

## **ALERT: Examples of How AB 153 Funding and Medicaid Can be Used to Support Family Based Settings**

*AB 153 provided significant funding to support youth and families so that they can be successful in their community in the least restrictive setting. This includes \$18.1 million in “child specific needs funding” and \$43 million in capacity building funding. This funding provides an incredible opportunity to advocate for an individualized package of supports and services that meet the complex needs of young people, as well as to build the county’s capacity to provide community-based support long term. To promote the availability of these funds to county child welfare agencies and probation departments CDSS just issued [Examples of Capacity-Building Activities and Costs to Meet Child-Specific Needs](#).*

*This advocacy alert highlights a number of critical takeaways from this new publication that advocates can use to leverage these funds to maintain or develop family-based settings for youth in the child welfare or juvenile justice system. It also includes services your clients are eligible for through Medicaid that can further support placement in the least restrictive setting. Advocates should encourage their county child welfare and probation departments to request capacity building funding to fill gaps in the placement and service continuum. Advocates can also work with the county agency and probation department to make child specific requests for some of the services and supports described below.*

### **Child Specific Needs Funding Requests**

CDSS has streamlined the application for funding for child specific needs to make access to these critical funds easier. The new application can be found here: [ACIN I-03-23 \(January 31, 2023\)](#).

(Modified Complex Care Child Specific Funding Request Template To Replace The Original Version Attached To All County Letter (ACL) 21-119 On Complex Care Funding Opportunities Under Assembly Bill (AB) 153)

CDSS’s publication provides concrete examples of how child specific needs funds can be used that are by no means exhaustive, but demonstrate the great flexibility of the funds to meet the specific and individualized needs of the child and family. Here are a few examples of child specific funding uses:

- Payment for extracurriculars and enhanced services for youth to support stabilization.
- Supplementing current wraparound contracts.
- Respite care provided by Intensive Services Foster Care/Therapeutic Foster Care parents for a youth after stepping down to less restrictive placement, including relative care or reunification.
- Increased stipend to a relative or non-relative caregiver to serve as a “professional” foster parent or enhanced rates for FFA-based ISFC programs that provide additional supportive services to youth and families in their communities.
- Provision of coaching visits for parents.
- Paying for open bed space for specific youth to allow for immediate placement, respite care, or to hold a bed when a youth needs more acute treatment temporarily.
- Costs associated with staffing or contracting with an outside agency to perform intensive family finding activities and support to the family of a specific child.
- Costs of travel and activities to support bonding between a youth and family members to re-establish familial connections.

UC Davis provides regular coaching sessions with county child welfare agencies and probation departments to assist with planning for individual youth and developing the right service array. Advocates can ask that the county request a session for individual young people to help develop a plan for services

and funding. You can find out more about these sessions by emailing Francesca Lerue at [fmlerue@ucdavis.edu](mailto:fmlerue@ucdavis.edu).

## Capacity Building Funds

Capacity building funds are available for county agencies to request and can support new or expanded programs, services, practices, and training that build system capacity and ensure the provision of a high-quality continuum of care. Funding requests must include the completion of the Self-Evaluation for Complex Care Capacity Building, included in [ACL 21-143](#). Any request for funds in this category should meet the needs, service, and placement gaps identified in the Self-Evaluation. While advocates cannot make capacity building funding requests, they can urge their county child welfare and probation agencies to request these funds and take part in the self-evaluation. Highlights of examples provided in the publication are listed below.

If a county identifies a need for **more therapeutic foster care placements, intensive service foster care, the development and support of professional foster parents or new models of care**, funding could be used for the following:

- Purchase or rental of a home in which a professional foster parent or specialized caregiver can reside and any associated costs to support that home.
- Paying a rate/salary for professional foster parents to hold beds so they are available quickly when needed.
- Training and coaching to foster parents to serve in their role as a Medi-Cal provider.
- Paying a higher rate to the agency to cover higher employee costs.

If a county identifies a need for **permanency services**, such as intensive child-specific recruitment, family finding and engagement, and support programs for children with complex needs, funding could be used for the following (for example):

- Hiring of staff or contracting with an agency to perform intensive family finding and engagement activities.
- Training and/or certification for all staff and others involved in the family-finding activities.
- Specialized services/supports to serve LGBTQ+ youth.

If a county identifies the need for **specialized models of integrated care and support for family-based settings and community-based treatment models**, funding could be used for the following: training, coaching and CQI-related supports to promote high fidelity wraparound implementation.

If a county identifies a need for **highly individualized short-term residential therapeutic programs designed to serve children with complex needs who otherwise may have been placed in an out-of-state residential facility or STRTPS for children with co-occurring intellectual or developmental disabilities and behavioral health needs**, funding could be used for the following:

- Purchasing of a home/residential unit and/or leasing of a building and paying for all costs related to site operation.
- Retaining open bed space for youth for immediate placement when a youth comes into care or requires emergency placement.
- Respite when a child steps down from an STRTP.

- Creating adjunct services and temporary treatment settings for youth whose needs exceed most STRTPs.
- Working with the regional center to fund Enhanced Behavioral Support Homes, and/or collaboratively developing family-based care with enhanced supports h.
- Training to regional center facility staff and behavioral health staff in meeting the needs of foster youth with co-occurring I/DD and behavioral health needs.

### Leveraging Medicaid Services to Meet Child-Specific Needs

As CDSS notes in its advocacy alert, complex care funding is intended to supplement, and not replace, Medicaid funding for medically necessary services for children. Under California Department of Health Care Services' (DHCS) new initiative, California Advancing and innovating Medi-Cal (CalAIM), it should be easier now for youth to obtain needed therapeutic supports. As outlined in [BHIN 21-073](#), this should especially be true for youth under 21 with involvement in the child welfare system, juvenile justice system, or experiencing homelessness as children in these groups **automatically meet access criteria for specialty mental health services**. Under CalAIM, **children do not need a diagnosis** in order to access care.

Below are examples of Medicaid-related services that may also be leveraged before or when making child specific funding requests:

- **Intensive Care Coordination (ICC)** is an intensive form of Targeted Case Management focused on youth involved in multiple systems with intensive needs and requiring cross-agency collaboration. ICC should be coordinated with a youth's Child and Family Team (CFT), although the ICC coordinator is often an employee of the Mental Health Plan. ICC services can include such things as assessing, service planning and implementation, monitoring and adapting, and transition. ICC is delivered through the principles of the Integrated Core Practice Model (ICPM), which are based on the National Wraparound Institute model, and include:
  - Family voice and choice at the center in a team-based model;
  - Culturally respectful, individualized, and strengths-based;
  - An "anything it takes" approach that does not give up on, blame, or reject children, youth, or their families.

ICC can continue while a child is in an STRTP placement and can therefore help a youth return to the community as soon as possible and to provide continuity of care if a youth is moving in and out of STRTP settings.

- **Intensive Home Based Services (IHBS)** are individualized, strength-based interventions expected to be of sufficient intensity to address the mental health needs of a youth consistent with their treatment plan. Services may include plan development, therapy, and rehabilitation. While IHBS is intended to be provided in the community, it can also follow a youth and be provided in an STRTP as necessary.
- Peer delivered services **near peer and family peer** approaches are available. While peer programs have been available to counties for some time, under CalAIM, DHCS is taking steps to make it easier for counties to grow peer programs and allow Medicaid billing for non-clinical staff.