Meeting the Mental Health Needs of Youth in THP-Plus/THP+FC

NOVEMBER 13, 2014

JOHN BURTON FOUNDATION

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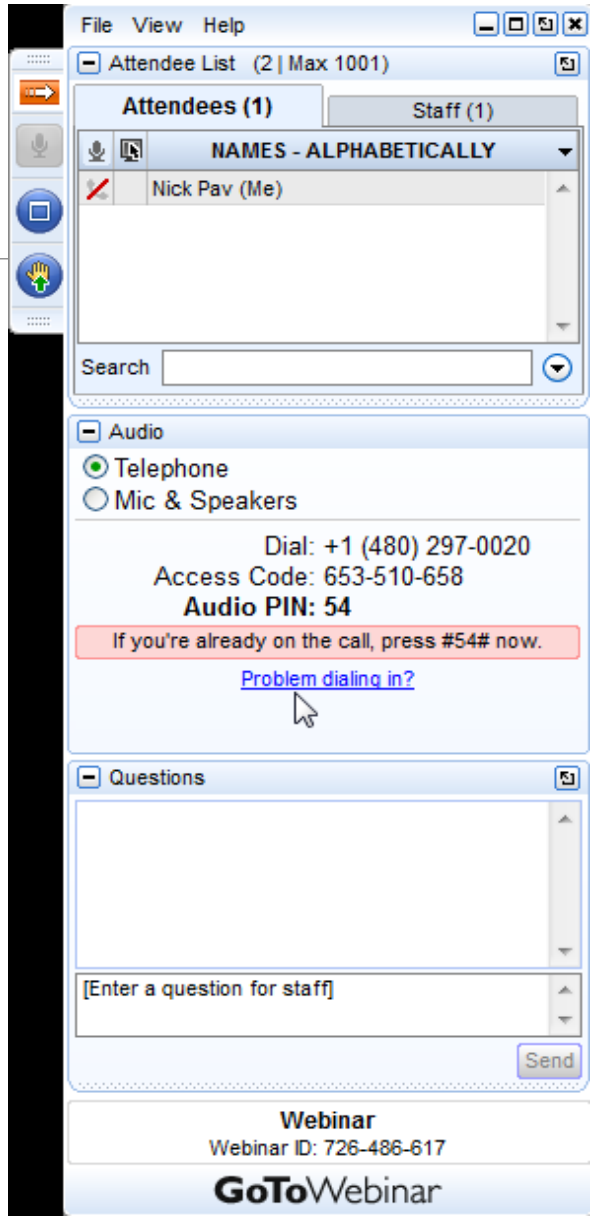
FOR CHILDREN WITHOUT HOMES

Information to Participate

- Call-in number is 1 (415) 655-0062 and access code is 839-671-559.
- Presentation materials and audio will be posted at www.thppplus.org

To submit live questions, click on the “Questions” panel, type your question, and click “Send”



Presenters

Toni Heineman, A Home Within

Susanna Marshland, Fred Finch Youth Center

Kellie Knox, Fred Finch Youth Center

Sai-Ling Chan-Sew, Former Director of Child, Youth & Family System of Care, SF Department of Public Health

Counties and Providers Expressed Concerns About How to Meet Mental Health Needs

1. Youth who are “stepping down” to THP+FC often require a mental health services and a lower case management ratio.

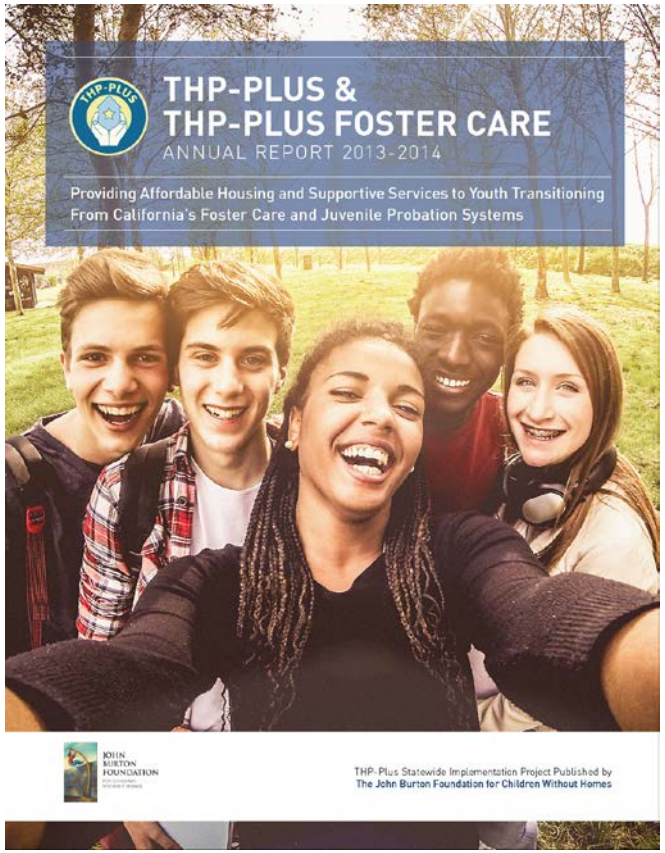
- Difficult to provide within the rate.

