



Wraparound for All Systems-Involved Youth: A Practical Overview of Legal Entitlements Under CalAIM and Beyond

Youth Law Center
August 24, 2022





AGENDA

A not-exhaustive-list of our values in this area

Overview of wraparound services

CaAIM and recent policy changes

The move from diagnosis to trauma

The other wraps

Challenging denials of services

A Non-Exhaustive-List of Values

- Young people should be able to receive the supports they need in their communities and while living at home (i.e., with families and/or independent living settings).
- Young people should **not** have to move – to other "placements," other counties, or to institutions – to receive supports they could otherwise receive in their community.
- Young people should have the opportunity to receive supports whenever and however they need it.
- Therapeutic services should be built in ways that meet the needs of youth where they are, be non-stigmatizing, and be trauma-informed, trauma-responsive, and culturally accordant.

Values, Legal Entitlements

Tomato, Tomato

Emily Q – filed in 1998.

- The practice of pushing children into institutionalized and group care settings does not fulfill legal requirements and is not good for children.
- Children would be better served through community based supports in their homes and communities.
- Created Therapeutic Behavioral Services (TBS) in CA.

Katie A. – filed in 2002.

- Challenged California's failure to provide home-based and community-based mental health services to children who are in foster care.
- Settlement created Pathways to Wellbeing services, including Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), Therapeutic Foster Care (TFC)

Wraparound = How These Services Should be Delivered

“Wraparound” generally describes a collaborative, inter-agency approach to serve children and families that involves:

- Services delivered in home, school, and community

- That are individualized, strength-based, and team-based

- With an unconditional commitment to the youth’s success and

- Focus across life domains (such as family, living situation, education, psychological and emotional health, physical health, etc.)

