



CASA PACIFICA

CENTERS FOR CHILDREN & FAMILIES

Providing Hope & Help

California Senate

Select Committee on Mental Health

FEBRUARY 24, 2020

Steven Elson, PHD, CEO

Casa Pacifica Programs – 25-Year History

- **Opened in 1994**
- **Admitted into one of our programs more than 40,000 children & youth**
- Focus on most challenging youth in our community
- **15 Programs – 4 on campus; 11 in community (biggest growth)**
- All programs nationally accredited
- **Only APA approved pre-doctoral internship on Central Coast specializing in children/adolescents**
- National & international training & consultation
- **In 2016 opened our doors to children / youth from the private sector**



Benefits Available in Public & Private Insurance

MEDI-CAID (EPSTD)

- Psychiatric Hospitalization
- Day Treatment Intensive
- Day Treatment Habilitative
- Crisis Intervention (in-home)
- Crisis Stabilization
- Wraparound (in-home)
- Therapeutic Behavioral Services (in-home)
- Traditional Outpatient Services

COMMERCIAL (EMPLOYER BASED) PLANS

- Psychiatric Hospitalization
- Partial Hospitalization Program (PHP)
- Intensive Outpatient Services (IOP)
- Traditional Outpatient Services



Launched “Commercial Insurance” Programs in 2016



CAMINO A CASA
BY
CASA PACIFICA

Full Continuum of Care

Residential Treatment

Typically coming from a hospital



Partial Hospitalization Program (PHP)

Also called Day Treatment – 5 days / week



Intensive Outpatient Program (IOP)

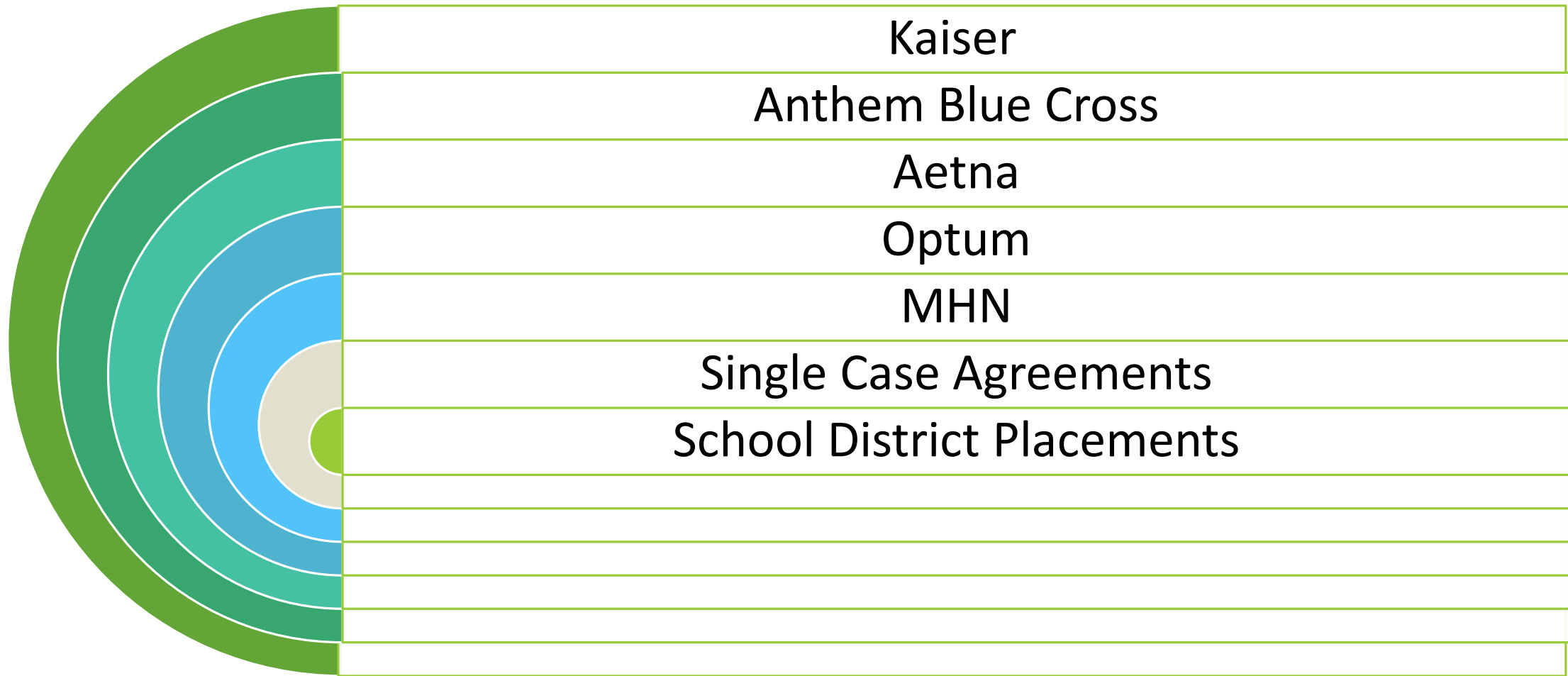
Also called Day Treatment – 3 days / week



