Department of Health Care Services




STRTP
Mental Health Program Approval Updates

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STRTP UPDATE

- CDSS Licensed STRTPS: 254 as of June 18, 2019

- As of June 18, 149 applications for Mental Health Program Approval (MHPA) received for a total of 2329 beds. Six (6) applications are withdrawn (36 beds). One (1) is denied (100 beds). This results in a current status of 2193 STRTP MH beds.

- As of June 18, 127 MHPA site reviews have been completed for a total of 2,036 beds. Of the 127 onsite reviews, 108 MHPAs have been issued. There were 5 site reviews conducted for TA where the provider subsequently did not become a STRTP. The others are pending approval or issuance by DHCS or the delegate MHP.

Application / Program Statements

- Average length of time from submission of application to approval is 60 days.
- There is an average of 3-4 iterations of the Program Statement needed prior to approval by DHCS.
- In these cases DHCS is having back-and-forth communications with the provider and at times the county to provide technical assistance and to work with the provider to make necessary revisions and updates.

Program Statements: Trends and Patterns

- Does not address all required components
- Lack of organization
- Lack of detailed information
- Language copied/pasted that is verbatim to what is in regulations without providing any detail about the specific STRTP
- Some lower level group homes transitioning to become a STRTP have challenges understanding mental health programs and how to implement the regulations.
- Some RCL 13/14 group homes are more resistant to making changes to meet the regulation standards

Program Statement Tips

- Follow the structure of the Regulations when creating application package.
- Individualize Policies and Procedures so they are specific to the specific STRTP (do not copy and paste).
- Provide as much detail as needed in order to provide a clear description of how the Mental Health Program will be implemented.
- Provide all documentation requested in the regulations.
- Ask questions prior to submitting the application in order to ensure the program statement meets the requirements upon submission.

Onsite Review Preparation

- Have documentation related to the specific components of the regulations organized and ready for review, e.g., staffing, in-service training, group/activity schedules, policies and procedures.

- Once you know the date of the review, do an advance client records review to ensure all required documentation is present and ready for review.

- Determine what space will be made available for reviewers to do chart reviews.

- Have Subject Matter Experts available to answer questions reviewers may have.

Onsite MHPA Reviews: Trends and Patterns

- County representatives generally attend the onsite reviews whether or not they are a delegate county.
- Existing documentation not always meeting regulation requirements. DHCS recommendations to create helpful forms to ensure documentation requirements are met are not always well received.
- Providers often have a lot of questions surrounding Medi-Cal billing, specifically how to bill for services.
- Continued confusion around what requirements apply to Medi-Cal Beneficiaries and which apply to non Medi-Cal children.

Onsite MHPA Reviews: Trends and Patterns

- Inappropriate rejection/ejection of difficult youth that the STRTP should be serving. This is critical. STRTPs are intended to take higher needs children and are expected to be able to provide appropriate interventions.

Some examples of reasons given:

- "She needs to agree to come here. I must hear some buy in for us to accept her"
- "You can't just put her in a car and bring her out her against her will. She has to want to come here"
- "We can't have him disrupting the program and impacting the other youth"
- "He refuses to come to therapy" or "She won't participate in the program"
- "He becomes assaultive for no reason. There's nothing that prompted that behavior"
- "She keeps engaging in dangerous behavior"

Onsite MHPA Reviews: Trends and Patterns

- Lack of appropriate infrastructure, e.g., policies and procedures, staffing, staff training, billing
- Lack of staff experience and training to provide appropriate level of intensive services and interventions (for example providers who are not used to working with these higher level needs children)
- Reports of counties not being given copies of Transition Determination Plans
- Continued confusion around the difference between Assistance with Self-Administration of Medications and Medication Support Services

Assistance with Self-Administration of Medications

- No changes are being made to CDSS requirements regarding assistance with self-administration of medications.
- STRTP staff are allowed to assist with the self-administration of medications as group home staff have been allowed to as long as the CDSS requirements are met.
- Direct Care staff can do this function as long as the CDSS requirements are met.

