association of California

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### Regional Center Vendorized Homes

- For CCFs, the higher the Service Level, the greater the service need, and the higher the rate associated.
- There are 4 services levels for CCFs, SL 1, SL 2, SL 3, and SL 4(A-I).

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### Regional Center Vendorized Homes

- Each Service Level has a defined rate,\* and the rates differ facility have less than five beds, or those that have five or more beds.
- Vendorized homes do not naturally come with a built-in mental health infrastructure.

\* <https://www.dds.ca.gov/rc/vendor-provider/vendorization-process/vendor-rates/>

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### Negotiated Homes

- CA Dept. of Developmental Services (DDS) created a type of CCF that was higher than a 4I home that customized services for consumers who had issues more complex than what a 4I home could address.
- As the name implies, the rates were then negotiated for these homes.

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### Negotiated Homes

- Some of these homes are referred to as Specialized Residential Facilities (SRFs).
- SRFs have specialized services for medically fragile youth with Intellectual and developmental disabilities (I/DD), non-ambulatory I/DD youth, etc.

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### Enhanced Behavioral Support Homes

- A specific type of CCF negotiated home was created in 2014 called an Enhanced Behavioral Support Home.\*
- The EBSHs provide 24/7 nonmedical care to those who require enhanced behavioral supports, staffing, and supervision.

\* [https://www.dds.ca.gov/wp-content/uploads/2020/05/EBSH\\_Training.pdf](https://www.dds.ca.gov/wp-content/uploads/2020/05/EBSH_Training.pdf)

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### Enhanced Behavioral Support Homes

- These homes are not specific for those youth in foster care, but some of the youth are foster youth.
- Starting Nov 2019, there were EBSHs created for children.

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### Community Crisis Homes

- CCHs used to be locked facilities run by DDS with state-level MH clinicians, behaviorists, etc.
- They are now a new facility type licensed by CDSS Community Care Licensing, but still have all the other requirements of the former model, but are no longer locked facilities.

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### Community Crisis Homes

- This includes needing a referral from a Regional Center, as well as a WIC 4418.7 assessment.
- This includes that the consumer would qualify for a WIC 6500(b)(1) in that they are a danger to self or others.

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### Community Crisis Homes

- CCHs are also known as STAR (Stabilization, Training, Assessment, and Reintegration) Crisis Homes.
- Starting in Dec 2019, they created STAR Crisis Homes for youth.
- There are about 10-15 beds statewide for all CA youth, not just those in foster care.

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### Community Treatment Facilities

- Licensed by CDSS CCL and have a MH program certified by DHCS.
- Medi-Cal Certified to provide SMHS by the Mental Health Plans.
- Title 9 CA Code of Regulations - Chapter 12, WIC 4094, and HSC 1502.

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### Community Treatment Facilities

- They are considered QRTPs, so all elements of Family First Preventions Services Act (FFPSA) applies, including a QI assessment.
- Youth must still be determined by the County's IPC as needed CTF level of care.

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### Community Treatment Facilities

- Vista del Mar CTF\* has 24 beds and Star View CTF has 44 beds (both in LA County).
- These facilities are for those youth under 18 years of age, and are considered locked residential facilities.

\*Vista del Mar also has a STRTP.

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### Mental Health Rehabilitation Centers

- MHRCs are formally IMDs licensed by DHCS.
- I think of them like CTFs for adults.

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### Mental Health Rehabilitation Centers

- There are 32 in CA with 1,750 beds in CA and an individual needs to have a medically-necessary condition to be admitted.
- As such, you would work with your County BH to get your youth admitted.

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### Mental Health Rehabilitation Centers

- 30 of the MHRCs are locked facilities.
- 2 of the MHRCs (Redwood Place in Alameda County and Sanger Place in Fresno County) are unlocked facilities vendorized by the local Regional Centers.

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### Psychiatric Health/Hospital Facilities

- 32 of the PHFs with 642 beds.
- They are licensed by DHCS.
- These are hospitals that specialize in psychiatric issues, not hospitals that deal general health issues.
- They require a referral from a psychiatrist, due to danger to self, others or are gravely disabled.

