

State/County Implementation Team Thursday, February 11, 2016 3:00-5:00 PM

Meeting Minutes

AGENDA ITEM	NOTES/DISCUSSION	ACTION ITEMS
I. Welcome and Introductions Opening remarks Agenda & Ground Rules Process for responding to questions and identifying meeting topics		
II. Mental Health Language	 • Who makes placement decisions for STRTPs? • Who is responsible to coordinate Child Family Teams? • Will services be delivered directly by the placement provider or under agreement with a Mental Health provider (MH)? • Does accreditation assure ability to meet child's MH needs and compliance with MH regulations? • Who will do certification for facilities sending out of county kids? • MH goal to achieve agreements. Should Interstate Compact Placement (ICP) be a gateway? • Services follow youth for how long (similar to Residentially Based Services)? 	DHCS will facilitate the CCR MH workgroup and will need to consider, among other issues, Medical necessity criteria
	 Issues to Consider: Problematic for STRTPs to have agreement (subcontract) with another MH provider. SMHS eligibility is with the child, not the provider. 	

	 Capacity issue-what we do now versus what we need to build. Every residential provider should have a contract as a requirement of licensure; requires Medi-Cal certification with MH as a Core Service. STRTPs need to be able to provide transition services (in county). What about out of county? Out of state placements have to meet California (CA) standards. Role of Managed Care Plans in the delivery of MH services and CFT. 	
	 Agreements: The ideal we are striving for: integration and joint decision making. Overall Goal: Child Welfare, Probation & MH get together to determine capacity issues and to collectively build a network. 	
III. Crosswalk	 Questions to Consider: Should there be RCL 13-14 MH program certification for STRTPs? State versus local certification (artifact of current system). What is duplicative in RCL 13-14 MH program certification/Medi-Cal certification versus accreditation? What of RCL 13-14 MH program certification needs to stay for STRTPs? 	Smaller workgroup: - Richard Knecht - Lanette Castleman - Michael Schertell
	 Issues to Consider: What, if any, components of MH certification and licensing can accreditation serve in lieu of. Can RCL 13-14 MH program certification process be eliminated? Specialized STRTPs (e.g. AOD Programs) require some level of specialization but still need to focus on short 	

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IV. Implementation Guides	 Refer to language in MH amendments to ensure that it is acceptable for probation youth (some probation youth may need intensive supervision but not intensive MH services). Agreements on Goals: Take pieces from each column to make one process. Focus on quality of the program versus compliance. Use accreditation documentation to cover some current licensing and Medi-Cal requirements, not to replace all of licensing and Medi-Cal certification with accreditation. Guides are intended to provide concrete steps that can be taken 	Smaller workgroup:
iv. implementation duides	at the county level to guide CCR implementation- a step by step tool for implementation.	- Dianna Wagner - Nick Honey - Marcy Garfias
	Request for volunteers to work with CCR staff off-line to flesh out the guides for eventual distribution to all counties.	 Adrienne Shilton Robert Byrd Holly Benton Rosie McCool Dan Morris
	Per Diana Boyer (e-mail 2/17/16) Four counties to talk to about how to partner to begin the work of assessing for capacity, and stepping kids down from GH to home-based care in particular: • San Francisco • San Luis Obispo • San Bernardino	 Ken Epstein Sylvia DePorto Tracy Schiro Jim Roberts Jonathan Byers Mike Schertell Pam Grothe
V. Next Steps	Ventura	Crosswalk & Implementation Guide smaller workgroups to meet.