

Building on the Momentum: How Appropriate Implementation of Community Based Supports Can Help Youth with Complex Care Needs

Brian Blalock Youth Law Center



The Public Health Parable

Continuum of Care Reform Families First Prevention Services Act (FFPSA) AB 153 "to support California's commitment to eliminate the placement of foster youth with complex needs in out-of-state facilities"

UNPRECEDENTED OPPORTUNITY

- Tens of millions in complex care funding
- Medicaid expansion removing barriers to services for court involved youth
- Increased investment in wraparound -- including legal entitlement to wraparound for all youth in foster care



How do we focus our efforts so we do not miss out on this opportunity?



BHIN 21-073

Effective January 1, 2022

Criteria for Beneficiaries under Age 21 to Access the Specialty Mental Health Services Delivery System

For enrolled beneficiaries under 21 years of age, a county mental health plan shall provide all medically necessary specialty mental health services required pursuant to Section 1396d(r) of Title 42 of the United States Code. Covered specialty mental health services shall be provided to enrolled beneficiaries who meet **either of the following** criteria, (1) or (2) below:

(1) The beneficiary has a condition placing them at high risk for a mental health disorder due to experience of trauma evidenced by any of the following: scoring in the high-risk range under a trauma screening tool approved by the department⁴, involvement in the child welfare system, juvenile justice involvement, or experiencing homelessness.⁵

For covered youth, the question should now change

from IF service to what service



Delivery of Services - Wraparound

Wraparound is frequently defined as an approach or way of working with children and youth that involves:

Community-based services

Delivered in home, school, and community

That are individualized

Strength-based

Delivered through a team approach with

An unconditional commitment to the youth's success and

Focus across life domains (such as family, living situation, education, psychological and emotional health, physical health, etc.)

Additionally, wraparound should be

Clinically articulated but not necessarily clinically driven

Culturally accordant

Have access to flexible funding

Continuum of Care Reform (CCR) Wraparound

CCR created a framework for a legally mandated wraparound for all youth in foster care in CA

- Child and Family Teams (CFTs) play a central role in identification and delivery of services and are required for every youth entering care (within 60 days) + any time a youth changes placement or services. (See WIC 16501.1(c-d) and ACL 16-84).
- CFTs are also required every 90 days for youth receiving SMHS and every 6 months for all other youth.

Child and Family Teams – Wrap Approach

Should be strength-based, include both professional and peer/family supports, emphasize community-based and culturally accordant supports, and be individualized and trauma informed. (See ACL 16-84 at page 6) Counties are also encouraged to use the Integrated Core Practice Model (ICPM) for

CFTs. ICPM is based on the National Wraparound Institute model.

Stories from advocates

- Waitlists / Referrals to nowhere
- Specific services missing
- Children sent unnecessarily to congregate care
- Child Welfare and County Mental Health disconnection (complicated referral processes, different terminology barriers, lack of shared budgeting)
- CFTs as checklists with little/no family or child involvement or wraparound principles





- Leveraging existing screenings for all youth in foster care to determine what level of SMHS service to offer under the new eligibility guidelines
- Integration of SMHS with CFT wraparound
- Reinvestment in CFT wraparound principles preferably using ICPM model
- Expansion of intensive case management programs with intentional promotion of peer-to-peer
- Integration of available funding including Medicaid, IV-E, state wraparound funds, MHSA dollars, and MCO case management (e.g., ECM).



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