2. Youth in THP-Plus have more complex needs.

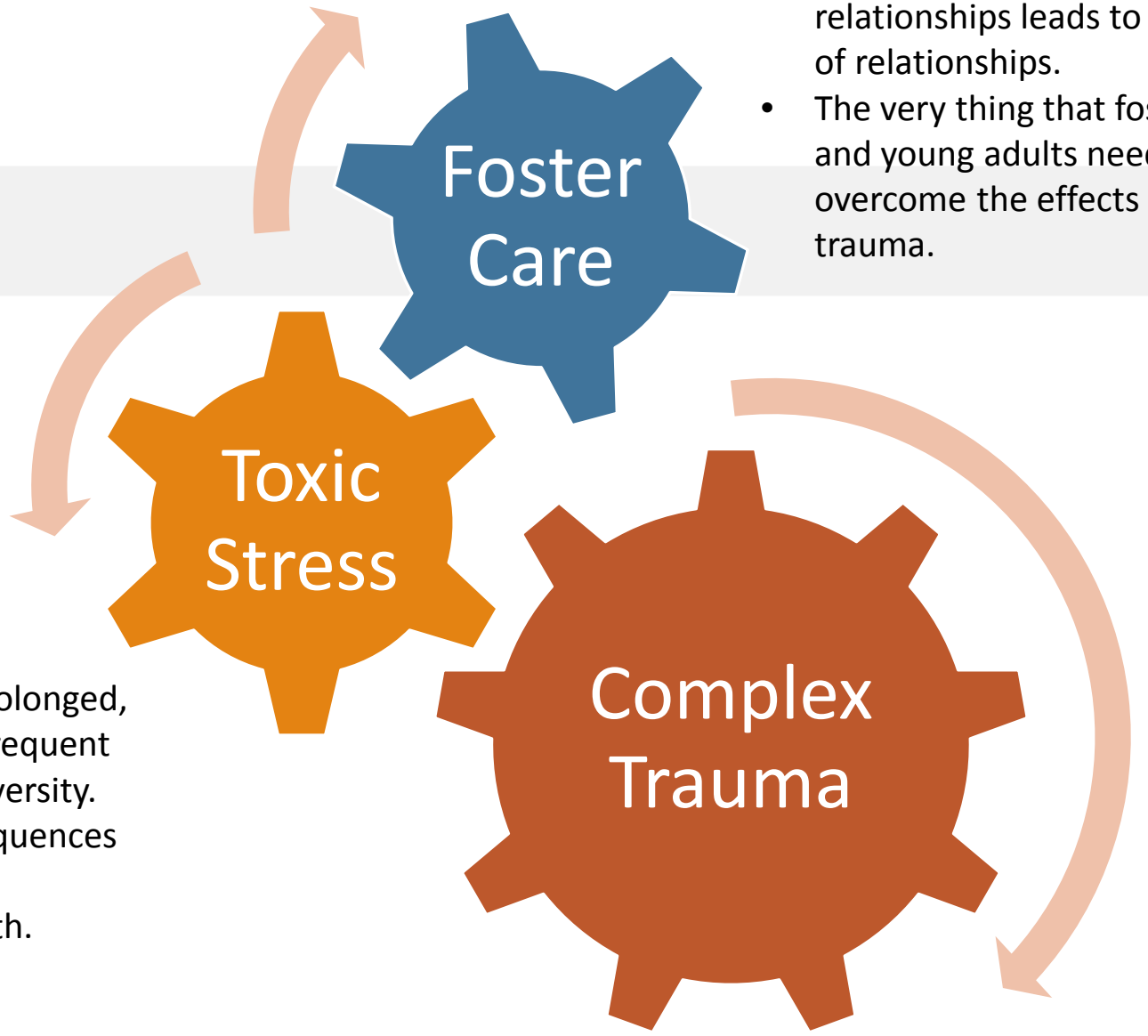
- More likely to be older, have experienced homelessness and parenting than in prior years

3. Concern that youth with disabilities who are “aging out” in 2015 will have access to THP-Plus.

- On July 1, 2014 there were 1,936 20 year-olds in foster care



- Lack of stable, caring relationships leads to mistrust of relationships.
- The very thing that foster youth and young adults need to overcome the effects of trauma.



