STRTP Tips for County Probation Departments (February 2019)

This document is to be used as a tool guide to assist in navigating through the Short-Term Residential Therapeutic Programs (STRTP) process. CPOC is distributing this guide which is adapted from an STRTP Tips guide recently developed by County Welfare Directors Association of California (CWDA) for their members. CPOC tailored the guide to be more probation specific. This guide is intended to help prevent and effectively intervene in youth placement disruptions.

Initial Placements into STRTPs

To better familiarize yourself with a specific STRTP program, when evaluating potential placement options, you can access a provider’s program statement by clicking on the following link: http://www.cdss.ca.gov/inforesources/CDSS-Programs/Continuum-of-Care-Reform/STRTP-Program-Statements (This information is listed in the STRTP section of the CDSS CCR website).

Below are two main areas to review in the Plan of Operation section of the Program Statement:

- Section A. Vision/Mission/Goals
- Section F. Statement of Admission Policies and Procedures

Under the Statement of Admission Policies and Procedures, look for items that the STRTP provider says they will do upon or soon after admission; this can include Needs and Services Plan, Crisis Intervention Plan, and any assessments (e.g. The Child and Adolescent Needs and Strengths Assessment Tool) they intend to complete. Any of these plans should be customized to your youth. Make sure to get copies of any plan's assessments and make sure probation staff is a part of any meetings, including the first Child and Family Team (CFT) meeting.

If you are not able to view the program statement online, contact CDSS at ccr@cdss.ca.gov. They are able to furnish you a copy if needed.

Specialty Mental Health Services

STRTPs must either offer SMHS on site or provide access to the youth in a timely fashion. Any SMHS provided has to be documented to Medi-Cal standards so there must be documented records of such services, and county placing staff should request such documents. Often Wraparound is mentioned, but when pressed, the description includes 2-4 visits per week. That is usually not sufficient for high-end volatile behaviors. Therapeutic Behavioral Services (TBS) can be provided up to 24/7, is typically provided in 4-, 6-, or 8-hour blocks of time, and is not a “visit”. With a good treatment planning, the learning curve for the youth and the caregivers is usually increased and are highly successful.
Providing Referrals to STRTPs

When providing a referral to STRTP, you will need to provide information on the youth/adolescent to the provider. Try to avoid labels and try to be clear as to when the behavior last occurred. For instance, if a youth has aggressive or assaultive behavior but has not shown that while they have been awaiting placement, you want to be sure the provider is aware that progress has been made and their evaluation includes this important information.

Per the updated (January 2019) Interim Licensing Standards (ILS), STRTPs must document when a county placing agency submitted a placement referral, as well as establish a mechanism to formally respond to the county placing agency. As such, you should ask the STRTP as to their mechanism to respond to you, including an approximate response date regarding their acceptance and/or denial.

Non-Admits

It is not acceptable for a provider to deny placement based only on a phone call with the placing agency. Per the ILS, the STRTP must do an assessment and provide a placing county agency with rationale for non-admit. If a STRTP provider denies placement, it is appropriate and recommended to ask the provider what further assistance, services and/or programming the youth would need to be successfully served in their facility.

Per ILS Section 87068.05 (Admission Determination Procedures), the STRTP must work in good faith with the county placing agency and associated parties (e.g., Mental Health Plan) to determine whether the STRTP can admit the youth. If the STRTP makes a preliminary determination that they are not able to meet the youth’s needs, the STRTP must request assistance from the county placing agency and associated parties (i.e. County Mental Health) to provide services or necessary services to the youth and document the request. If after the STRTP requests assistance, and there is not enough assistance to address the youth’s needs, the STRTP may determine that it cannot admit the youth, and the STRTP may deny admission. If denied, the STRTP has to convey a documented justification for the denial to the county placing agency.

If the provider states that they are at full capacity, ask when the next child is expected to leave. The expectation is that these STRTPs are short-term, so if they have a detailed plan for each youth, they should have a general idea of the next potential vacancy.

