State of California—Health and Human Services Agency

Department of Health Care Services

Youth Advisory Group Meeting

April 25, 2016

Meeting Minutes

Attendance

In Person: William Arroyo, M.D., Mental Health Provider (County Behavioral Health Directors Association of California (CBHDA), Children's System of Care and Medi-Cal Children's Health Advisory Panel); David Neilsen, California Alliance of Child and Family Services; Sue Nelson, Santa Clara County Behavioral Health; Tom Renfree, CBHDA Director; Heather Bowlds and Anastasia Parks, California Department of Juvenile Justice (new members replacing Eleanor Silva, California Department of Juvenile Justice), Dreena Drake, Tehama County Behavioral Health; Timothy Duenas, Los Angeles County Public Health; Juan Gavidian, CPEHN; Nathan Hobbs, Alameda County Children's System of Care; Okeema Polite, Sacramento County Behavioral Health; Jeff Sabean, Stanislaus County Behavioral Health; Richard Torosian, Fresno Substance Use Treatment Provider.

Attendees by Phone: Will Harris, Riverside County Behavioral Health, Prevention

DCHS Staff: Don Braeger, Victoria King-Watson, Denise Galvez, Cindi Hudgins, Danielle Stumpf, Erika Cristo, Teresa Castillo, Sharee Knight, Diane Letoto, Darien De Lu

Welcome, Opening Remarks, and Introductions: Don Braeger and Denise Galvez of Department of Health Care Services welcomed attendees. Ms. Galvez facilitated introductions.

Environmental Scan: Ms. Galvez presented an overview of the substance use disorder (SUD) services for youth, and noted that the Substance Abuse Prevention and Treatment (SAPT) Block Grant (BG) prevention funding is for primary prevention. It does not cover secondary and tertiary prevention or early intervention activities. The SAPT BG funds provide discretionary funds for those purposes; however, nothing in the SAPT BG is earmarked specifically for recovery support. Counties vary in what services they provide with SAPT BG discretionary funds.

Another gap is that a majority of prevention services are provided to youth ages 12 to 17; but for 39 percent of the youth in SUD treatment, the age of first use occurs at age

12 and younger. The presentation continued to address a number of other aspects of the continuum of care for substance use.

Questions and Comments

The following questions arose during Ms. Galvez's presentation:

dave neilsen: In reference to the treatment data slides, do they include both SAPT and Drug Medi-Cal treatment?

Denise Galvez, DHCS: It includes all funding sources

William Arroyo: Does the data include managed care plans?

Denise Galvez, DHCS: No.

William Arroyo: Is substance use among youth with co-occurring disorders included in county behavioral health plans reflected in slide 16, "Primary Drug Reported at Admission FY 2013-14"?

Denise Galvez, DHCS: No. A growing number of strategic prevention plans will reflect underlying behaviors that are of concern.

Tom Renfree: I'm a little surprised that prescription drugs don't show up as a drug at admission on slide 16 (which only has marijuana, alcohol, and methadone listed).

Denise Galvez, DHCS: The data on this slide is from fiscal year 2013-2014.

Okeema Polite: Primary drug at admission doesn't reflect alcohol use. It's easier to sneak alcohol into school and it's not as likely to create a juvenile justice referral, which is frequently the motivator for treatment.

dave neilsen: Is "sensitive services" data reflected in the slides?

Denise Galvez, DHCS: No.

William Arroyo: Who are the "Other Health Care Providers" on slide 18?

Denise Galvez, DHCS: I am not positive, but I believe it's primary care.

Later, follow up was provided by Danielle Stumpf as follows: the other health care providers include primary care providers, psychiatrists, and psychologists.

William Arroyo: It's astounding that health care providers didn't have a higher referral rate.

Denise Galvez, DHCS: There is a disconnect between primary care and publicly funded SUD services.

Richard Torosian: Why is that so?

Juan Gavidian: At a recent meeting, I heard that they're not trained in this area.

Tom Renfree: Agreed.

Denise Galvez, DHCS: The Staying Healthy Assessment (SHA) for managed care plans require referrals.

Richard Torosian: Adolescents are not well understood by primary care providers. Information is not disclosed by adolescents to their primary care providers. The people we're working with are getting more training.

Juan Gavidian: As a Marriage and Family Counselor, I see many peers not trained in substance abuse; they have very little knowledge of the referral process. Unless you're a clinician with a certain background, you won't know. Teachers are an example of professionals who do not know the process.