Medication Support Services

- There are times when it is clinically appropriate to have a licensed medical staff oversee the self-administration of medication, which may include but is not limited to, watching for reactions to medications, ensuring medication is taken as prescribed, evaluating for when dosages may need to be monitored or titrated, etc.

- These services can be billed as Medication Support Services as long as the site is certified and they are provided by one of the following provider types: Physicians, Registered Nurses, Certified Nurse Specialists, Licensed Vocational Nurses, Psychiatric Technicians, Physician Assistants, Nurse Practitioners, Pharmacists.

Provision of Technical Assistance by DHCS

- DHCS provides ongoing technical assistance to providers and counties.
- Regional Convenings have been held around CCR for providers and counties
- DHCS provides suggestions on creating forms that will assist providers to meet requirements by providing their staff with prompts.
- DHCS participates with CDSS, county associations, counties, and providers on technical assistance calls as needed to work through various issues.
- DHCS does joint onsite mental health program approvals with counties upon request and when if needed.
- Questions can be submitted to DHCS at STRTP@dhcs.ca.gov

What You Can Do

- Build relationships and rapport and stay engaged with the STRTPs you are using and working with.

- Collaborate and communicate with the all systems involved with the youth, including Child Welfare, County Mental Health Plans (MHPs), STRTP providers.

- If you have questions related to the mental health program or mental health program approval, submit them to STRTP@dhcs.ca.gov.

Key Changes to Updated STRTP Interim Regulations

Section 2: Definitions

Added minimum experience requirements under definition of Licensed Mental Health Professional

- For purposes of these regulations, licensed mental health professionals shall have a ***minimum of one year of professional experience in a mental health setting***.

Section 6: Notifications

Added timeline:

- The STRTP shall notify the Department and delegate **in writing within ten (10) calendar days** of changes to its name, location, mailing address, or head of service.

Section 7: Client Record

- **Deleted** requirement for Intake Summary and replaced it with Admission Statement. *(see slide 20)*
- **Changed** Needs and Services Plan (NSP) to Client Plan (CP). *(see slide 21)*

Section 8: Mental Health Assessment

- The mental health assessment shall be completed by a licensed mental health professional or **waivered/registered** professional.
- Other STRTP mental health program staff acting within their scope of practice **may assist** the licensed mental health professional or waivered/registered professional **in gathering information required to complete the assessment.**

Section 9: Admission Statement

- Signed by Head of Service within 5 days of the child's arrival to the STRTP.
- Affirms the Head of Service has read the child's mental health assessment and has considered the needs and safety of the child, and the needs and safety of the children already admitted to the STRTP, and based on these considerations affirms that admitting the child is appropriate.
- Affirms the child needs the level of services provided by the STRTP.
- Affirms child does not require inpatient care.
- Affirms the child meets at least one of the conditions for admission to the STRTP.

Section 10: Client Plan

- Changed Needs and Services Plan (NSP) to Client Plan (CP)
- CDSS still requires a NSP within 30 days of placement in a STRTP.
- The CP is required to be done within 10 days of the child's arrival at the STRTP.
- As such, the NSP and the CP can be two separate documents.
- A provider may do a combined NSP and CP, if allowed by their county contract, as long as both NSP and CP requirements are met.

Section 11:
Mental Health Program Progress Notes

- The requirement for progress notes to be done and signed on the same day of service ***has been changed***. The new requirement is that progress notes must be done ***within 72 hours of the service provided***.

- The requirement for LMHP or Head of Service to review the progress notes on a regular basis, but not less than every 7-calendar days including a note in the record of their review ***has been deleted***.

- In addition to the daily mental health progress note, the STRTP a progress note is required whenever there is a significant change in condition or behavior, or a significant event or incident involving the child, including the date and time of the event or incident.

Section 13: Medication Assistance Control, and Monitoring

Added allowances for certain functions previously required to be done by a psychiatrist to be performed by a nurse practitioner or physician's assistant as long as they are under the direction of a psychiatrist and acting within their scope of practice *as long as each child is examined by a psychiatrist at least one time during the child's stay at the STRTP.*

Section 14:
Mental Health Treatment Services

- Clarification that services are to be provided for Medi-Cal beneficiaries and equivalent services for children who are not Medi-Cal beneficiaries.

