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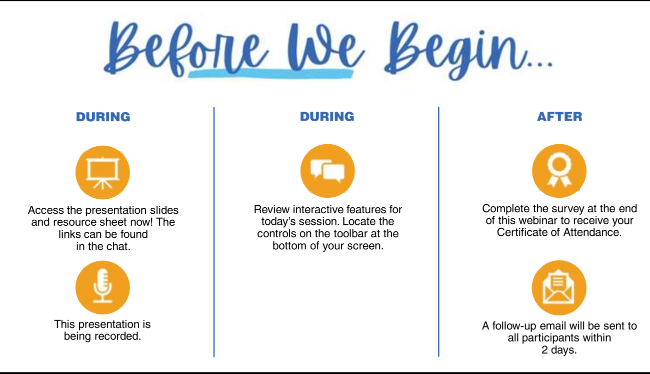

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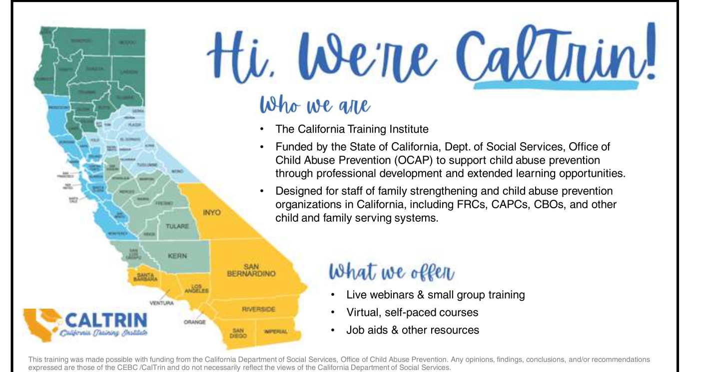

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THE CHILD, FAMILY, AND COMMUNITY WELL-BEING LEARNING SERIES

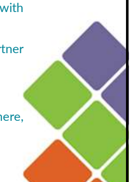
TODAY'S TOPIC:

FUNDING PRIMARY AND SECONDARY PREVENTION STRATEGIES: PART 1

5

OUR INTENTION FOR THE LEARNING SERIES

- Create opportunities for Collaborative Counties to learn from subject matter experts and to engage one another about how to create a prevention infrastructure with shared responsibility and accountability among cross-sector partners, including the challenges and complexities of implementing / operationalizing their Comprehensive Prevention Plans
- Strengthen cross-sector relationships by learning together between County child welfare, juvenile justice and behavioral health, education, community-based service providers, family resource centers, local Child Abuse Prevention Council, tribal partners, and parents/youth with lived experience.
- Position Counties' to better examine and build their capacity and ability to effectively partner and engage with parents and youth with lived experience.
- Support Counties in measuring and decreasing racial disproportionality.
- Anchor service delivery systems in primary prevention and extend "downstream" from there, prioritizing resources in the most "upstream" way possible



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TODAY'S GOALS

- Have a conversation about design and application of funding strategies to maximize CPP planning and implementation process.
- Establish connection between effective, sustainable CPP funding, parallel prevention opportunities, and the System of Care as the structure to hold those opportunities.
- Deepen awareness of critical Behavioral Health funding opportunities and reforms that will lead to CPP and related successes.
- Set the stage for a follow up panel presentation on these critical concepts and strategies.

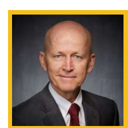
7

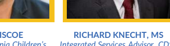
THE CHILD, FAMILY, AND COMMUNITY WELL-BEING LEARNING SERIES

OUR PRESENTERS

Moderated By:

KHUSH COOPER, MSW, PhD
President & CEO, Implematix
Adjunct Professor, UCLA





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SUSTAINING PREVENTION & COMMUNITY SUPPORTS

9

A POINT OF DEPARTURE…

- Poverty, racism and systemic absence of access to supports and care are key drivers to entry into all government "systems", including Child Welfare.
- Although California has made progress in the last two decades, Medicaid is both an essential and under leveraged financing strategy for child welfare system involvement.
- In order for Medicaid to play this role, it must be reimagined and transformed, to let go its over-medicalization of what are otherwise basic needs.
- In order for Child Welfare to play a full role in prevention, it must let go of its policing frame and embrace a new place as a community-based intervention.

10

THE ADAPTIVE DILEMMA

- FFPSA, FFPS & the CPP provide extraordinary opportunity to transform Child and Family Services in partnership with the MediCal Mental Health Delivery System in California.
  - Application of Federal Resources "pre-foster care"
  - Installation of Evidenced Based Practices
  - Align System of Care partners and deepen AB 2083 impacts via Prevention and Diversion
- FFPSA has many goals, and CPP design and execution is inherently complex, in part due to its technical aspects, but also because it requires interagency partnership that is historically not present.

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THE ADAPTIVE DILEMMA

FFPSA has complexities, some of which are not fully understood or have articulated solutions yet…

- Payer of Last Resort Guidance
- EBP Fidelity
- State Block Grant use
- CARES Information/Care Management system not ready
- Parallel Upstream Reforms competition/opportunity:
  - California Youth Behavioral Health Initiative
  - CalAIM
  - Community Schools
  - Other School Medicaid Opportunities
  - Managed Care Role

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THE LARGER ECO SYSTEM OF PREVENTION OPPORTUNITY

- SB 75 – Medi-Cal for Students Workgroup
- SB 823 - Probation Realignment
- Lanterman Act Provisional Eligibility Ages 3 and 4
- Children and Youth Behavioral Health Initiative (CYBHI)
- California Advancing and Innovating Medi-Cal (CalAIM)
- Family First Prevention Services Act (FFPSA)
- Multi-Tiered System of Supports
- Mental Health Services Act Tri-Annual Planning
- Juvenile Justice Crime Prevention/Youth Offender Block Grants
- School Behavioral Health Incentive Programs (BHI)
- Community Schools Partnership Program

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FFPSA BRINGS ABOUT OPPORTUNITIES FOR RESOURCE SHARING

- FFPSA provides 50% federal match on eligible expenditures.
- FFPSA (IV-E) allocations are the "payer of last resort". Other Federal revenues, when appropriate, must be spent first.
- Child Welfare, Probation Agencies and County Behavioral Health Agency are expected to identify braiding strategies. Other partner agencies share generic resources via care coordination.
- Interagency Leadership Teams and fiscal managers are highly interdependent to establish coordination, planning and budgeting.

