Complex Care Proposal

Diana Boyer

Director of Policy for Child Welfare and Older Adult Services

Loc H. Nguyen, DrPH, MSW

Child Welfare Policy Consultant

Updated January 25, 2023

CWDA
County Welfare Directors Association of California

Complex Care Proposal: 3 Elements

1. Short-Term Assessment, Treatment and Transition (STATT) Program with Care Team Component ($16.4m SGF)
2. Regional Health Team Model ($2.5m)
3. Complex Care Funding expansion and modifications
   - $43.3 million would become on-going
   - Fold in existing $18.1 million child-specific funding
   - Expand allowable uses of those funds.

Total package: $63 million (includes some State staffing costs)

Complex Care Proposal

Aligns with Draft AB 2083 Report findings:

- Siloed practices in planning and delivering services negatively impacted children
- Incomplete implementation of trauma-focused program models within the system of care.
- Serious program gaps with specialized competencies capable of serving the needs of children with multiple co-morbidities or cross-system needs.

Short Term Assessment, Treatment and Transition (STATT) Program with Care Teams

1. The STATT will be an enhanced STRTP that will include high-quality assessment, stabilization, and transition services.
2. It will adopt a “can’t say no” model – to reduce further trauma to the foster youth.
3. The core of STATTs are Care Teams that provide direct services on-site and up to 6 months post-discharge.
4. Limited to six beds; will have a Title IV-E rate; non-federal share will be 50/50 State/County.
5. May be county-operated, CBO-operated, tribally-operated or hybrid.

Short Term Assessment, Treatment and Transition (STATT) Program with Care Teams

Includes a more robust array of staffing and direct services than the current STRTP model:

Current STRTPs	STATT/Care Team Staffing – Bed size 6
6.5 staff + 2.0 staff on-call (about 8.5 FTE total)	23.2 FTE
No Care Team	Care Team
Only behavioral health services provided on-site. Often no SUD services available. Other services are leveraged from other agencies i.e. education, regional centers, and may be delayed up to six months to need for required assessments.	Assessments begin immediately. Services immediately available on-site pending those assessments. MH staff are required to have advanced certification in SUD treatment to treat co-occurring MH/SUD needs.
No post-discharge support other than County is required to provide 6 months of aftercare services through "high quality Wrap" if youth goes to a family-based setting	"Warm hand off" required by the Care Team 6 months post-discharge regardless of placement setting. May accomplish this through in-home direct care in a family-based setting, or through consultation/support to the next provider, including any Wrap team.

Short Term Assessment, Treatment and Transition (STATT) Program with Care Teams

Current STRTP Staffing – Bed size 6	STATT/Care Team Staffing – Bed size 6
Administrator (0.5)	Administrator (1)
Social Worker (MSW or BSW) (1)	Social Worker (MSW or BSW) (1) (Care Team Lead)
Head of Service (1)	N/A-see below
Mental Health Program Staff (1)	Psychologist or Licensed Clinical Social Worker (1) Registered Nurse or Public Health Nurse (0.5) Psychiatric Social Worker or Technician (1)
Facility Manager (1)	Facility Manager (1)
Direct Care Staff (2) + one on-call (equates to 4.2 FTE for 24/7 staffing)	Direct Care (2) + on-call staff (4.2 FTE total) Mental Health Rehab Specialists (2) Social Worker Aides (4)
N/A	Special Education Specialist (1)
N/A	Board Certified Behavioral Analyst (0.5)
N/A	Peer and Parent Support (0.5 FTE each)
N/A	Activities Coordinator (1)
N/A	Training Specialist (1)
N/A	Food Service Specialists - Lead (1) Assistants (2)
8.5 FTE	23.2 FTE

Regional Health Teams (RHTs)

- A patient-centered, integrated care delivery model designed to provide outpatient-based services through a regional approach for foster youth with very complex health & behavioral health needs, and those who are at risk of foster care.
- Up to 10 RHTs across the state located in various regions and able to work across county.
- The RHT consists of a physician-led team that integrates primary care and behavioral health care to a target population across counties and across RHT entities to ensure access to, and consistency of, care even if a youth is placed outside of their community of origin.
- Uses a Medicaid Health Home State Plan Option, which allows 90% federal financing for the first two years. ***The $2.5 million SGF investment will leverage another $25 million in federal funds.***
- Future savings in health care and social service systems more likely by investing in up-front services now for foster youth and at-risk youth.