- Results from prolonged, harsh, and/or frequent exposure to adversity.
- Life-long consequences for physical and emotional health.

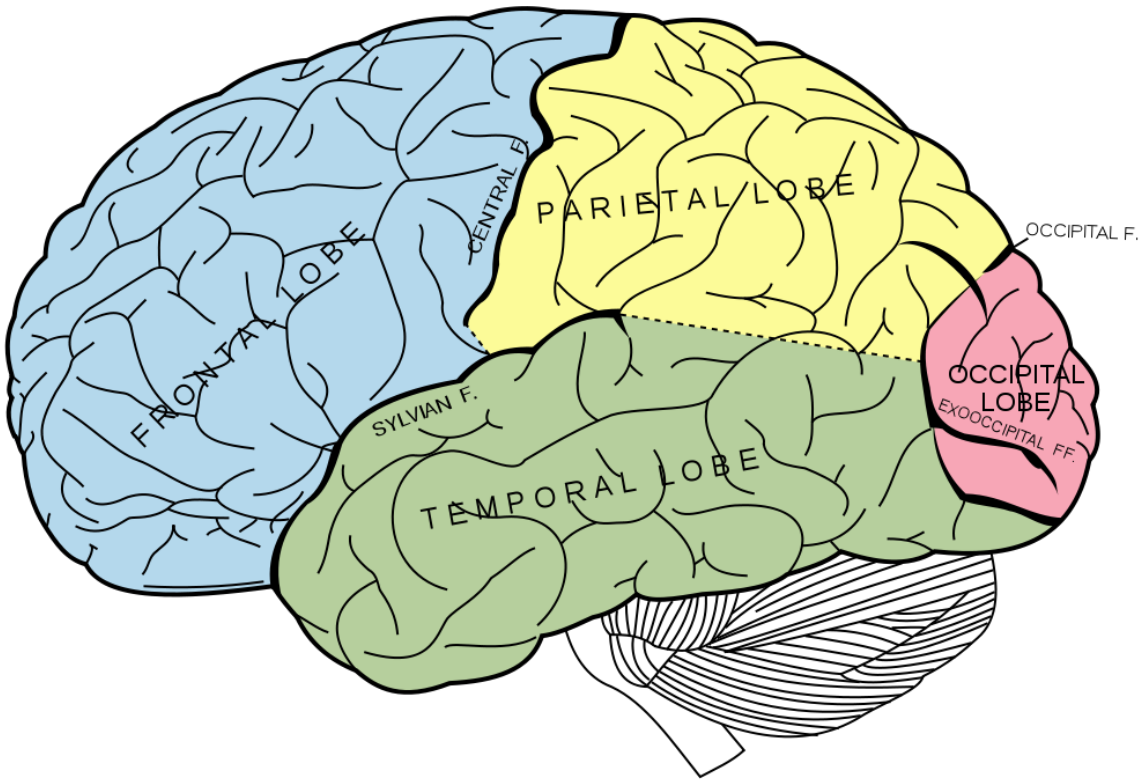
- Overwhelms a person's capacity to integrate it.
- Does not make sense
- not experienced or stored in linear narrative form
- Each assault increases vulnerability to the effect of the next
- The whole is greater than the sum of the parts

The pre-frontal cortex develops significantly through the age of 25 or 26

This is the part of the brain is responsible for:

- "executive functioning," using different pieces and kinds of information for decision-making and judgment
- inhibiting emotion-driven actions, making young adults less impulsive and action oriented than adolescents.

- Young adults with a history of trauma are likely to have impaired or delayed neurological development, and be more likely to feel, think, and behave like adolescents than their peers.



