State of California—Health and Human Services Agency

TOBY DOUGLAS
DIRECTOR

WILL LIGHTBOURNE
DIRECTOR

October 16, 2014

ALL COUNTY LETTER (ACL) NO. 14-79
MHSUDS INFORMATION NOTICE NO. 14-036

TO: ALL ADOPTION DISTRICT OFFICES
ALL CHIEF PROBATION OFFICERS
ALL COUNTY ADOPTION AGENCIES
ALL COUNTY WELFARE DIRECTORS
ALL FOSTER FAMILY AGENCIES
ALL GROUP HOME PROVIDERS
ALL TITLE IV-E AGREEMENT TRIBES
COUNTY ALCOHOL AND DRUG PROGRAM ADMINISTRATORS
COUNTY MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH BOARDS

SUBJECT: **Continuation of Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Within a Core Practice Model (CPM) Approach Post Court Jurisdiction**

REFERENCE: *KATIE A., et al., v. DIANA BONTA, et al.*, Case No. CV-02-05562 AHM (SHx); United States Codes Section 1396d(r)

The purpose of this All County Letter and Mental Health and Substance Use Disorder Services (MHSUDS) Information Notice is to set forth the California Department of Social Services' (CDSS) and the Department of Health Care Services' (DHCS) (hereinafter referred to as the State) expectations for continued implementation and on-going sustainability of activities and services required by the *Katie A. vs. Bontá* Settlement Agreement beyond the end of court jurisdiction. As a result of the Settlement Agreement, the State agreed to take a series of actions intended to transform the way children and youth in California's foster care system access and receive mental health services. These actions include identifying eligible children and youth and providing them with Intensive Care Coordination (ICC) and Intensive Home

Based Services (IHBS) as medically necessary within the context of the Core Practice Model (CPM), and Therapeutic Foster Care (TFC), subject to clarification by the Centers for Medicare and Medicaid Services (CMS).[1]

Although court jurisdiction is scheduled to end in December 2014, the State will continue to partner with counties to advance the efforts already underway for children and youth in need of mental health services. Substantial progress has already been achieved in the provision of ICC and IHBS to children and youth which reflects the counties' commitment to continue working to serve all children and youth in need of mental health services. As stated in All County Letter No. 14-29 (MHSUDS Information Notice No. 14-012), Mental Health Plans (MHPs) are required to provide Specialty Mental Health Services (SMHS) as determined medically necessary. Pursuant to the Katie A Settlement Agreement, Implementation Plan, and related court orders, ICC, IHBS, and TFC (once clarified by CMS) must be provided to members of the subclass, when medically necessary, and delivered in a manner consistent with the CPM.

Expectations for Activities and Practices at the County Level

After court jurisdiction ends in December 2014, the State expects the counties to continue with implementation activities and practices on an ongoing basis so that all eligible children and youth[2] receive SMHS, including ICC and IHBS, as medically necessary within the context of the CPM,[3] and to implement TFC as clarified by CMS.

The State is in the process of contacting counties that have indicated that they are not fully serving all identified eligible children and youth to determine what action steps and timelines the counties anticipate to reach and sustain full implementation as quickly as possible. The State will assess how effective the counties' action steps will be in providing ICC and IHBS to eligible children and youth. To the extent the State has concerns that a county is not providing timely ICC and IHBS, the State will provide targeted technical assistance or other follow-up actions to assist implementation efforts. The State also anticipates conducting site visits and will, if needed, ask that counties address any concerns through quality assurance tools, corrective action or other mechanisms (e.g. PIPs (Performance Improvement Plans) and SIPs (System Improvement Plans) taking into consideration specific county factors and needs.

[1] All future references to TFC services in this letter/notice refer to that bundle of therapeutic services provided to foster children that are currently under review at CMS for clarification as Medi-Cal covered services.

[2] Refers to Katie A. Subclass Members, as defined in Medi-Cal Manual for ICC, IHBS and TFC, Page 3

[3] These services, implemented using CPM principals, provide a more comprehensive approach to address the needs of children and youth in foster care. See the Core Practice Model Guide for additional information

The State will request that counties submit progress reports in April 2015 covering the reporting period from September 1, 2014 – February 28, 2015. The State will then assess whether future progress reports will be requested. The State anticipates that the SMHS claiming reports, which it will continue to post, and the Interagency Agreement between DHCS and CDSS, together with any Joint Management Taskforce (JMT) recommendations adopted by the Departments, will enable the State to receive and report more precise information regarding county progress than the current progress reports offer.

Child Welfare Departments (CWDs) and Mental Health Plans (MHPs) are expected to continue implementation activities, including data sharing, to ensure that children and youth with mental health needs (potential subclass members) are appropriately identified[4] and receive necessary services and supports. As a matter of best practice, mental health screenings and assessments should be completed when there are concerns about a child or youth's mental health, such as following a significant life change or traumatic event or upon observation of significant mental health changes.

MHPs are expected to continue to provide, or arrange for, the provision of Medi-Cal SMHS under the Early and Periodic Screening Diagnosis and Treatment (EPSDT) benefit for eligible beneficiaries under the age of 21[5]. As federal entitlement services, the State expects MHPs to continue to provide the following SMHS to which Medi-Cal beneficiaries are entitled, without limitations on the number of children/youth who can receive these services.[6] MHPs are to continue to maintain adequate network, access and service capacity standards as established in their contract with DHCS:

a. ICC services to all children and youth who meet certain criteria;[7]

b. IHBS, when determined medically necessary;

c. Other SMHS, when determined medically necessary; and

d. Therapeutic Foster Care (TFC) services.

