WELCOME

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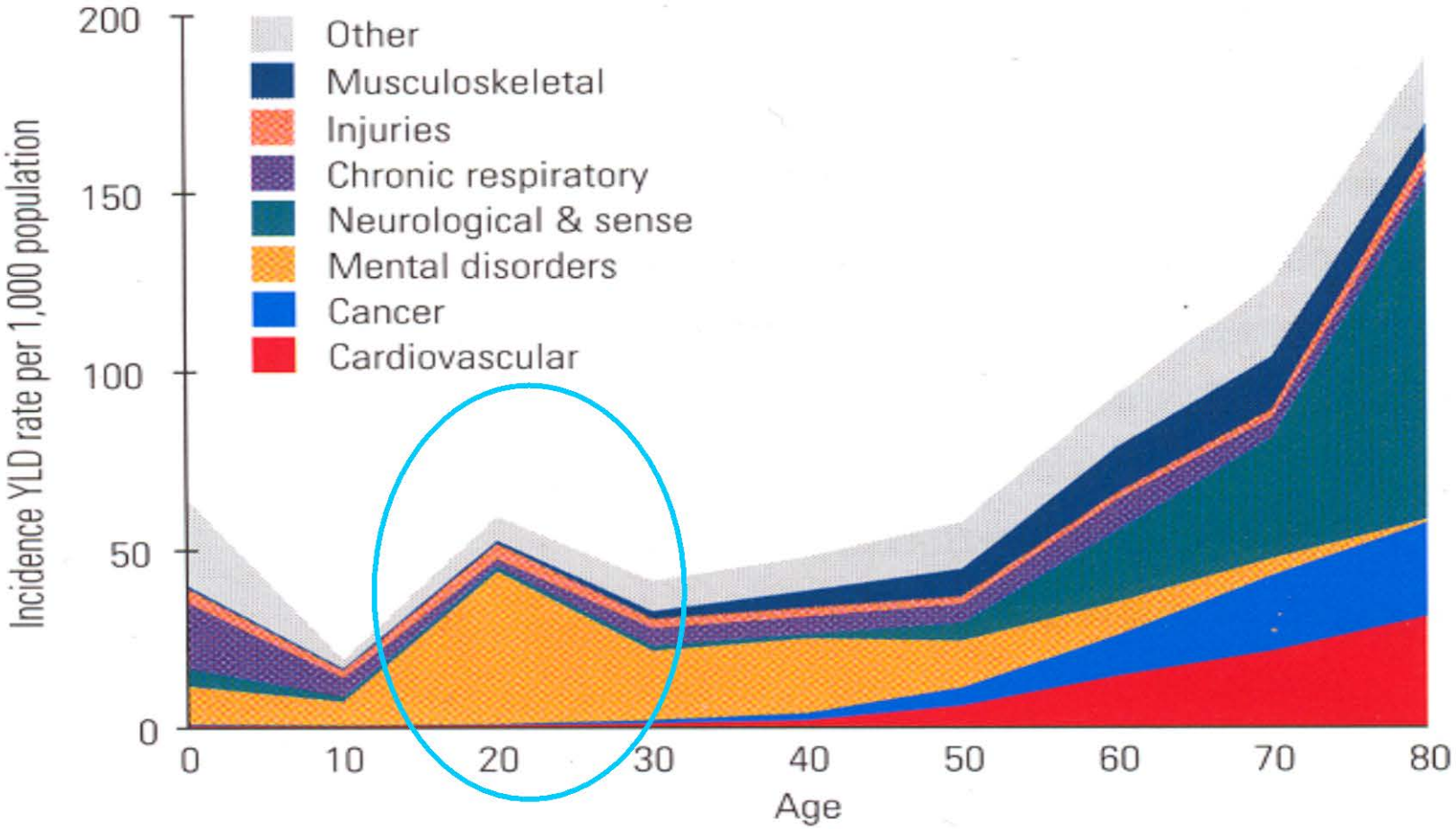
YOUNG MINDS ADVOCACY
Turning Promises Into Practice

Our Goals

- Increase **Access** to Appropriate, Individualized Care
- Improve **Quality** and Effectiveness of Care
- Encourage Greater **Collaboration** Among Child-Serving Agencies and Providers
- Promote **Engagement** by, and **Accountability** to, Young People, Parents & Caregivers, and the Public

Incidence of Disease across the Lifespan



WHY MENTAL HEALTH MATTERS TO FOSTER YOUTH:

- According to a NIMH survey, about half of all foster youth have "clinically-significant" emotional or behavioral problems. Only 1/4th of whom received care during the one-year time period of the survey (Burns et al., 2004).
- Out-of-home placement is associated with disruptions in attachment relationships as children's attempts to form secure attachments with a primary caregiver are interrupted (Troutman, Ryan, & Cardi, 2004).
- Foster Youth often experience violence and neglect prior to placement, leading to a higher prevalence of mental disorders (Oswald, Heil, & Goldbeck, 2009).
- Foster youth are at an increased risk of exposure to risk factors, such as: poverty and maltreatment, putting them at greater risk for mental health issues (Fish & Chapman, 2004).

