



Stanislaus County
Behavioral Health and Recovery Services
Mental Health Services Act
Plan Update FY18-19
Short Term Residential Therapeutic Programs



WELLNESS • RECOVERY • RESILIENCE

March 2019

DRAFT

FY 2018-2019 MHSA Plan Update

Short Term Residential Therapeutic Programs (STRTPs)

Overview:

A new requirement was established by Assembly Bill (AB) 403 and Continuum of Care Reform (CCR) legislation January 1, 2017. This was an unfunded mandate that created a new community care licensure category for residential treatment programs called Short-Term Residential Therapeutic Program (STRTP).

STRTPs are residential facilities operated by a public agency or a private organization and must be licensed by the California Department of Social Services (CDSS) pursuant to the California Health and Safety Code Section 1562.01. Statute requires that an integrated program of specialized and intensive care and supervision, services and supports, treatment, and short-term 24-hour care and supervision be provided to Children and Youth who are Wards and Dependents of the Court and/or Non-Minor Dependents (NMDs) with the aim of moving the youth to a less restrictive environment within six months. The care and supervision provided by an STRTP are nonmedical, except as otherwise permitted by law. Private STRTPs are organized and operated on a nonprofit basis. STRTPs are designed primarily for youth ages 12-20. Only State-licensed, County-contracted agencies may provide STRTP services.

Counties are responsible for administering their local mental health plans (MHP) funded through Federal Medicaid (known as Medi-Cal in California). Stanislaus County Behavioral Health and Recovery Services (BHRS) is responsible for providing, or arranging for, Specialty Mental Health Services (SMHS) for Medi-Cal beneficiaries that are residents of Stanislaus County. All Medi-Cal beneficiaries have access to SMHS if they meet medical necessity criteria.

Children and youth who qualify for services in an STRTP also qualify for Medi-Cal funding for those services, however, Medi-Cal only covers 45% of the cost of the services mandated in STRTPs. Counties must fund the balance of 55% with other funds; primarily 2011 Realignment or Mental Health Services Act funds. It is mandated, by the CCR, that youth living in an STRTP be considered residents of the County within which they are placed - this is referred to as "presumptive transfer" and the County is responsible for providing and funding the services needed.

Local Impact

To begin to respond to the new requirement given by the CCR, Behavioral Health and Recovery Services (BHRS) received approval from the Stanislaus County Board of Supervisors, October 30, 2018 to execute agreements with two local community-based organizations who were newly licensed to provide Specialty Mental Health Services (SMHS) in the Short-Term Residential Therapeutic Program (STRTP) setting.

BHRS subsequently executed a \$500,000 agreement with Aspiranet and a separate \$500,000 agreement with Creative Alternatives, Inc. for the period November 1, 2018 through June 30, 2019.

Originally, BHRS planned to fund the agreements with a combination of 2011 Realignment (approximately 55% of the cost) and Medi-Cal Federal Financial Participation (approximately 45% of the cost). 2011 Realignment funds are State funds generated through sales tax revenues. BHRS uses these funds for mandated services, such as Drug Medi-Cal and Managed Care. Medi-Cal Federal Financial Participation is partial reimbursement for services provided to Medi-Cal beneficiaries from the federal Medicaid program commonly referred to as "FFP" (Federal Financial Participation).

Mid fiscal year (FY) is the time when Counties begin to assess costs vs. revenues in the current FY as well as plan for budgets in the coming FY. In January 2018, it became evident to the BHRS Leadership Team that the demand for services funded with 2011 Realignment was higher than the amount of funds available. It was determined that funding of STRTP services with 2011 Realignment was not feasible in the current FY and likely unfeasible in future fiscal years.

BHRS Leadership began to consider other funding options and in doing so reached out to other counties to see if they were experiencing similar trends, and if so, what solutions they plan to deploy. For most Counties, the other key funding

FY 2018-2019 MHSA Plan Update

Short Term Residential Therapeutic Programs (STRTPs)

source is Mental Health Services Act (MHSA). Several other counties reported that they planned to use Mental Health Services Act funds to pay for the SMHS at the STRTPs. Additionally, that this is an allowable cost as STRTPs serve children and youth who are diagnosed with Serious Emotional Disturbance (SED) or Serious Mental Illness (SMI) and are included in MHSA Target Populations. MHSA Community Services and Supports (CSS) could be used to fund this new category of short term residential programs known as STRTP.

Recommendations

- 1) BHRS is recommending the unfunded mandate of STRTP, given by the CCR, be funded with Mental Health Services Act Community Services and Supports funds through the creation of a new General System Development program within Community Services and Supports (CSS) using Mental Health Services Act (MHSA) revenue in the current Fiscal Year (2018-2019) and future fiscal years.
- 2) This funding decision be revisited with attention to the continued feasibility of use of MHSA funds.

