Deep Dive: Current California Child Welfare Efforts to Further Whole Child/Whole Community Care

BREAKING BARRIERS 2020

Presenters

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Session Overview

- **CBHDA/CWDA Joint Behavioral Health Vision for Foster Youth**
- **California Child Welfare Council's Behavioral Health Committee Policy Recommendations**
- **Overlap and Looking Ahead**
- **Questions and Facilitated Discussion**

CBHDA/CWDA Proposal Overview

- **Who:** eligibility and who should receive services
- **What:** services individuals should have access to
- **How:** manner that we identify services to deliver and reduce barriers to those services

Automatic Eligibility

Automatic eligibility for child welfare system-involved children and youth and their families to a minimum, mandatory set of behavioral health services.

Who: Eligibility

Child welfare-involved youth "automatically" eligible for services include:

- Children/youth in foster care (under juvenile court order) and who are served by a child welfare or probation agency
- Children/youth 6 months post-permanency (reunification, guardianship or adoption)
- "Candidates" for foster care under the "imminent risk" definition per FFPSA

Who: Eligibility

"Family" members entitled to behavioral health services include:

- **Resource parents (including relative caregivers)**
- **Birth families (including siblings and half-siblings)**
- **Other caring adult who is a significant support to the foster child/youth**
- **Any other non-related persons with an established relationship that is reasonably considered family by the person served**

Who: Eligibility

“Automatic Eligibility”/proposed Medi-Cal Medical Necessity changes:

- Need to establish a“diagnosis” is not a pre-condition to eligibility for access to a range of county behavioral health services and will no longer serve as an access barrier
- Policy shift: recognition that every child who is served by the child welfare services system has experienced a significant enough degree of trauma that they meet the new standard for medical necessity, as proposed under CalAIM
- Goal to more thoroughly assess, track, and treat child welfare involved children

What: Services

<u>Model Builds Upon Work Underway:</u>

- Integrated Core Practice Model
- Katie A. Settlement Agreement/ Continuum of Care Reform Efforts
- Strengthening Families/Youth Thrive Frameworks
- AB 2083 Interagency Coordination
- Family First Prevention Services Act

What: Services

Team-based services begin immediately upon “entry” to child welfare:

- For timely identification of service needs and access to services
- Not waiting for behaviors to manifest first
- Reduces likelihood of more intensive, higher cost interventions later

What: Services

Continuum of proposed services will include:

- Team-Based services through broadened ICC (Intensive Care Coordination) services
- Immediate and on-going engagement of the youth and caregivers throughout the life of the case & “on demand” clinical or supportive services as warranted in home-based settings
- Continuous screening and joint assessments to inform the CANS as part of the CFT discussions and link to clinical and resiliency-building services
- Ensuring linkage to clinical and non-clinical services/supports and Peer Services for youth and caregivers
- Trauma informed-resiliency building therapeutic services to prevent the onset of behavioral health issues later
- Services provided will still align with clinical treatment needs assessed for the individual

What: Services

Expanded Medi-Cal services

Individual Child and Family Therapy

- Provide within the home/community (if client is comfortable with the setting)
- Create flexibilities to deliver this service to the caregivers, parents and family members, with or without the child/client present

Therapeutic Behavioral Services (TBS)

- Expand eligibility criteria
- Include less intensive, coaching services within TBS

Intensive Home-Based Servces (IHBS)

- Expand eligibility criteria, such as "candidates" for foster care

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What: Services

Substance Use Disorder services

- Ensure that CFT/CANS includes SUD evaluation at the forefront for the child/youth, caregiver and parent
- Increase integration and coordination for those children, youth and caregivers with mental health, SUD and, co-occurring MH and SUD treatment needs
- Additional funds should be allocated to build out this system of care to provide all necessary SUD services to child welfare linked populations

Additional Considerations

Workforce:

- Prioritize capacity building in partnership with counties
- Must be culturally-responsive and reflective of the diversity of the population
- Include para-professionals including peer advocates

Training:

- Support cross training of child welfare services and behavioral health staff

Funding:

- Additional investments will be necessary to support staffing and services envisioned in this proposal. Further discussion needed to quantify.

Child Welfare Council Behavioral Health Committee Proposal Overview

- Access: strengthening access and expanding eligibility
- Define: the full continuum of services and supportive placements needed
- Track and Improve: system accountability and data transparency
- Build: strategies to operationalize proposal

Access: Strengthening access, expanding eligibility

- Alignment with CBHDA/CWDA proposal, "automatic eligibility"
  - Addition of threshold CANS score as possible referral pathway
  - Addition of threshold ACES score as possible referral pathway
- Align Medical Necessity determination for SMHS with federal EPSDT statute
- Strengthen referrals from child welfare to behavioral health
  - Statewide referral protocol
  - Out of county placements
  - Behavioral health and primary care

Define

The Full Continuum of Behavioral Health Services and Supportive Placements Necessary for Child Welfare-Involved Youth, Youth at Risk of Involvement

Define: The Full Continuum

Equity

Standardized set of services in every county or region so child welfare/juvenile justice involved youth do not face significant disparities in quality and quantity of services available to them based on location, resulting in disparate outcomes

Define: The Full Continuum

- Prevention and early intervention
- Community-based supports
- Tiered therapeutic placement options
- Aftercare services
- High needs and crisis continuum

Define: The Full Continuum

Prevention and early intervention

- Universal access to childcare/preschool, early childhood screenings, home visiting, caregiver supports
- Therapeutic preschools
- Prevention and early intervention in schools (K-12)
- Drop-in centers
- 24/7 Family Urgent Response System*
- Strengths-building and other non-traditional therapeutic supports