Practitioner's Perspective

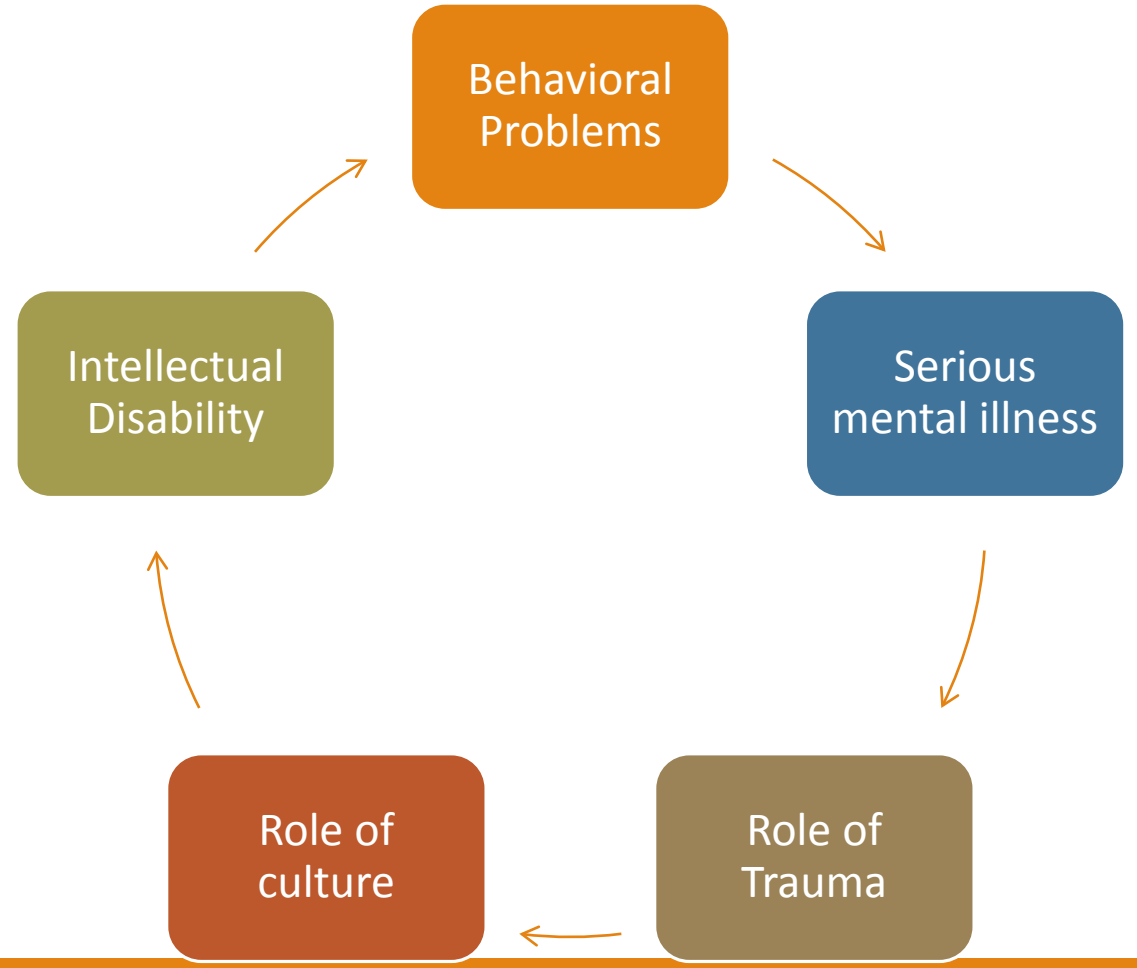
Headquartered in Oakland; serves youth in Bay Area and San Diego

Founded in 1891 as an orphanage (foster youth of the time)

Provides Specialized Residential Services; Mental Health Services for Children, Teens, Young Adults, and their Families; Housing for Young Adults; Wraparound and In-home Services, School-Based Services and Health Services.

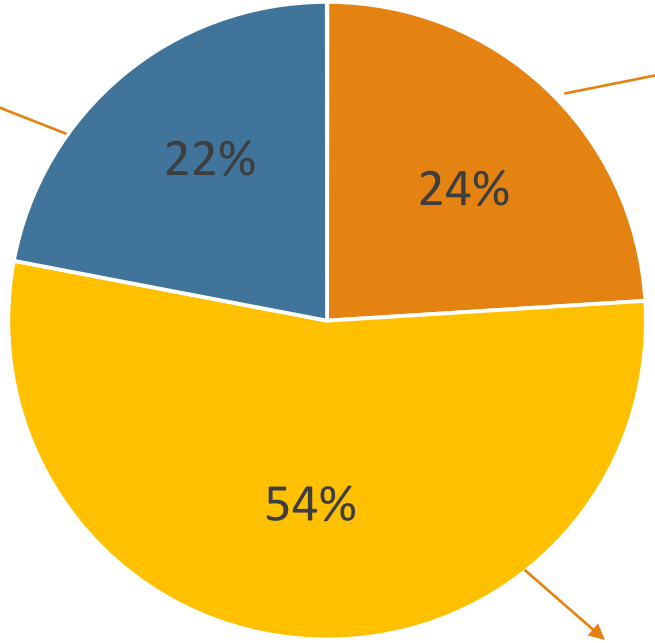
At a single site (30 studio apartments), serves 25 foster youth in THP+FC and 5 former foster youth in THP-Plus.