Additionally, wraparound should be

- Clinically articulated but not necessarily clinically driven

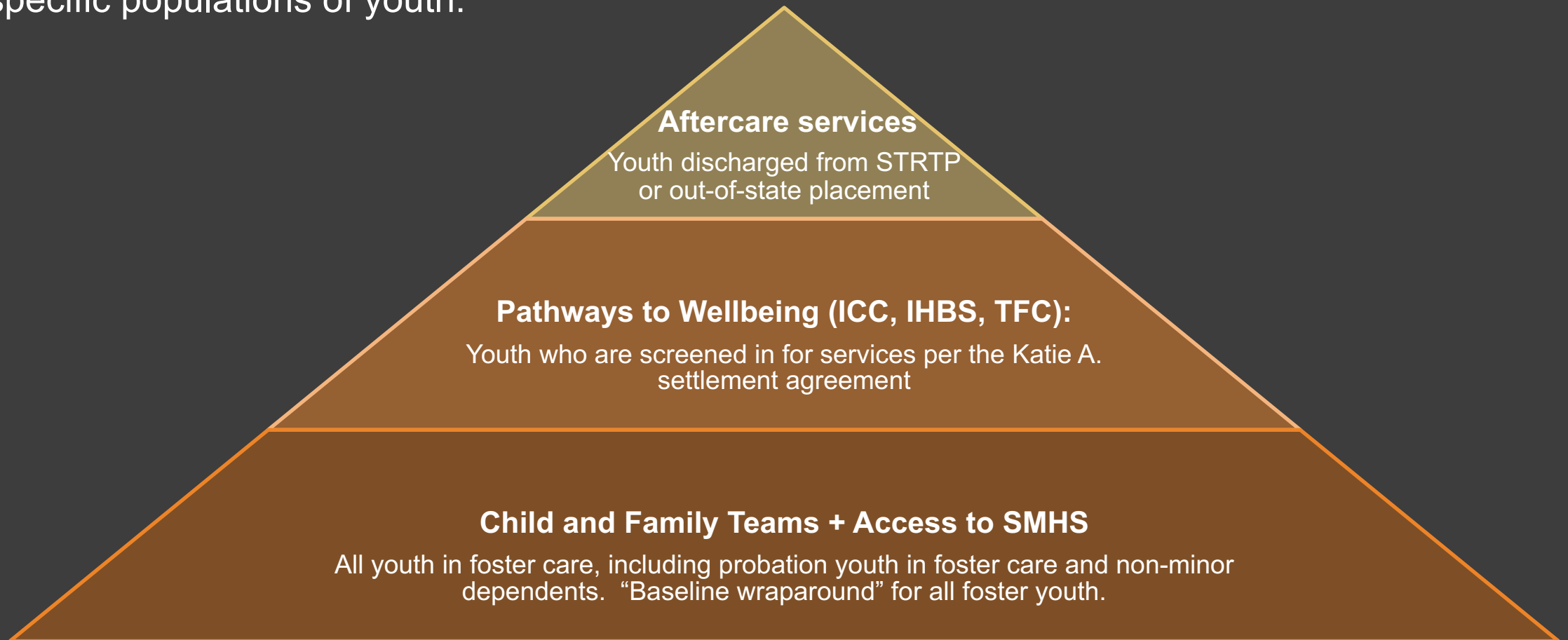
- Culturally accordant

- Have access to flexible funding



What We Talk About When We Talk About Wraparound in CA

Currently in California, there are at least *three* distinct forms of wraparound services provided to specific populations of youth:



All Youth in Out of Home Placements Should Receive Wraparound





Wrap for All: Delivery

Continuum of Care Reform (CCR) created a framework for a **legally mandated** wraparound for all youth in foster care in CA

Child and Family Teams (CFTs) play a central role in identification and delivery of services and are required for every youth entering care (within 60 days) + any time a youth changes placement or services. See WIC 16501.1(c-d) and ACL 16-84.

CFTs are also required every 90 days for youth receiving SMHS and every 6 months for all other youth. ACL 22-35.



Child and Family Teams – Wrap Approach

Should be strength-based, include both professional and peer/family supports, emphasize community-based and culturally accordant supports, and be individualized and trauma informed. See ACL 16-84 at 6.

Counties are also encouraged to use the Integrated Core Practice Model (ICPM) for CFTs. ICPM is based on the National Wraparound Institute model.

The **missing piece** in CFTs for wraparound was a guaranteed **clinical component**

This was fixed in January of 2022 through CalAIM.

California Advancing and Innovating Medi-Cal (CalAIM)

Updated “medical necessity” definition

For individuals under 21 years of age, a service is “medically necessary” or a “medical necessity” if the service meets the standards set forth in Section 1396d(r)(5) of Title 42 of the United States Code. WIC § 14059.5.

42 U.S.C. § 1396d(r)(5): The term "early and periodic screening, diagnostic, and treatment services" means ... necessary health care, diagnostic services, treatment, and other measures ... to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the State plan.”

Services **need not be curative or restorative** to ameliorate a mental health condition; services are covered if they sustain, support, improve, or make more tolerable a mental health condition. BHIN 21-073.

California Advancing and Innovating Medi-Cal (CalAIM)

Updated eligibility criteria for SMHS

Mental health diagnosis is not required for youth or adults. BHIN 21-073.

For youth under 21, there are two alternative ways to establish eligibility for SMHS, both of which recognize the **impact of trauma**. WIC § 14184.402

Option 1: Establishing experience of trauma through current or past involvement in systems