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### Psychiatric Health/Hospital Facilities

- PHFs are locked facilities.
- 4 of PHFs accept youth
  - Telecare Willowrock Center PHF in Alameda Co. (16 beds)
  - Central Star Youth PHF in Fresno Co. (16 beds)
  - Star View PHF in LA Co. (16 beds)
  - Restpadd Redbluff PHF in Tehama Co. (8 beds)

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### Psychiatric Health/Hospital Facilities

- 2 of PHFs accept youth based on an age waiver and vacancy.
  - San Luis Obispo PHF in San Luis Obispo Co. (16 beds)
  - Restpadd PHF in Shasta Co. (16 beds)

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### State Hospitals

- State Hospitals are governed by the CA Department of State Hospitals.
- CA DSH is the counterpart agency to CDSS and DHCS.
- These hospitals are for adults and are locked facilities.

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### State Hospitals

- Atascadero (SLO County);
- Coalinga (Fresno County);
- Metropolitan LA (LA County);\*
- Napa (Napa County);\* and
- Patton (San Bernardino County).

\* Higher proportion of LPS/RC cases.

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### State Hospitals

- A 2021 Appeals case (Stiavetti v. Clendenin) said that those who are found incompetent to stand trial must be transferred to a developmental center or state hospital (psychiatric disability) within 28 days of the order for placement there.
- As such, they have deprioritized LPS and other admissions.

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### Determine Needs

- Meet internally with your Probation team, and your counterparts at DMH, DPH Substance Use Prevention and Control, and COE/school districts.
- Determine what services and supports are needed for your youth.
- Determine if youth at baseline needs to be hospitalized or can be in a residential facility.

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### If Youth has MH Issues

- The Youth will need a Client Treatment Plan.
- Counties should work with counterparts in BH.

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### If Youth has MH Issues

- The CTP has to have Goals that are measurable and specific.
- Each goal has to have an intervention with an identified Clinician and how long and how often services are.

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### If Youth has SUD Issues

- The Youth will need a Client Treatment Plan.
- SUD issues can be addressed through the SMHS by a SUD trained practitioner. But to leverage Drug Medi-Cal, the Youth has to have a diagnosed Substance Use Disorder.
- Counties should work with their SUD program in BH, which is different than the MH program. In LA, the SUD (i.e., SUPC) program is in County Public Health.

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### If Youth has Physical Health Issues

- Individualized Health Care Plan (IHCP)
  - Covered under WICs 17710, 17731, 17732.
  - Addresses needs of a youth with special health care needs while in foster care.
  - IHCP Team shall include primary care physician (or designee), the SW or DPO, and the health care clinician to designated to monitor the youth's IHCP.

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### If Youth has Physical Health Issues

- Once a IHCP is in place, the case-carrying SW has to reconvene the team every time the youth is placed.
- This is important so that the new placement understands what the parameters would be, and for the IHCP team to address any new concerns.

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### Determine Service/Funding Need

- One example is 1:1. What does a school day look like?
- For example, for one-on-one during a school day, youth with get IEP 1:1 from 8am to 4pm, and ABA 1:1 from 4pm to 8 pm, TBS 1:1 from 8pm to 12am, and care and supervision 1:1 from 12am to 8am.

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### It is Not about the Behavior

- How many of you have heard times when the youth's behavior is preventing admission or as the basis for giving notice?
- Fire starting, assaultive, violent, enuresis/bed wetting, AWOLs, etc.

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### It is Not about the Behavior

- Fire-setting is sometimes due to history of child sexual abuse.
- Enuresis/bed-wetting at an older age is one of the first indicators of trauma studied among refugee children (71% of children had enuresis in one study).

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### Re-Frame the Perspective

- For fire-setting, tell us how you are not currently able to clinically address the child's underlying history of child sexual abuse.
- How would you (provider) be better able to clinically address this (e.g., MH clinician who has expertise with child sexual abuse).

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### Re-Frame the Perspective

- For enuresis, how would we help supplement the clinical approach to address child’s diagnosed PTSD.
- What ways might we bring in Therapeutic Behavioral Services during or soon after the night terrors that may lead to the enuresis.

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### Hospital Discharge Planning

- Sometimes you will get a 14-day notice or even an immediate notice if youth ends up in a hospital for a 5150, etc.
- One thing to note is Health and Safety Code 1262.5, the Hospital Discharge Planning Law.

