

CA WRAPAROUND PROGRAMS FOR CHILDREN AND YOUTH IN FOSTER CARE

Program: California High-Fidelity Wraparound Through CDSS

| Is it Legally Required? | Who is Eligible? | What Makes it “Wraparound”? | How is it Funded? |
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| <p>No and yes.</p> <p>Counties are <u>authorized and have the option</u> to develop expanded family-based services programs as an alternative to out-of-home care.</p> <p>Counties are <u>required</u> to provide at least six months of integrated, individualized, family-based aftercare services to youth who are discharged from an STRTP or out-of-state residential facility.</p> <p><i>WIC §§ 18250(a), 18252; 4096.6(a)-(b); ACIN I-52-15, Att. at 1; ACIN I-73-21, at 25-26.</i></p> | <p>For Wraparound: All children and youth in foster care or the juvenile justice system or who are at risk of out-of-home care.</p> <p>For Aftercare Wraparound: All children and youth in foster care or the juvenile justice system and who are returning from an STRTP or out-of-state residential facility.</p> <p><i>WIC § 18251(c); 4096.6(b)(1).</i></p> | <p>“Wraparound” is a collaborative approach to care that encourages coordination among agencies, disciplines, and communities to enhance outcomes for youth and families. California Wraparound Standards are based on principles adapted from National Wraparound Initiative model:</p> <ol style="list-style-type: none"> 1. Family Voice and Choice 2. Team-Based Decision Making 3. Natural Supports 4. Collaboration 5. Community-Based Service Delivery 6. Culturally Respectful and Relevant 7. Individualized Services 8. Strengths-Based Support 9. Persistence 10. Focus on Outcomes <p><i>WIC § 18250(a)-(b), 18251(d); ACIN I-52-15, Att. at 1-4.</i></p> | <p>Funding structure varies by county but optimally 60% or less is Medicaid funding and the rest is state/county AFDC-FC (Title IV-E) funding, including a county-level Wraparound Trust Fund.</p> <p>Any unspent Wraparound funds that are not used for a specific child’s placement and/or services costs must be put into the county Wraparound Trust Fund Account, which can then be used to provide services to other children.</p> <p>For foster youth who are receiving Wraparound mental health services, counties should ensure that Medi-Cal is the payor of first resort.</p> <p><i>WIC § 18254(c); CFL 20/21-94.</i></p> |

CA WRAPAROUND PROGRAMS FOR CHILDREN AND YOUTH IN FOSTER CARE

Program: Katie A. – Pathways to Wellbeing Services

| Is it Legally Required? | Who is Eligible? | What Makes it “Wraparound”? | How is it Funded? |
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| <p>Yes.</p> <p>The <i>Katie A. v. Bontá</i> class action settlement agreement mandated the provision of an array of medically necessary specialty mental health services to be delivered to youth under age 21 in a coordinated, comprehensive, and community-based fashion.</p> <p>This coordinated interagency program is known as “Pathways to Wellbeing,” and the intensive mental health services required are: Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), and Therapeutic Foster Care (TFC).</p> <p><i>Medi-Cal Manual for ICC, IHBS, and TFC Services for Medi-Cal Beneficiaries, Third Ed., at 7-8; MHSUDS Information Notice 16-004.</i></p> | <p>All children and youth in foster care or the juvenile justice system who meet medical necessity criteria for these services.</p> <p>Note: A youth does not need to have an open child welfare services case to be considered for these services. They are available to all youth under age 21 who are eligible for the full scope of Medi-Cal services and meet medical necessity criteria.</p> <p><i>Medi-Cal Manual for ICC, IHBS, and TFC Services for Medi-Cal Beneficiaries, Third Ed., at 6-12; MHSUDS Information Notice 16-004.</i></p> | <p>Pathways services are required to be provided utilizing principles from the Integrated Core Practice Model (ICPM), which follows the National Wraparound Initiative model.</p> <p>In addition to centering family participation and establishing a Child and Family Team, the ICPM focuses on services that are needs-driven, strengths-based, individualized, and delivered with multi-agency collaboration.</p> <p><i>Medi-Cal Manual for ICC, IHBS, and TFC Services for Medi-Cal Beneficiaries, Third Ed., at 7, 13-14.</i></p> | <p>Services are provided through Medicaid’s Early and Periodic Screening, Diagnostic, and Treatment benefit.</p> <p>The Intensive Care Coordinator is often a county Mental Health Plan employee or contractor.</p> <p><i>Medi-Cal Manual for ICC, IHBS, and TFC Services for Medi-Cal Beneficiaries, Third Ed., at 6, 24.</i></p> |

CA WRAPAROUND PROGRAMS FOR CHILDREN AND YOUTH IN FOSTER CARE

Program: Foster Care Wraparound for All Children in Foster Care in CA

| Is it Legally Required? | Who is Eligible? | What Makes it “Wraparound”? | How is it Funded? |
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| <p>Yes.</p> <p>The CCR established that child welfare services are most effective when delivered through an integrated, cross-system framework using a team-based approach.</p> <p>The county placing agency must convene a Child and Family Team (CFT) meeting within the first 60 days of a youth entering care and any time a youth changes placement or services.</p> <p>CFT meetings are also required at least every 90 days for youth receiving SMHS and at least every 6 months for all other youth.</p> <p><i>WIC §§ 16501(a)(3)-(5), 16501.1(c)-(e); ACL 16-84, at 2-3, 5-6, Att. 1; ACL 18-23, at 3.</i></p> | <p>All children and youth in foster care, including probation youth in foster care and nonminor dependents.</p> <p><i>WIC §§ 16501.1(c)-(d); ACL 16-84, at 2, Att. 1; ACL 18-23, at 3.</i></p> | <p>CFTs play a central role in identification and delivery of supports and services needed to achieve permanency and enable the child or youth to be placed in the least restrictive family setting that promotes normal childhood experiences.</p> <p>Models will vary by county, but should be strengths-based, include both professional and peer/family supports, emphasize community-based and culturally accordant supports, and be individualized and trauma informed.</p> <p>Counties are also encouraged to use the Integrated Core Practice Model (ICPM) for CFTs. ICPM is based on the National Wraparound Institute model.</p> <p>The child or youth and family members must be involved in CFT meetings.</p> <p>Youth in the foster care system “shall” be provided specialty mental health services that should become a part of the services coordinated by the CFT meeting.</p> <p><i>Medi-Cal Manual for ICC, IHBS, and TFC Services for Medi-Cal Beneficiaries, Third Ed., at 13-16; ACL 18-23, at 2, 10-11; ACL 16-84 at 5; BHIN 21-073, at 4.</i></p> | <p>Services are funded through Title IV-E and the state General Fund, with clinical services funded by Medicaid under the expanded eligibility criteria under CalAIM for youth involved in the foster care, juvenile justice, and/or youth homelessness systems.</p> <p><i>See LAO Report: The 2022-23 Budget: Analysis of Child Welfare Proposals and Program Implementation Updates; BHIN 21-073, at 4.</i></p> |