

Part II: Developing Enhanced Care Programs

ECP Program Models and Eligibility

In the **E-STRTP model**, agencies utilize a staff-based placement and service model under an STRTP license. These programs provide intensive behavioral health services, funded by EPSDT contracts, while engaging in care and supervision activities funded by an enhanced STRTP placement rate established collaboratively by the county and provider. Youth are placed alone or with one other youth in a licensed STRTP facility operating with a significantly higher staff to client ratio than standard STRTPs. All E-STRTP placements must be approved by the county Interagency Placement Committee and recommended by the Qualified Individual (QI), unless the youth is placed on an emergency basis.

Program	Description	License	Primary Funding Options	Staffing
Enhanced ISFC	Foster home with a Specialized Resource Parent (including qualified family members, kin, or natural supports), that also includes intensive staffing to focus on stabilization and permanency needs	FFA, RFA home with ISFC levels of training	<ul style="list-style-type: none"> - Funded up to traditional STRTP rate - Wrap w/ reinvestment - Specialty Mental Health Services - TFC 	<ul style="list-style-type: none"> - Resource parent (with no other job or competing responsibility) - Intensive staffing individualized to meet the most urgent needs
Enhanced STRTP	STRTP level placement with 24/7 staffing to serve one to two youth at a time, with the whole program customized to that/those youth	STRTP	<ul style="list-style-type: none"> - Enhanced STRTP rate - Wrap w/ reinvestment - Specialty Mental Health Services 	<ul style="list-style-type: none"> - 24/7 staffing, flexibly designed to offer the individualized structure - Mental health services provided multiple hours per day

In the **E-ISFC model**, youth are placed in a family setting with a Specialized Resource Parent who has received the additional training, coaching, and supervision that enables them to respond in a therapeutic manner to very challenging behaviors. The Specialized Resource Parent is funded by an enhanced payment rate for both the agency and the resource parent, which must be negotiated and may not exceed the standard STRTP placement rate. Youth are typically placed alone in an E-ISFC family and program staff are available to support the youth and family in the home 24 hours per day/7 days per week. Youth also receive intensive behavioral health services funded through EPSDT contracts. E-ISFC placements may be with a family member or other natural support whenever possible, provided that all preconditions of the ISFC license are met and the family member or natural support is approved as a Resource Parent through a Foster Family Agency (FFA) that is able to administer an E-ISFC program. ISFC families can be relatives or fictive kin of the youth identified by the provider and county partners.

While enrolled in either an E-STRTP or E-ISFC program, youth receive comprehensive assessment, treatment planning, therapy, rehabilitation, collateral, intensive home-based services, intensive care coordination and case management services from registered or licensed clinicians and experienced skills counselors. Medication and nursing support will be provided or arranged for, as needed. Interventions are trauma-informed, highly innovative and individually designed to target the behaviors or symptoms that most significantly inhibit the youth's ability to progress in traditional behavioral health and/or placement programs. In collaboration with the placing county and the Child and Family Team (CFT), ECPs also provide guidance and/or support to the youth's permanency planning process, including family search, engagement and permanency support activities as appropriate and necessary.

ECPs serve minor children and nonminor dependents. Programs accepting youth with unmet complex needs will review youth symptoms, risks and behaviors, fit with any other individuals in the home/program, available staff resources and the ability of less restrictive or intensive settings to serve the youth. If the program is utilizing an STRTP license model, state requirements regarding alignment with the Qualified Individual Assessment justifying the need for an STRTP level of care would be considered.

Eligibility Criteria

CANS reflects significant needs across a variety of domains, particularly related to Behavioral/Emotional Needs, Life Functioning and Risk Behaviors

And two or more of the following:

- Self-harm with or without imminent risk of suicide
- Aggression with or without imminent risk of homicide
- Fire setting with or without imminent risk of arson
- Psychosis that is dangerous or disabling; places youth or others at risk of harm
- Risk of wandering or absences from care arising from a mental health condition
- Significant sexualized behaviors putting youth or others at risk, including commercial sexualized exploitation
- Substance use or abuse
- Frequent impulsive, high-risk behaviors
- Psychotic episodes that are not presenting in an acute stage
- Serious deterioration in ability to manage activities of daily living
- Repeated removal from placements and/or a history of placement instability
- Challenges with engagement in mental health services
- Co-occurring Mental Health, Substance Use and/or Developmental Delay diagnoses
- Delinquent behaviors resulting from behavioral health challenges
- History of psychiatric hospitalizations/5150s with continued significant safety concerns
- Serious physical health concerns with or without imminent risk of hospitalization
- Other behavioral problems that are not able to be treated in other treatment settings

County Partnerships

ECPs are focused on the provision of services to treat youth's behavioral and emotional health needs and not on trying to match a youth without placement to an open bed. This focus requires partnerships between providers and county agencies to ensure agencies have the resources necessary to meet the needs of the most complex youth in the county. All relevant county agencies and associated system partners should be

included in these partnerships, including but not limited to child welfare, probation, behavioral health, education and regional centers.