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### Hospital Discharge Planning

- Hospitals must have discharge planning and work with the patient and their families.
- In the case of foster youth, Probation should notify hospitals that Probation is the authorized representative for the youth.

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### Hospital Discharge Planning

- The discharge planning evaluation must include the patient’s need for post-hospital services tailored to patient’s needs and the availability of those services.
- This includes identifying post-acute care (PAC) with those services.

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### Hospital Discharge Planning

- When you talk about safety of the youth, you are not talking about safety in the context of care and supervision.
- Safety is: Can we be assured that the child’s significant health issues will not be compromised without such planning (i.e., could they be hurt or even die if something is not in place upon discharge).

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### Hospital Discharge Planning

- Juvenile Hall is not an appropriate PAC facility most of the time.
- Even a STRTP may not be an appropriate PAC facility if services are not yet in place (e.g., clinician with expertise in the youth’s conditions is not yet available).

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### Hospital Discharge Planning

- Hospitals are only obligated to tell the patient that they are being discharged.
- As such, as soon as your youth enters the hospital for any reason, notify the hospital that you are the authorized representative, and meet early and often with them to assist them in their discharge planning which includes that you believe your youth will have adverse health issues upon discharge.

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### Was there Further Injury?

- If someone intentionally runs a red light and causes a serious car accident, would you recommend that driver go to the ER?
- Why or why not?

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### Was there Further Injury?

- What if you were the police officer on scene of a previous accident, and knew that the driver had recently come out of a hospital with serious injuries from that accident?
- As the police officer, you are not the medical expert, but you know that they should go to the ER to be seen by someone who can determine if they have more injuries and need more treatment.

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### Was there Further Injury?

- A youth on probation in foster care with complex needs has suffered tremendous trauma prior to being in the system, and some continue to suffer trauma once in.
- Each of these youth who has an incident, from AWOLs, to assaulting others, to being rejected from a STRTP, should have a clinician “examine” them to see if they have further traumatic injury and need more treatment.

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### Was there Further Injury?

- Just like that police officer at the serious car accident knew to send the person to the ER, you have to consider that the youth needs to be seen by someone with clinical expertise.
- A clinician can examine the specifics of whether this particular incident might have caused further harm to the youth and if they need to adjust and/or offer more clinical services.

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### Regional Center Youth

- You should also know that every Regional Center has a person who is responsible for knowing about foster youth in their care.
- This person is known as the 2083 Systems of Care Coordinator.

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### Regional Center Youth

- Individual Program Plan (IPP)
  - Youth’s Authorized Rep cannot be the Placing Agency SW or DPO.
  - County Placing Agencies should get a copy of the current IPP, and see if all services are in place.
  - Many times, the IPP is outdated as soon as the youth moves to a new placement.

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### Regional Center Youth

- We recommend you have a combined CFT/IPP with all parties.
- This is not the same as having a CFT and inviting someone from RC to come or vice versa.
- All formal parties from CFT and IPP are at the same meeting and all formal decisions are made at the same meeting.

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## DM-ID-2

- You are probably familiar with the DSM – 5.
- How many of you have heard of the DM-ID-2?
- The Diagnostic Manual - Intellectual Disabilities Version 2 is the nearly 700-page companion guide to the DSM-5.
- It mirrors the DSM-5, like sections on etiology, symptomatology, etc.

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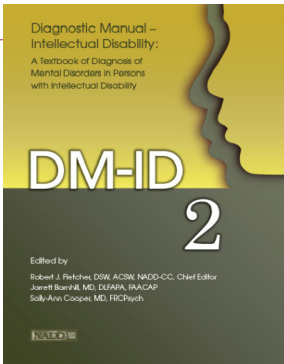
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## DM-ID-2

- What does PTSD look like in an I/DD individual?
- What does PTSD look like in an I/DD individual who is under 18 years of age?



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### Summary

- A big thank you to each of you for what you do.
- Today, I covered placements and psychiatric facilities.
- I also covered other aspects of complex care.

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### Agenda

- Introduction
- Facility Types
- Reframing the Perspective
- Regional Center Considerations
- Summary
- Questions

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