WHAT THIS MEANS TO FOSTER YOUTH OVER TIME

- More than 50% of former foster children have mental disorders as adults, compared with only 22% in the comparison group (American Psychological Association, 2012)

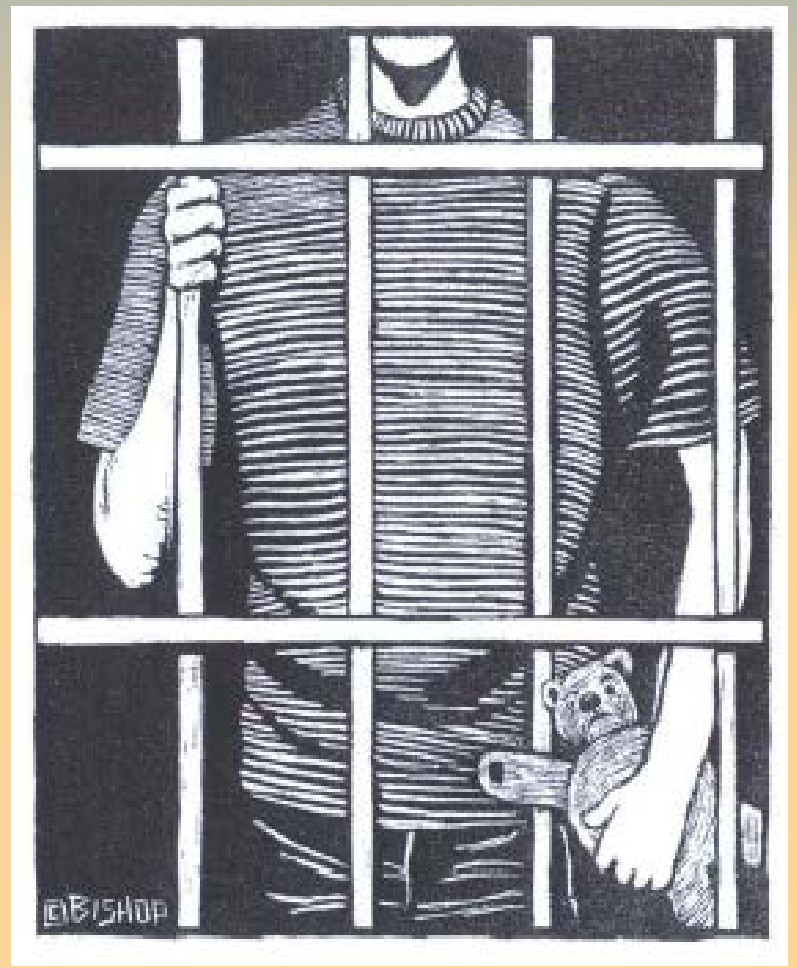
- 30% of former foster care children suffer from PTSD as adults, compared with the approximately 15% of U.S. combat veterans who suffer from PTSD (American Psychological Association, 2012)

Outcomes for Youth With SED:

(Serious Emotional Disorder)

- **20 percent are arrested in High School**
- **50 percent drop out**
- **75 percent of those that drop out are arrested within 5 years**

Unmet Mental Health Needs
Frequently Lead to Incarceration



WHAT IS KATIE A?

- "Pathways to Mental Health Services"

KATIE A VS BONTA: ACCESS TO *INTENSIVE, HOME AND COMMUNITY-BASED* SPECIALTY MENTAL HEALTH SERVICES

HOME & COMMUNITY BASED SERVICES

USING A WRAPAROUND MODEL

MEDI-CAL FUNDED

INTENDED TO AVOID AND REDUCE OUT-OF-HOME PLACEMENT

INCLUDES:

A) INTENSIVE CARE COORDINATION (ICC)
B) INTENSIVE HOME & COMMUNITY BASED SERVICES (IHBS)
C) THERAPEUTIC FOSTER CARE (TFC)

The Katie A. subclass--Four Criteria:

1. Be under age 21 and have “full-scope” Medi-Cal eligibility

2. Meet medical necessity criteria

3. Have an open child welfare case

An open child welfare case is defined as any of the following:

a) child is in foster care
b) child has a family maintenance case (pre or post, returning home, in foster, or relative placement), including both court ordered and by voluntary agreement.
c) It does *not* include cases in which only emergency response referrals are made

4. Is currently in, or being considered for:
    i. Wraparound services
    ii. Therapeutic Foster Care (TFC)
    iii. Therapeutic Behavioral Services (TBS)
    iv. Crisis Stabilization
    v. Crisis Intervention or other equally intensive services
    vi. Has been assigned a specialized care rate due to behavioral health needs
    vii. A foster care group home (RCL 10 or above)
    viii. A psychiatric hospital
    ix. 24-hour mental health treatment facility, or
    x. Has experienced their third placement within 24 months due to behavioral health needs

