Foster Care Model of Care Workgroup Notes

Meeting Date: December 17, 2020 | 9:30 AM – 2:30 PM

Summary of Listening Sessions

The Foster Care Model of Care workgroup heard the results of listening sessions from youth in foster care and parents and caregivers of youth in foster care, respectively. These virtual focus groups were intended to solicit feedback that would inform policy and practice for youth in foster care.

Takeaways from the youth perspective included the observation that care can be difficult to access and, when care is accessed, there can be little to no relationship with the primary care provider. Delays in accessing care during or after a change in placement can be challenging. Though trauma-informed care is effective when provided, it is not always readily available, and retelling their story multiple times to multiple providers adds more layers of loss and trauma. Youth recommended there should be an electronic health record (EHR) available to providers reduce the number of times they have to tell their story. An EHR may also increase trust between the youth and providers and increase continuity of care. There was a general lack of: certainty about confidentiality between the youth and provider, timely responsiveness to needs, choice and autonomy, bilingual staff, role models, agreement between providers and social workers on process and goals in treatment, and cultural humility. The youth stated they wished there was time to cultivate trusting relationship prior to delving into exploration of serious issues, they could have the same provider as long as possible, they could avoid overmedication, there were more providers who accept Medi-Cal available, and they had options for transportation. There was not distinction made in the interviews if the youth were in managed care of in fee for service systems.

Feedback from the parent and caregiver perspective aligned closely with the youth feedback. Parents' frequently felt like the care coordinator or case manager. Cultural humility or responsiveness and lack of diversity was identified as a problem, as well as continuity of care and treatment, which can be challenging for parents and caregivers, particularly when specialty care was needed. Additionally, paying out of pocket for care, specifically orthodontic care but for primary as well, is a hardship and tends to happen when placement changes occur. Parents and caregivers also often feel they are treated as criminals who do not deserve their children.

Summary of Papers Presented and Resultant Discussion

The workgroup also reviewed three papers on managed care and held a full group discussion about the merits of the papers and the suggestions therein.

The first paper, "Foster Care Model of Care Workgroup: Assessing Different Managed Care Options for Foster Youth in California" from the National Health Law Program (NHeLP), ("NHeLP Paper"), contained three options for a new foster youth model of care. The first option suggested a single statewide plan where all youth in the foster care system would receive integrated services through a single statewide managed care plan (MCP), with counties given the "first right of refusal" to provide behavioral health services. The second option suggested a regional plan, where all youth in the foster care system would receive integrated services through a MCP contracted to provide services in the region, with counties given the "first right of refusal" to provide behavioral health services. Finally, the third option was a suggestion to leverage existing MCPs, wherein all youth in the foster care system would be in managed care, receiving integrated health services through an existing MCP in the county where they reside. The second option is the one recommended by NHeLP.

The second paper, "9 Health Care Plan Recommendations on Improving Care for Children and Youth in Foster Care" by the California Association of Health Plans, contained the following suggestions:

1. Enroll all Medi-Cal children and youth in foster care into the Medi-Cal managed care delivery system;
2. Plan partners should have a designated a MCP Foster Care liaison coordinator;
3. MCP Foster Care liaisons, County social workers, County Mental Health, and community and peer partners should meet regularly with community partners;
4. DHCS should ensure Fee-For-Service (FFS) providers understand they will be reimbursed for care provided to children and youth in foster care regardless of residency county (short-term fix), and align the eligibility reporting software to reflect the beneficiary's residency county (long-term fix);
5. MCPs, in partnership with DHCS and mental health plans, should collaborate to create county-specific foster care Memorandums of Understanding (MOUs);
6. Develop an easily accessible, shared list of MCP Foster Care liaisons;
7. MCPs should support children and youth in foster care being included as an Enhanced Care Management (ECM) target population;
8. Include school-based health clinics in the MCP network; and
9. Build upon the Whole Person Care Pilots Program best practices to develop a Universal Consent Form.

Finally, the third paper, "Improving the Health Care Delivery System for the Child Welfare-Involved Population: Concepts and Considerations" by Aurrera Health Group, provided three proposed approaches to improve the foster care model of care:

1. Create a child welfare managed care plan, either state or regional, with an optional carve-in of specialty mental health or substance use disorder services.
2. Reorganize the behavioral health delivery system to include a county option to carve in specialty mental health or substance use disorder services into a MCP contract, or a county option to integrate all mental health services into a county mental health plan.
3. Enhance the current Medi-Cal managed care and fee for service system. Options could include requiring plans to have a child welfare expert or team, mandatory managed care enrollment, bundled payment, new required child welfare measures, increasing the number of public health nurses within the FFS system.

Summary of Discussion of Presented Papers

Key takeaways from the discussion are provided below.

Emergent Themes

- Tension between statewideness/standardization and local control/relationships
- The issues faced are complex and exist in an extremely complicated landscape
- Children in foster care represent a small population (so may not service as a top priority in a large managed care plan) with intensive, complex needs (behavioral, medical, social) requiring expert attention
- Services and supports for this population must be flexible and adaptable to the needs of children and families – children with complex medical conditions, for example, need to ensure access to needed specialty care, including out of network

- An increase in accountability in all parts of the system must be a requirement for any solution
- MCPs currently operating in California may not have the requisite knowledge and staff to provide informed, appropriate, and timely care to the foster care population, under current structures and expectations.
- Need to ensure treatment of Substance Use disorders is easily accessible and coordinated.
- Information and data sharing must be prioritized and achieved, including consideration of a personal health record.