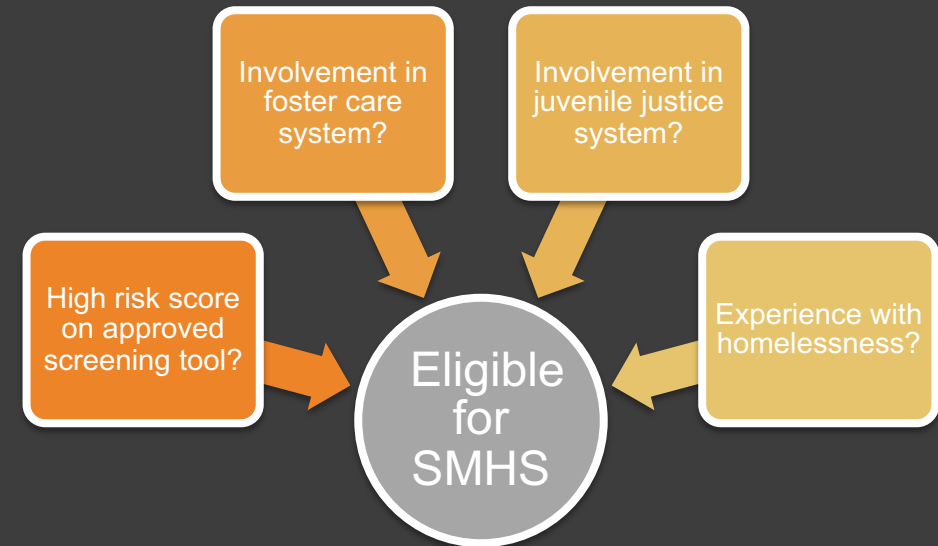
Option 2: Establishing possible impairment due to diagnosed, suspected, or risk for future mental health disorder