Questions/Considerations for STRTPs When Removal Notice Has Been Given

- It is important to determine the contributing factor of a youth’s misconduct as well as seeing if all actions were taken prior to a change of placement.
  - For instance, you should ask what type of supervision was provided at the time of the incident (e.g. if a youth had access to implements (knives, cigarette lighters, etc.), gotten into physical altercations and/or AWOL’d)?
  - Are there SMHS triggering events?
    - In some instances, youth have been described as being non-compliant when in fact, their underlying SMHS issues are not being address which may have behavioral manifestations.

• Child and Family Team (CFT) Involvement
  o Per ACL 17-122, was an emergency CFT done prior to the notice?
  o What was written in the Program Statement regarding CFTs?
  o Was the youth informed of the notice at or prior to the CFT? Which STRTP staff was a part of the CFT?

• SMHS or Other Therapy Provided
  o What regular SMHS or other therapy has been provided to the youth, frequency and duration, by whom, etc.?
  o For the person providing the therapy, what was their educational level (note, a person who has no more than a bachelor’s degree cannot provide clinical therapy)?
    ▪ In some instances, providers have used “counseling,” “therapy,” and other similar words that actually was non-SMHS such as behavioral modification or variants of token economy.
  o What SMHS was provided in response to a behavior or crisis situation? One would expect to hear:
    ▪ The case manager provided Intensive Care Coordination (ICC) and facilitated additional SMHS to be considered.
    ▪ A masters/licensed clinician spent time with the youth, new or additional services were added to the Client Plan (Mental Health Treatment Plan) in their medical record that was developed to address triggers/precipitating factors, and look for alternative ways for the youth to deal with their frustration/anger.
    ▪ An appointment was set up to review psychotropic medication with the psychiatrist.
    ▪ Other SMHS services like TBS or increase in individual and group sessions were considered.
    ▪ Other supports were considered matched with their special interests, such as art or music classes, youth group activities at a church, signing up for a culinary class next semester at school, etc.
    ▪ The milieu staff was informed of the changes in the treatment plan and newly identified triggers to avoid. They provided prompts/reminders to the youth in how to handle their frustration and anxiety.

• What communication has occurred between the STRTP, the County MHP responsible for services, and the placing agency? One would expect to hear:
  o A CFT was convened or is scheduled to discuss youth’s needs and updated plan.
  o The MHP has been notified and agreed to authorize the additional SMHS.

• Did the provider exhaust all possibilities under their program statement to prevent the notice?
  o Per the updated (January 2019) regulations ILS Section 87068.4
    ▪ If there is any indication that the service needs of the youth may be reaching the point that the needs are beyond the capability of the STRTP, the STRTP must communicate its concerns to the county placing agency, and a CFT must be conducted.
    ▪ The STRTP must request additional support from community agencies to prevent a possible notice.
    ▪ An emergency CFT must be done prior to any removal notices.
▪ If a removal notice is given, the notice must be accompanied by a signed statement by a licensed mental health clinician or mental health rehabilitation specialist as to why the STRTP was not able to meet the needs of the youth.
▪ If the STRTP is provisionally licensed and does not have an Early and Periodic Screening, Diagnostic and Treatment services (EPSDT) contract yet, then the signed statement can come from an authorized STRTP representative.

**Assistance Needed or Information Only Notification - Non-Admits and Ejects**

If the STRTP does not admit or they eject youth, the county probation department can complete either optional forms 1) CPOC drafted non-admit/eject form (attached) or 2) Attachment 3 in [ACL 17-122](#) and submit to DSS. In the email subject line, indicate your county and put “Information Only” (when no assistance is needed but you only want to provide information so DSS will have for their records) or “Immediate Assistance Needed” (when you feel that all current STRTP placement options for the youth are exhausted or are working to place a youth with a specific provider you feel would better serve youth than others that may be available). Try to be as detailed as possible for any denial reason, including if there was no call back.

After submitting the **Youth Non-Admits or Ejects to/from STRTP** form to DSS and noting it for immediate assistance, there are usually two calls that ensue at the request of the county placing agency.