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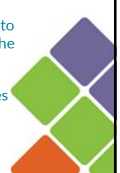
CRITICAL FFPSA/CPP AWARENESS

- Preventing entry to foster care has not historically been, nor can it be the primary responsibility of the child welfare system.
- While CA's Child Welfare and Youth Justice/Correction partners have demonstrated remarkable adaptive capacity in the last 30 years, most of the tools to keep children safe, at home, in community, in school, and out of justice involvement...are in other partner's budgets and purviews!
- Increasing numbers of children and youth in and around CWS, are going to be getting care via Managed Care Organizations, and in most cases, the MCO's and CWS/Probation systems don't know much about each other.
- More services is rarely better....Wholeness and integration of those services is what increases access, coordination and sustainability of programming!



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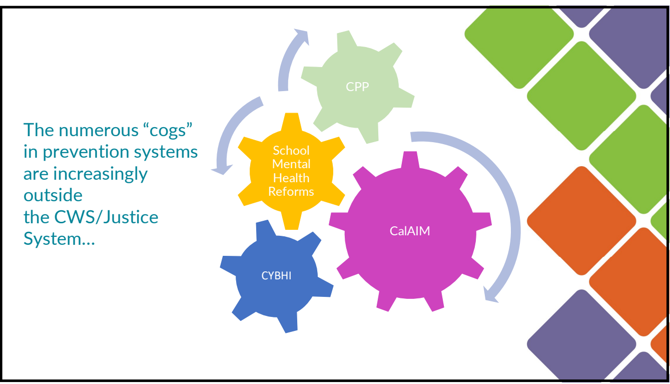

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MANY FISCAL/PROGRAM "COGS" NOW FOUND IN SCHOOL SYSTEMS

Multi Tiered Systems of Support
- Tiered Framework (P, S, T) providing potentially broad spectrum of early social/emotional supports and services

Wellness Centers
- On-campus space for supports, services, early intervention and referral engagement

Community Schools
- Integrated Support Services
- Family and Community Engagement
- Extended Learning Time

Local Control Accountability Plans
- Foster youth and Tribal Youth focused
- Ongoing allocations
- Parallel Plan Review Cycles to CPP

California Children and Youth Behavioral Health Initiative

Student Behavioral Health Incentive Program
- Managed Care Incentives

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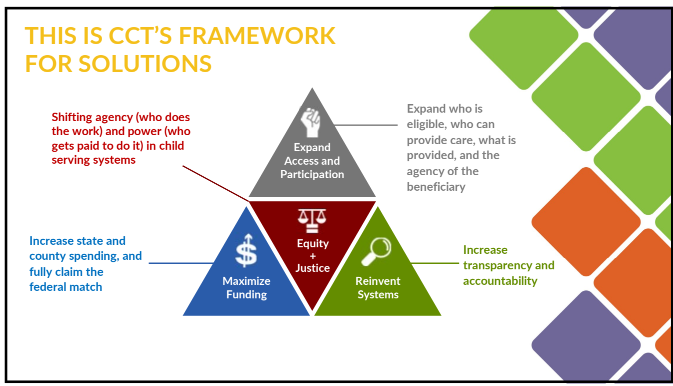

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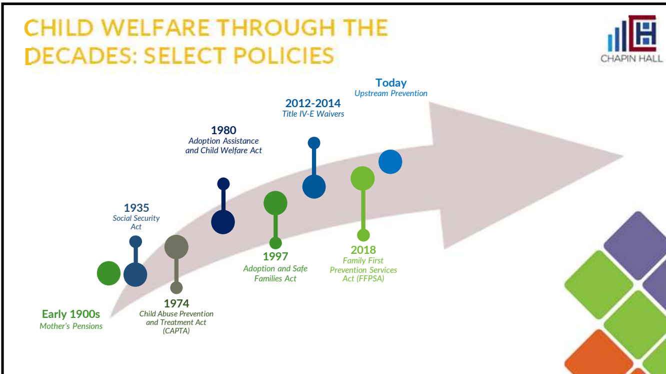

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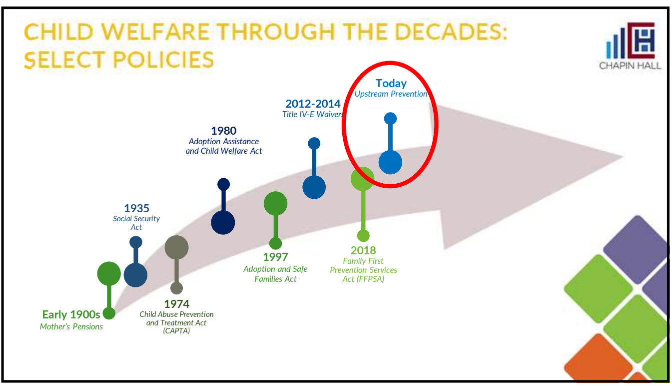

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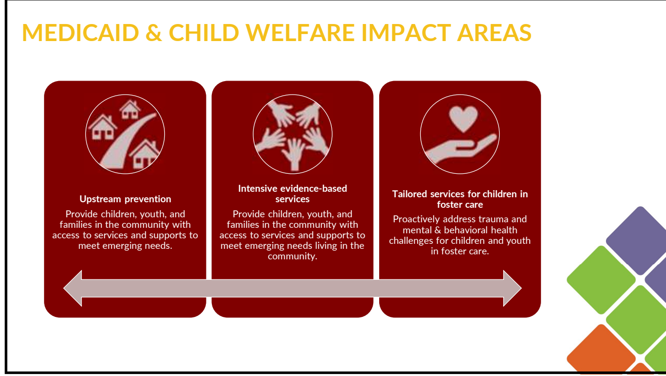