BHIN 21-073

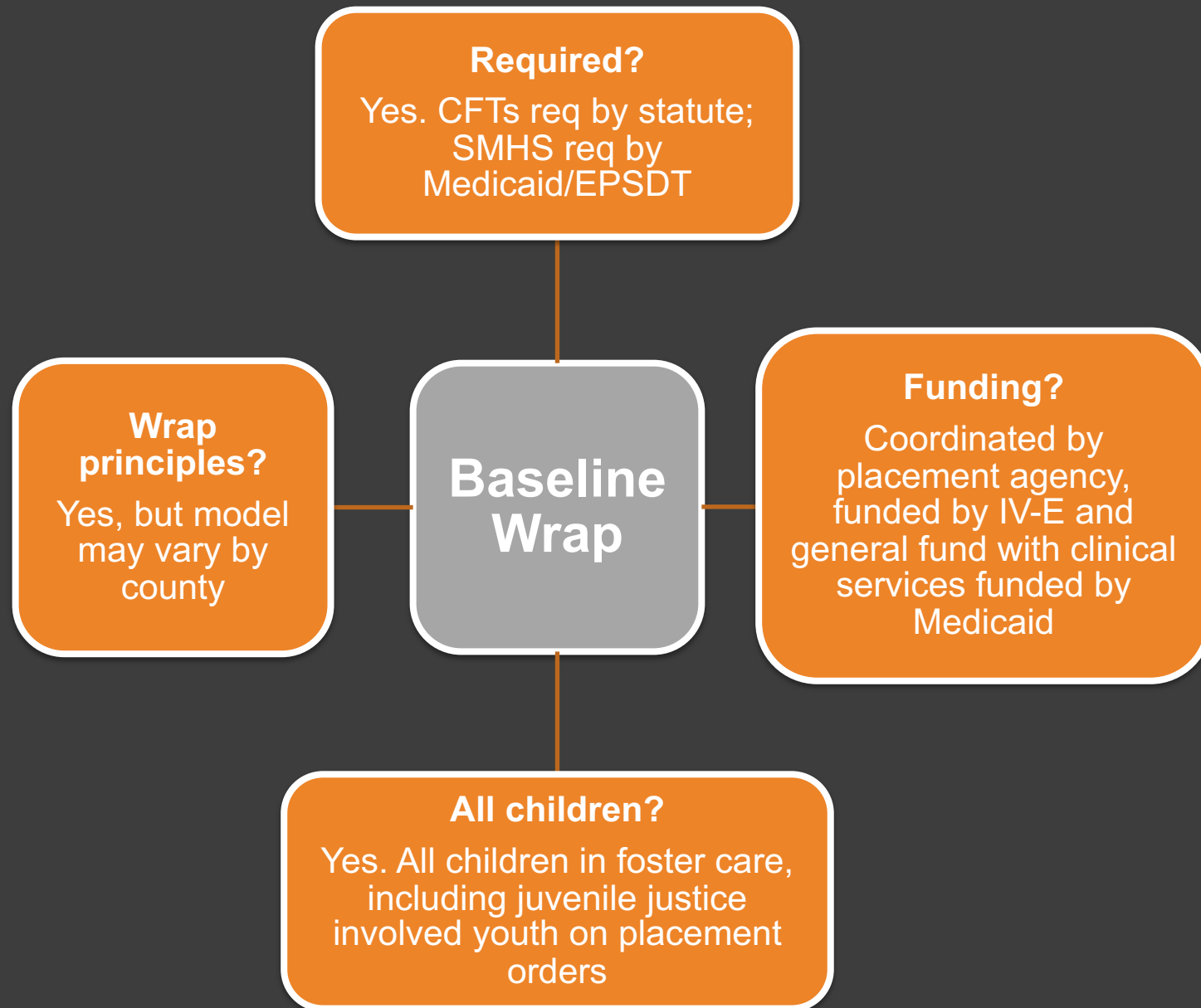
Effective January 1, 2022

Covered specialty mental health services **shall** be provided to enrolled beneficiaries who meet **either** of the following criteria, (1) or (2) below:

(1) The beneficiary has a condition placing them at high risk for a mental health disorder due to experience of trauma evidenced by any of the following: scoring in the high-risk range under a trauma screening tool approved by the department, **involvement in the child welfare system, juvenile justice involvement, or experiencing homelessness.**



For covered youth, the question should now change from **IF** services are provided, to **WHAT** services are provided



CalAIM Moves Children's Behavioral Health from a Diagnostic Driven System to a Trauma Responsive One

A few words on what that means and why it's important ...



ACES – Adverse Childhood Experiences

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical

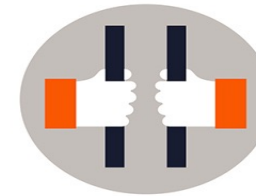


Emotional

HOUSEHOLD DYSFUNCTION



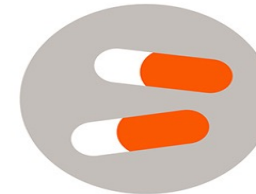
Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce

Number of Adverse Childhood Experiences (ACE Score)	Women	Men	Total
0	34.5	38.0	36.1
1	24.5	27.9	26.0
2	15.5	16.4	15.9
3	10.3	8.6	9.5
4 or more	15.2	9.2	12.5