Define: The Full Continuum

Community-based supports

- Family system therapies to support and expedite reunification
- Outpatient and intensive outpatient services
- Intensive home- and community-based services
- Peer support/ other natural supports

Define: The Full Continuum

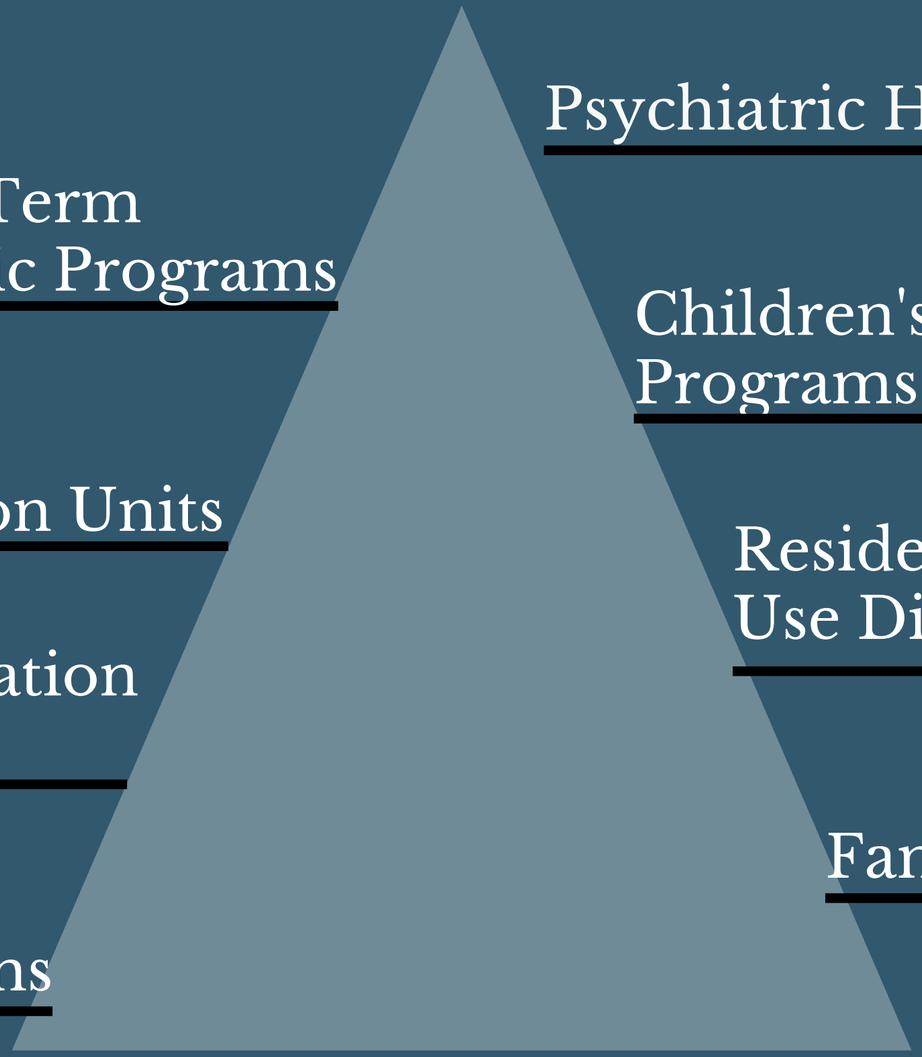
Tiered therapeutic placement options

- Therapeutic foster care
- Intensive services foster care (ISFC)
- Enhanced ISFC
- Short-term residential therapeutic programs
- Enhanced ISFC with STRTP level staffing

Define: The Full Continuum
Aftercare services

- Care continuity upon return to family of origin
- Supportive services for youth exiting dependency to adulthood
- Peer support/ other natural supports

Define: The Full Continuum: High needs and crisis continuum



Psychiatric Health Facilities

Crisis-Focused Short-Term Residential Therapeutic Programs

Children's Crisis Residential Programs

Crisis Stabilization Units

Residential/Inpatient Substance Use Disorder Services

Partial Hospitalization Programs

Family Urgent Response System

Mobile Response Teams

Track and Improve

Behavioral Health System Accountability and Performance Improvement

Track and Improve

- Co-created, statewide goals for the behavioral health system, and corresponding outcome metrics
- Expanded infrastructure to collect, synthesize, and monitor outcome data
- Robust Continuous Quality Improvement (CQI) framework

Build

Strategies to Support the Successful Implementation of Committee Recommendations, and Improve the Behavioral Health System for Child Welfare-Involved Youth and Families

Build

- Youth, parent and caregiver voice
  - Engagement at every level of decision making
- Financial infrastructure
  - MHSA
  - Medi-Cal dollars
  - Matchable school mental health dollars
- Workforce capacity
  - Title IV-E expansion
  - BSW programs
  - Peer Certification models

Build

- Statutory and regulatory changes
  - Universal array
  - Medical necessity

- Connectivity to enhance equity
  - Statewide pool of technology/iFoster
  - Internet access

CBHDA/CWDA and the Behavioral Health Committee: Alignment

- Automatic eligibility to access a continuum of behavioral health services and supports
- Aggressive diversion from child welfare involvement
- Consistent set of services available to all child welfare-involved youth
- Workforce and financial considerations
- Stronger cross-system care coordination

Q&A and Facilitated Discussion