What Do We Mean by “Mental Health/Illness?”



Mental Health Profile of Youth Served by Fred Finch in THP+FC

None: Does not have a diagnosable disorder, but has survived trauma and instability.



Serious: Diagnosable disorder that has resulted in serious functional impairment, which substantially interferes with or limits one or more major life activities.

Mild/Moderate: Has a diagnosable mental, behavioral, or emotional disorder with minor to more significant impact on daily life & functioning.

14% have developmental delays

54% have co-occurring substance use disorder

Fred Finch's Approach

Mental health services are integrated into case management practices, not provided as an "add on"

Focus on non-traditional therapy (e.g., can be in any location, don't use 50-minute hours, can take advantage of opportunities in the moment)

Highly individualized approach (frequency and nature of services)

Team approach (peer mentors, specialist counselors)

Fred Finch's Approach

Understand what is a symptom of mental illness and what is a behavioral issue, and addresses both

Treatment in the context of their development, particularly brain development

Stance recognizes status as adults

All services are trauma-informed

Recognition that substance use or abuse is often co-occurring disorder

How this Model is Staffed

Mental health services are integrated into case management model

- All case managers are master's-level mental health clinicians
- Case managers and program supervisor weave understanding of mental health into all aspects of program and into staff training, staff meetings, etc. for all staff.

Lower participant to therapist caseload enables high level of contact, often daily

- 1:10 or less (counting Clinical Case Managers only)

Program provides active assistance helping youth consider and/or manage medications

- Coordinate with psychiatric nurse practitioner and psychiatrist (on staff)

Very high need individuals will qualify for in-home supportive services (through Social Services or Regional Center)

How this Model is Funded

Monthly THP+FC (or THP+) rate

Early and Periodic Screening, Diagnosis and Treatment (EPSDT)MediCal funding for eligible services (billed on a per-minute rate through a contract with county behavioral health):

- Individual and group therapy/rehabilitation
- Family therapy
- Crisis intervention
- Case management and collaboration with other supportive individuals (related to MH only)
- Medication Support
- Therapeutic Behavioral Services (TBS) – rarely used for anyone over 18

What We Have Learned

Know your limits.

Non-clinical staff appreciate learning about mental health (and vice versa).

Both behavioral challenges (maladaptive behaviors) and symptoms need to be addressed.

Positive for Integrated Model: lower staff: participant ratios, mental health woven throughout program activities; can meet the needs of those with pretty significant symptoms; team approach means the opportunity to closely monitor and address symptoms and behaviors.

Negative for Integrated Model: some young adults prefer that their therapist is someone who isn't mixed up in their life; doesn't always provide a sense of privacy; role confusion

Not everyone is eligible for services through MediCal; billing to MediCal requires significant agency infrastructure.

Approaches to Meeting Mental Health Needs of Youth in THP-Plus/THP+FC

Option 1:

Become an EPSDT provider and provide integrated care as a single provider

Option 2:

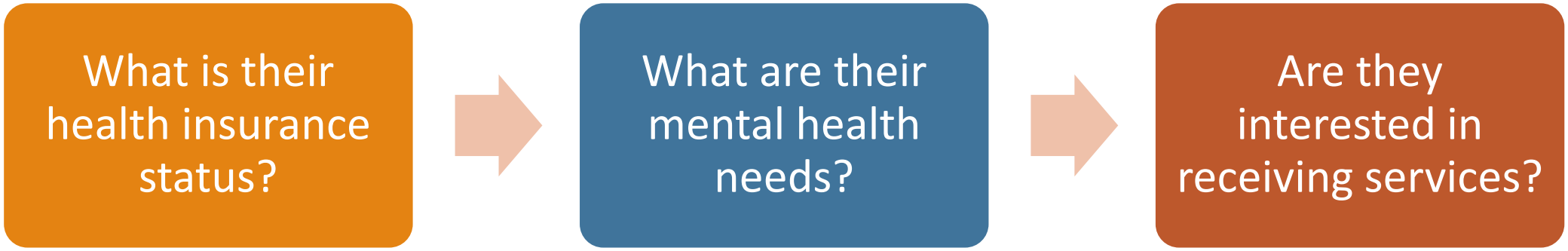
Partner with another EPSDT provider to provide seamless behavioral health services to youth

Option 3:

Use a network of community based providers to meet the youth's behavioral health needs

The decision of how to choose from one of these options, should be informed by careful analysis of the clinical, administrative and fiscal impact of each decision.