DATE: February 5, 2016

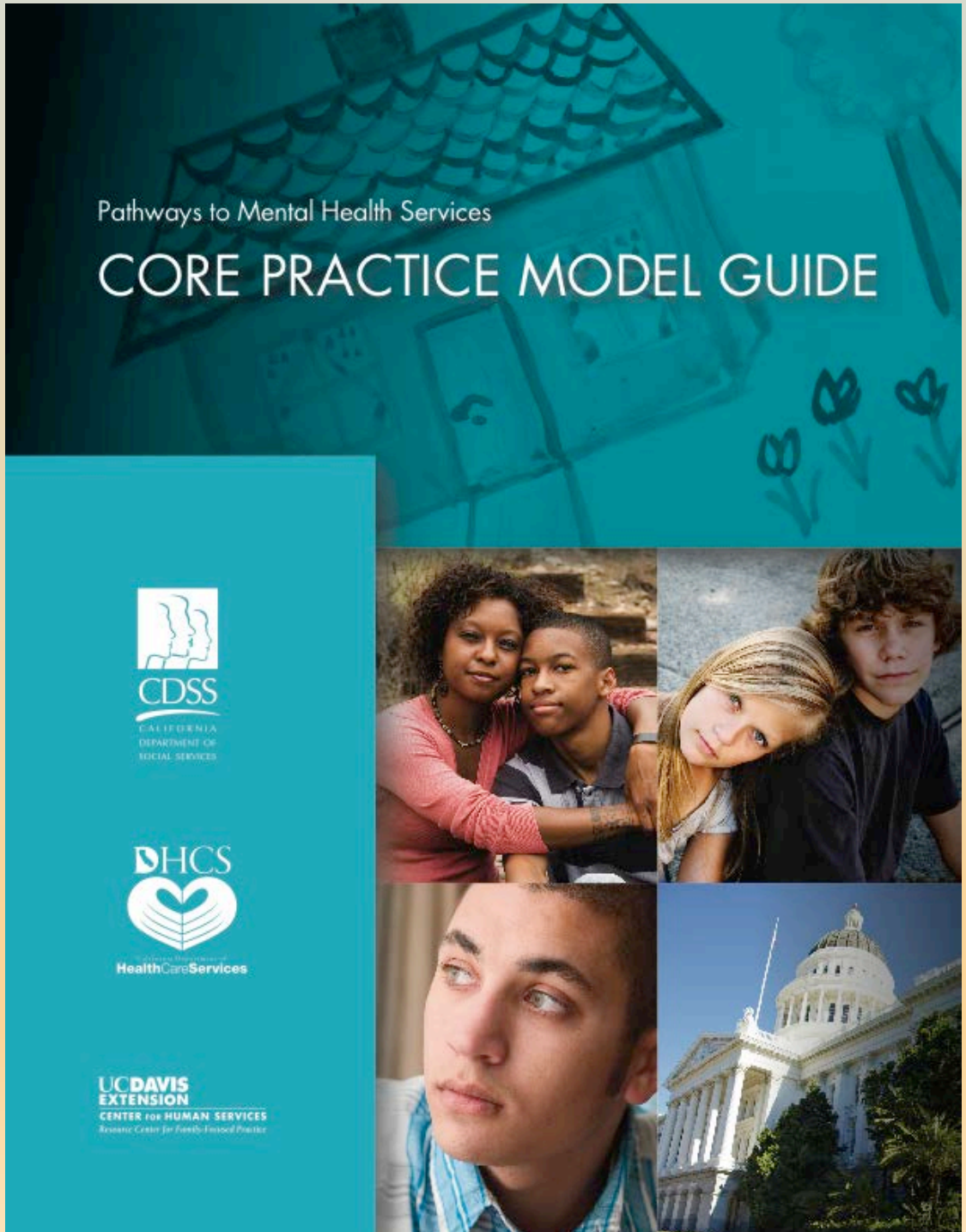
MHSUDS INFORMATION NOTICE NO.: 16-004

TO: COUNTY BEHAVIORAL HEALTH PROGRAM DIRECTORS COUNTY DRUG & ALCOHOL ADMINISTRATORS
COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION CALIFORNIA COUNCIL OF COMMUNITY BEHAVIORAL HEALTH
AGENCIES
COALITION OF ALCOHOL AND DRUG ASSOCIATIONS

SUBJECT: PROVISION OF ICC AND IHBS AS MEDICALLY NECESSARY THROUGH EPSDT

REFERENCE: MHSD INFORMATION NOTICE 13-10 MHSD INFORMATION NOTICE 13-11 MHSD INFORMATION NOTICE 13-19 MHSUDS INFORMATION NOTICE 14-010 MHSUDS INFORMATION NOTICE 14-36

