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August 4, 2005

DMH INFORMATION NOTICE NO.: 05-09

TO: LOCAL MENTAL HEALTH DIRECTORS

LOCAL MENTAL HEALTH PROGRAM CHIEFS LOCAL MENTAL HEALTH ADMINISTRATORS

COUNTY ADMINISTRATIVE OFFICERS

CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: PROVISION OF THERAPEUTIC BEHAVIORAL SERVICES FOR

TRANSITION AGE YOUTH

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program is a benefit under the federal Medicaid (Medi-Cal) program. Services provided under EPSDT were expanded in 1995 by the Department of Health Services (DHS) in accordance with federal regulations and statutes that require states to provide any medically necessary health and/or mental health treatment services needed to correct or ameliorate the physical or mental health condition of a full-scope Medi-Cal beneficiary under the age of 21. DHS concluded that, in order to meet the needs of children and youth with serious emotional disturbances (SED), the logical providers for these expanded EPSDT services to this population were the county mental health plans (MHPs) under the purview of the Department of Mental Health (DMH).

In July 1999, following the preliminary injunction in the Emily Q. vs. Belshé lawsuit, MHPs also became responsible for providing or arranging for Therapeutic Behavioral Services (TBS) as an EPSDT supplemental specialty mental health service. TBS allows for the provision of intensive one-to-one services for children/youth who have SED and are experiencing a stressful transition or life crisis and, since it is an EPSDT service, may be provided to children/youth up to the age of 21. TBS may be provided to support other specialty mental health services when additional short-term support is needed to prevent placement in high-level group homes (RCL 12 through 14) or a locked facility for the treatment of mental health needs. TBS may also be provided to enable a transition from any of those levels to a lower level of residential care.

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Under the program and court requirements outlined above, EPSDT/TBS is available to the Medi-Cal eligible "transition age" youth (youth who are ages 18 to 21). DMH acknowledges that providing outreach, access and increased utilization for this population is particularly challenging in light of the many issues a young person may face as they move toward and into adulthood. DMH, stakeholders, staff from the California Mental Health Director's Association (CMHDA) Children Systems of Care Committee (CSOC) and Adult Systems of Care Committee (ASOC) have a shared concern regarding underutilization of mental health services by this age group. As a result, CMHDA established a committee, the Transition Age Youth Subcommittee, consisting of members from CSOC and ASOC to explore options and ideas to improve methods of engaging and serving this population. The first work product produced by this subcommittee is the development of the Transition Age Youth Resource Guide.

This document can be found on the internet at www.cmhda.org and provides a comprehensive guide for improving outreach and increasing access and utilization of services for this historically underserved population. The release of this guide is timely since county mental health departments must plan for the implementation of the Mental Health Services Act (MHSA). Under MHSA, counties are developing programs that address the mental health service needs of unserved and underserved populations. Transition age youth have been identified as one of the priority populations that counties are targeting in their MHSA plan. Since the Transition Age Youth Resource Guide provides insight into the many common issues of this population, along with recommendations for achieving realistic solutions to the unique challenges and barriers, DMH endorses its use as a valuable resource for counties as they create new programs and strive to improve the utilization of existing services for this age group.

DMH concurs with placement and discharge concerns raised during the production of the resource guide by CMHDA CSOC, ASOC, the Transition Age Youth subcommittee and stakeholders. This population includes youth who require mental health services and are either at the age when they "age out" of the children's system of care and/or the foster care group home system and those who reach the age of majority and are being discharged from Institutions for Mental Diseases (IMDs) including the state hospital system. Partnerships between the mental health children/youth systems staff and the adult systems staff are essential in order to effectively address the youth's needs both before and after transition to a new service delivery system and discharge from group homes, community treatment facilities and IMDs, including state hospitals. The Transition Age Youth Resource Guide provides information relevant to the supports needed by this age group including the provision of training and preparation in basic life skills, education, job training, housing and health and mental health needs. These supports are critical components of successful transition and, if provided effectively, may prevent mental health deterioration, behavioral regression, hospitalization, homelessness, incarceration, personal harm or even death.

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TBS can be an effective tool in the provision of the intensive services and supports needed to assist youth with the successful transition into adult programs and less restrictive levels of care. Increasing both children and adult SOC staff awareness of TBS and its many benefits should be part of the county's training in services and methods used in achieving more positive outcomes for this age group.

DMH is committed to improving both services and outcomes for this population by supporting MHPs in their development and implementation of the transition age youth programs. If you feel that training or technical assistance is needed by your county's MHP staff in the provision of EPSDT/TBS services to this population, please contact your county operations liaison person listed in the enclosure to this letter. DMH looks forward to working with county mental health staff in developing systems of support and services for this vulnerable population.

If you have questions or need additional information regarding this letter, please call Cynthia Rutledge at (916) 651-9484 or e-mail at Cynthia.Rutledge@dmh.ca.gov.

Sincerely,

Original signed by:

STEPHEN W. MAYBERG, Ph.D. Director

Enclosure

cc: Mateo Munoz John Krause Melinda Bird