

Children and Youth System of Care

State Technical Assistance Team, July 1, 2020
MOU Part 9: Financial Resource Management



Children and Youth System of Care State Technical Assistance Team

- Christine Bagley, Department of Developmental Services
- Ashley Franklin, Department of Social Services
- Dianna Wagner, Department of Social Services
- Richard Knecht, Department of Social Services
- Renzo Bernales, Department of Education
- Pawel Ryzinski, Department of Health Care Services
- Tere Gonzalez, Department of Health Care Services
- Olivia Almaraz, Department of Health Care Services
- Lindsay Merwin, Department of Health Care Services

Purpose for the Meeting

- [Assembly Bill 2083](#) (Chapter 815, Statutes of 2018), requires each county to develop and implement a Memorandum of Understanding (MOU) which includes a section on Financial Resource management as described in Part 9 of the MOU guidance.

Source: [The California Health and Human Services Agency \(CHHS\)](#)

- Hear from local partnerships that share resources to facilitate service provision for children and youth through multiagency agreements.
- These examples may not be representative of all the required components expressed in Part 9 of the MOU Guidance.

Agenda

- Updates
- Overview of SOC Fiscal Resource Management (MOU Part 9)
- Local Presentations and Questions
- Resources

Goal: Provide information about the critical nature of Part 9 of the SOC MOU (AB 2083), including the core elements required and provide county examples of shared resource management.



Children and Youth System of Care Related Initiatives (1)

Examples of resource sharing that might be helpful for AB 2083 MOUs include:

- [Access to and provision of EPSDT Medi-Cal services](#)
- [Mental Health Services Act](#)
- [Multi-Tiered System of Supports](#)
- [Continuum of Care Reform](#)

Children and Youth System of Care Related Initiatives (2)

- [CalAIM](#) DHCS effort to address service delivery, program, and payment reform for Medi-Cal
- [Family First Prevention Services Act](#)
- [Whole Person Care DHCS Pilot Programs](#)
- [ACES Aware](#) initiative led by the Office of the California Surgeon General and the Department of Health Care Services to give Medi-Cal providers training, clinical protocols, and payment for screening children and adults for ACEs.

AB 2083: Interagency Memorandum of Agreement

As provided in [AB 2083 Memorandum of Understanding Guidance](#):

- “The purpose of the MOU is to ensure that children and youth in foster care receive coordinated, timely, and trauma informed services.”
- “The MOU should represent the aligned and shared roles and responsibilities of the local agencies serving children and youth in foster care” “... it reflects a priority to build a locally-governed interagency or interdepartmental model on behalf of all children and youth across California that have similar needs, that interact with and are served by multiple agencies.”

Children and Youth System of Care: Resource Management



Practices for Success (1)



Keep a child-family focus



Cross-train partner agency service professionals and conduct joint interagency trainings



Foster relationships with State agencies to support local understanding of statutes and regulations

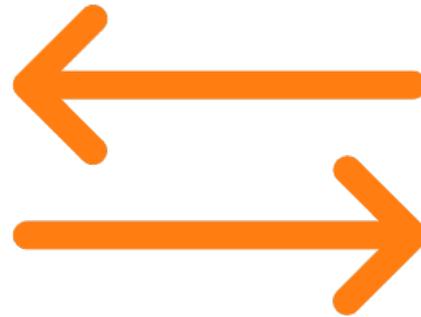


Be creative and flexible

Practices for Success (2)



Assess current financial barriers and practices that represent ongoing conflicts and barriers



Create uniform local practices



Establish a local practice of inquiry and explore the root of financial barriers

Practices for Success (3)

Partnerships:

- Foster care or other child welfare advocacy groups
- County office of education, LEAs, and SELPAs
- Department of Rehabilitation Regional Office
- Managed Care Plans
- Youth voice
- Court Appointed Special Advocates
- Community-based organizations and other partner organizations
- Regional center(s)



Guiding Questions

- Do county representatives and local agencies know and have an understanding of available resources and funding resources and the limitations of each resource for its use as part of braided funding?
- Do counties and local agencies understand entitlement responsibilities?
- What is a reasonable cost sharing responsibility given the services that are needed to fully serve children with significant needs?
- What is the process for exceptions to this cost-sharing?
- Which statutes and regulations guide each local agency's fiscal policies?
- What changes can local partners make to current practices to utilize creative fiscal strategies to provide effective and efficient child-family support?

Source: [Pg. 31 AB 2083 Pt. 9 Guidance](#)



Key Ideas to Consider

What were the required relationships that allowed for common resource planning, sharing and allocation?

What challenges were identified by the counties who presented today?

How were the challenges overcome?

How can this apply to your county?