New program description:

- GSD – 09 Short-Term Residential Therapeutic Program
- Population to be served: Children and Youth with SED/SMI including Wards and Dependents of the Court and/or Non-Minor Dependents (NMDs)
- Strategy: Provide for delivery of short-term, specialized and intensive behavioral health treatment to youth whose needs cannot be safely met initially in a more family-like setting. Youth are to be served in short-term residential therapeutic services with the aim of moving the youth to a less restrictive environment within six months.
- Services: Core behavioral health services will be provided by STRTP community-based agency partners through an agreement with Behavioral Health and Recovery Services (BHRS). Behavioral health services will include, at a minimum, medication support services, case management, crisis intervention, and mental health services (e.g., assessment, individual, family and group therapy).
- Numbers to be served: Capacity of up to 110 youth at one time with expected turnover during the year.
- Performance Measures: youth’s functionality will improve in the following settings; home, school, and community. Youth and families will be satisfied with services and improved functioning. Youth will build resiliency and coping skills. Youth will meet treatment goals and transition to a lower level of care. Youth will have fewer hospitalizations.
- Measurement Tools: Will include but is not limited to;
 - Reports from youth, caregiver, school records, and therapist evaluation
 - Child and Adolescent Needs and Strengths (CANS)
 - Consumer Perception Survey

Estimated fiscal impact in FY 2018-2019:

| Fiscal Year 2018-2019 | | | |
|---|-----------------------------|--|--------------------------------------|
| GSD-09 Short Term Residential Therapeutic Programs (STRTPs) | Contract for SMHS in STRTPs | Estimated 45% Medi-Cal Federal Financial Participation | Estimated Net Cost in MHSA CSS Funds |
| Aspiranet | \$ 500,000 | \$ 225,000 | \$ 275,000 |
| Creative Alternatives, Inc. | \$ 500,000 | \$ 225,000 | \$ 275,000 |
| Total STRTPs | \$ 1,000,000 | \$ 450,000 | \$ 550,000 |

FY 2018-2019 MHSA Plan Update Short Term Residential Therapeutic Programs (STRTPs)

Future Fiscal Years:

A third STRTP provider is estimated to begin providing services in FY 2019-2020 after completing the process of certification by the State and contracted with Stanislaus County. The addition of a third provider would add up to up 15 additional beds in STRTP level of care. The estimated fiscal impact to MHSA CSS revenue for FY 2019-2020 as follows for:

| Fiscal Year 2019-2020 | | | |
|---|-----------------------------|--|--------------------------------------|
| GSD-09 Short Term Residential Therapeutic Programs (STRTPs) | Contract for SMHS in STRTPs | Estimated 45% Medi-Cal Federal Financial Participation | Estimated Net Cost in MHSA CSS Funds |
| Aspiranet | \$ 500,000 | \$ 225,000 | \$ 275,000 |
| Creative Alternatives, Inc. | \$ 500,000 | \$ 225,000 | \$ 275,000 |
| Potential 3rd STRTP | \$ 500,000 | \$ 225,000 | \$ 275,000 |
| Total STRTPs | \$ 1,500,000 | \$ 675,000 | \$ 825,000 |

Local Stakeholder Process:

On February 28, 2019 Stanislaus County Behavioral Health Board received a presentation regarding the funding issue, dilemma and recommendations described in this plan update. Discussion involved providing context for how Short Term Therapeutic Programs is one feature of the State of California's Continuum of Care Reform efforts pertaining to children in out of home placements. The point was made that the state mandate is unfunded which is why the Behavioral Health and Recovery Services Department critically analyzed funding sources that would be sustainable which led us to identify Mental Health Services Act funds. It was also noted that as part of the local review process, the next steps would include engaging with stakeholders and submitting the plan update to the Stanislaus County Board of Supervisors for approval to expend funds. Clarification was provided regarding how contractors were selected and what a selection process would look like going forward.

On March 11, 2019 the MHSA Representative Stakeholder Steering Committee was convened to discuss the funding issue as described in this plan update. BHRS described the dilemma and recommendations described in this plan update. Thirty one (31) attendees were present which represented a diverse range of stakeholders including consumers, family members, community partners and BHRS department staff. Discussion began with a description of what a plan update is and the function it serves in addition to why we value and need stakeholder engagement. The conversation regarding the STRTP plan was robust with multiple participants asking questions to clarify matters related to contractor capacity, how MHSA values can be included, what services will funding cover and the program outcomes we will monitor. Over half of the participants completed a survey at the end of the meeting. The results indicate a high degree of comprehension on what a plan update is and what the next steps in this process include.

The MHSA Plan Update was available for 30-day public review and comment from March 18th 2019 to April 17th 2019. Notifications of the public review dates and access to copies of the document were made available through the following methods:

- An electronic copy was posted on the County's MHSA website:
- Paper copies of the MHSA Plan Update were distributed to Stanislaus County Public Libraries through the county where the report was available at resource desks.
- Electronic notification was sent to all BHRS service sites with a link to announce the posting of this document

FY 2018-2019 MHSA Plan Update Short Term Residential Therapeutic Programs (STRTPs)

- Representative Stakeholder Steering Committee, Behavioral Health Board members, as well as other community stakeholders were sent an email informing them of the start of the 30-day review, and how to obtain a copy of the MHSA Plan Update.
- Public Notices were posted in nine newspapers throughout Stanislaus County including a newspaper serving the Spanish speaking community. The Public Notice included access to the MHSA Plan Update, on-line at www.stanislausmhsa.com and a phone number to request a copy of the document.
- A notice will be published in the April issue of the BHRS Cultural Competency Newsletter.

Public Comment and Response:

To be added following 30 day review and comment period.

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