**1st Call**
- The first call does not include the provider.
- CDSS normally schedules a call with representatives from CPOC, CWDA, and County Behavioral Health Directors Association of California (CBHDA) and the county (to include probation, behavioral health and child welfare if applicable (dual status youth). They rely on the placing agency to invite the county partners at the local level.
- If there is an AB 1299 component (youth placed out of county and SMHS presumptively transferred), the first call should also include the Host County MHP clinician/supervisor (where the youth is currently placed/living).
- Typical information gathered on call: youth gender, age, mental health diagnoses and SMHS provided, history of 5150s/5250s/5585s, psychotropic medications, any other relevant health diagnoses/medications, summary of how the youth got to where they are (including past placements), treatment and programmatic needs of the youth and what the youth has said would be their ideal placement goal.
- Further, if there is a specific placement where you would like to place the youth, please come prepared to discuss that, what reasons that facility gave as a denial and what the facility has said would need to happen in order to accept the youth.

**2nd Call**
- All the individuals from the first call will be asked to attend the second call.
  - The county placing agency staff will be asked to coordinate to have STRTP staff on the call. The reason for this is to ensure that the call is scheduled at a time that is the most convenient for county probation and behavioral health. Scheduling this call will be discussed at the conclusion of the first call. You can also copy DSS staff on your e-mail to the provider.
  - Typically, all the counterparts from the STRTP will be asked to be there (STRTP Executive Director or designee, manager, house/shift supervisor...
etc.). In essence, at least one STRTP staff person who knows about the case, and one executive STRTP staff person who is a decision maker.

The goal is to try to assist with the needs of the county placing agency, whether it is preserving placement or a county seeking a different placement that is warranted.

Version 3 of the STRTP ILS effective 1/11/2019 is available on the CCR website http://www.cdss.ca.gov/inforesources/Continuum-of-Care-Reform).

If you have any questions or concerns, please contact Rosie McCool (CPOC Deputy Director) at rosie@cpoc.org or Stephanie Anderson (CPOC Probation Foster Care Specialist at stephanie@cpoc.org).
YOUTH NON-ADMTS OR EJECTS TO/FROM STRTPS
PROBATION FORM

**FORM INSTRUCTIONS**

1. Send email to: Pat.Leary@dss.ca.gov; Sara.Rogers@dss.ca.gov; jess.torrecampo@dss.ca.gov
2. Copy: rosie@cpoc.org; stephanie@cpoc.org
3. Email Subject Line:
   a. “Name of Your County- Immediate Assistance Needed”; **OR**
   b. “Name of Your County- Information Only”

**BASIC INFORMATION**

Date:
County Placing Agency:
FYI (no assistance needed) or Immediate Assistance Needed:
Non-Admit or Eject:

1. Youth Identifier (optional):
2. Where is Youth Currently Placed:
3. Type of Placement Looking For (e.g. ISFC, TFC, STRTP, all, or other):
4. Brief Description of Youth’s Strengths and Needs:
5. Has a CFT been held? Brief Summary of Recommendations:

6. Has the STRTP provided you their required documentation regarding reason for non-admit or eject?
7. Youth Characteristics/Needs (please check all boxes that are applicable):

- ☐ Receives SMHS  ☐ Actively Psychotic and/or Suicidal
- ☐ Regional Center Client  ☐ History of Property Destruction
- ☐ IEP or 504 Plan  ☐ Fire Setting Behavior
- ☐ Sexual Orientation and Gender Identity  ☐ History of Sexual Behaviors
- ☐ CSEC  ☐ History of AWOL
- ☐ Substance Use  ☐ Animal Cruelty Behavior
- ☐ History of Physical Violence (includes aggressive behavior)  ☐ Physical Health Needs *(includes diabetes, physical disabilities)*

**STRTP Contact Log**

STRTP Name:
Facility Location:
Date Initially Contacted:
Date of Non-Admit/Eject Decision:
Reasons Given for Non-Admit/Eject:

[Repeat as necessary]