Intensive In-Home Behavioral Health Services (II-HBHS)

Two levels of In-Home Services

Insurance Carrier Contracts





Population Served

- Children & Youth age 9-17
(in-home as low as age 4)
- Emotional dysregulation and high-risk behaviors that jeopardize their safety at home, school and/or in the community.
 - Mental health and substance abuse diagnoses (co-occurring)
 - Gender expansive – LGBTQ
 - Families struggling to support their child/children

Gender Expansive Services - LGBTQ



Youth present with a range of normal human sexuality needs related to sexual orientation and gender identity expression (SOGIE).

- Staff are trained in affirmative therapy approaches
- These needs are identified prior to admission and assessed on an ongoing basis with the entire treatment team
- My-Identity group which is an optional therapeutic group with a focus on exploring SOGIE.

Primary Treatment Model



Dialectical Behavioral Therapy (DBT)

DBT is an evidenced-based practice that is designed to treat youth with emotional dysregulation, impulsivity, and difficult behavioral patterns.

Compared to Treatment as Usual:

- Greater reduction in inpatient psychiatric stays,
- Para-suicidal behavior

Substance abuse, eating disorders, severe depression and suicidal behaviors

- 10-day training – ongoing

Benefits of Camino a Casa's Full Continuum of Care



4 levels allow the ability to gradually step-down services, as appropriate

Stepdown & can step-up as deemed appropriate

IOP and PHP can serve as step-up from traditional outpatient mental health services

II-HBHS prevents hospitalization, reduces need for higher levels of care, and allows for smooth transition home from higher levels of care

Residential Treatment Center (RTC)

Short-term adolescent
residential treatment –
24/7 care

- At least 2 individual therapy sessions per week, at least 1 family session per week, academics, and full participation in all therapeutic groups

Highest level of intensity
both in terms of
client/family as well as
case management with
insurance plan

- Assessment
- Utilization Reviews
- Collaboration
- Planned and unplanned discharges

Partial Hospitalization Program (PHP)