A. Know Who are You Serving



B. Know Whether Your Agency Wants to Become an EPSDT provider

The application process of becoming a provider is tedious and time-consuming, is your agency willing to support :

1 . The administrative investment in understanding Medi-Cal certification requirement

2. The investment in a clinical staff (or the assignment of an existing clinical staff on a part-time basis) to assist in the Medi-Cal certification process

3. The assignment of billing staff to be trained in billing

4. The understanding that it will take 2 – 3 years for the EPSDT program to be fully operational and fiscally viable

C. Explore and Understand the Policy of County BHRS departments

As part of the feasibility study, it will be important for agencies to explore and understand the current policy on credentialing of new EPSDT providers in the county that they are operating in.

Many county departments are pulling back on credentialing new EPSDT providers given the new state-county arrangement with re-alignment

A. Know What You Want from the Partnership

If your agency decide not to pursue an EPSDT contract, and work with an existing provider with current EPSDT contract with the county, it will be important to clarify what are you looking for in terms of the partnership:

- Referral
- Co-location
- Information Sharing
- Consultation
- Crisis Intervention
- Use of psychotropic meds

What About Participants Age 22 to 24?

Different rules apply to participants age 22 to 24, even if they are also on full scope Medi-Cal.

They will no longer be eligible for EPSDT services.

The same requirement for meeting certification standard to become a Medi-Cal provider applies

The eligibility for service is restricted to those who meets the Medical Necessity requirement established by state DHCS, and include both diagnosis and functional impairment requirement.

Questions? Comments?