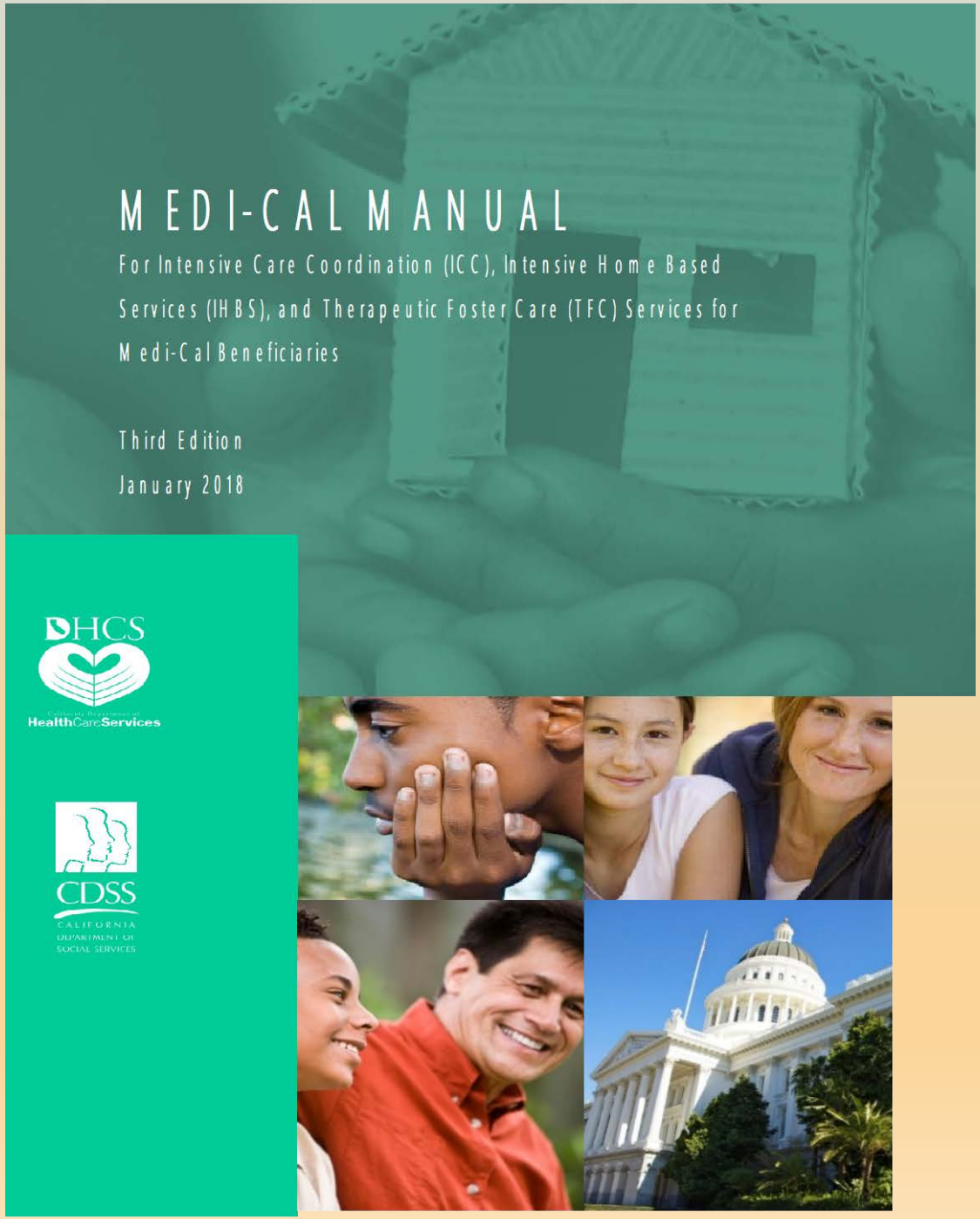
The purpose of this Department of Health Care Services (DHCS) Mental Health and Substance Use Disorder Services (MHSUDS) Information Notice is to remind county Mental Health Plans (MHPs) that they are obligated to provide Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) services to beneficiaries under age 21 who are eligible for the full scope of Medi-Cal services and meet the medical necessity criteria for Specialty Mental Health Services. This notice clarifies that neither membership in the *Katie A.*[1] class or subclass is a prerequisite to receiving medically necessary ICC and IHBS services, and therefore a child need not have an open child welfare services case to be considered for receipt of these services.



Key Resources

Look at the Katie A website:
Google "Katie A DHCS"

#1. The Practice Model



#2. The Rule Book

WHY DOES KATIE A MATTER?

- ✓ Nearly 21,000 children served in FY17-18
- ✓ About 8,000 presently receiving services
- ✓ More than $136 million spent on ICC and IHBS in FY17-18
- ✓ CFTs are routine practice in many counties.
- ✓ Increased collaboration between mental health and social services
- ✓ Improved outcomes for families and youth, including: earlier screening and referral, increased safety, stability and permanency, more youth voice and teaming, increased engagement of caregivers, etc.

