In 2020, the Behavioral Health Committee of the Child Welfare Council developed broad policy recommendations that the Child Welfare Council approved. The policy recommendations centered on three areas (link here for detailed proposal):

1) Strengthening access to necessary behavioral health services for youth and families
2) The full continuum of behavioral health services and supportive placements necessary for child welfare-involved youth and youth at risk of child welfare involvement
3) Behavioral health system accountability and performance improvement

Since the development of these recommendations, we have seen significant changes to behavioral health policy statewide through the CalAIM initiative, and more recently the Children and Youth Behavioral Health Initiative (CYBHI), as well as the implementation of Family First Prevention Services Act (FFPSA). More recently DHCS has included additional policy proposals through an 1113 Waiver entitled BH-Connect.

Progress on Recommendation 1

One of the changes occurring through the CalAIM initiative is a No Wrong Door component. This has been put in place through statutory and regulatory changes, and the expectations of how MediCal beneficiaries access behavioral health services is outlined in BHIN 22-011. This policy ensures that Medi-Cal beneficiaries receive timely mental health services without delay regardless of the delivery system where they seek care, and that beneficiaries are able to maintain treatment relationships with trusted providers without interruption. Other efforts are in process through the CYBHI to improve access to services for children and youth. We look forward to these combined efforts showing improvement in the committee's first recommendation.

Progress on Recommendation 2

In 2022, the Child Welfare Council approved the Universal Service Array, which outlines the full continuum of services that the BH Committee and the Council identified as needed to ensure that children and youth in, or at risk of, being in foster care received the necessary services to support them and their families. While there continues to be broad consensus on the need for this service array to be readily available, our systems struggle with the implementation of this at both the state and local levels.

There has been movement towards developing access to services that are outlined in the Universal Service Array document through CalAIM, the CYBHI, and the upcoming 1115 Waiver, BH CONNECT. Adding the dyadic therapy benefit as well as doulas to the state Medicaid plan, expansion of mobile crisis services, and efforts through the CYBHI to ensure that all students have access to school-based mental health regardless of payor are among the policy changes that are either beginning or are contemplated. BH CONNECT offers specific supports for foster youth by incentivizing cross-sector planning and coordination, supporting activities that match

the development needs of youth, and requiring that behavioral health staff team with child welfare staff when completing an initial visit following a CPS hotline call.

Among the necessary services identified, Wraparound is critical, and offers an individualized, family-centered approach to meeting the child, youth and family's needs. As the BH Committee continues to monitor and weigh in on the implementation of various levels of service being implemented through CalAIM and the CYBHI, we believe that a statewide standard for high fidelity Wraparound services that includes a stable financing structure is imperative.

The California Children's Trust has developed two briefs outlining how this might be achieved. The first brief centers on the history of Wraparound in California and a proposal regarding the structure of Wrap across systems . The second brief, Wrapping Our Youth with the Supports They Need to Thrive, Part Two, provides a detailed look at how the groundwork for increased access to community-based mental health services—and specifically wraparound— already exists through recent innovations and policy changes and how these services can be structured and delivered with a three tiered approach.

The CWC Behavioral Health Committee has discussed the potential benefits of this approach and is supportive of the concept.

Proposal for Addressing Recommendation 3

The third and final recommendation provided from the BH Committee is to ensure that our children's behavioral health system has shared outcomes and accountability to those outcomes built into it's infrastructure. For the last year, the committee has discussed various ways that data is currently captured, and the challenges related to obtaining useful information that can be used to measure the success of the policy and practices changes occurring. The following three sub-goals were developed by the committee:

1) ***Identify a clear and simple set of core statewide goals, with corresponding outcomes for youth, parents and families involved in or at risk of becoming involved in the child welfare system***
2) ***Develop and enhance the infrastructure necessary to collect, synthesize and monitor outcome data***
3) ***Develop and mandate a robust quality improvement process for children's behavioral health statewide***

As we develop specific steps towards each of these areas, we would like to take action on the first goal, as well as identify ways to use current data collection to more effectively monitor and report on the children's behavioral health system impact.

Recommendations for Gathering Data (for Committee Discussion and Decision-making)

1) No Wrong Door (Access to Care)
    a. Advocate to get data sooner. The current DHCS/County claiming system creates a delay of two years in getting information regarding the number of visits as well as intensity of services. Given the urgent need to determine if access to services is increasing given the multiple initiatives, this data seems important to gather as quickly as possible.

Questions:

i. Do the changes created by payment reform allow for more timely reporting of access to specialty mental health services from MHPs?
ii. What is needed to obtain MCP data on access to non-specialty mental health services on a more frequent basis?

2) Utilize Current Tools: Utilize the CANS, which is currently being used in both the child welfare and behavioral health systems, as a tool for measuring client level and aggregate data on progress.

Questions:

i. What are the universal data elements that should be captured statewide?
ii. How do we move all systems (CW, BH, DDS, early childhood, Education) towards utilizing the CANS as a tool?
iii. Can we integrate key indicators of a CANS report into the CCWIP?

3) Technical Assistance: To successfully put these recommendations in place, it will be important to provide counties and providers with technical assistance to spread best practices and data gathering techniques/systems. Some counties, like Ventura, have begun to develop these integrated reporting systems.

As the BH Committee continues its work to align with the larger goals of the CWC, and a focus on the use of Community Pathways to reduce entry into child welfare, we know that having a robust and responsive public and private behavioral health systems that meet the needs of children, youth and families when they are in need, is vital.

Building out the universal service array that meets families where they are and provides culturally responsive services will create the strong support needed. Additionally, having shared outcomes across systems and “report cards” that help to identify our system gaps and successes is critical. These two areas will continue to be our focus as we develop recommendations to take to the larger Council.