Trauma – The Impact

BEHAVIOR



Lack of physical activity



Smoking



Alcoholism



Drug use



Missed work

PHYSICAL & MENTAL HEALTH



Severe obesity



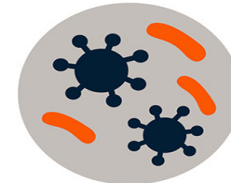
Diabetes



Depression



Suicide attempts



STDs



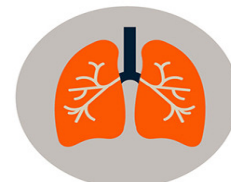
Heart disease



Cancer



Stroke



COPD



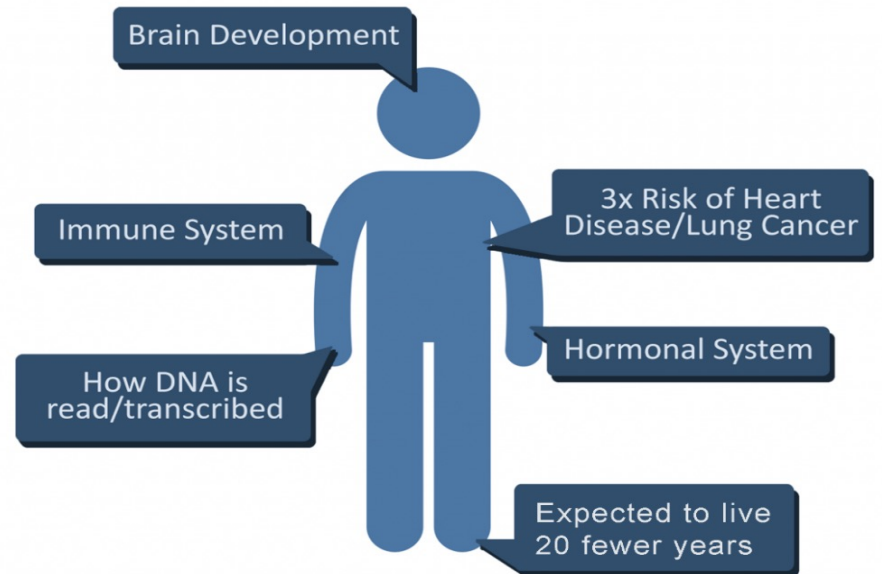
Broken bones

ACES – Why Does It Matter?

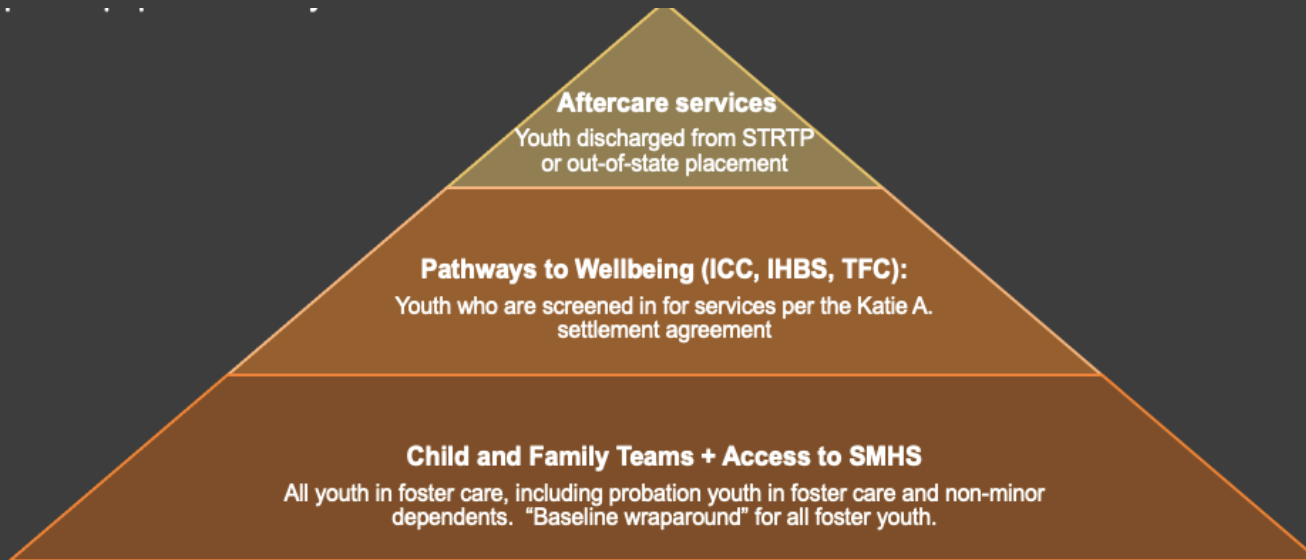
4 or more ACES seems to be a real tipping point for subsequent adverse consequences.

The likelihood of chronic pulmonary lung disease increases 390 percent; hepatitis, 240 percent; depression 460 percent; attempted suicide, 1,220 percent.

Adverse Childhood Experiences affect a variety of factors in adulthood, such as:



The Other Wraparounds




The Other Wraparounds: Pathways to Well Being Services

Pathways to Well-Being Services

Coming out of a class action lawsuit, Katie A., filed in federal court in 2002 and settled in 2011, Pathways to Well-Being Services are intended to be intensive, community based mental health services delivered through a team-based model that is strength-based and **now follows the wraparound principles set out in the ICPM.**