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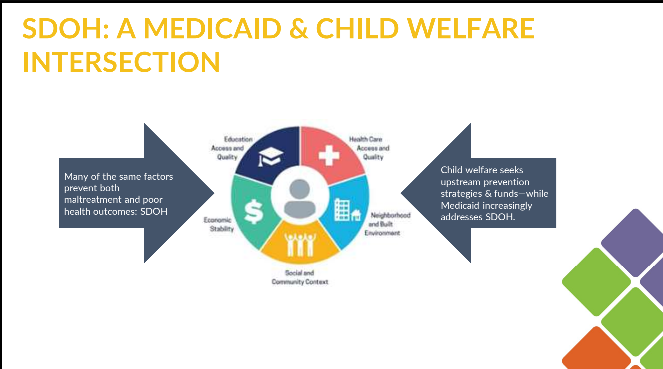

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MEDICAID & PREVENTION: AN OPPORTUNITY FOR STATES TO GRASP

- Federal policy creates latent opportunities that states can leverage and shape.
- Why has state Medicaid innovation been slow?
  - Culture of medical model
  - Traditional barriers between health and human services
  - State budget limitations—despite evidence of long term savings

Helpful Guidance on Leveraging Medicaid

Addressing SDOH:
https://www.medicaid.gov/federal-policy-guidance/downloads/sho21001.pdf

Behavioral health services for children & youth:
https://www.medicaid.gov/federal-policy-guidance/downloads/bhccib08182022.pdf

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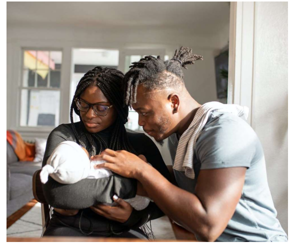
AS WE DESIGN UPSTREAM PREVENTION STRATEGIES , HOW CAN WE REACH FAMILIES NOT INVOLVED WITH CHILD WELFARE?



States can do these things to leverage Medicaid as a primary prevention strategy:

- Mandate SDOH screening tools
- Offer fiscal incentives for social care
- Service director & closed loop referral platform
- Expand provider class
- Eliminate diagnosis as treatment requirement
- Expand access points to non-clinical settings

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WHAT TO TRACK IN AN UNPRECEDENTED REFORM LANDSCAPE

1. **Remove diagnosis** as a requirement for treatment (expand Medical Necessity Criteria in context of EPSDT and ACES)
2. **Reform Medicaid** by claiming against exisiting expenditures in child serving systems and expanding the role of MCP's
3. **Center schools and Primary Care** as healing and anti-racist centers of support
4. **Expand Eligible Provider Classes** to address workforce shortages, build culturally concordant workforce, and honor the widsom and intelligence of lived experience
5. **Focus on Benefit Design in Managed Care Organizations to develop scaleable reimbursement for Family Therapy and Dyadic Models** in Pediatric Primary Care.
6. **Focus on Care Coordination models** to bring culturally concordant non-clinical staff and providers into health system networks.
7. **Develop social model, cascading mentorship, and mutual aid** strategies as essential social capital building strategies in Medicaid.

Read and share our policy briefs

cachildrenstrust.org

Join our Coalition

@CAChildrenTrust

Sign up for the CCT Newsletter

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TAKE AWAYS:

- BIG CHANGES ARE HERE... AND MORE ARE COMING SOON.
- KNOW THE MANY FACES OF MEDI-CAL AND HOW THEY CAN BE INTEGRATED TO SUSTAIN YOUR WORK—UNDERSTAND THE CENTRICITY OF MANAGED CARE PLANS
- TRACK NEW AND EMERGING BENEFIT DESIGN AND CONSTRUCTION IN MEDICAL-INCLUDING FUNDAMENTAL REFORMS TO MEDICAL NECESSITY
- MINE THE NEW PROVIDER TYPE OPPORTUNITIES
- MINE FOR CPE!! LIMITING FACTOR FOR FFPSA AND MHPS IS ACCESS TO NON-FEDERAL DOLLARS

SUSTAINABILITY DISTILLED:

HEALTH PLANS ARE THE CENTER

BEHAVIORAL HEALTH IS CHANGING

MEDI-CAL WILL PAY FOR THINGS IT DIDN'T PAY FOR BEFORE

MEDI-CAL WILL PAY FOR NEW TYPES OF PROVIDERS

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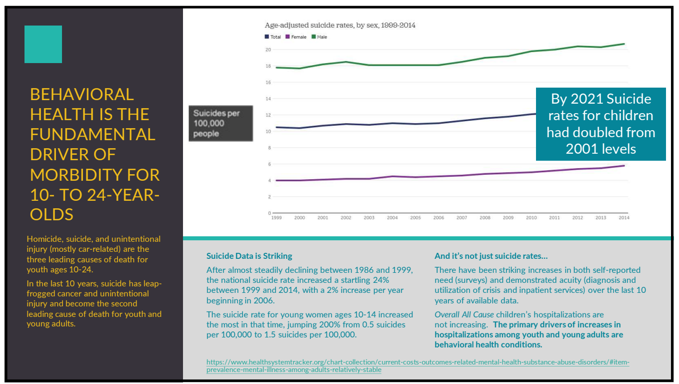

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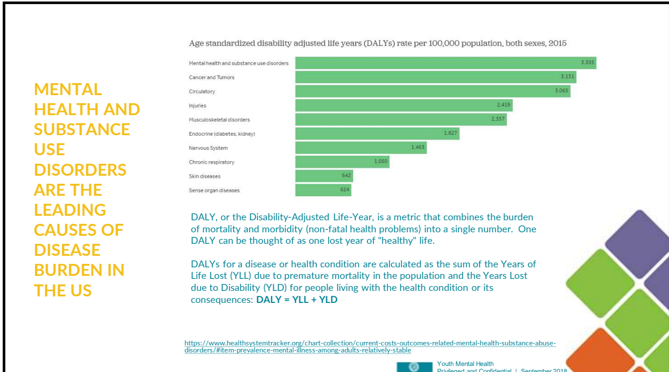