Richard Torosian: We do educate the schools we're in. In the co-occurring disorder treatment process, the funding is for groups, not individuals. Transportation is the largest barrier. Even with a mental health referral, the individuals doing treatment would all have to get together. It's all a barrier for making it come together, but I'm confident we can make it better.

Denise Galvez, DHCS: Due to lack of time, I'll take one last question.

Okeema Polite: Youth may not feel safe with their primary care provider to disclose substance use information. There's a huge disconnect with the primary care provider.

Denise Galvez, DHCS: Even though substance use questions are asked in the SHA without parents present for ages 12 through 17, for younger children, the parents are there.

World Café

Danielle Stumpf, DHCS, explained the procedures for the "world café." In addition, Ms. Stumpf explained that the SUD program is developing a strategic plan for youth, which has five commitments. For each commitment, an area of the room had been designated as a station. The commitment and its specific strategies – two to five of them – were written on large post-its and posted on the walls.

The participants were asked to divide themselves among the five stations. Participants were allotted ten minutes at each station. After they reviewed the commitment and strategies, assigned scribes would write comments, questions, or suggestions that the participants might have. In addition, the participants were able to identify gaps, add needed strategies, and/or suggest other individuals or organizations that should be included in future discussions of the strategic plan. At the end of each ten-minute period, participants were signaled to move to the next station. By the end of the process, everyone would have had the opportunity to provide input at all stations.

The world café ran from 11:00 am -12:10 pm.

Youth Services Policy Manual Discussion

Ms. Galvez provided background information on the updated Youth Treatment Guidelines, now the Youth Services Policy Manual (YSPM). Since the SUD PPFD staff are not clinicians, the division invited clinicians to review the manual and requested feedback. Some feedback, such as from Al Senella of the Tarzana Treatment Center, have been received. At this time, Ms. Galvez requested feedback from the meeting attendees.

William Arroyo: Of some concern is that the thrust of the YSPM is very much an individual youth approach; however, best practice strongly encourages a family approach. The family is a strong, natural support structure. The transformed mental health services system provides services where the clients are. For youth, that place can include homes, schools, or community centers that cater to young people.

Danielle Stumpf, DHCS: Family is discussed in the service delivery requirements of the YSPM, but maybe it is not prominent enough.

William Arroyo: Yes, when youth are living in a family structure, family is an important focus.

Denise Galvez, DHCS: Yes, as well as other sites, such as schools. Who do you envision facilitating treatment elsewhere?

William Arroyo: School-based health clinics serve the entire family, with extended hours convenient for the family and, perhaps, for interventions for the youth and family.

Denise Galvez, DHCS: Attention also must go to transportation issues. Transportation is a concern in urban areas where buses may cross gang boundary lines.

William Arroyo: Possibly it is necessary to consider new technologies, such as telehealth services on hand-held devices.

Richard Torosian: Also, there's school-based treatment, in lieu of electives. Transportation is available via the school "late bus," which serves students in sports and others staying late. This approach still doesn't address the drug treatment counselors who have to drive long distances.

Denise Galvez, DHCS: What about telehealth options?

Richard Torosian: We're providing training with tablets. For spring and winter breaks, when transportation is an issue, the telehealth is very enthusiastically received. Students are able to log on during the break to check weekly progress reports.

[unknown]: The YSPM has a lot of should and shall. Will you increase the funding?

dave neilsen: Where will the new guidelines end up? Who will follow them?

Sue Nelson: When counties are audited, will they need to be in compliance with all of the Youth Treatment Guidelines?

Denise Galvez, DHCS: We will provide technical assistance (TA) to the counties and their providers over the next year to help counties comply with the YSPM. We understand this will take time. We will provide TA and trainings on the ways to help leverage funding and to work in partnerships.

Danielle Stumpf, DHCS: This is exactly the feedback we're wanting. We want to understand what the challenges are. We'll put together a matrix with the feedback we receive and share it back with you.

Richard Torosian: Who is covered – managed care? SB 75 says everyone should receive treatment services. This should be in the policy.

Denise Galvez, DHCS: SB 75 has a separate workgroup to address access. Everyone under the age of 19 can access services. These services encompass all of Medi-Cal.

Sue Nelson: So what happens next year, when we're held to the Youth Treatment Guidelines?

