Reflections

CARE ACROSS COUNTIES

Implementation of AB 1299: Mental Health for Foster Youth

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Reclaiming Bay Area futures.

FALL 2017

This is the first of a series of "reflections" by Trauma Transformed employing a participatory implementation process[1] to inform policies intended to improve care and coordination for children and families served by the child welfare, probation, and behavioral health care systems in the Bay Area. For our first issue, we are focusing on the process to date of implementing AB 1299, presumptive transfer for out of county mental health for foster youth, where young people who move to a different county have continuity of care to meet their mental health needs and the responsibility to pay for those services transfers to the youth's county of residence.

Improve Care Coordination: Focus of Trauma Transformed

Trauma Transformed (T^2) is a regional center and clearinghouse in the Bay Area that promotes a trauma-informed, regional infrastructure to implement, sustain, and improve services for children and youth affected by trauma. T^2 is especially dedicated to mitigating the needless bureaucratic stressors many of the most highly impacted youth experience as they seek supports from multiple systems across many counties. For example, out-of-county youth who are served by both the child welfare system and the juvenile justice system (crossover or dually involved youth), are 2.5 times more likely to be placed in probation but half as likely than youth placed in their county of origin to receive any mental health services. If and when they are served, they receive 10 to 30 percent fewer days of service in every category of mental health disorder reported.[2] The implementation of AB 1299 is an opportunity to improve care coordination, a particular focus of T^2, as well as to examine how this new shift in practice can be accomplished through a trauma-informed lens.

1 http://www.fao.org/docrep/006/ad688e/ad688e03.htm
2 http://www.chhs.ca.gov/Child%20Welfare/Out-of-County%20Data%20Mining%20Project%20Report%20-%20October%2025,%202011.pdf

"Decades of reform efforts have demonstrated that attempts to improve services and support in our systems may inadvertently exacerbate the problems they are trying to solve. Reflecting on this process to offer a different approach, acknowledging the need for regional solutions and the critical role of those charged with implementation, is the goal of this series."

Jen Leland, Center Director, Trauma Transformed

east bay agency for children

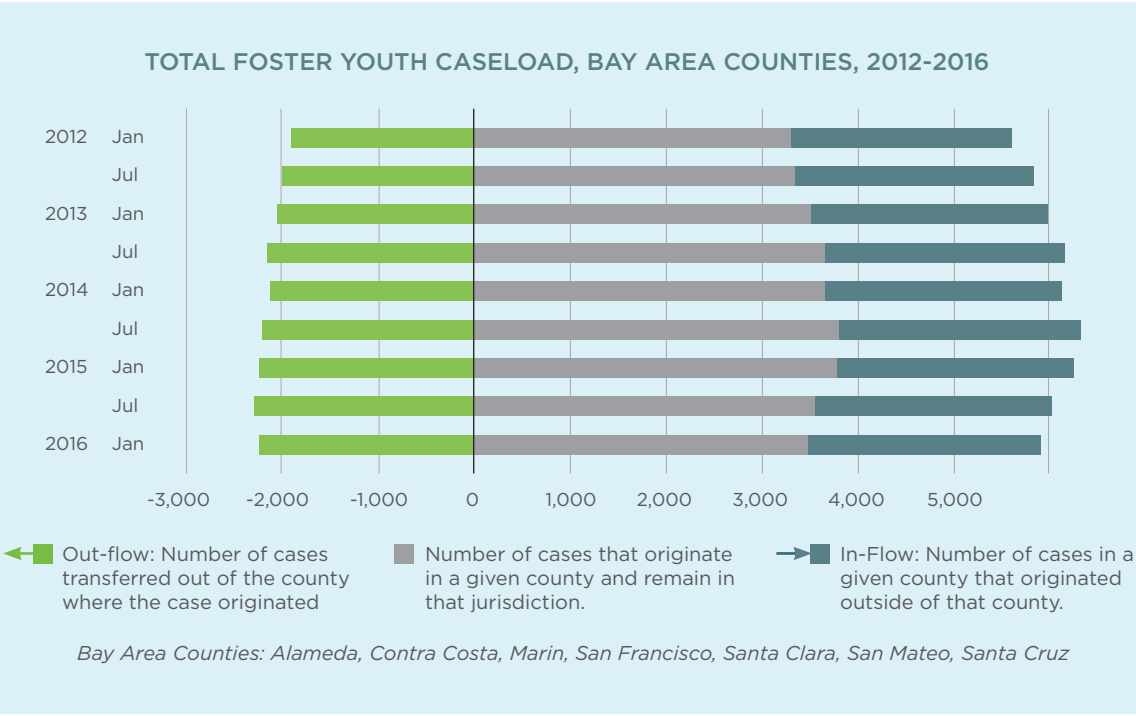
Out-of-County Placements and AB 1299 Medi-Cal: Specialty Mental Health Services

County placement should not determine or compromise care for foster youth. This is the premise for AB 1299 and the lens through which Trauma Transformed offers perspective on the implementation of the bill thus far.