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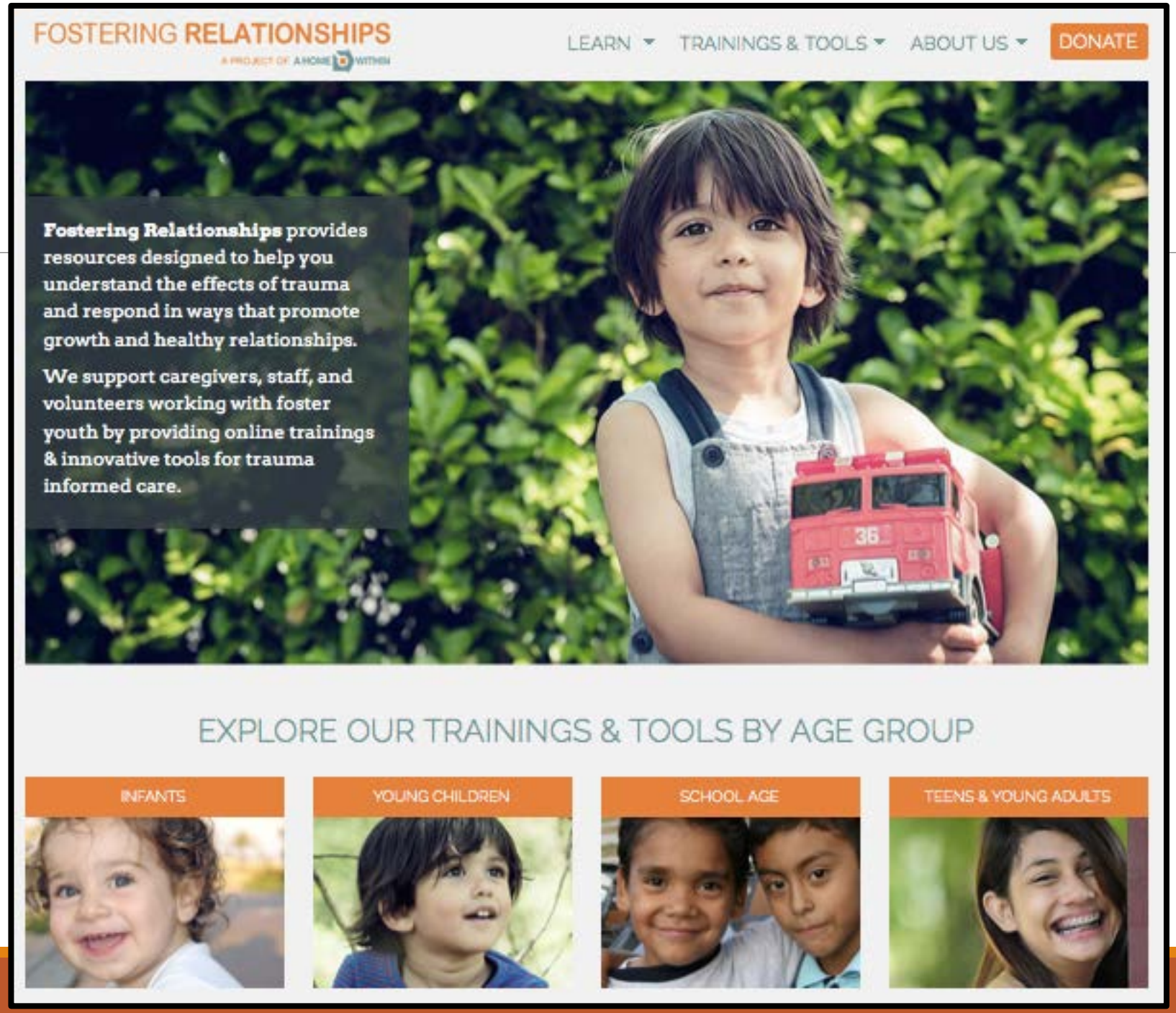
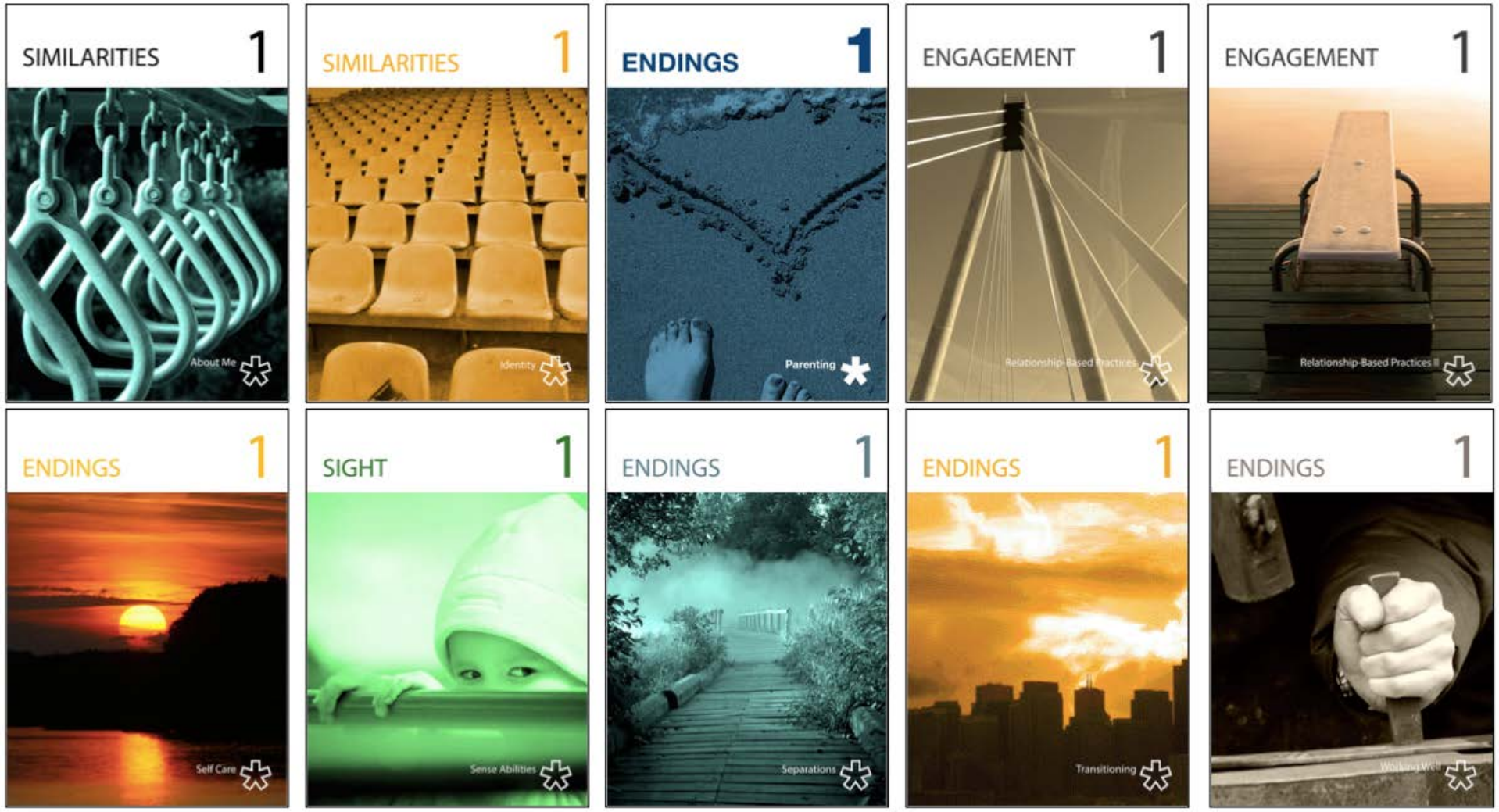
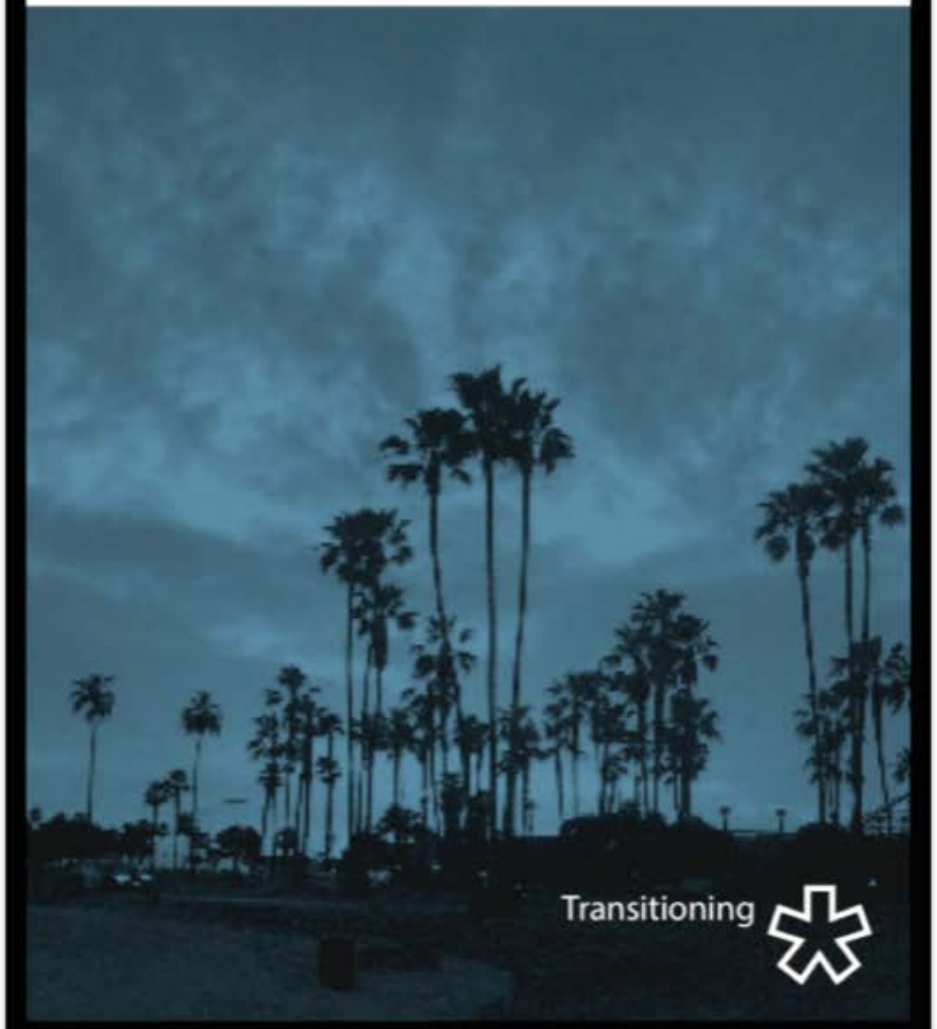