Denise Galvez, DHCS: What the Department can hold counties to contractually is based on the statutory/regulatory authority that we have to monitor Drug Medi-Cal and SAPT. You're correct; we need to be more explicit in the YSPM if it's something that DHCS has authority over. If not, partnerships that support comprehensive services should be built.

Tom Renfree: The bigger challenge is that we don't have nearly enough network capacity or staff to adequately provide youth treatment. How can you incentivize providers to get into youth SUD Treatment? We know the barriers, such as paperwork. The biggest frustration for parents, family members, etc. is that there's no place to send the youth in either intensive outpatient treatment or residential.

William Arroyo: Rates that make the provision of services feasible will expand the access to services, but there are also workforce issues. Partnership with all the professional schools, to create a skill set, is needed.

Denise Galvez, DHCS: What about SB 1101?

Tom Renfree: It provides an across-the-board career ladder, but it doesn't address youth treatment or rates. It can bring more people into the field by giving them some sense of professional advancement, but it doesn't specifically address the issue here.

Nathan Hobbs: This strong line between prevention and treatment programs is problematic. More flexibility is needed to allow the treatment programs to address some early intervention services. We need to look at access to EPSDT as a funding source.

Tom Renfree: After the Anderson Cooper investigative incident, the counties tend to be stricter with a "gotcha" approach and creating barriers for services.

Sue Nelson: There is a lot of emphasis on the workforce, but SUD is not a core part of the curriculum. Substance use treatment people will be afraid because SUD not a big part of the curriculum for behavioral health providers.

William Arroyo: In terms of the various boards, some of the Los Angeles professional schools have approached his department to get assistance in identifying what they need to address in SUD treatment training. They have to revise their curricula to address the workforce needs so that their graduates can get jobs.

dave neilsen: In 2011, we had fewer funding streams. Now, there are more. With the issue of establishing medical necessity, it's a challenge but it would be helpful if DHCS clarify what is treatment under EPSDT to take away the "gotcha" stigma.

Tom Renfree: Under the Organized Delivery System waiver, counties have to identify how they'll establish a network of providers to address the full range of services. No county wants to restrict their service provider pool. But the few bad players have counties very apprehensive about "gotchas."

Richard Torosian: Right. It looks like payments are being disqualified for technicalities. Agencies are hard pressed to say, "OK, I'll accept that." Under the stress, staff transfers to different departments and the new staff don't know how to do it. They, too, would quickly disappear rather than working with uncertainty. It's fixable, but the State needs to have one plan in place for the whole state. Counties can't subcontract successfully with outside providers, but they feel forced to do so.

Sue Nelson: That makes these Youth Treatment Guidelines yet another hurdle. These "aspirational" guidelines become another barrier for recruiting subcontractors.

Tom Renfree: How did the Drug Medi-Cal Program (DMC) feel about the Youth Treatment Guidelines?

Danielle Stumpf, DHCS: The DMC compliance staff gave us good feedback on how to make this work for them and for counties as well.

Closing Remarks/Next Steps

Denise Galvez, DHCS: Please provide written feedback to the Department by May 12. Tom, when is the next County Behavioral Health Directors Association meeting?

Tom Renfree: Which one? The all parties meeting is the second week in May. I'll send out the request for comments. Next steps?

dave neilsen: Is the distribution of the draft wide open? The California Mental Health Advocates for Children and Youth conference is in two weeks. It would be good to check about distributing it to the broader community at the conference.

Denise Galvez, DHCS: The feedback to the YSPM is due to Danielle by May 12. DHCS will compile all the feedback received today and will incorporate the changes. When we feel we have a finished document, we'll submit it to our legal team. We'll identify who needs to do what by when.

We're hoping to have another Youth Advisory Group meeting in a few months. Our goal is to have these meetings quarterly.

We're not rolling out the YSPM immediately. Understand that it's going to take some time. We're hoping to convene a Youth Treatment Coordinators meeting soon. We don't know what that's going to look like yet. For prevention, we have good technical assistance, and a core group of coordinators that meet regularly. It would be beneficial to build that up for treatment.

Public Comment

There was no public comment

Next Steps

- Submit feedback to YSPM to Danielle Stumpf by May 12.
- DHCS will compile feedback in a spreadsheet.
- DHCS will compile feedback from the World Café in a spreadsheet.
- A meeting invite will be sent for the next meeting.