

State of California—Health and Human Services Agency



CDSS

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January 12, 2016

ALL COUNTY INFORMATION NOTICE NO. I-06-16
MHSUDS INFORMATION NOTICE NO. 16-002

TO: ALL COUNTY BEHAVIORAL HEALTH PROGRAM DIRECTORS
COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION
CALIFORNIA COUNCIL OF COMMUNITY BEHAVIORAL HEALTH
AGENCIES
ALL COUNTY WELFARE DIRECTORS
ALL CHIEF PROBATION OFFICERS
ALL TITLE IV-E AGREEMENT TRIBES
ALL COUNTY ADMINISTRATIVE OFFICERS

SUBJECT: PATHWAYS TO MENTAL HEALTH SERVICES
IMPLEMENTATION AND CONTINUUM OF CARE REFORM
(CCR) IMPLEMENTATION UPDATES

REFERENCE: ACL 14-79 (OCTOBER 16, 2014)
MHSUDS INFORMATION NOTICE NO. 14-036
WELFARE AND INSTITUTIONS CODE SECTION 16501 ET SEQ.
ACL 14-50 (DECEMBER 24, 2014)

The purpose of this All County Information Notice (ACIN) and Mental Health and Substance Use Disorder Services (MHSUDS) Information Notice is to update counties on information relevant to the implementation of Pathways to Mental Health Services (formerly known as Katie A.) and the CCR and to encourage county agencies to engage in cross-agency discussions about these implementation efforts.

In the last several years, California's child welfare and mental health systems have experienced systemic change in incremental and meaningful ways. Several State initiatives, as well as the implementation of the *Katie A. v. Bontá*¹ Settlement Agreement, and most recently the passage of Assembly Bill (AB) 403, CCR, have been catalysts for both systems to become more integrated and collaborative in order to meet the individualized needs of California's children, youth and families.

The *Katie A. v. Bontá* case was a class action lawsuit filed in federal district court in 2002 concerning the availability of intensive mental health services to children and youth in California who were either in foster care or at imminent risk of entering foster care. A settlement agreement was reached in December 2011, and the California Department of Social Services (CDSS) and the Department of Health Care Services (DHCS) (hereinafter referred to as the State) took a series of actions to transform the way children and youth in foster care, or at risk of placement in California's foster care system, access mental health services. These actions include screening, assessing, and providing children and youth with Intensive Care Coordination and Intensive Home-Based Services, developing a Therapeutic Foster Care (TFC) service model, developing and implementing the Pathways to Mental Health Services Core Practice Model, and providing technical assistance to counties in the design and implementation of integrated models of care delivery.

Additionally, the State implemented a shared management structure, which includes the regular convening of a Community Team to advise and inform the State about how to best direct the implementation of a collaborative, youth and family centered approach to care for young people in foster care who need mental health services.

In October 2015, AB 403 (hereinafter referred to as CCR) was signed into law. CCR will reduce the reliance on congregate care by increasing the utilization of services in family based settings, and by ensuring that "core services" specified in CCR are available to children and youth in foster care.² As a condition of licensure, licensed residential centers and foster family agencies will be required to demonstrate that specialty mental health services are provided to children in their care who are in need of such services. One of the goals of CCR is to advance the commitments of County Child Welfare Departments, County Probation Departments, and County Mental Health Plans (MHPs) to meet the needs of children, youth and families, regardless of the child's placement setting. **It is anticipated that implementation of CCR will increase the number of children and youth receiving Specialty Mental Health Services in home-based settings and decrease the number of children being placed in**

¹ *Katie A. et al. v. Bontá et al.*, Class Action Settlement Agreement (Case No. CV-02-056662 JAK [SHx]).

² Welfare and Institutions Code sections 11400(af), 11462, and 11463.

congregate care settings. County agencies are encouraged to begin cross-agency discussions about anticipated placement needs and the adequacy of service networks to inform statewide and local implementation of CCR.

The State also encourages county agencies to begin cross-agency discussions concerning the delivery of TFC, an important component for successful implementation of CCR. TFC is a Specialty Mental Health Service available under the Early and Periodic Screening Diagnostic and Treatment (EPSDT) benefit³ and is a part of the continuum of home-based placements available to children who traditionally have been placed in group care or are at risk of group home placement. TFC will be provided by specially trained parents (TFC parents) working under the supervision of a licensed mental health professional. These TFC parents will be an integral part of the therapeutic treatment process of the child/youth.

The State is working with stakeholders to develop the fundamental components of the TFC model. The State will be conducting trainings and webinars in the future to provide more information on TFC.

It is envisioned that county MHPs will continue to provide or contract for the provision of Specialty Mental Health Services, including the mental health component of TFC. Further, it is envisioned that, as the placing agency, County Child Welfare Departments or County Probation Departments will retain the existing responsibility for determining the child or youth's needed placement level of care. Additionally, the placing agency will retain existing responsibilities for coordinating the Child and Family Team, maintaining the child welfare case plan and for visiting the child and TFC home as required by current law.⁴

For children and youth in foster care, room and board will continue to be paid through funding from Aid to Families with Dependent Children – Foster Care. The mental health service components of TFC will be reimbursed consistent with existing funding mechanisms for Specialty Mental Health Services.

In January 2016, the State will begin monthly Child and Family Services Integrated Technical Assistance (TA) calls. These TA calls will provide an opportunity for counties,

³ See ALL COUNTY LETTER NO. 14-79/MHSUDS INFORMATION NOTICE NO. 14-036, pg. 3. MHP's are obligated to provide these services to eligible beneficiaries where medically necessary and this obligation was not affected by 2011 Realignment. See MHSD INFORMATION NOTICE No: 13-01.

⁴ See Welfare and Institutions Code section 16501 et seq. regarding placement agency responsibilities for case planning, placement determinations and child and family teams. See also ALL COUNTY LETTER NO. 14-50 describing required monthly caseworker visits.

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providers, and stakeholders to receive timely updates, guidance and technical support as they prepare for implementation of CCR and TFC.

If you have any questions regarding this information, please contact the DHCS, Mental Health Services Division, at (916) 322-7445 or email KatieA@DHCS.ca.gov or the CDSS, Children and Family Services Division, Integrated Services Unit, at (916) 651-6600 or email KatieA@DSS.ca.gov.

Sincerely,

original signed by:

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Mental Health and Substance Use Disorder
Services
California Department of Health Care Services

original signed by:

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