- *STRTP regulations apply to all children in the STRTP not just Medi-Cal.*

- Made allowance for *Medication Support Services to be provided through a contract with an outside service provider and to be provided on or offsite.*

Section 17: Use of Direct Care Staff

- A STRTP may schedule member(s) of the direct care staff to meet the mental health program staffing requirements, if the direct care staff members are from the list of individuals described in Section 17 of the regulations, including Mental Health Rehabilitation Specialists (MHRS).

- A STRTP may schedule member(s) of the direct care staff to meet the licensed mental health professional (LMHP) requirement, if the direct care staff members are licensed mental health professionals.

- The staff schedule shall specify each time a member of the direct care staff is assigned to a STRTP mental health program staff shift.

Section 17: Additional Staff

- STRTP may be required to have additional STRTP mental health program staff, if determined that additional staff are needed to provide for the health, safety, and mental health treatment services needs of the children in the STRTP

- To make this determination, the Department or delegate may consider the STRTP census, experience and education of current STRTP mental health program staff, frequency of deficiencies, severity of deficiencies, and any other relevant considerations, including the mental health diagnosis, acuity, and needs of the children in the program.

Section 18: In-service Education

- Changed annual training requirement for all STRTP mental health program staff from 20 hours to a minimum of 24 hours per calendar year
- At least eight (8) hours of training must be on the topic of preventing and managing assaultive and self-injurious behavior prior to commencing any employment duties involving direct contact with children.

New Sections 32 and 33: Program Flexibility

- Program flexibility allows for the use of alternate concepts, methods, procedures, techniques, or personnel qualifications as long as these are carried out in a manner that is safe, consistent with the underlying intent of these requirements

- Program flexibility requests must be submitted in writing and must be approved by the department or delegate county.

- In making a determination, the department or delegate may consider the reason for the request; census; current or prior history of program flexibility; experience and education of staff; frequency / Severity of deficiencies; any other relevant considerations, including the mental health diagnosis, acuity, and needs of the children in the program.

Questions & Answers

You may also email questions to:

STRTP@dhcs.ca.gov

Health Effectiveness and Data Information Set (HEDIS)

Understanding HEDIS
(Health Effectiveness Data and Information Set)

- Used broadly to measure quality of health care in various systems and care environments
- Associated with payment incentives and disincentives
- Provides consistency to support comparisons
- Alignment with clinical guidelines and best
- practices

HEDIS Behavioral Health Measures for Children Reported by DHCS

- ADD: Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder Medication includes an initiation phase and a continuation phase *[Reported to CMS 2018] [SB 484, Ch. 540, Statutes of 2015]*
- FUH: Follow-Up After Hospitalization for Mental Illness includes a 7 day and a 30 day follow up *[Reported to CMS 2018] [SB 484]*
- APP: Use of First-Line Psychosocial Care for Children and
- Adolescents on Antipsychotics *[Reported to CMS 2018] [SB 484]*
- APC: Use of Multiple Concurrent Antipsychotics in Children and Adolescents *[Reported to CMS 2018] [SB 484]*
- APM: Metabolic Monitoring for Children and Adolescents on Antipsychotics *[SB 484]*

What we understand from HEDIS Measures

- ADHD measure assesses dose adjustments for new medications
- Follow-up After Hospitalizations measure assesses follow-up care which will assess stabilization and should be used to help prevent re-hospitalization
- Psychosocial Care measure assesses supportive treatments for new antipsychotic medications
- Concurrent Antipsychotic measure assesses medication use for ongoing treatment
- Metabolic Monitoring measure assesses potential risks associated with ongoing treatment

- DHCS is currently in process of updating its data for future presentations. The January 2018 report can be found at:

https://www.dhcs.ca.gov/dataandstats/Pages/Quality-of-Care-Measures-in-Foster-Care.aspx