

# The Behavioral Health Committee of the California Child Welfare Council

## **POLICY RECOMMENDATIONS**

**T**he Behavioral Health Committee of the California Child Welfare Council has developed a series of policy recommendations over the past year, using a robust consensus-building process to align on a statewide vision for better meeting the behavioral health needs of youth involved in, or at risk of involvement in, the child welfare system.

The recommendations reflect three high-level goals:

- 1. Strengthening access to necessary behavioral health services for youth and families involved in or at risk of involvement in the child welfare/probation systems;**
- 2. Defining the continuum of behavioral health services and supportive placements child welfare-involved youth and youth at risk of involvement need;**
- 3. Building the capacity of our child-serving public systems to define, capture, and share performance and outcome data.**

*The Child Welfare Council Behavioral Health Committee is composed of a diverse range of stakeholders including former foster youth, parents and resource family caregivers, representatives from state agencies, county agencies, managed care organizations, philanthropy, and advocacy organizations.*

### **GOAL 1**

#### **Strengthening Access to Necessary Behavioral Health Services for Youth**

There is clear consensus that youth who have experienced abuse or neglect, or those who have experienced the trauma of a removal from their family of origin should not have to wait to receive behavioral health services in any delivery system until their symptoms reach a certain acuity level. Federal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) statute does not require a diagnosis-based eligibility determination for children in need of behavioral health care, and the committee recommends DHCS work to remove this requirement for all Medi-Cal eligible children.

Specific to this population, children and youth with a substantiated report of abuse or neglect should be automatically eligible for EPSDT Specialty Mental Health Services. In addition, the committee recommends consideration of examples for more prevention-oriented eligibility mechanisms, such as threshold Adverse Childhood Experiences screener (PEARLS) scores or threshold Child and Adolescent Needs and Strengths Assessment (CANS) scores that would green light a child's automatic eligibility for EPSDT Specialty Mental Health Services.

The recommendations urge timely guidance from the state on developing a single, statewide referral protocol between local child welfare and behavioral health departments. Further, there must be systematized collaboration between primary care and physical health providers with local behavioral health systems for children.

## GOAL 2

### Defining the Full Continuum of Behavioral Health Services and Supportive Placements Youth Need

The Behavioral Health Committee's Policy Recommendations list the array of behavioral health services and supportive placements child welfare-involved youth, and those at risk of involvement, need to stabilize, heal, and thrive. The array spans delivery systems and payor. The committee recommends the state begin to address the extreme disparities in services available to youth based on their location by endeavoring to establish this full continuum for every population base of 500,00-750,000 people.

The committee plans to produce an implementation guide to support counties and/or regions in developing the programmatic components and funding structures necessary for delivering this full array. A comprehensive, integrated and flexible continuum for children is essential in identifying and addressing emerging behavioral health needs early, minimizing wherever possible the use of restrictive and costly interventions such as out of home placement, hospitalization and emergency department utilization, and law enforcement involvement.

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### THE FULL CONTINUUM OF NECESSARY SERVICES SPAN FIVE CORE SERVICE CATEGORIES:



**Prevention and Early Intervention**



**Community-Based Supports**



**Tiered Therapeutic Placement Options**



**Aftercare Services**



**High-Needs and Crisis Services**

## THE FULL CONTINUUM OF NECESSARY SERVICES SPAN FIVE CORE SERVICE CATEGORIES:



### Prevention and Early Intervention

In a trauma-informed full array of services, all child- and family-serving systems work together to identify struggling families and provide service linkage and diversion from child welfare involvement where appropriate.

- Universal Access to Childcare/Preschool, Early Childhood Screenings, Home Visiting, and Caregiver Supports
- Therapeutic Preschools
- Prevention and Early Intervention in Schools (K-12)
- Drop-In Centers
- Family Urgent Response System (FURS)
- Strengths-Building and Other Nontraditional Therapeutic Supports



### Community-Based Supports

The full array of services must include accessible, culturally responsive behavioral health services that are flexible, individualized and provided in places and at times that work for multi-stressed families.

- Family System Therapies to Support and Expedite Reunification
- Outpatient and Intensive Outpatient Services (Includes Substance-Use Disorder Services)
- Intensive Home- and Community-Based Services (Includes Intensive Care Coordination, Intensive Home-Based Services, and Therapeutic Behavioral Services and Wraparound-based models)



### Tiered Therapeutic Placement Options

Tiered therapeutic placement options are necessary to support youth in addressing obstacles to achieving permanency in a home-based setting, avoiding the highest acuity care settings, and preventing out-of-state placements.

- Therapeutic Foster Care
- Intensive Services Foster Care
- Enhanced Intensive Services Foster Care
- Short-Term Residential Therapeutic Programs (STRTP)
- Enhanced Intensive Services Foster Care with STRTP-Level Staffing



### Aftercare Services

Aftercare services are essential to maintaining treatment gains when a youth returns to their family of origin or exits dependency to adulthood, and to avoid repeated instances of involvement with the child welfare system.

- THP-Plus and THP-NMD
- Care Coordination and Management



### High Need and Crisis Services

Developmentally appropriate and trauma-informed crisis interventions and intensive treatment settings are critical in stabilizing youth in acute distress, addressing obstacles that keep a youth from achieving permanency, avoiding unnecessary contact with law enforcement, and minimizing emergency department visits and hospitalizations.

- Mobile Response Teams
- Family Urgent Response System (FURS)
- Crisis Stabilization Units
- Partial Hospitalization Programs
- Crisis-Focused Short-Term Residential Therapeutic Programs
- Children's Crisis Residential Programs
- Inpatient/Residential Substance Use Disorder Services
- Psychiatric Health Facilities

## GOAL3

### System Performance Data and Strengthened Accountability

The Behavioral Health Committee recommendations call for the co-creation of statewide outcome metrics that will guide the reform of the care systems charged with the safety and well-being of child welfare-involved families and those at risk of involvement. There are multiple systems charged with improving the behavioral health outcomes of a child welfare-involved youth, and these systems routinely have divergent data and outcome reporting requirements. Significant problems remain with collecting, reporting, assessing, communicating, and utilizing available behavioral health system data, especially as it relates to children served by multiple systems and children served by Managed Care Organizations and not solely Mental Health Plans.

The committee recommends enhancing statewide data collection and reporting capacity by building on the recent implementation of the CANS assessment and PSC-35 for youth involved in child welfare, juvenile justice, or behavioral health. Any data that is comprehensively collected must be aggregated by categories of race and ethnicity, to identify and help address inequitable outcomes for different racial groups.

To strengthen and enhance accountability system-wide, the committee recommends a statewide Continuous Quality Improvement (CQI) Model, substantively informed by the perspective of youth and families at every level of decision making. The implementation of a CQI model would reflect a shift from a compliance- and fiscal-based review system to a performance- and outcomes-based review system. The implementation of any CQI model requires state-level, and not county-by-county, investment and leadership. The recommendations offer the CalWORKS CQI Model and the Transformational Collaborative Outcomes Management Suite of Tools as examples of replicable data accountability frameworks for the behavioral health system serving child welfare-involved youth.