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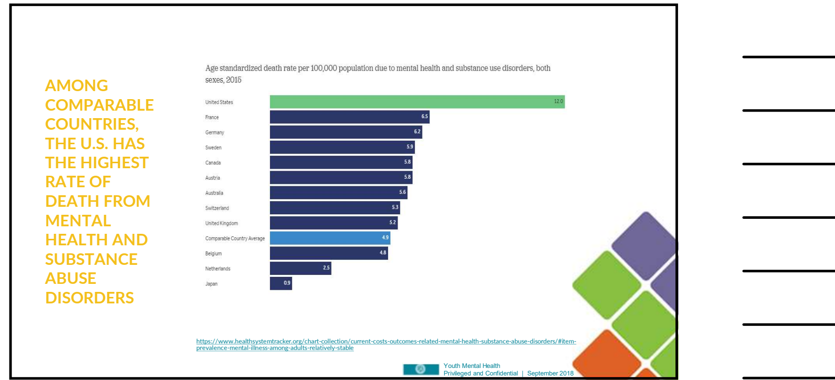

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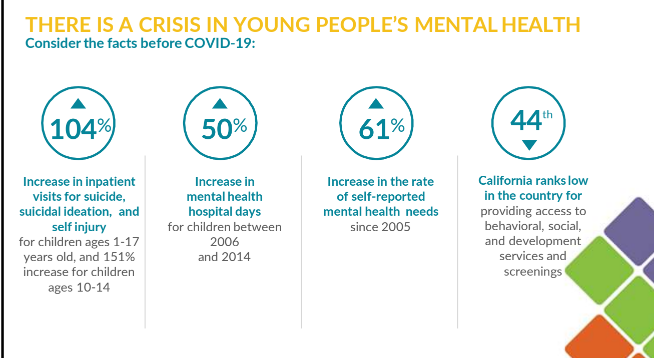

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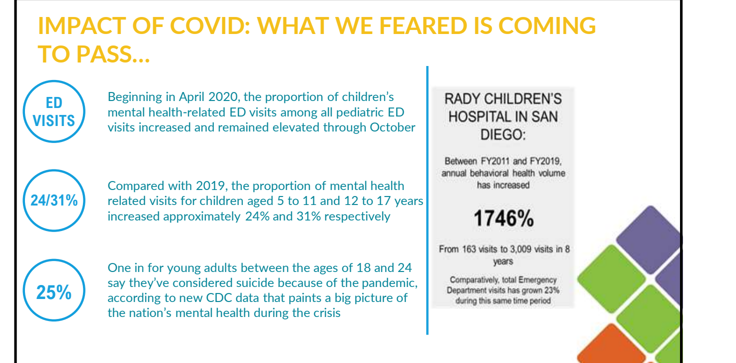

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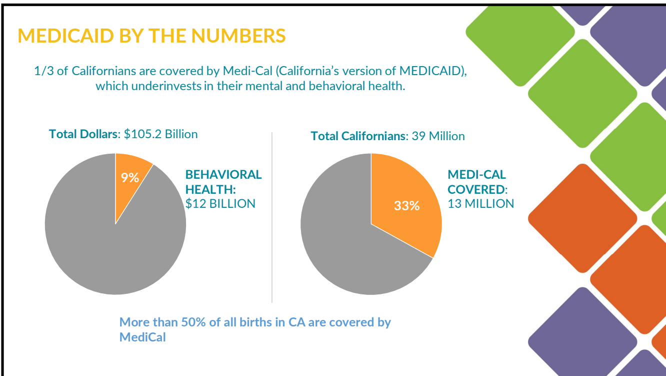

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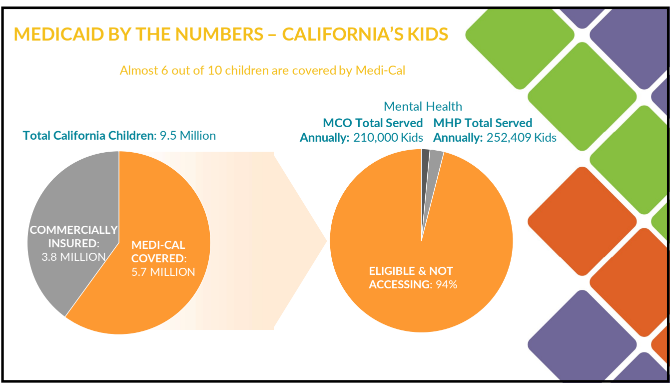

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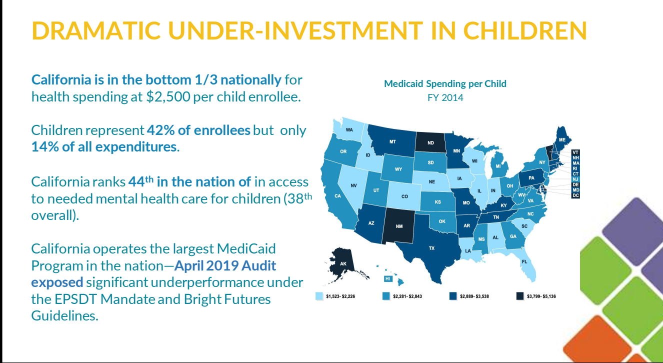

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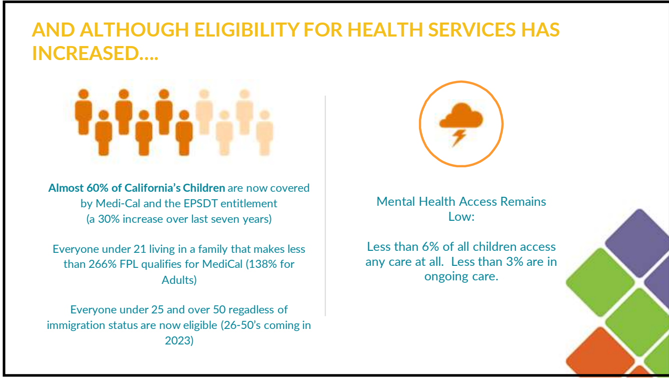