BETTER DATA

Total Approved Amounts of SMHS Provided to Katie A. Subclass Members by County of Service

For Service Months July 2016 - June 2017

Report Run on 11/20/2017

#	County Name	Unique Katie A. Subclass Members	Total Approved Amount	IHBS	ICC	Case Management/ Brokerage	Crisis Intervention	Medication Support Services	Mental Health Services	Therapeutic Behavioral Services	Crisis Stabilization	Day Rehabilitation	Day T Int
1	Alameda*	528	$ 10,189,445	$ 634,363	$ 1,108,504	$ 243,421	$ 48,927	$ 224,596	$ 6,260,805	$ 517,438	$ 297,059	^	
2	Alpine	-	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
3	Amador*	30	$ 140,822	$ 76,600	$ 44,352	^	^	^	$ 13,250	$ -	$ -	$ -	$
4	Butte*	207	$ 1,411,233	$ 323,371	$ 137,746	$ 14,811	$ 12,656	$ 144,346	$ 724,545	^	^	$ -	$
5	Calaveras*	32	$ 383,001	^	$ 21,241	$ 32,116	^	^	$ 66,838	^	$ -	$ -	
6	Colusa*^												
7	Contra Costa*	432	$ 10,707,936	$ 1,315,158	$ 1,048,669	$ 751,508	$ 31,149	$ 285,064	$ 5,357,763	$ 1,627,081	$ 161,181	^	
8	Del Norte*	23	$ 373,066	$ 284,095	$ 13,213	$ 7,270	^	^	$ 49,332	$ -	$ -	$ -	$
9	El Dorado*	52	$ 526,394	$ 214,987	$ 17,394	$ 85,108	$ -	^	$ 206,254	$ -	$ -	$ -	$
10	Fresno*	677	$ 7,905,063	^	$ 15,881	$ 1,420,515	$ 23,142	$ 368,120	$ 4,484,453	$ 1,035,012	$ 275,558	$ -	
11	Glenn*	48	$ 234,143	$ 73,888	$ 57,885	$ 3,398	^	^	$ 95,285	$ -	$ -	$ -	$
12	Humboldt*	165	$ 3,508,504	$ 1,209,792	$ 282,845	$ 189,186	$ 30,757	$ 230,592	$ 1,230,047	^	$ 21,967	$ -	
13	Imperial*	115	$ 797,998	$ 196,723	$ 6,877	$ 5,171	^	$ 177,957	$ 410,066	$ -	$ -	$ -	$
14	Inyo*^												
15	Kern*	251	$ 2,081,411	$ 219,498	$ 88,188	$ 88,113	$ 36,396	$ 196,826	$ 1,142,991	$ 256,265	$ 51,798	$ -	$
16	Kings*	53	$ 256,013	$ 40,649	$ 18,917	$ 13,003	^	^	$ 77,985	^	$ -	$ -	$
17	Lake	37	$ 145,996	^	$ 89,267	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
18	Lassen*^												
19	Los Angeles*	6,068	$ 62,068,325	$ 28,598,728	$ 23,519,441	$ 103,166	$ 127,457	$ 1,023,784	$ 7,639,637	$ 825,024	$ -	$ 80,076	$
20	Madera*	178	$ 510,884	$ -	$ 62,909	$ 126,872	^	$ 15,764	$ 303,630	$ -	$ -	$ -	$
21	Marin*	94	$ 1,020,139	$ 120,728	$ 382,351	$ 69,934	^	$ 42,323	$ 379,514	^	^	$ -	$
22	Mariposa*	31	$ 191,730	^	$ 11,276	^	^	^	$ 114,321	$ -	$ -	$ -	$
23	Mendocino	141	$ 590,529	$ 261,047	$ 329,481	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
24	Merced*	176	$ 1,154,485	$ 413,189	$ 145,984	$ 42,543	^	$ 6,606	$ 485,269	$ -	$ -	$ -	$
25	Modoc*^												
26	Mono^												
27	Monterey	337	$ 1,698,024	$ 747,293	$ 950,731	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
28	Napa*	35	$ 491,932	^	$ 121,696	$ 28,977	^	$ 34,900	$ 200,387	^	^	$ -	
29	Nevada*	45	$ 365,153	$ 27,608	$ 32,798	$ 70,912	$ -	$ 17,919	$ 215,917	$ -	$ -	$ -	$
30	Orange*	1,239	$ 6,344,791	$ 501,403	$ 738,497	$ 479,258	$ 179,670	$ 460,204	$ 3,408,564	$ 537,821	^	$ -	$
31	Placer*	146	$ 754,765	$ 314,206	$ 256,861	$ 10,965	$ -	^	$ 118,770	^	$ -	$ -	$
32	Plumas*^												
33	Riverside*	2,304	$ 8,587,444	$ 2,116,337	$ 1,718,650	$ 828,972	$ 21,905	$ 727,494	$ 2,266,016	$ 881,373	^	$ -	
34	Sacramento*	575	$ 4,503,766	$ 779,148	$ 714,285	$ 696,478	$ 10,058	$ 347,172	$ 1,935,235	^	$ -	$ -	$
35	San Benito*^												
36	San Bernardino*	1,488	$ 12,218,557	$ 3,153,570	$ 1,993,459	$ 528,020	$ 108,461	$ 446,674	$ 4,153,449	$ 1,343,187	$ 22,488	^	
37	San Diego*	1,797	$ 14,994,857	$ 2,263,476	$ 5,013,149	$ 66,132	$ 25,090	$ 823,851	$ 2,207,522	$ 858,690	$ 110,281	$ 3,275,598	
38	San Francisco*	274	$ 15,137,413	$ 11,487,486	$ 2,818,536	$ 104,597	$ -	^	$ 706,852	$ -	$ -	$ -	$
39	San Joaquin*	527	$ 2,847,208	$ 338,262	$ 376,631	$ 171,623	$ 28,089	$ 188,256	$ 1,548,631	$ 66,768	$ -	$ -	