FOSTERING RELATIONSHIPS
A PROJECT OF A HOME WITHIN
LEARN
TRAININGS & TOOLS
ABOUT US
DONATE
Fostering Relationships provides resources designed to help you understand the effects of trauma and respond in ways that promote growth and healthy relationships.
We support caregivers, staff, and volunteers working with foster youth by providing online trainings & innovative tools for trauma informed care.
EXPLORE OUR TRAININGS & TOOLS BY AGE GROUP
INFANTS
YOUNG CHILDREN
SCHOOL AGE
TEENS & YOUNG ADULTS


SIMILARITIES 1
About Me
SIMILARITIES 1
Identity
ENDINGS 1
Parenting
ENGAGEMENT 1
Relationship-Based Practices
ENGAGEMENT 1
Relationship-Based Practices II
ENDINGS 1
Self Care
SIGHT 1
Sense Abilities
ENDINGS 1
Separations
ENDINGS 1
Transitioning
ENDINGS 1

BEGINNINGS 10



BEGINNINGS

Mind Body Heart Soul

"Laughter is the best medicine."

Folk Saying

Reflection

Take a few minutes to see if you can find something about a difficult experience that makes you laugh or smile, even if only a little.

Action

What does it feel like to laugh or smile while knowing there is pain too? Does it change your feelings about the event in anyway, even if for only a moment?