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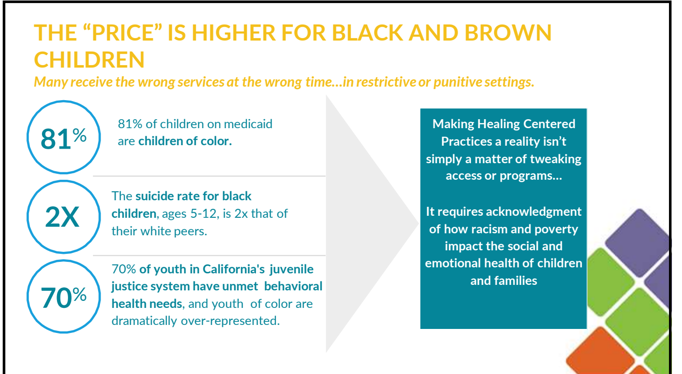

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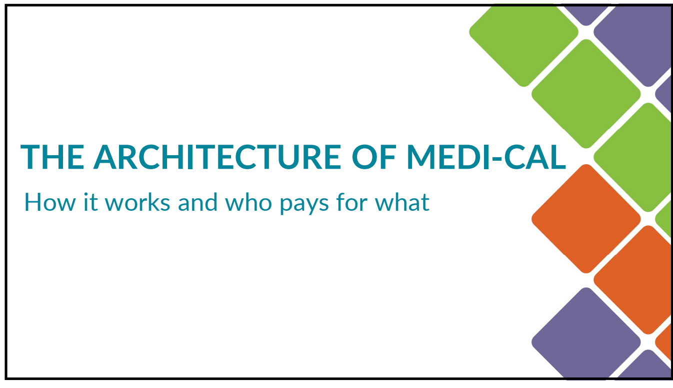

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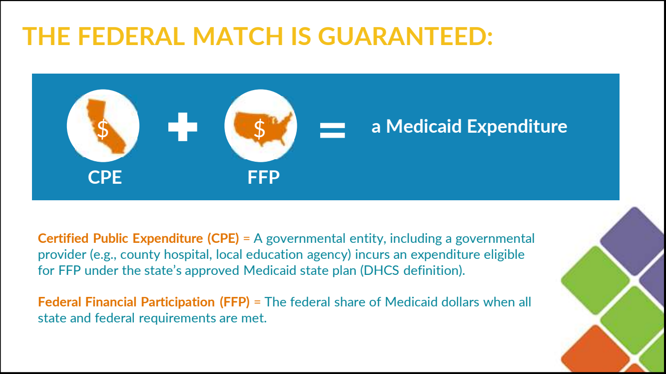

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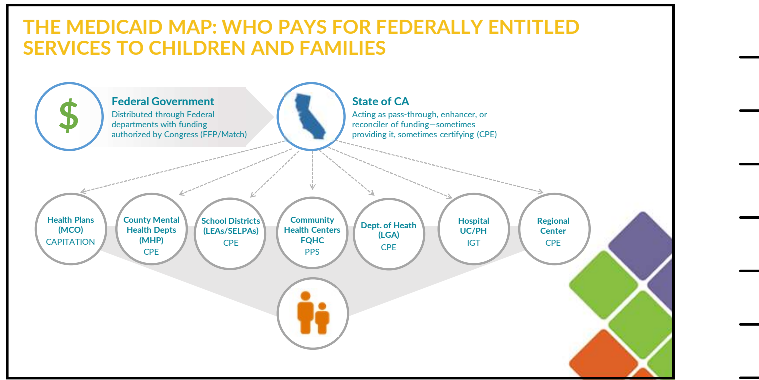

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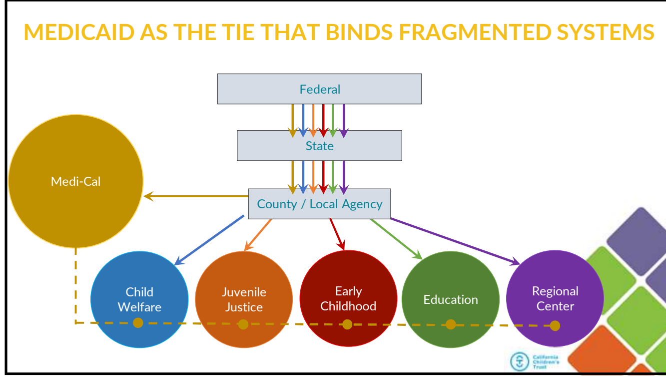

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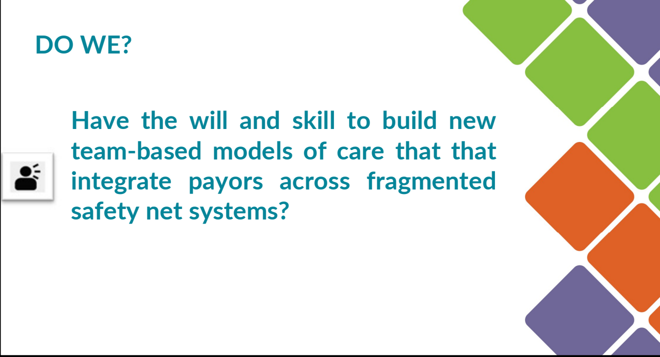

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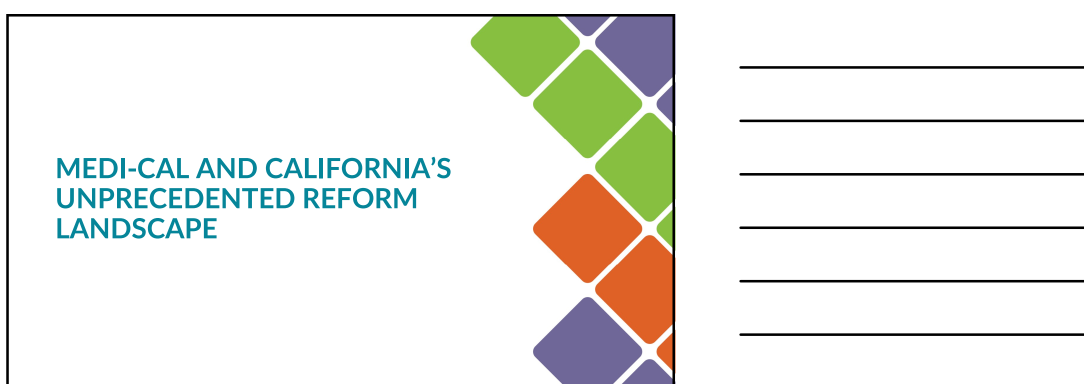