Table 4: Specialty Mental Health Service by Type for Children in an Open Child Welfare Case – April 1, 2016 to March 31, 2017[1,2]

SMHS Types[3]	# of Children with One or More SMHS[4] (52,779)	% of Children with One or More SMHS
Mental Health (MH) Services	51,282	97.2%
Case Management	20,811	39.4%
Medication Support	12,165	23.0%
Intensive Care Coordination (ICC)	11,309	21.4%
Intensive Home Based Services	8,206	15.5%
Crisis Intervention	3,531	6.7%
Therapeutic Behavioral Services (TBS)	2,675	5.1%
Inpatient	2,046	3.9%
Crisis Stabilization	1,867	3.5%
Day Rehabilitation	566	1.1%
Day Treatment	272	0.5%
Psychiatric Health Facility (PHF)	172	0.3%
Crisis Residential	38	0.1%
Adult Residential	12	0.0%

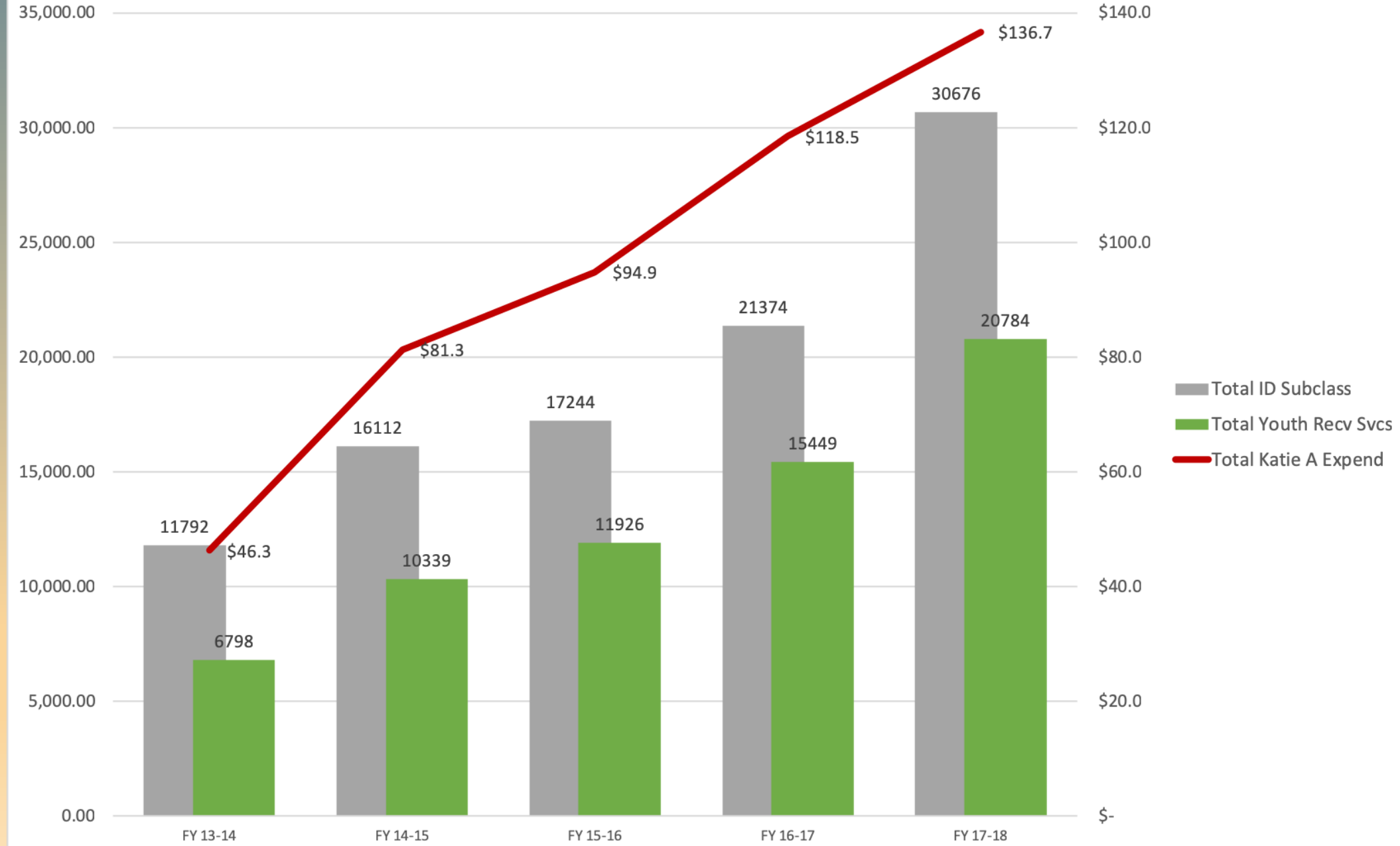
[1] Data Source: CWS/CMS and MIS/DSS extracted on November 14, 2017.