CWDs and MHPs are expected to continue to identify, screen, assess and provide services to children and youth in a manner consistent with the CPM to create a strengths-based, family-focused approach to service planning and delivery. This includes the practice of teaming for all children, youth and families. The team works

[4] See All County Letter No: 14-29 and MHSUDS Information Notice No: 14-010
[5] See MHSD Information Notice No: 13-01 for additional information
[6] See MHSUDS Information Notice No.: 14-016 for additional information
[7] Refers to Katie A. Subclass Members, as defined in Medi-Cal Manual for ICC, IHBS and TFC, Page 3

together (through the establishment of a Child and Family Team (CFT) which is comprised of the youth, family, natural supports as identified by the family, and child welfare, mental health, and other individuals identified by the team) to support the child, youth, and family with meeting the child's or youth's mental health goals and enabling a successful transition out of the child welfare system.

CWDs and MHPs are expected to work together and establish a process to support the collaborative cross-system approach to the delivery of services within the CPM for children and youth with mental health needs. This process may include agreements and/or Memoranda of Understanding (MOU) that address collaboration between the agencies.

a. To this effect, CWDs and MHPs should address issues, if any, around confidentiality and data sharing to appropriately identify and serve all eligible children and youth. Most counties have resolved these issues and as such these challenges should not preclude counties from appropriately sharing information needed to identify and serve children and youth.

b. Counties should continue to develop and employ their own shared management structure and collaboration between CWDs and MHPs. The State is in the process of establishing a shared management structure which may serve as a model to counties that have not yet completed this work.

As with any other SMHS, the State expects that ICC, IHBS and TFC, will be delivered in a coordinated and comprehensive approach. Services should continue to be provided in the least restrictive setting possible, such as in the child or youth's home, in a family-like setting, or community. Services should also be appropriate to the child, youth, and family's culture and based on their individualized needs.

MHPs should continue to incorporate the provision of ICC and IHBS and TFC services to children and youth into their existing quality assurance, quality management, and improvement activities which are specified in the contract between MHPs and DHCS. These services are subject to the existing SMHS criteria regarding access, timeliness standards, network adequacy, etc.

a. The State encourages MHPs to conduct a Performance Improvement Project focusing on implementation areas (i.e., to assess capacity issues, CPM implementation, and service utilization) to look at quality, outcomes, and improvement efforts.

The State encourages CWDs to utilize a Continuous Quality Improvement (CQI) process: a data driven, inclusive, proactive, systemic, and holistic approach to improvement efforts. A CQI process would include identifying, describing, and analyzing strengths and problems, and then testing, implementing, learning from, and revising solutions[8].

a. The State further encourages CWDs to provide additional information within their Child and Family Services Review reports[9] regarding how they are increasing their collaborative efforts with MHPs, how their programs and services align with the CPM, and how these programs and services will assist with increasing the provision of ICC, IHBS, and TFC services for children and youth with individualized mental health needs.

The State reaffirms its commitment to an ongoing partnership to continue to support counties in their implementation efforts. To this end, the State will continue to closely monitor the implementation of ICC, IHBS, and TFC services to ensure that counties' actions are leading to measurable and timely increases in the provision of these services to all children and youth for whom these services are medically necessary. The State will oversee efforts aimed at ensuring that counties take appropriate steps to address any challenges in identification and provision of services to children and youth.

The impact of this change on children in the child welfare system will be significant. Not only will these children have greater access to mental health services in a home based setting, but those services will be better coordinated with the child welfare agency and the child's family. This will increase the overall effectiveness of mental health services for children and will reduce frequent placement changes, congregate care placements, and the use of psychotropic medication. The State will continue to provide technical assistance and support to ensure that the integral pieces and actions, necessary to transform the way children and youth in California's child welfare system access mental health services, are implemented so that system improvements remain sustainable for the long-term.

A collaborative relationship has been developed among DHCS, CDSS, the County Behavioral Health Directors Association of California (CBHDA), the County Welfare Directors Association of California (CWDA), and the individual counties towards the effort to achieve all of the actions described in this letter. As a result, the State expects and remains fully confident that, post court jurisdiction, mental health services for California's children will continue to be provided in an appropriate manner and will increase and improve in quality over time. The

[8] Casey Family Programs and the National Child Welfare Resource Center for Organizational Improvement, "Using CQI To Improve Child Welfare Practice – A Framework for Implementation", 2005.
[9] California-Child and Family Services Review Instruction Manual, January 1, 2014

progress California has made implementing the *Katie A. vs. Bontá* Settlement Agreement thus far is gaining momentum and, with continued support, will certainly allow us all to achieve the transformation we seek as services and practices are incorporated into existing program structures, become standard practice, and over time, are no longer considered deliverables resulting from a lawsuit.

If you have any questions regarding the 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:

Karen Baylor, Ph.D., LMFT
Deputy Director
Mental Health and Substance Use Disorder Services
Department of Health Care Services

Original Signed By:

GREGORY E. ROSE
Deputy Director
Children and Family Services Division
Department of Social Services