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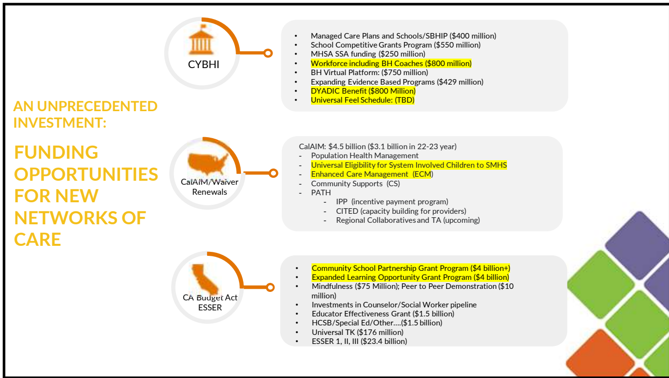

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CYBHI: $4.4 BILLION DOLLAR INITIATIVE CENTERING SCHOOLS, WORKFORCE, AND PEDIATRIC PRIMARY CARE

01 **Behavioral Health Service Virtual Platform: DHCS, $749.7 M**

02 **School-Linked Behavioral Health Services: DHCS/DMHC, $950M**

03 Develop and Expand Age-Appropriate, Evidence-Based Behavioral Health Programs: Agency/DHCS, $429M

04 Building Continuum of Care Infrastructure: DHCS, $310M

05 **Plan Offered Behavioral Health Services:** DHCS, $800M

06 **School Behavioral Health Counselor + Behavioral Health Coach Workforce:** OSHPD, $352M

07 **Broad Behavioral Health Workforce Capacity:** OSHPD, $448M

08 **Pediatric, Primary Care And Other Healthcare Providers:** DHCS, $50M

09 **Comprehensive And Culturally And Linguistically Proficient Public Education And Change Campaign:** CDPH + OSG, $100M

10 **Oversight, Coordination, Convening, And Evaluation:** DHCS, $70M

California Children's Trust

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SCHOOLS CAN (and must) BE ESSENTIAL ACTORS IN OUR RESPONSE:

Schools are and have been ground zero for the youth mental health crisis, and our collective failure at supporting them has contributed to the marginalization of black and brown children (80% of children on Medi-Cal are children of color.) MediCal covers more than half of all children in California but MCOs have struggled to invest strategically or effectively in Children's Behavioral Health. Children represent 42% of all Medi-Cal Enrollees—but less than 14% of all expenditures.

The Health Care System Needs Schools: Children ages 8-18 have the lowest rate of primary care utilization of any demographic in Medi-Cal—and 75% of mental illness manifests in adolescence. Not only are schools essential actors in a reformed mental health system that overtly addresses healing, justice, and structural racism, but they are also essential service settings for children with clinical needs.

The Finances Align: Schools have what the publicly funded Medicaid system needs 1) access to kids 2) braided funding opportunities, and 3) Concensus on Framework (MTSS) and Mechanism (COST)

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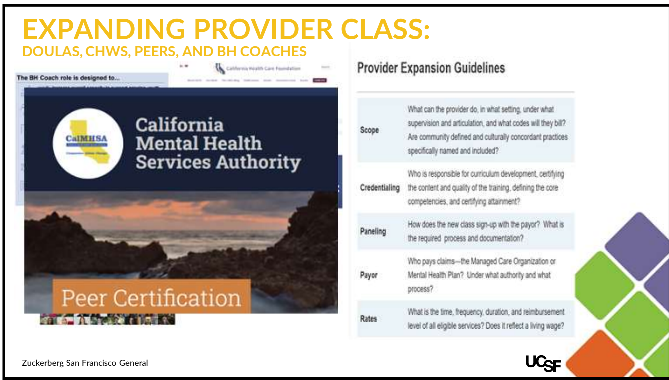

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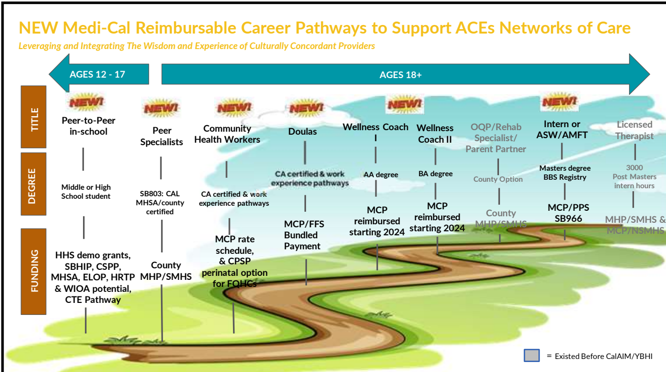

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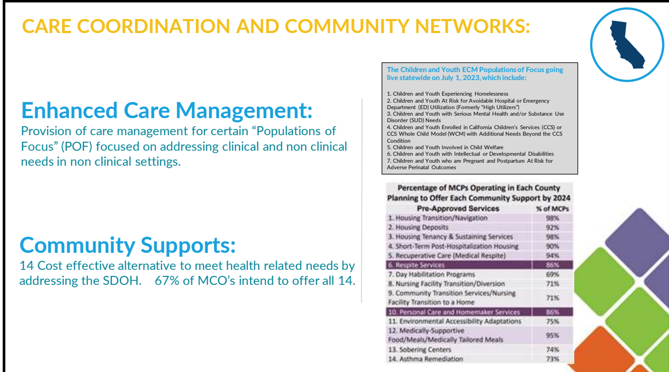