Table 8: Specialty Mental Health services by Group Home RCLs for Children in Foster Care – April 1, 2016 to March 31, 2017[1, 2]

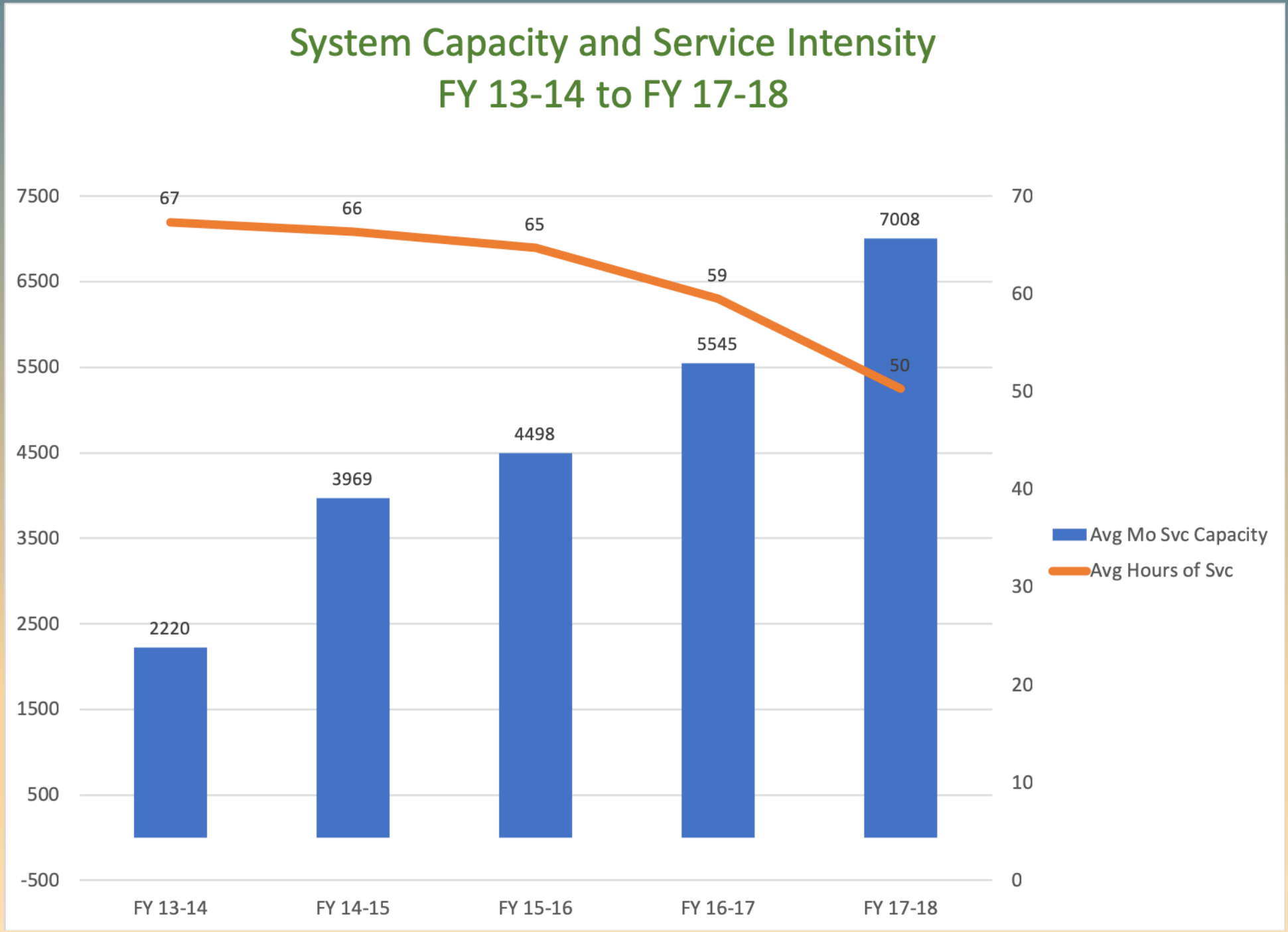
Group Home RCL	Total # of Children	Percent by RCL	Children with 1+ Days of SMHS	Penetration Rate
Child Welfare Supervised Group Home RCL				
5 to 9	278	5.4%	228	82.0%
10	583	11.3%	453	77.7%
11	565	10.9%	431	76.3%
12	2,324	44.9%	1,951	84.0%
14	294	5.7%	284	96.6%
Unknown or No RCL[3]	1,132	21.9%	896	79.2%
Total	**5,176**	**100%**	**4,243**	**82.0%**
Probation Supervised Group Home RCL				
5 to 10	530	15.8%	144	27.2%
11	184	5.5%	56	30.4%
12	1,506	45.0%	1,064	70.7%
14	88	2.6%	79	89.8%
Unknown or No RCL[3]	1,039	31.0%	456	43.9%
Total	**3,347**	**100%**	**1,799**	**53.7%**

[1] Data Source: CWS/CMS and MIS/DSS extracted on November 14, 2017.