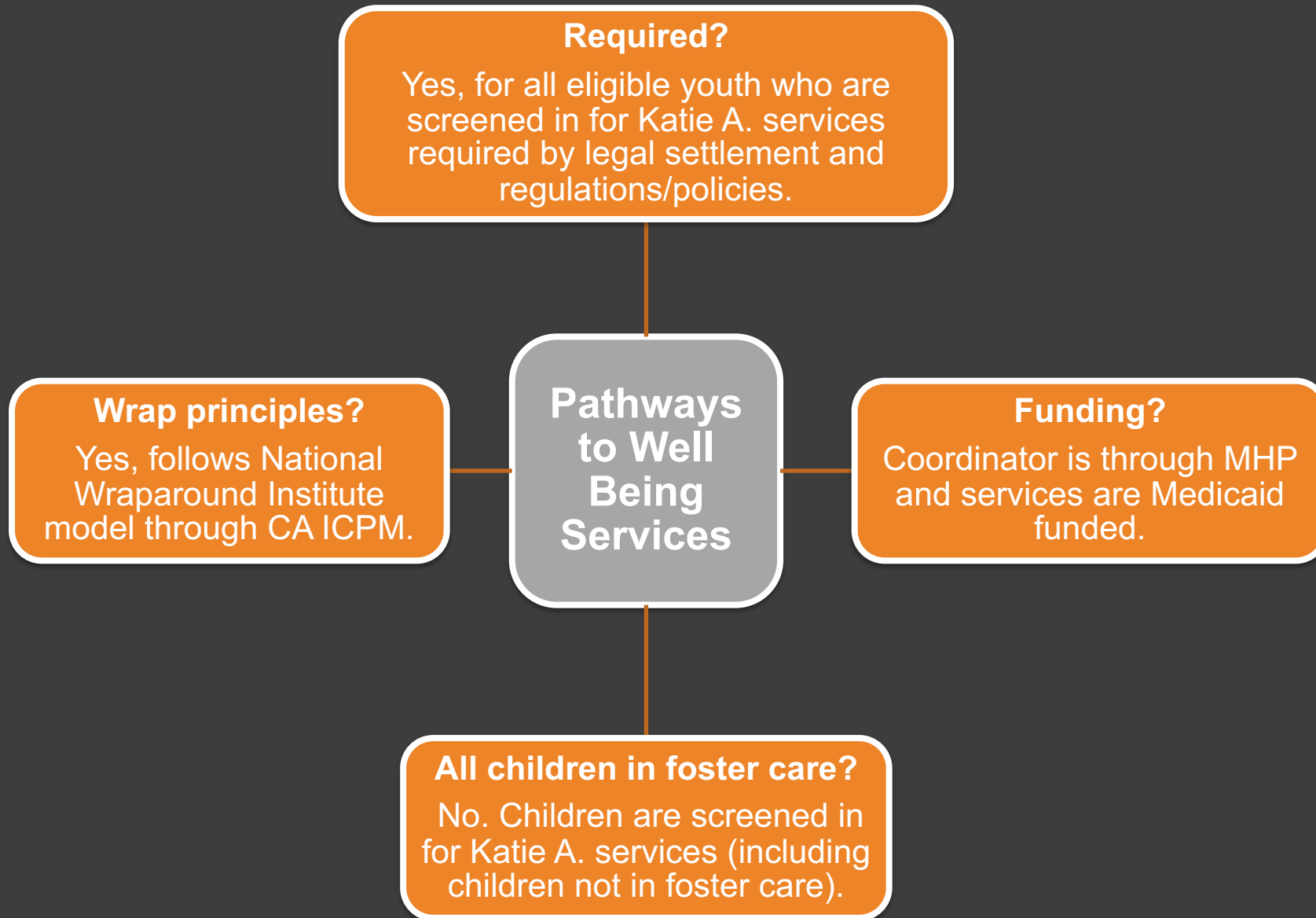
Pathways to Well-Being Services include the following Medicaid-reimbursable services:



Intensive Care Coordination (ICC), defined as an intensive form of Targeted Case Management that differs from TCM by target population (youth involved in multiple systems with more intensive needs), treatment (requiring cross-agency collaboration), and requiring a CFT to be in place. The ICC coordinator is “often an MHP employee or contractor.” ICC may be provided in STRTPs.