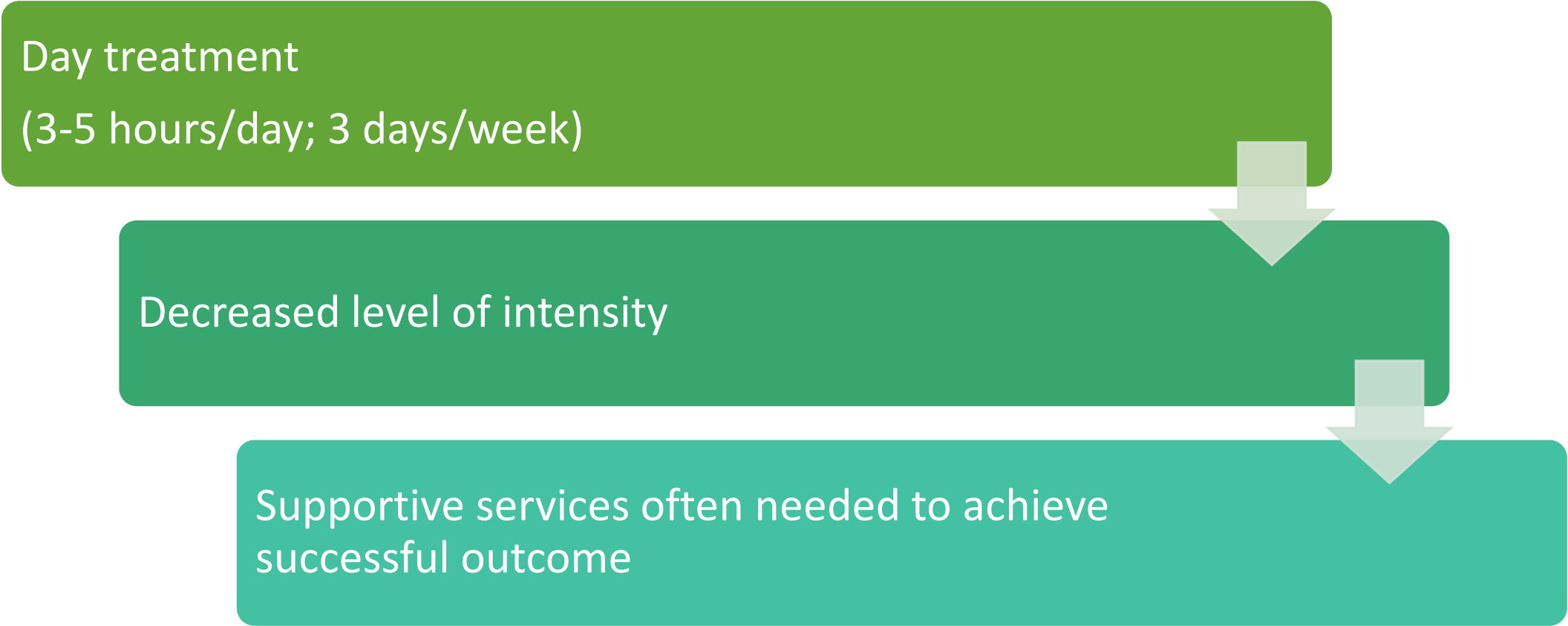
Day treatment
(6 hours/day; 5 days/week)

Decreased level of intensity

Supportive services often needed to achieve
successful outcome

Intensive Outpatient Program (IOP)

Day treatment
(3-5 hours/day; 3 days/week)



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graph TD; A[Day treatment<br/>(3-5 hours/day; 3 days/week)] --> B[Decreased level of intensity]; B --> C[Supportive services often needed to achieve<br/>successful outcome];
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Decreased level of intensity

Supportive services often needed to achieve
successful outcome

Community based programs available through MediCal

Services are delivered in the home, at schools, community organizations, in the park or where ever problematic behaviors. Service delivery is a “seeking” mode rather than a “waiting” mode.

- **Mobile crisis response** – typically 24/7 response to a crisis call – crisis can be contained with support or an involuntary hold can be written
- **Crisis stabilization** – a 23-hour service designed to prevent higher levels of care – typically delivered as a “site based” services
- **Wraparound** – services are delivered by a team of two to three providers offering support and linkage. Team members work separately with parents and youth. Services are five to six hours per week
- **Therapeutic Behavioral Services (TBS)** – an individual provider works with a child/youth targeting two to three “barrier” behaviors that, if not ameliorated will result in hospitalization or other higher levels of care.

Intensive In-Home Behavioral Health Services (II-HBHS) Offered through a Handful of Commercial Health Plans

Since inception

- 105 total clients (including SAFTY)

TBS - like

- Ventura (32)
- Santa Barbara (6 youth)

Wraparound - like

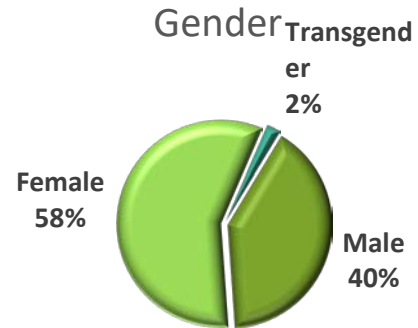
- Ventura (32)
- Santa Barbara (2 youth)

Mobile crisis team

- Referral gateway in Santa Barbara and Santa Maria area (33 youth)
- Assessment and in person crisis response

