
Report to the Family and Human Services Committee

Contra Costa County
Mental Health Services

Children's Mental Health
Program Chief Vern Wallace,
LMFT



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February 22, 2017

Overview

The Children's Bureau within Behavioral Health has grown over the past three years in responsibility as evidenced by a seventeen percent growth in EPSDT services. Our basic mental health services have been expanded with the implementation of the Affordable Care Act, and now Katie A. Continuum of Care Reform (AB403), and an All County Letter from State Department of Health Care Services and Social Services. Affordable care has increased the number of consumers at our door. Katie A. has added a demand for additional services, Continuum of Care has added to those services and expanded them to serve many more children and youth, and finally the All County Letter (MHSUDS Information Notice 16-004) expands services to all Specialty Mental Health youngsters meeting the criteria for those additional targeted EPSDT services.

These initiatives when taken together afford the Behavioral Health Division an opportunity to strategically expand EPSDT services in order to answer the demand for services posed by each of these new areas of responsibility for Children's Mental Health. This expansion will improve services for children in the Foster Care System and in the Mental Health Children's System of Care in general.

Strategic Priorities for Fiscal Year 2017-2018

Evidenced Based Practice

Over the past few years Children's has been involved in the development and implementation of several Evidenced Based Practices (EBP's) including Trauma Focused Cognitive BT designed to address Post Traumatic Stress from Trauma, Dialectic Behavioral Therapy (DBT) targeting destructive patterns of thinking and behaving, Wraparound Services focusing on the coordination of services for multi-agency involved families, Multi Systemic Therapy (MST) and Multidimensional Family Therapy (MDFT) both addressing the juvenile delinquent population along with , Functional Family Therapy (FFT), and most recently Family Based Therapy for Eating Disorders (FBT). Additionally, Children's Mental Health participates in an ongoing consortium of seven Bay Area Counties funded by a SAMSHA Grant focused on the development of regional approaches to dealing with Trauma in our lives and communities. We continue to strive toward a goal of each staff being trained in three EBP's in each regional clinic.

Mobile Response Team

The Mobile Response Team (MRT) has been in existence for more than fifteen years through SENECA Agency for Children and Families. It has been limited historically by funding but we are exploring the expansion of this team to 16-18 hours per day 24/7. This would make them available during the busiest hours for youth in crisis between 8A.M. and 12A.M. This team

attempts to support families in crisis who voluntarily are accepting of their service. Children and youth from Psychiatric Emergency Services, parents, schools, and our interagency partners will be able to refer to the Mobile Response Team.

Continuum of Care Reform and Katie A.

California has experienced an increasing number of children being placed in Residential Treatment Centers both in State and out of state. Continuum of Care Reform (SB403) changes the way Residential Treatment is instituted. What was once a long term holding place for youngsters is now limited to three to six months with a possible waiver to six months of short term high intensity care. After this a kid will return to the community to a more “family” like environment, such as, a foster home to continue with their services and find support in a family. This will require additional outpatient services and mandates several new pieces of support. Those include Intensive Care Coordination (ICC) and In Home Behavioral Services (IHBS), along with, Child and Family Team Meetings every ninety days offered to all CCR Children adding about 400-500 new cases to the Children’s roles. This is an addition to the services needed for general Specialty Mental Health consumers which total over six hundred children of the more than 2500 we are currently serving in County run programs.

We are planning for CCR and its demands on the systems as an interagency collaborative with Child and Family Services and Juvenile Probation. Each partner brings unique skills and requirements to the table to serve these Children. This planning process has an executive, advisory, and steering committee structure each charged with a particular level of the implementation of the CCR Plan. Services began on the first of this year and Probation will join the actual case mix in January 2018. Probation is currently participating in all facets of the implementation of the plan.

All County Letter (MHSUDS Information Notice 16-004)

In the spring of 2016 Contra Costa Received an ACL from State Department of Health Care Services California Department of Social Services. This letter directed Specialty Mental Health Plans to provide ICC and IHBS services to all Specialty Mental Health beneficiaries that meet the criteria for it without regard to CFS or JPD status. In

Canvassing our open clinic charts the number of children needing this service was determined to be about six hundred. Each of these children will receive ICC service which will necessitate having a Child and Family Team meeting every ninety days while the child is meeting the criteria for ICC service.

Treatment Foster Care (TFC)

TFC is another entitlement services new to County Mental who will be charged with implementing and managing TFC in partnership with CFS. Child and Family Services will locate and have CCL certify the Foster Home and County Mental Health will support the home and train the Foster Parents in providing therapeutic intervention for the minor. This phase of CCR will be rolled in beginning in November since we are still waiting for guidelines from State DHCS for the implementation, regulations, and standards for TFC homes.

Emergency Foster Care

With the implementation of Katie A. almost four years ago it was necessary to draft the three Emergency Foster Care staff into service as Intensive Care Coordinator's. These staff assumed those duties and have functioned as ICC staff holding Child and Family Team meetings and serving all children needing an ICC and Family Team. With the implementation of AB 403(CCR) we will be able to reconstitute this mandated service as part of the Continuum of Care, the first contact in many instances, for Contra Costa Children entering the County Children's System of care by way of Child and Family Services.

TAY Residential at Oakgrove

In partnership with Adult Services, Children's Mental Health will participate in the development of a Transitional Youth residential program at the Oakgrove location. An RFI is being released and extensive exploration is occurring related to this program. The program is conceptualized as a RTC that will provide three levels of care from Residence, to supported outpatient aftercare. The program will provide mental health care, vocational services and life skills training in a safe and supported environment.

Summary

Significant changes in the regulations for the care of Children have been passed by the legislature and are now in the implementation phase in counties across the state. Contra Costa is working diligently to enact the new regulations and partner with our Child caring agencies in Social Services and Juvenile Probation. Each of these initiatives is planned for in the Behavioral Health Fiscal year 2017-2018 budget, it is a time of rapid demand and change which will test the capacity and flexibility of the child caring agencies.