Critical features of partnership for ECPs include building strong team communication between the provider and all involved county departments, intense coordination of care, integrated funding models utilizing Behavioral Health and Child Welfare/Probation funds, inclusion of educational system and regional center partners and development of shared risk structures. Counties should work toward alignment with [AB 2083](#) and Children and Youth System of Care memorandums of understanding. State agency partnership is necessary for counties with providers to navigate the licensing standards as programs launch.

In Celia's case, the placing county's social services agency was ready and willing to pay for the entire cost of the placement and therapeutic supports, even without the involvement of behavioral health.

Recognizing the importance of leveraging Medi-Cal EPSDT to access federal revenue and support the provision of mental health services to which youth are entitled, Caring Change(CC) began persistently reaching out, including sending emails every day to the placing county's behavioral health department to reiterate that CC could not move forward with the placement without a behavioral health contract in place. The social services department began doing the same, reiterating the importance of establishing a behavioral health contract with CC that addressed the myriad needs Celia had, including provisions for Specialty Mental Health Services, Therapeutic Behavioral Services, Therapeutic Foster Care, Medication Management and step-down Wraparound services.

Within two weeks, there was an agreement that a behavioral health contract was possible and CC was able to begin providing all the required documentation to establish a contract. As a result, CC was able to provide a comprehensive array of behavioral health services to support Celia's transition to a lower level of home-based care.

As a team, all involved partners should not only have a voice in the considerations of the youth's needs, but also have a responsibility to help fully fund those services in an integrated way within their scope and regulations. For example, if a youth is in an individualized placement setting, requiring 24/7 staffing, the design needs to ensure that this level of service is supported in the staffing and budget within the program, rather than relying on a variety of outside providers to push services into the program. Certainly, if the youth is already connected to and has a relationship with another provider, that partner should become part of the broader team, but behavioral health services provided by the staff in the program must be fully funded and flexibly applied. This means that funding for ECPs must be a braid of both placement rates and behavioral health funding. Not only is this the best scenario for youth, but this ensures programs are leveraging as much Federal Financial Participation as possible, bringing down the overall cost to the county. Additionally, funding for family finding and engagement activities must be part of the menu of services provided through an ECP.

It can take quite some time to create the kind of placement that will help youth stabilize when time is of the essence. Providers need time to secure a site,

hire the staff, recruit Specialized Parents if home-based placement will be utilized, train and on-board staff and ensure they are working as a strong and integrated team. This takes time and resources – resources that agencies aren't able to invest without a partnership with a county and a commitment to fully fund and support the program during start-up and over time.

Shared Risk

Protecting and preserving the safety of youth with unmet complex needs is the highest priority of providers and creating programs that promise a no eject/no reject approach can present significant risk that was historically assumed to be held 100% by the provider. Thus, when critical incidents or high-profile accidents occurred, blame was often placed wholly on the provider. Yet it is known that no incident or program challenge occurs in a vacuum, without other driving factors. Sometimes those factors can look like pressure to take a youth quickly,

with inadequate funding and siloed, uncoordinated services. In each of these situations, responsibility – and thus risk – is shared not only with the provider, but also the placing agency and entire system of care.

ECPs will operate with a high degree of attunement to issues related to trauma-informed care and cultural responsiveness, mitigating the disparities in service and the impact of racial bias and racism on youth in treatment. Program staff and county partners are expected to reflect both internally and as a team to ensure that concerns about youth admissions to the program and/or remaining in treatment are discussed in ways that address the systemic challenges that youth of color face and the frequency with which they are deemed “too challenging” or “unsuccessful” due to behaviors that white youth could exhibit without fear of losing placement.

Enhanced Care Program providers and their county partners work diligently within the CFT context to design solutions to challenging issues so that youth can stay in their placement and program, even when doing so requires extraordinary interventions developed by and with the CFT members. All treatment discussion and decisions will occur within the Child and Family Team context, ensuring that all efforts are made to identify areas of challenge or concern and to preserve placement. Removal from an Enhanced Care Program occurs as a result of a CFT decision that a placement change is in the youth’s best interest or that a youth no longer needs enhanced services. If disruption does occur, youth should be given immediate access to support to help them exit in order to mitigate potentially devastating effects on their’ well-being.

Licensing

In order to provide services within an Enhanced Care Program, agencies operating under an STRTP framework will need to update and/or create a new Plan of Operations and Program Statements for Community Care Licensing (CCL) review and approval. Depending on the content of their existing Plan of Operations, FFA based programs may need to update these documents for CCL as well to achieve the flexibility needed for this program. These updates will enable programs to operate under adjusted structures and providing clarity to licensing departments about the ways in which the structure, services and supports available within ECPs are distinctly different from “standard” ISFC or STRTP programming. If not already in place, ECPs using an STRTP licensure model will also need to work with the Department of Health Care Services (DHCS) to ensure Mental Health Program Approval of any new program sites. Providers can anticipate the need to work with the local CCL liaison, as well as CDSS leadership and state-level CCL staff in order to address barriers within existing STRTP or ISFC regulations and to discuss area where exceptions may be necessary in order to best serve the youth identified for treatment within an ECP.