Percentage of MCPs Operating in Each County Planning to Offer Each Community Support by 2024

Pre-Approved Services	% of MCPs
1. Housing Transition/Navigation	98%
2. Housing Deposits	92%
3. Housing Tenancy & Sustaining Services	98%
4. Short-Term Post-Hospitalization Housing	90%
5. Recuperative Care (Medical Respite)	94%
6. Respite Services	86%
7. Day Habilitation Programs	69%
8. Nursing Facility Transition/Diversion	71%
9. Community Transition Services/Nursing Facility Transition to a Home	71%
10. Personal Care and Homemaker Services	86%
11. Environmental Accessibility Adaptations	75%
12. Medically-Supportive Food/Meals/Medically Tailored Meals	95%
13. Sobering Centers	74%
14. Asthma Remediation	73%

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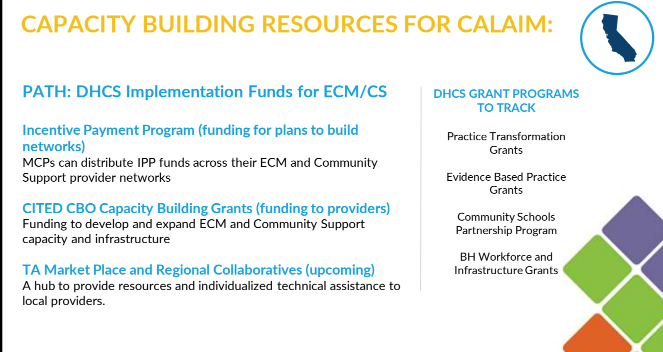

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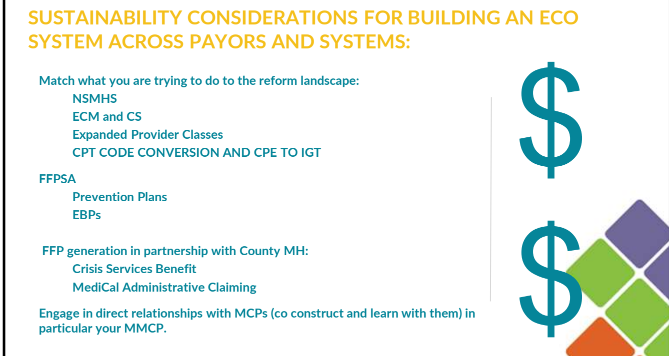

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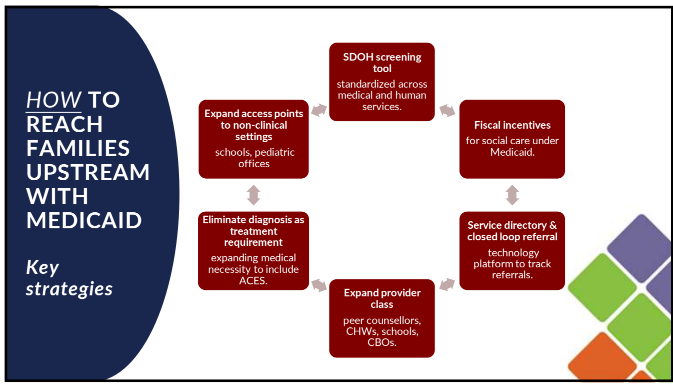

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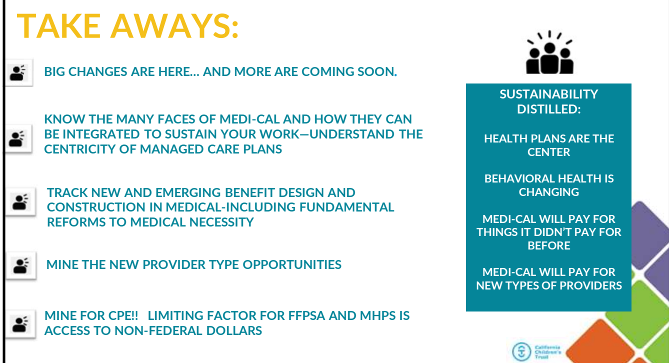

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AB 2083 CHILDREN'S SYSTEM OF CARE

- Requires an MOU by and between five agencies serving children and youth.
- While focused on Foster Youth, any legitimate System of Care applies to youth in and at risk of all partner agency services.
- Tribal Role required as of 2023, via AB 153.
- Rooted in Wraparound research and outcomes, which confirm need for multi-agency integration for most youth in care, and the families that support them.
- Thirty-five years of national outcomes research.

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FFPSA AND SYSTEM OF CARE CONNECTIONS

- The System of Care (and its Interagency Leadership Team) provides a foundation for the required planning for, alignment and management of the CPP and it's FFPSA associated dollars.
- Behavioral Health, Child Welfare and Probation are principal partners, and Regional Centers, Tribes, schools and other departments benefit by reduced service demand and increased capacity for community-based and prevention-focused services.
- Community impact includes a significant reduction of secondary trauma, avoidance of "system entry".

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CRITICAL AWARENESS FOR INTEGRATED PREVENTION

- AB 2083 is not an initiative. It is an interagency structure intended to guide and support partners in their collective use of a coordinated network of programs and resources.
- The System of Care Memorandum of Understanding (MOU), together with implementation of the state's *Integrated Core Practice Model* provide both structure and process for effective reform and program implementation.
- A well supported collective effort with a strong "backbone" organization ensures an effective reform.
  - Use the ILT agenda to consistently discuss reforms.
  - Connect fiscal and program managers for shared planning and reporting.
- A System of Care's ultimate return on investment is best measured in how it supports social determinants of health and wellness, and how it prevents further trauma and system involvement.

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AB 2083 CHILDREN'S SYSTEM OF CARE DIFFERS FROM OTHER INITIATIVES AND INVESTMENTS

- The System of Care's unique Interagency Leadership Team structure and the local System of Care defined governance process forms a venue and vehicle in which all youth and student serving initiatives can be coordinated, collaboratively developed, and implemented.
- Vision, structure and function
- The MOU provides a structured relationship between organizations, agencies, and Tribes for the wellness and health of youth and families within their shared jurisdiction.
- The MOU typically addresses specific functional elements of collaboration which include, but are not limited to, cross system leadership, data sharing and maximizing all available funding and resources (local, state and federal).