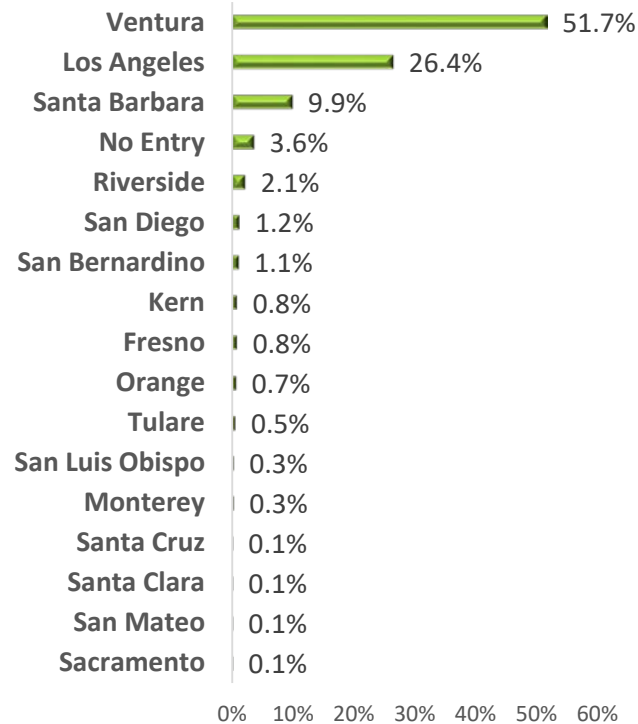
Client Demographics

Since inception of program

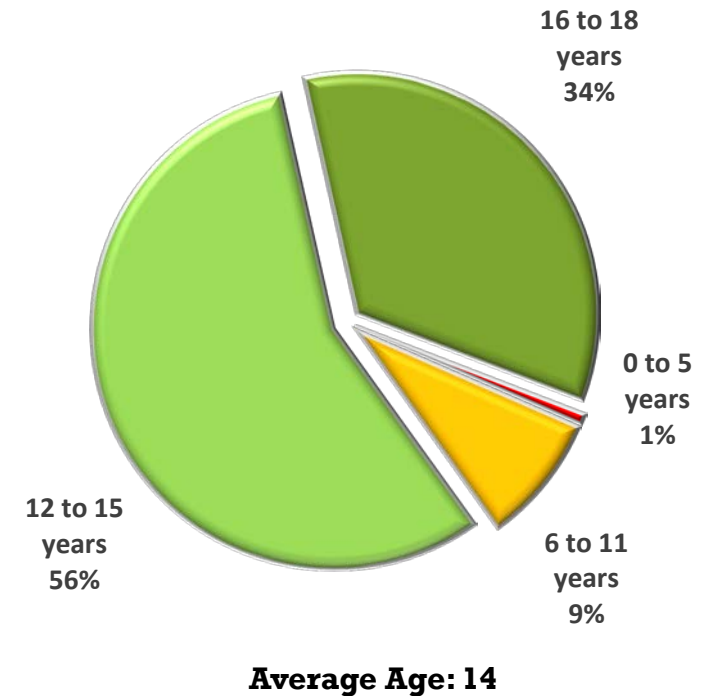


RACE/ETHNICITY	PERCENT
White/Non Hispanic	47%
Hispanic	29%
Other	12%
Black/African American	7%
Asian	4%
Pacific Islander	1%

