

MAKING SENSE OF MENTAL HEALTH FUNDING OF BEHAVIORAL HEALTH SERVICES FOR FOSTER YOUTH



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PURPOSE OF TODAY

- Introductory overview of mental health funding, examples of mental health programs offered by counties and how to access these programs.
- Presenters will discuss how to effectively collaborate with your Behavioral Health Department including leveraging developing funded programs.
- Participants will:
 - Develop a general understanding of mental health funding, particularly as it relates to children and youth in county systems.
 - Identify a range of mental health programs that are offered in varying counties which might be relevant for probation youth
 - Gain insight into strategies that have effectively leveraged funding for probation youth
 - Learn about ways to effectively collaborate with their county behavioral health partners.

FUNDING FOR MENTAL HEALTH SERVICES

- Medi-Cal – primary funding for service
- Mental Health Services Act (MHSA)
- Grants – for example, SAMHSA
- General Fund
- Local bond initiatives
- Blended Funding – in Alameda
 - Special Education covers some cost of services
 - Probation and CFS cover some cost of services

RECEIVING MENTAL HEALTH SERVICES

- The two primary systems of care for Medi-Cal beneficiaries with Mental Health conditions are:
 - County Mental Health Plans
 - Responsible for authorization and payment of a full continuum of specialty mental health services
 - Includes inpatient/post stabilization services
 - Rehabilitative services
 - Targeted case management for beneficiaries meeting statewide medical necessity criteria. **Services are for beneficiaries with moderate to severe conditions**
 - Managed Care Plans
 - Responsible for outpatient mental health services, including psychotherapy and medication management **for beneficiaries with “mild to moderate” mental health conditions.**

MILD TO MODERATE

MODERATE TO SEVERE

SPECIALTY MENTAL HEALTH SERVICES MEDICAL NECESSITY CRITERIA

- An enrollee is eligible for MHP services if he or she meets all of the following criteria
 - Has an included diagnosis
 - Has a significant impairment in an important area of life functioning, or a reasonable probability of significant deterioration in an important area of life functioning – a reasonable probability of not progressing as individually appropriate (for beneficiaries under 21 who meet criteria for EPSDT)
 - The focus of the proposed treatment is to address the impairments
 - The expectation that the proposed treatment will significantly diminish the impairment, prevent significant deterioration in an important area of life function
 - The condition would not be responsive to physical health care-based treatment

MEDICAL NECESSITY

MENTAL HEALTH SERVICES MENU

- Individual Therapy
- Group Therapy
- Family Therapy
- Case Management
- Psychiatric services including medication prescribing and monitoring
- Therapeutic Behavioral Services (TBS)
- Intensive Care Coordination and In Home Based Services
- Therapeutic Foster Care

Role of TFC Parent as a Provider of SMHS Service Activities

The TFC parent serves as a key participant in the trauma-informed, rehabilitative treatment of the child or youth, as set forth in the client plan. The TFC parent provides a range of service activities which include implementing the risk management/safety components of the child's or youth's client plan.

The TFC parent provides one or more of the following TFC service model SMHS service activities:

- **Plan development (limited to when it is part of the CFT):** The TFC parent will participate as a member in the CFT in care planning, monitoring, and review processes. The TFC parent also will observe, monitor, and alert the TFC Agency and members of the CFT about changes in the child's or youth's needs.

Role of TFC Parent as a Provider of SMHS Service Activities

- **Rehabilitation:** The TFC parent will implement in-home informed practices which include trauma-informed rehabilitative treatment strategies set forth in the child's or youth's client plan. Examples of services to be provided include: providing skills-based interventions (including coaching and modeling); developing functional skills to improve self-care; and improving self-management in areas of anger management or self-esteem or peer relations;

- **Collateral:** The TFC parent will meet the needs of the child or youth in achieving his or her client plan goals by reaching out to significant support person(s) and providing consultation and/or training for needed medical, vocational, or other services to assist in better utilization of SMHS by the child or youth.

Intensive Care Coordination (ICC)

ICC is available through the EPSDT benefit to all children, youth, and young adults under the age of 21 who are eligible for full scope Medi-Cal, meet medical necessity for specialty mental health services, and who meet service criteria for this program. It is an intensive form of care coordination that identifies ancillary supports and systems which assist with client stabilization. It is delivered through a specific form of collaboration, called the Child and Family Team (CFT), which requires active, integrated and collaborative participation by provider(s), family, and natural supports to ensure that the complex behavioral health needs of the client are being met.

Intensive Home Based Services (IHBS)

Intensive Home Based Services are mental health rehabilitative services that are available to beneficiaries under 21 who are receiving ICC. IHBS are medically necessary individualized, strength-based interventions designed to improve mental health conditions that interfere with a child, youth, or young adult's functioning and are aimed at helping the client build skills necessary for successful functioning in the home and community. IHBS is also available to improve the family's ability to help the child, youth or young adult successfully function in the home and community. IHBS services are offered to clients with significant and complex functional impairment which require more intensive services. These services are primarily delivered in the home, school or community and outside an office setting.

MENTAL HEALTH PROGRAMS

- **Wrap Around**
- **Evidence-Based Programs**
 - **Multi-Systemic Therapy**
 - **Multi-Dimensional Family Therapy**
 - **Motivational Interviewing**
 - **Cognitive Behavioral Therapy (CBT)**
 - **Triple P – Positive Parenting Program**

ALAMEDA COUNTY

- **ACCESS**
- **School-based behavioral health care**
- **Birth to five services**
- **Underserved ethnic language populations**
- **TBS**
- **Services to Probation**
- **Services to Child & Family Services**
- **Special Education**
- **Crisis Stabilization**
- **Psychiatric Hospitalization**
- **ICC and IHBS**

ALAMEDA COUNTY PROGRAMS DEVELOPED FOR PROBATION YOUTH

- All programs developed in collaboration with Probation Department
- Probation involved in developing the programs from RFP to roll-out of services
- Programs for youth at risk of Probation Involvement
 - Sheriff Dept. Youth Services
 - Truancy Courts
- Current programs for probation high needs/high risk youth
 - Wrap Around
 - Multi-Dimensional Family Therapy
 - Collaborative Court Intensive Case Management
 - Multi-Systemic Therapy
 - First three programs are Blended Funding programs

KEYS TO COLLABORATION

- Ethos of these are collectively our youth
- Having resources helps
 - EPSDT Expansion
 - IV-E Waiver
- Understanding the mandates, rules, strengths and limitations of each other's agency
- Imbedding BHCS managers and staff in Probation
- Always be willing to help out when a partner agency reaches out to you
- Relationships, relationships, relationships
- Each agency/department gives something – not one-sided
- Face time
- Collaborative Projects
- Sharing Resources: trainings, conferences (Beyond the Bench)
- Return calls and email

QUESTIONS