Intensive Home Based Services (IHBS) are individualized, strength-based interventions delivered in the community and expected to be of significant intensity to address the mental health needs of the youth consistent with their treatment plan. IHBS may be provided by staff who meet the same qualifications as those allowed for other mental health services as approved by the MHP. IHBS may be provided in STRTPs.

Therapeutic Foster Care (TFC) is a short-term, intensive, trauma informed, individualized intervention provided by a TFC parent to a youth with complex needs who require 1:1 support. Children receiving TFC must also receive ICC and have a CFT in place following wraparound principles as outlined in the ICPM.



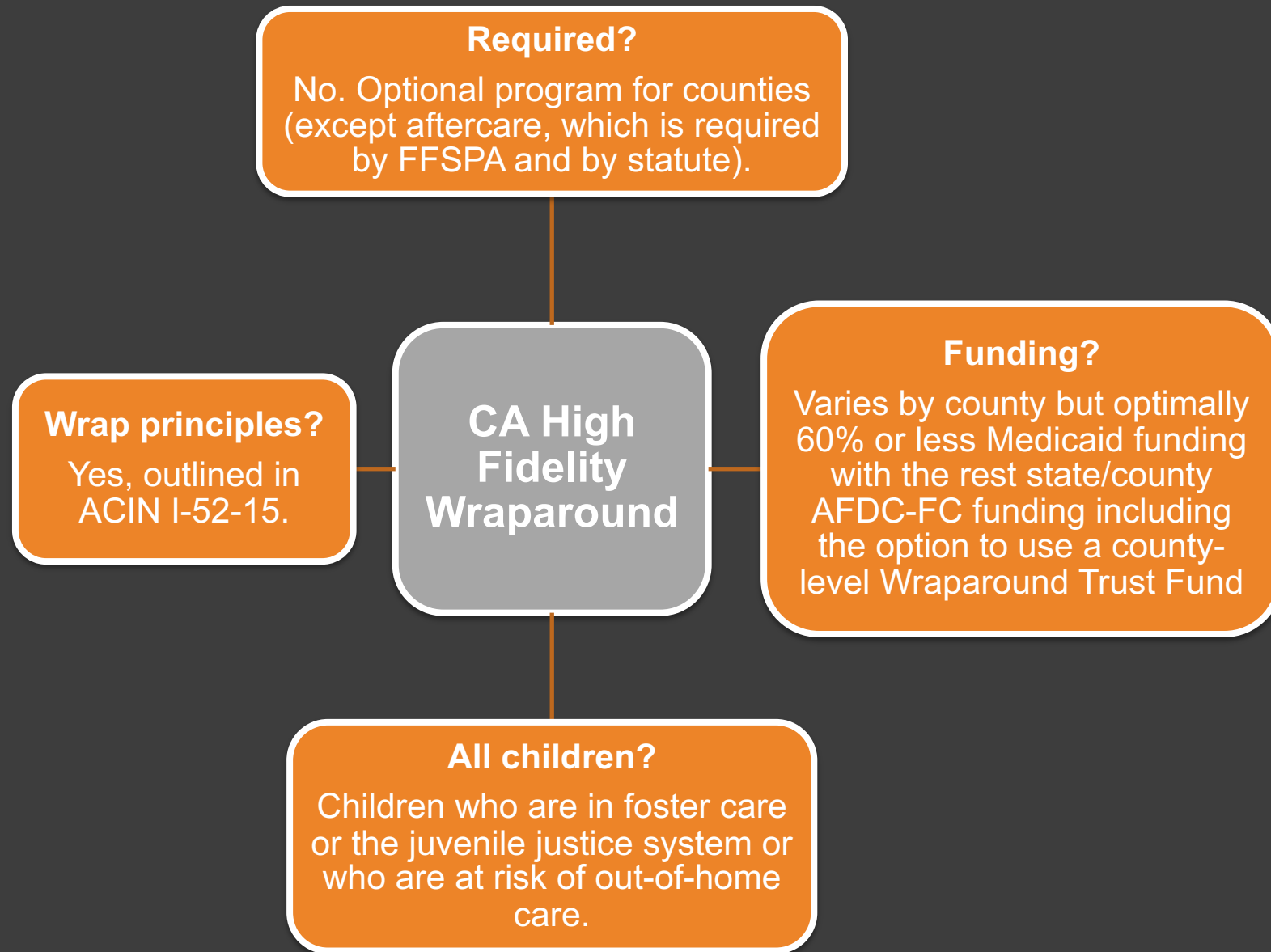
The CDSS “Real” Wraparound (The One Named in Statute)