Regional Center of the East



Ronke Sodipo

Director, Consumer Services

TOPIC AGENDA

1. History
2. Description of Program
3. Eligibility Criteria
4. Services
5. Funding

HISTORY

ABOUT 22 YEARS AGO.....SEVERAL AGENCIES IDENTIFIED GAPS
FOR CHILDREN AND YOUTH DUALY DIAGNOSED WITH:

- A DEVELOPMENTAL DISABILITY
- A MENTAL HEALTH DIAGNOSIS

None of the agencies had the capacity to meet the need on their own, but each had expertise and funding specific to their agencies

➤ Started as A JOINT VENTURE BETWEEN

Fred Finch Youth Center

Regional Center of the East Bay

Contra Costa County mental health

Contra Costa County social services

Contra Costa County special education

“MINDING THE GAP”

FRED FINCH YOUTH CENTER

An established independent service provider already serving children and youth in alameda county and surrounding counties with mental health, housing and other needs

IDENTIFIED GAP: Appropriate funding to serve children and youth with dual diagnosis

REGIONAL CENTER OF THE EAST BAY

Serves individuals with developmental disabilities of all ages

Mandated to provide services related to developmental disabilities excluding services by agencies mandated to provide services to the general public

IDENTIFIED GAP: Expertise and resources to serve clients with co-occurring mental health diagnosis

CONTRA COSTA COUNTY

- MENTAL HEALTH
- SOCIAL SERVICES
- SPECIAL EDUCATION

Each agency specializes in serving children and youth in their specific capacities and mandated to serve children with developmental disabilities that meet their eligibility criteria and have serious mental health needs.

IDENTIFIED GAP: Expertise and resources to serve individuals with co-occurring developmental disabilities and serious mental health challenges

MANAGERS FROM THESE 4 AGENCIES

DECIDED ON:

A dual diagnosis residential program for adolescents with developmental disabilities and serious mental health needs in Oakland

FRED FINCH YOUTH CENTER

Dual Diagnosis Residential Program
Oakland CA

HISTORY



FRED FINCH YOUTH & FAMILY SERVICES

Called “dual diagnosis program” (then)

Upon arrival of the first few residents, the name changed to:

AVALON

CAPACITY: 12



ELIGIBILITY CRITERIA

Must be served by the Regional Center

Must be at least 12 years of age and not older than 17.5 years old at intake
(If youth turns 18 while there, may stay till age 19)

Must have a mental health diagnosis and meet the medical necessity criteria for intensive mental health services

May have an Individual Education Plan (IEP) that makes the child eligible for non-public school placement (if placed on FFYC's on-site Avalon School)

Must have full-scope Medi-Cal eligibility OR other means to pay for mental health services

SERVICE DESCRIPTION

- Services Include:
 - Comprehensive assessments and ongoing evaluation
 - Individual, group, family, and milieu therapy
 - Case Management
 - Medication support and monitoring
 - Behavior management and skill building
 - Expressive Arts
 - Bi-monthly family fun events
 - Crisis Intervention
 - Special education on-site

FUNDING SOURCES (1)

FULL RATE ESTABLISHED BASED ON RATES POSSIBLE FROM THE 4 AGENCIES

1. STATE RATE FOR BOARD AND CARE– STRTP (Short Term Residential Treatment Program)
2. REGIONAL CENTER RATE FOR SUPPLEMENTAL SERVICES CALLED A “PATCH” to provide Intensive Treatment Services (For additional staffing)
3. MENTAL HEALTH SERVICES RATE– usually Medi-Cal and occasionally covered by Kaiser or other

FUNDING SOURCES (2)

FULL RATE ESTABLISHED BASED ON RATES POSSIBLE FROM THE 4 AGENCIES (CONTINUED)

4. NON PUBLIC SCHOOL FUNDING (For the NPS on campus)
5. REGIONAL CENTER RATE FOR SPECIALIZED THERAPEUTIC SERVICES- For Behavior Services (Behavior Analyst etc)

WHO PAYS?

FUNDING IS BASED ON REFERRAL SOURCE

- SCHOOL DISTRICTS FUND: ERMS (RELATED MENTAL HEALTH SERVICES) PLACEMENTS
 - RCEB OR OTHER REGIONAL CENTERS
 - FOSTER CARE
 - PROBATION
-

CURRENTLY

- ALAMEDA COUNTY, THE HOST COUNTY, HAS BEEN INVOLVED FOR MANY YEARS AND IS THE MOST FREQUENT USER OF THE BEDS
 - OTHER COUNTIES, REGIONAL CENTERS AND SCHOOL DISTRICTS ACROSS THE STATE ACCESS THIS RESOURCE AS WELL
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Questions?

Reflections from Regional Center of the East Bay Presentation

What were the different types of local relationships used for resource sharing?

How did the presentation reflect on a interagency shared decision making processes?

How did their process allow them to overcome challenges and barriers?