Regional Health Teams (RHTs)

Target population:

1. Current foster youth with high needs who are in or at risk of congregate level of care or placement disruption.
2. Foster youth served by the STATT Care Team, as needed.
3. Foster youth in other temporary setting such as county shelters or recently referred to juvenile halls.
4. Other youth as identified through the AB 2083 Local System of Care who are at-risk of entering the foster care system due to significant unmet physical or behavioral needs.
    - Includes education, probation, regional center and behavioral health system partners.
    - Can also include children/youth discharged from in-patient settings (ex. Emergency Rooms) who are not eligible for other acute care settings.

RHTs would serve both youth as well as ensure support to their primary caregivers (resource families, birth families, etc.).

Regional Health Teams (RHTs)

Health home services include:

- Comprehensive care management;
- Care coordination;
- Health promotion;
- Comprehensive transitional care/follow-up;
- Patient and family support; and
- Referral to community and social support services.

RHTs can operate out of existing FQHCs (Federally-Qualified Health Facilities), through managed care, or as stand-alone clinics.

18 other states (not CA) have implemented Health Homes resulting in 33 unique models of care.

Reference: https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/index.html and https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-home-information-resource-center/downloads/health-homes-faq-5-3-12_2.pdf

Regional Health Teams (RHTs)

RHT Staffing:	Services
Primary Care Physicians (1.0 FTE)	Leads the RHT to ensure all aspects of the youth's physical and behavioral needs are met.
Child/Youth Psychiatrist (1.0 FTE)	Provides behavioral health services and prescribes medications as needed.
Licensed Clinical Social Worker (2.0 FTE)	Provides direct mental health and/or substance use clinical services as needed; coordinates with any existing Specialty Mental Health Service (SMHS) providers for appropriate transitional care.
Drug Counselor – Advanced Certification (1.0 FTE)	Addresses any substance use needs, working in collaboration with mental health team members since there are often co-occurring needs.
Social Work Supervisor (1.0 FTE)	Addresses any social service coordination and case management needs, coordinating with the child/youth CWS case manager or probation officer, or other agency case manager, if applicable.
Public Health Nurse (PHN) (1.0 FTE)	Communicates health care service needs with caregivers, families; communicates with the county PHN to ensure courts and social workers are informed; ensure youth obtain needed health care services through coordination with other team members and with any other health care providers utilized by the child/youth.

Regional Health Teams (RHTs)

RHT Staffing (continued):	Services
Nutritionist (1.0 FTE)	Educates youth, caregivers and family on food and nutrition to help manage physical and mental health care issues.
Supervising Board Certified Behavioral Analyst (1.0 FTE)	Specially trained to serve youth with co-occurring mental health and I/DD. Would provide direct services as well as guidance for ABA services delivered in CWAST or other settings.
Occupational Therapist (1.0 FTE)	Provides occupational therapy for children/youth.
Community Health Worker (2.0 FTE)	Identifies community-based services for the youth, caregiver and/or family.
Peer Support -Youth & Caregiver (4.0 FTE)	Provides peer support to youth, caregivers and family members to assist in navigation of services and supports.
Training Coordinator (1.0 FTE)	Coordinates all aspects of training that may be provided by the RHT to other providers; ensures RHT members also receive appropriate training in trauma-informed care and care coordination. Ensures peers are trained and supported.
Finance Officer (1.0 FTE)	Ensures appropriate billing.
Administrative Assistant (2.0 FTE)	Provides administrative support services.

Regional Health Teams (RHTs)

- RHTs will offer consultation to STATT Care Teams, County shelters, STRTPs/ISFC's to supplement the current expertise of facility staff.
- RHTs will interact with other care providers (Managed Care, Fee-For-Service, Wrap, Behavior Health, Regional Centers, etc.) to initiate services, advise on needed services, provide case consultation and educate providers.
- Total activities of the RHT to include:

Direct Care Management Services	Network of Care Services
Referral Management	Staff Training
Development and Maintenance of Care Plans	Health Promotion
Care Coordination	Quality Management
Care Management	Practice Support
Use of Care Plan	Promotion of Evidence-Based Medicine
Beneficiary Outreach and Advocacy	Promotion of Patient Engagement

One Example – What Happens Now

1. 17 y.o. female has PTSD and intellectual disabilities, living with parents and receiving Regional Center Services.
2. Escalating aggressive behaviors result youth coming into foster care. Placed with an aunt. Youth immediately acts out aggressively and aunt is unable to care for youth.
3. Youth placed into STRTP. Soon after STRTP admission, youth is not engaging in therapy and AWOLing.
4. Behaviors escalate, youth is destroying property at the STRTP, resulting in an injury to one staff person. STRTP contacts law enforcement to file a report due to the injury. Youth experiences temporary stay in juvenile hall but returned to child welfare custody jurisdiction.
5. STRTP refuses to re-admit due to safety concerns for staff and inability to manage behaviors.
6. Youth returns to county; remains in shelter/office and extra county staff are brought in for 24/7 one:one monitoring until another placement can be secured.