Established in 1997 by SB 163, allowed counties to use state AFDC-FC funding flexibly to support youth in the communities and to create Wraparound Trust Funds.

Updated claiming instructions available at CFL 20/21-94 (2021).

Includes principles and standards for delivery of services. ACIN I-52-15.

This version of wraparound will be used to meet the aftercare requirements of FFPSA starting in October 2021. WIC 4086.6.



Why is this important in CA? Everything Depends on This.

Continuum of Care Reform

Families First Prevention Services Act (FFPSA)

AB 153 “to support California’s commitment to eliminate the placement of foster youth with complex needs in out-of-state facilities”



UNPRECEDENTED OPPORTUNITY

Increased investment in wraparound – including legal entitlement to wraparound for all youth in foster care

Tens of millions in complex care funding

Medicaid expansion removing barriers to services for court involved youth



Additional Resources

- Catalyst Center – Provides technical assistance and resource guides, including a Behavioral Health Resources Map in collaboration with the CA Children’s Trust: <https://www.catalyst-center.org/resources>
- CDSS Complex Care Resource Guide: <https://cdss.ca.gov/inforesources/complex-care/resource-materials>

More Changes on the Way

- Enhanced Care Management (ECM) – will launch in July 2023 for youth populations and implemented by community based organizations contracted through managed care plans. Youth involved in the child welfare system (up to 26) and/or involved in the juvenile justice system are priority populations.

What To Do When Youth Are Not Receiving Supports?



Challenging Adverse Benefit Determinations

Notice of Adverse Benefit Determination

- MHP makes a decision to deny, limit, delay, or end services you and your provider think you need
- Grievance, appeal, or expedited appeal was not resolved in time
- Services were not provided within required timelines

Appeal

- Request for review of an MHP or provider decision; can be submitted orally or in writing
- Must be filed within 60 days of Notice
- MHP has 30 days to review, but can extend up to 14 days
- Expedited appeal: Must show that waiting for standard appeal will make mental health condition worse
 - If you qualify, MHP has 72 hours to resolve
 - If you don't qualify, MHP must give prompt oral notice and written notice within 2 days; you can file a grievance if you disagree
- Services can be continued if requested within 10 days of receiving Notice
 - If appeal confirms MHP decision, you may be required to pay for services provided while appeal was pending

State Hearing

- Request for a CDSS administrative hearing if MHP denies appeal, or if grievance or appeal wasn't resolved in time
- Must be requested within 240 days of appeal decision
- Can take up to 90 days for decision and notice
- Expedited hearing: Must provide letter showing how waiting up to 90 days will seriously harm you
 - If request is approved, CDSS will hold hearing and issue decision within 3 days
- Services can be continued if requested with state hearing request, but must have first been requested within 10 days of receiving Notice of Adverse Benefit Determination or before the date the MHP says services will be stopped or reduced
 - If hearing confirms appeal decision, you may be required to pay for services provided while hearing was pending

Grievance

You can also file a grievance, or an expression of dissatisfaction with anything regarding your services, at any time

The MHP has 90 days to resolve your grievance.

This deadline can be extended by up to 14 days if you request an extension, or if the MHP thinks there is a need for additional information and the delay is for your benefit.

The MHP will notify you in writing of its decision. If it does not notify you in time, it will provide you with a Notice of Adverse Benefit Determination.



For Technical Assistance or Help in Accessing Services

Legal Aid Access to SMHS Coalition
Contact Rachel Murphy
rmurphy@ylc.org for more information