LOS ANGELES UNIFIED SCHOOL DISTRICT

EXAMPLES OF MULTIAGENCY RESOURCE MANAGEMENT

Margarita Bobe

Manager, Medi-Cal Reimbursement and Cost Recovery Unit

STUDENT HEALTH AND HUMAN SERVICE DEPARTMENT: LAUSD



Offices < Classic View

LOS ANGELES UNIFIED SCHOOL DISTRICT

Departments About Us Centers/Clinics Staff Attendance Resources Publications LAUSD



Student Health and
Human Services

We support students, families, and staff to cultivate a safe, healthy, welcoming and affirming learning and working environment where all students thrive and graduate as empowered members of society.



STATISTICS

- Over 600,000 students
- 1300+ Schools
- 71,586 Special Education Students
 - FY18-19
- 60% of student population is Medi-Cal eligible
- Over 30,000 Foster Care students

SHHS DEPARTMENTS AND PARTNERSHIPS (1)

- District Nursing
 - LA County Nurse Family Partnerships
 - Centers For Disease Control and Prevention (CDC)
- Pupil Services
 - Youth Source Centers
 - Family Source Centers
- School Mental Health
 - LA County Department of Children and Family Services (DCFS)
 - LA County Department of Mental Health (DMH)
- Student Medical Services and Medi-Cal Programs
 - LA County Department of Health (DPH)

SHHS DEPARTMENTS AND PARTNERSHIPS (2)

- Student Support Programs

- LA County Office of Education (LACOE)
 - Coordinated Entry Sites with LA County for youth and families
- Short-Term Residential Therapeutic Program
- Juvenile Justice System
- LA DCFS

- Wellness Programs

- DMH Contracted Agencies
 - County Agencies; Food Shelter, Clothing, Transportation, Housing
- *Special Education
 - Local Regional Centers
 - Residential Homes (local, in and out of state)
 - *Not a SHHS Department

MEDI-CAL REIMBURSEMENT PROGRAMS (GATEWAY TO PARTNERSHIPS)

- Local Education Agency Billing Option Program (LEABOP)
 - Receive 50% Federal Financial Participation of rates
 - Restricted - required reinvestment for health services
- School Medicaid Administrative Activities (SMAA)
 - Unrestricted – General Fund
- LA County Department of Mental Health
 - 50% Federal Financial Participation and 50% match from county
- Child Health and Disability Prevention (CHDP)
 - 100% Medi-Cal rates
 - 100% Medi-Cal Managed Care rates
 - MOUs with LA Care Health Plan and Health Net

REINVESTMENT OF MEDI-CAL REIMBURSEMENT (1)

LEABOP REINVESTMENT:

– School Based Health Clinic staff

- Nurse Practitioner's
 - Provide CHDP exams
 - Referrals to LA County DPH contracted providers
- Medical Assistants
 - Enroll students in temporary fullscope Medi-Cal

– Heathy Start staff

- Case management and referrals
- MOUs with local agencies
 - LA County DMH contracted providers
 - Basic Needs Agencies; food, shelter, clothing

REINVESTMENT OF MEDICAL REIMBURSEMENT (2)

- LA County DMH:
 - Service providers
 - Program Administration
- CHDP:
 - Clinic supplies and operation fees
- General Fund:
 - Pupil Services and Student Support Counselors and Social Workers at school sites
 - District Nurses

Reflections from LAUSD Presentation

- What were the different types of local relationships used for resource sharing?
- How did the presentation reflect on a interagency shared decision making processes?
- How did their process allow them to overcome challenges and barriers?
- Public Education and Medi-Cal
 - Mental Health Plans and LEAs
 - Medi-Cal Managed Care and LEAs
 - School Based Medi-Cal (LEAs and DHCS)

For more information:
SystemOfCare@dss.ca.gov



Resources for Resource and Fiscal Management

- [Effective Financing Strategies for Systems of Care](#)
- [Breaking Barriers Toolkit 2019](#)
- [Public Funding for School-Based Mental Health Programs](#)
- [ESPDT Realignment for Districts](#)
- [Medi-Cal and Behavioral Health Funding in California](#)
- [Center for Mental Health in Schools & Student/Learning Supports](#)

Resources

System of Care

- <https://www.chhs.ca.gov/home/system-of-care/>

System Profiles

- [Child Welfare Services](#)
- [Specialty Mental Health Services](#)
- [Rehabilitation Services](#)
- [Regional Center – Early Start Services](#)
- [Regional Center – Lanterman Act Services](#)
- [California Department of Education – Special Education Services](#)
- [California Department of Education – Foster Youth Services](#)

Legislation – AB 2083

- [Assembly Bill 2083](#)

MOU Guidance

- [AB 2083 MOU Guidance Information Notice](#)
- [AB 2083 MOU Guidance](#)



Children and Youth System of Care

August 5, 2020

10:00 am – 11:30 am

Learning Collaborative: Open Forum for Children
and Youth System of Care Implementation