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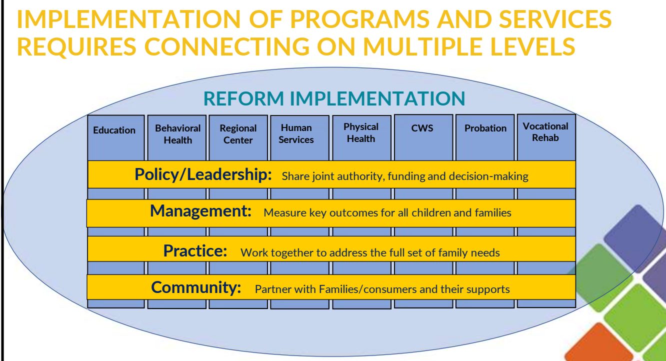
IMPLEMENTATION OF PROGRAMS AND SERVICES REQUIRES CONNECTING ON MULTIPLE LEVELS



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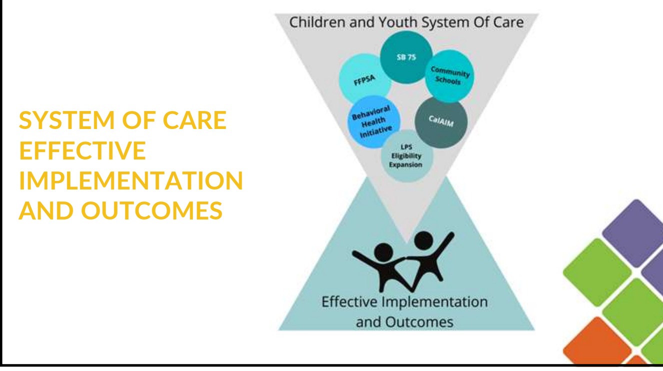
SYSTEM OF CARE EFFECTIVE IMPLEMENTATION AND OUTCOMES



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WHY SYSTEM OF CARE BASED REFORM IS NEEDED

- Agencies often don't share youth or student enrollment or entry data, and therefore struggle to identify shared youth, so delivery of new or expanded services narrowly targets a small "at-risk" or eligible cohort.
- State and Federal initial investments are maximized and sustained when fiscal resources are matched or primary funding is leveraged across local agencies.
- Local partners and Tribes should have access to one another's outcome data, as the return on investment of these types of reforms are often found in each other's performance data (ex. fewer CPS referrals due to effective First Five parent supports).

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CPP AND SYSTEM OF CARE (AB 2083) IMPLEMENTATION FACTORS ARE IDENTICAL

- Pathways to Care
- Range of Effective Services and Supports
- Population Description
- Values and Principles
- Theory of Change
- *Implementation Plan*
- Performance Measurement
- Financing Structures and Strategies
- Provider Network
- Provider Accountability
- Family Choice
- Collaboration and Family Voice
- Governance
- Transformational Leadership

Univ. Of South Florida, 2005

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FFPS GOALS ARE NEARLY IDENTICAL TO CHILDREN AND YOUTH SYSTEM OF CARE OUTCOMES

- Decreased school suspensions/expulsions; measurable increase in school attendance and graduation rates.
- Decreased behavioral and emotional problems, rates of suicide and substance abuse or misuse.
- Reduced caregiver strain and improved family functioning.
- An expanded array of home- and community-based services, individualization of services, and increased use of evidence-based practices.
- A significant decrease in Inpatient Mental Health service demand.
- Decreased rates of citation, arrest and incarceration.

Return on Investment in Systems of Care:
https://gucchd.georgetown.edu/products/Return_onInvestment_inSOCsReport6-15-14.pdf

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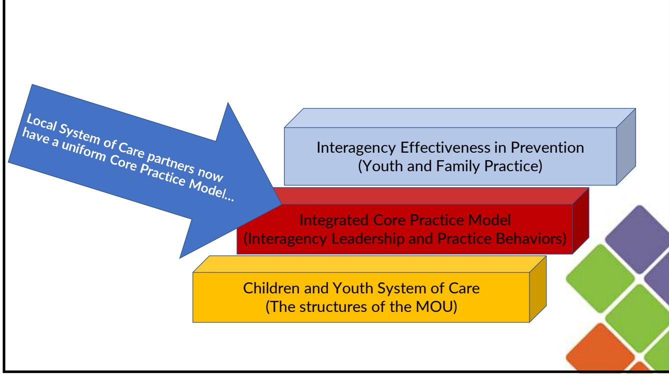

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WHEN VISION IS ABSENT & BLENDING AND SHARING IS SKIPPED

- Departments and agencies remain on the "Grant Treadmill"
- System learning is stymied (no longitudinal outcome data)
- No True Implementation (Usually takes 5+ years)
- Job/Position Turnover
- Community Partners remain vulnerable and often under-funded
- Inequity and disproportionality are perpetuated

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AN EARLY LOOK (MICROCOSM) AT FISCAL FRAMING IN APPROVED CPP PLANS

- In some cases, good detailed analysis about the sources of prevention funding are present. However,
- There is very little concrete, detailed language about which existing sources of prevention revenues are or will be leveraged.
- Most plans mention "building capacity" of "Planning for sustainability" as ongoing processes. Some plans have nice articulation of the various streams available, but not details about how those streams will flow together sustainably.

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FINAL TAKEAWAYS

- More Prevention alone will not have substantive impact or will be time-limited.
- Connecting partners, agencies and systems into true whole child and family-centered approaches will lead to effectiveness of service and efficiency and sustainability of funding/programming.
- Parallel opportunities are only known and discoverable when you're all at the table...including MCO's!
- Because much of the secondary trauma to families occurs as a result of system involvement, addressing disproportionality, equity and access issues demands that we do the pre-work of integrating delivery systems!

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QUESTIONS & DISCUSSION

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