Placement by County



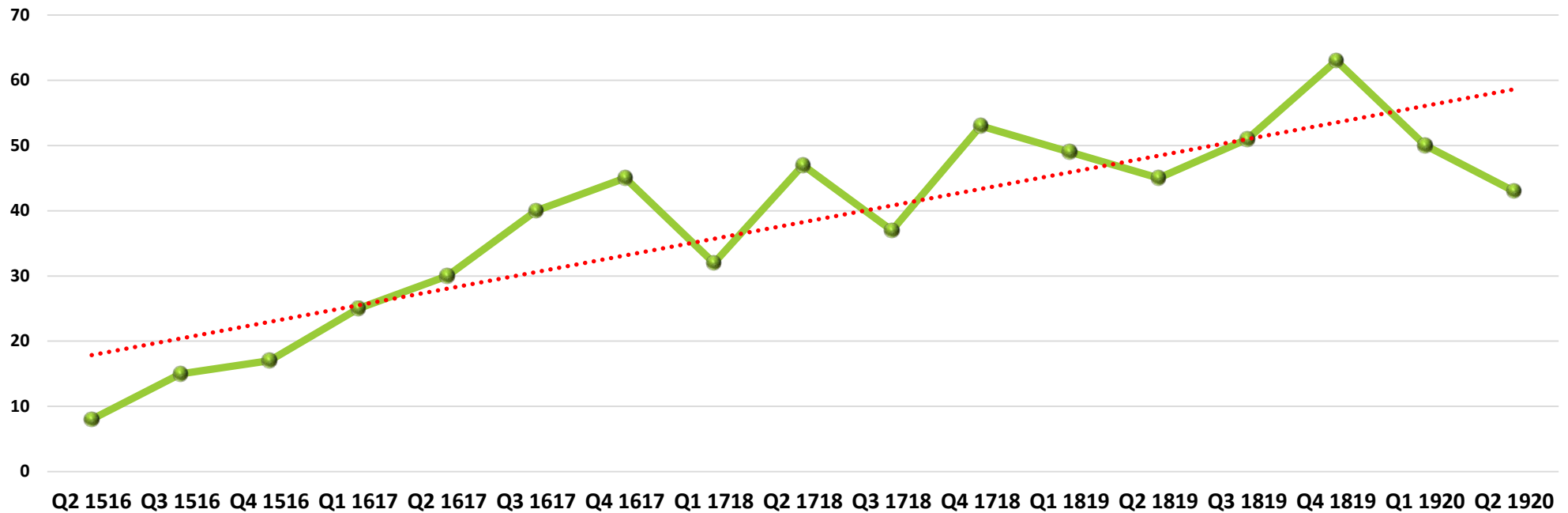
Age



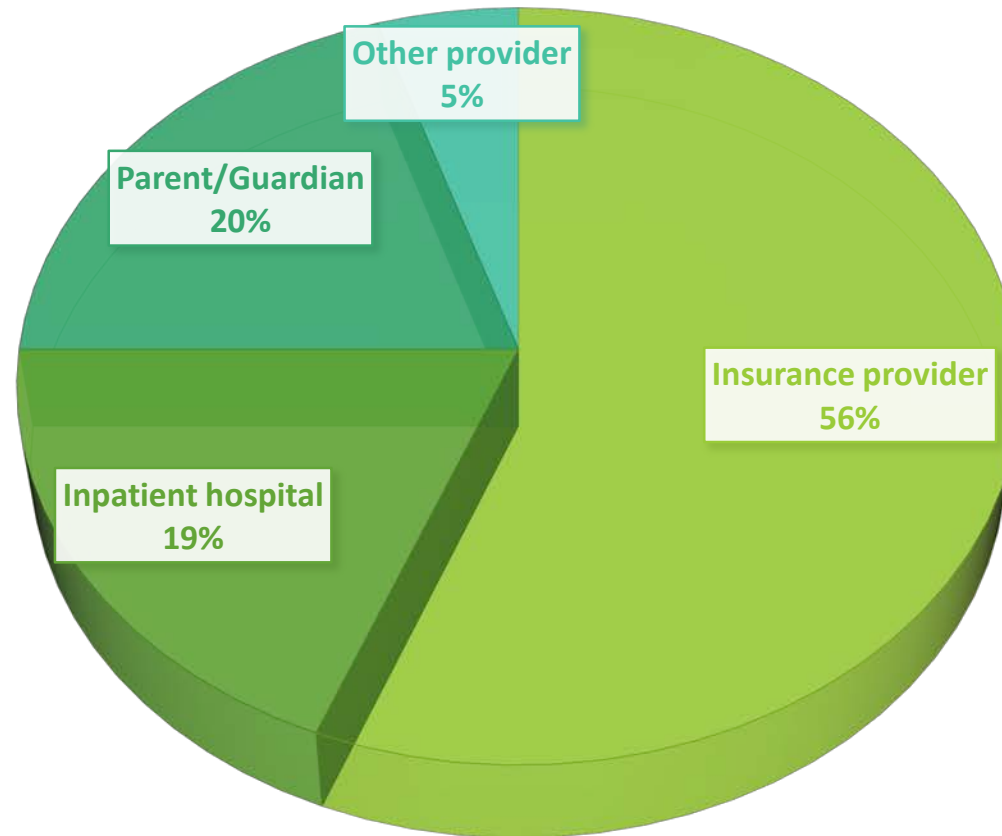
Admissions

Total Admits: 650
Total Unduplicated Served: 349
Average Daily Census: 14.5
Bed Days for RTC: 21,989