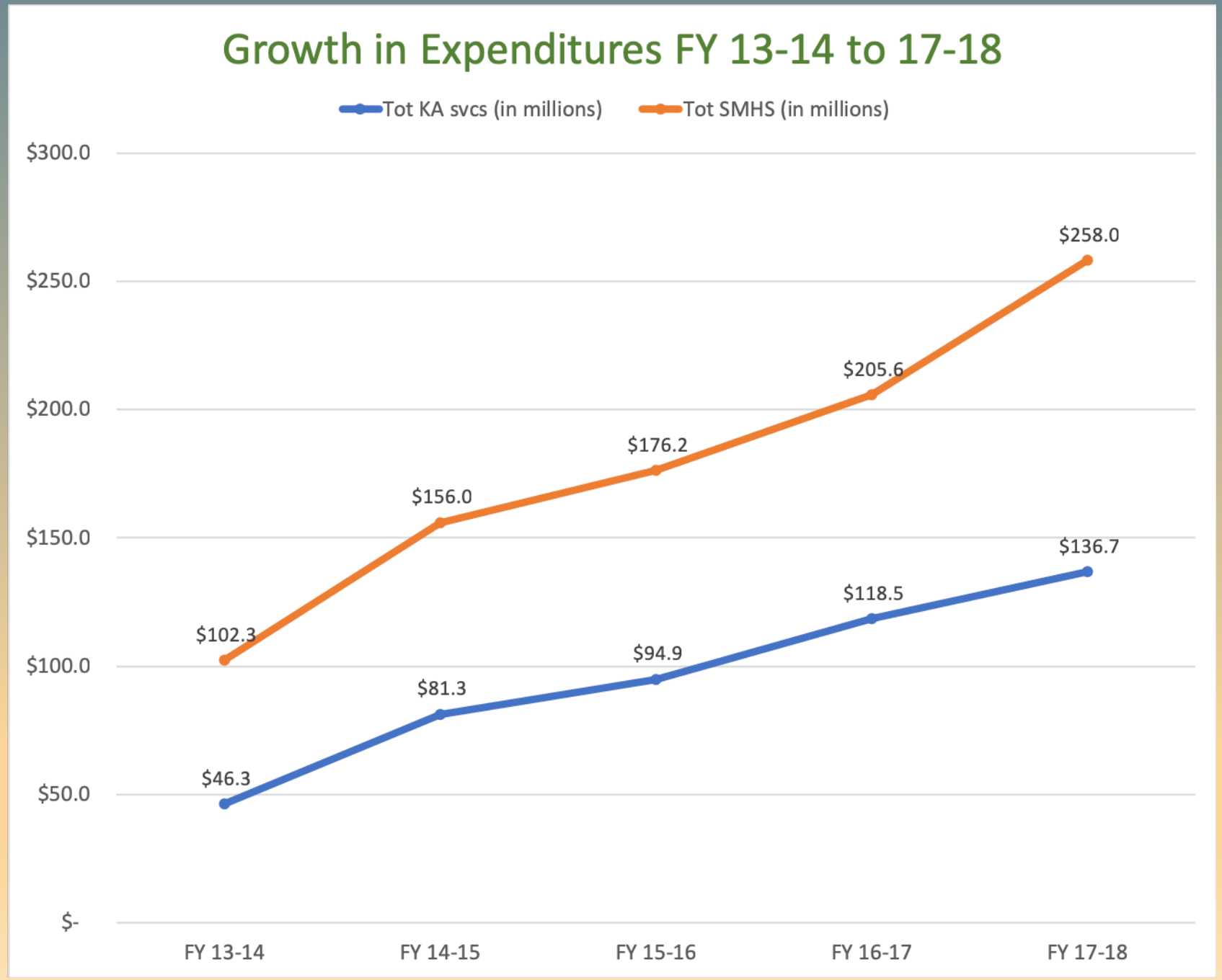
Katie A Services and Expenditures (in millions) FY 13-14 to FY 17-18



System Capacity and Service Intensity
FY 13-14 to FY 17-18



Growth in Expenditures FY 13-14 to 17-18



CHALLENGES

- Identification & Access
- Very Slow Implementation of TFC
- Realignment Disinvestment
- Equity among counties & populations; Funding Allocations
- Out of County
- What do we know about quality?

MORE ISSUES

- Insufficient provider network/MH staff/services (eg. Wrap) or use of inadequately trained MH staff. Concern especially for rural communities and serving specialized populations.
- Lack of transportation to assessments and ongoing appointments.
- BH not finding kids eligible where they should be; referred instead to managed care for lower services; inadequate services for "mild to moderate" cases.
- Time between referral and assessment taking long.
- Communication issues between SWs and MH.
- Training for all to identify behaviors that warrant higher level of services.
- Integration with CCR.
- Youth AWOL'ing / refusing services.
- Obtaining releases of information.
- Getting caregiver and youth buy-in/participation.
- Meeting clinical needs of youth before a SMHS contract is in place.
- BH simply not providing IHBS.

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