One Example – New Process

1. Same 17 y.o. youth whose behaviors very suddenly escalate with aunt is placed into the STATT.
2. STATT Care Team immediately receives assessment and stabilization services, in coordination with the Regional Center staff.
3. Care Team also seeks RHT support for physical, mental health and possible SUD needs and applies strategies for behavioral and other support based on RHT advice.
4. RHT works with the parents and Regional Center staff how to better meet youth's needs (addressing the aggressive behaviors / avoiding triggers). Contacts youth's primary care physician to ensure her overall health needs will continue to be met in a trauma-informed way. Care team also prepares aunt for respite care.
5. Youth transitions to court-ordered FM with parents with 6 months Care Team support. Care Team engages with Wrap Team in "warm hand off." Leveraging Complex Care funding, the Wrap Team works with family for 12 months.

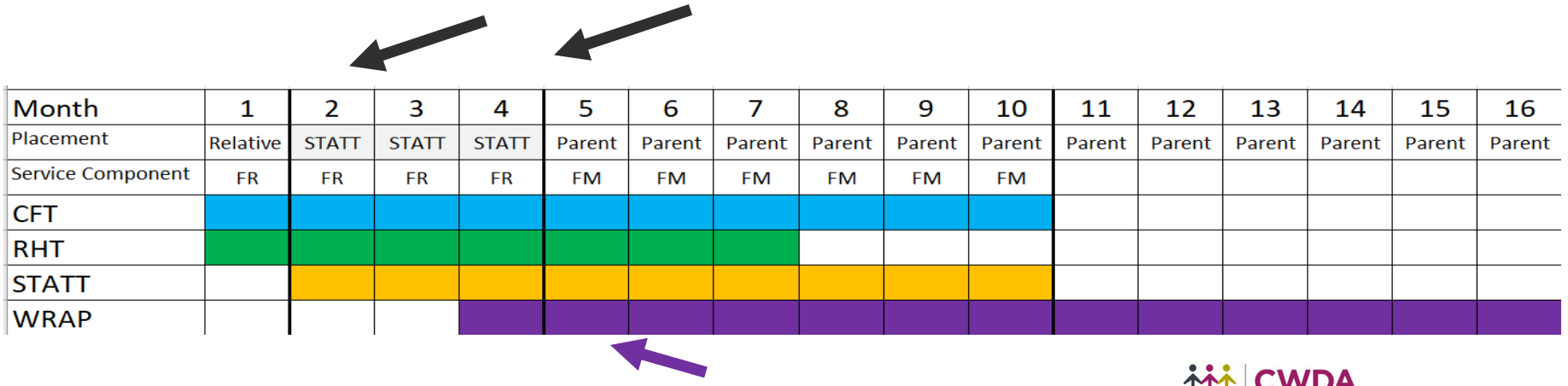
Model Timeline

- Youth enters care and is placed with Relative in Month 1.
- CFT continues throughout life of case.
- RHT Introduced.

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Placement	Relative	CWAST	CWAST	CWAST	Parent	Parent	Parent	Parent	Parent	Parent	Parent	Parent	Parent	Parent	Parent	Parent
Service Component	FR	FR	FR	FR	FM	FM	FM	FM	FM	FM						
CFT																
RHT																
Care Team																
WRAP																