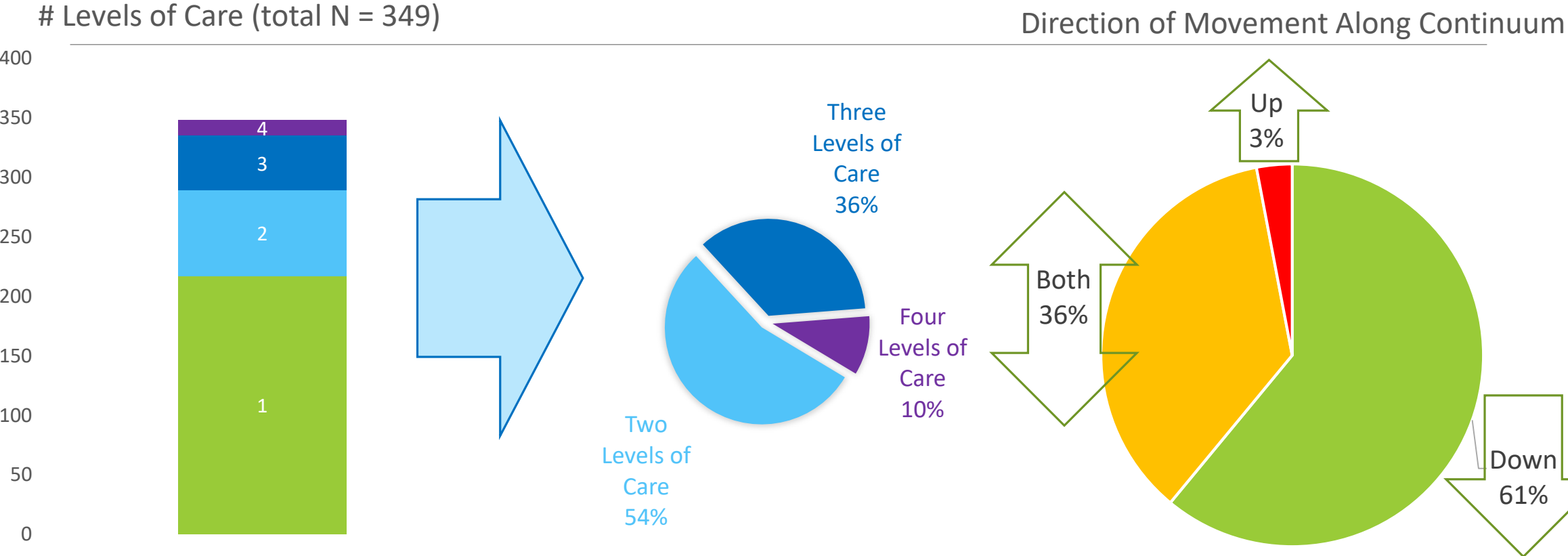
Admits by Quarter Since Inception



Primary Referral Sources



Movement along the continuum



349 youth served in Camino a Casa campus-based program.
132 youth served in multiple levels of care within Casa Pacifica's commercial pay programs.
18% of Camino RTC youth are paired with either TBS or Wrap services.

Outcomes

Since Inception

Average Length of Stay (days)	
RTC	42
PHP	32
IOP	37
Community-Based	141

At the time of Follow up (6 months post-discharge)

- 89% had maintained home placement
- 87% had no involvement with law enforcement
- 82% had remained out of a psychiatric hospital

89% of discharged youth did not step up to a higher level of care.

“The clinician and all staff members were very good at communicating what was going on. Family sessions were very productive in educating the family. Parent training and group support on Saturdays were very helpful.”

“I truly appreciate the amazing staff and care that was given to my daughter. I am truly thankful”



Questions & Discussion