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CalAIM
Foster Care Model of Care Workgroup Charter
June 2020

Background

CalAIM is a multi-year DHCS initiative to implement overarching policy changes across all Medi-Cal delivery systems, with the objectives of:

- Identifying and managing member risk and need through Whole Person Care Approaches and addressing Social Determinants of Health;
- Moving Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and

Improving quality outcomes and drive delivery system transformation through value-based initiatives, modernization of systems and payment reform.

Purpose

The Department of Health Care Services (DHCS), in collaboration with the California Department of Social Services (CDSS), will convene the Foster Care Model of Care Workgroup (Workgroup) to address the complex medical, behavioral, social, oral, and developmental health needs and challenges of current and former foster youth (FFY) and children. The Workgroup will be charged with helping to determine if California should develop and implement a different or new model of care for children and youth in foster care, including the Former Foster Youth (FFY) program and those individuals transitioning out of foster programs and services at age 26. Workgroup membership will be comprised of representatives from, at minimum, DHCS, CDSS, Department of Developmental Services (DDS), Department of Education, state and county child welfare associations, health plans, Tribal representation, behavioral health entities, juvenile justice and probation entities, judicial entities, foster care consumer advocates, current and/or former foster youth, and parent and caregiver representatives. Recommendations from the Workgroup will be used to develop short- and long-term policy recommendations for California to consider for implementation of a different or new model of care, with associated timelines, for improving health outcomes and delivery of health care services and supports for this vulnerable population.

Workgroup Objectives

The CalAIM Foster Care Model of Care Workgroup is being established to provide an opportunity for stakeholders to provide feedback on opportunities to improve the current system of care for foster youth and whether or not a new system of care should be developed for children and youth in foster care. Workgroup members will be asked to participate in a series of discussions on a model of care and:

- Engage in collaborative discussions to develop policy recommendations and operationally achievable timelines for implementing a new, and/or transitioning to an existing but slightly different, model of care for children and youth in foster care, including the FFY program and transitions out of foster programs and services at age 26.
- Engage in meaningful dialogue and consensus building to ensure all key players, both internal DHCS/CDSS staff and external stakeholders, have an opportunity to provide feedback and perspectives to inform a uniform and agreed upon approach to address the unique and complex health care needs of this vulnerable population.
- Develop implementation work plans and timelines.

Scope of workgroup

The workgroup will be tasked with creating a long-term plan and model of care for how foster children and youth receive health care (physical health, mental health, substance use disorder treatment, social services, and oral health). The group will focus on the following three challenges:

1. How should healthcare for children in foster care (up to age 26) be organized? Options could include:
   - A single statewide integrated plan
   - Regional integrated plans, available statewide
   - Status quo (working within current Medi-Cal managed care plans, mental health plans, and DMC ODS to provide better care across transitions)
   - Other ideas brought by workgroup
2. What core suite of wrap-around services should be available for all children and families in foster care?
3. What performance outcomes should be measured?

It is anticipated that many challenges in the current system will arise that the group will not be able to resolve in a short series of meetings. The group will be encouraged to bucket problems and solutions into the following categories:

1. Problems that could be addressed or incorporated into the long-term plan.
2. Problems that are dependent on which plan is selected (therefore need to be in a parking lot for now).

3. Problems that are outside of the scope of the Workgroup, and could be potentially addressed in other settings (such as Agency's new Behavioral Health Task Force, or the Child Welfare Council).

Deliverables

- DHCS and DSS will provide an agenda, written proposals, key questions, and relevant discussion materials for review in advance of each Workgroup meeting.

- DHCS will provide meeting notes and a summary of each Workgroup discussion to all Workgroup members and other key interested parties.

- CDSS will provide a list of short and long-term considerations/topics/issues for the Workgroup.

- Other deliverables may be identified and developed during the course of the Workgroup process, and impacted entities will be tasked with assisting with completion of those deliverables, as appropriate.

- The Workgroup will provide DHCS and CDSS with a set of recommendations on a model of care/approach for Foster Care.

Workgroup Requirements and Expectations

- Workgroup members must commit to attending several in-person meetings in Sacramento, California, beginning in April 2020;

- The workgroups will be a solution-focused, collegial environment for respectfully expressing different points of view;

- The Workgroup meetings will be a mechanism for direct communication and problem solving with DHCS and CDSS;

- Members may be asked to provide and/or present information to the Workgroup;

- Neither DHCS nor CDSS will pay a per diem or compensate Workgroup members for expenses, including travel and related costs to attend meetings;

- All meetings will be held in accordance with the Bagley-Keene Open Meeting Act

Meeting Schedule

The CalAIM Model of Care workgroup meetings will take place on the following dates. All meetings will be held in the 1st floor conference room at 1700 K Street, Sacramento, CA 95811. Meetings will not start before 9:30 a.m. or end past 4:30 p.m. Agendas and times for each meeting will be finalized closer to the meeting date. The number of workgroup meetings will be tailored based on the discussions that take place; all five meeting dates may not be needed.

- **June 2020** – Review Workgroup goals/objectives, charter and scope of work; review current policies and delivery systems; identify high-level challenges/shortcomings with status quo;
- **July 2020 –** Review other national models and discuss approaches (short-term and long-term) in terms of a model of care/approach for this population. Discuss implications of In Lieu of Services, Enhanced Care Management, and Behavioral Health medical necessity;

- **August 2020** – Review list of previously identified challenges to begin building consensus on short-term and long-term challenges;

- **September 2020 –** Develop a working paper on identified challenges and corresponding proposed short-term/long-term solutions; request stakeholder comments on working paper on proposed short-term/long-term solutions. Stakeholder comments due to DHCS October 2020;

- **October 2020** – Continue discussion on the challenges and corresponding proposed short-term/long-term solutions to further refine the working paper; request stakeholder comments on working paper on proposed short-term/long term solutions. Stakeholder comments due to DHCS November 2020;

- **November 2020 –** Review proposed recommendations, review/discuss stakeholder feedback, and engage in consensus building on final recommended model of care/approach;

- **December 2020 –** Present final recommended model of care/approach.

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