Model Timeline

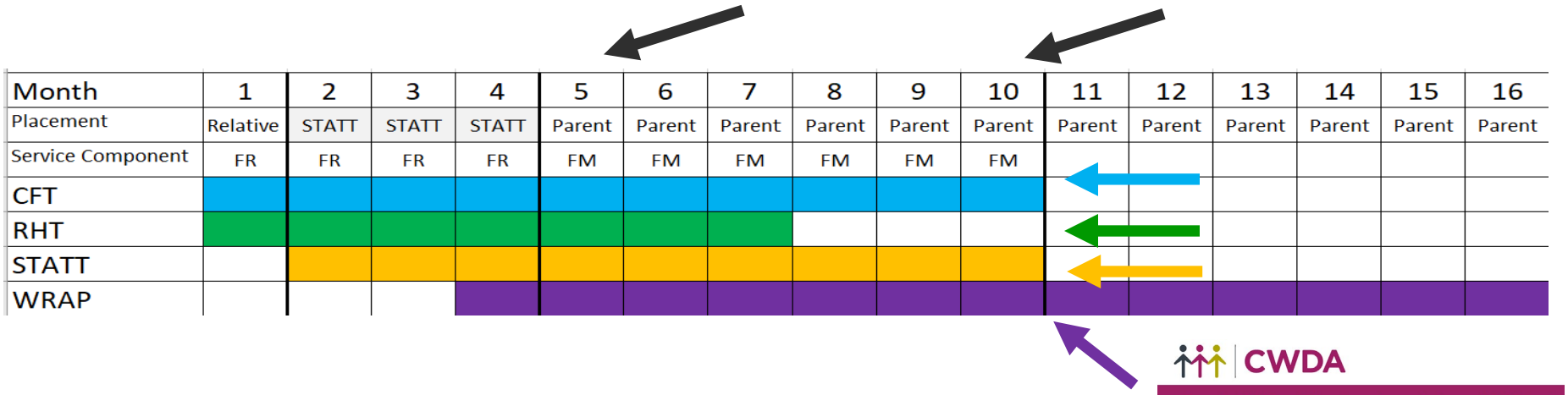
- Relative gives notice and youth transitions to STATT in Month 2 through Month 4.
- Care Team and RHT provide services.
- Care Team services start Month 2.
- Care Team able to develop plan to transition youth home in Month 5, so WRAP also starts Month 4.



Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Placement	Relative	STATT	STATT	STATT	Parent	Parent	Parent	Parent	Parent	Parent	Parent	Parent	Parent	Parent	Parent	Parent
Service Component	FR	FR	FR	FR	FM	FM	FM	FM	FM	FM						
CFT																
RHT																
STATT																
WRAP																

Model Timeline

- Youth transitions back home from Months 5 through 10.
- CFT and RHT (as needed) continues.
- Care Team aftercare and WRAP continues until Month 10.

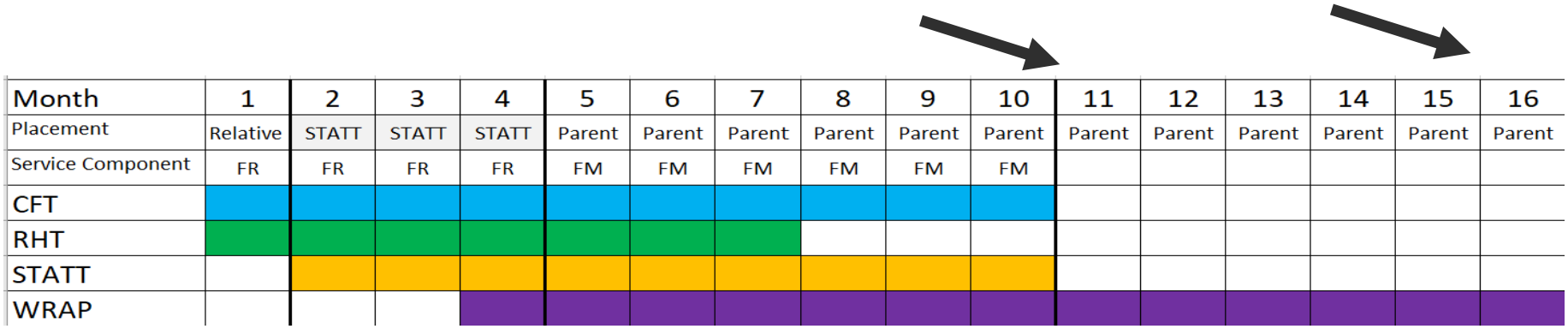


Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Placement	Relative	STATT	STATT	STATT	Parent	Parent	Parent	Parent	Parent	Parent	Parent	Parent	Parent	Parent	Parent	Parent
Service Component	FR	FR	FR	FR	FM	FM	FM	FM	FM	FM						
CFT																
RHT																
STATT																
WRAP																

CWDA
County Welfare Directors Association of California

Model Timeline

- Youth no longer in foster care from Months 11 to 16.
- WRAP continues until Month 16.



Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Placement	Relative	STATT	STATT	STATT	Parent	Parent	Parent	Parent	Parent	Parent	Parent	Parent	Parent	Parent	Parent	Parent
Service Component	FR	FR	FR	FR	FM	FM	FM	FM	FM	FM						
CFT																
RHT																
STATT																
WRAP																

Conclusion

Questions and Discussion