AB 1299 is the result of many years of advocacy and negotiation, and requires a new level of collaboration within our child welfare, mental health, and health care systems, across county lines.

Children and youth in foster care are often brought into the care and custody of one county but for legitimate and compelling reasons are placed in another county. The mental health care and supports these children and youth have don't always follow. Among all children in care statewide, one in five are placed in another county at some point. However, in the Bay Area, the number of children placed out-of-county is close to three in every five.[3] This higher rate of out-of-county placement could be driven, in part, by the fact that the Bay Area counties are both smaller and much closer to one another, and as a result, many children in care may be placed with a kin caregiver or extended family member who lives in a neighboring county.

However, more recently,[4] there have been distressing trends in the numbers of youth who are being placed farther and farther away from their home counties and farther outside of the Bay Area region, likely due to rising cost of living, housing displacement region wide, among other factors. These factors impact the flow of caseloads in the Bay Area, as seen in the chart below.



Previous to this new policy, the responsibility to provide mental health services remained with the county where foster youth were brought into care (the county of origin). The result was that children and youth transferred to another county were less likely to get the specialty mental health services that they were entitled to receive, and if they did get services they were typically less intensive and there were often long delays.[5] AB 1299 shifts the responsibility to pay for and provide services to the receiving county, and

3 https://chronicleofsocialchange.org/featured/out-of-county-ca-going-the-distance/12240
4 http://traumatransformed.org/wp-content/uploads/Trauma-Transformed-County-to-County-Flow-Analysis-102816-Final-Update-2.pptx
5 https://www.youngmindsadvocacy.org/wp-content/uploads/2015/11/Alameda-OOC-Report-FINAL-Public-Jan-28-2013-.pdf

"The state should authentically reach out for input and feedback—not as 'requirement for stakeholder input' but through genuinely listening and incorporating it into the process. It really makes a world of difference."

Lynn Thull, Mental Health Policy and Practice Improvement Consultant, California Alliance of Child and Family Services

it specifies the timelines as to when these young people should be connected to services. The law does allow for exceptions to transfer of responsibility whenever such a waiver assures continuity of care or improves outcomes. As for the payment process, the receiving county will get a 50 percent federal reimbursement when they submit the claim. Still to be determined is how the other 50 percent of the claim will be reimbursed. The Department of Health Care Services (DHCS) and the Department of Finance are required to determine the actual method of how the money follows the child.

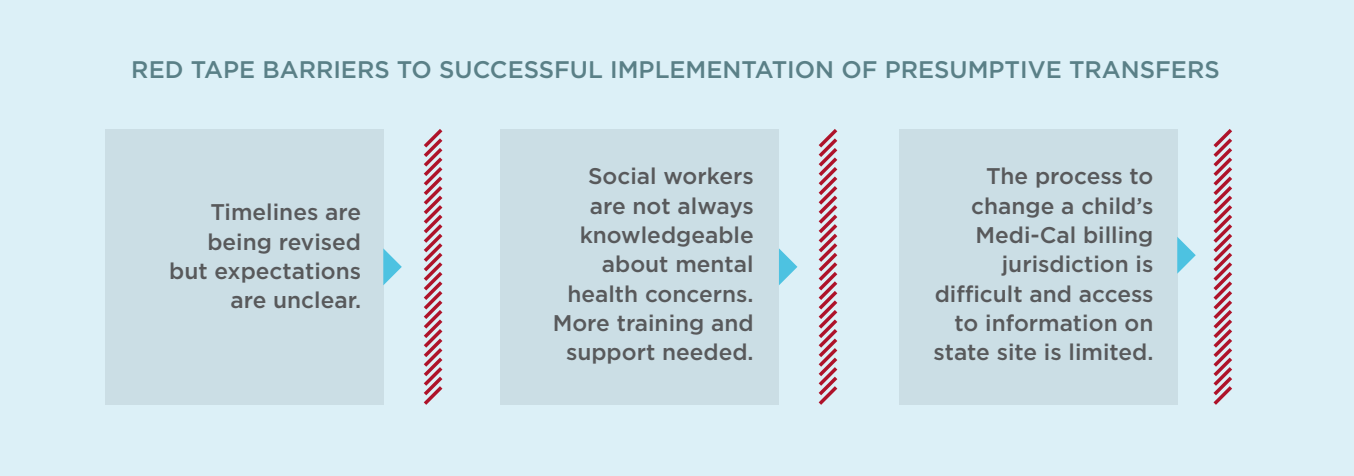
Participatory Implementation Process: Highlights from the May 11 Reflections Session

DHCS, responsible for developing the guidelines for AB 1299, had not included stakeholders responsible for operationalizing the new law on a local level in their feedback process. T^2 organized a reflection session to share questions and concerns, using a trauma-informed participatory implementation model with front-line workers. To ensure the most representative participants, T^2 issued an "open-ended-invitation" to all Bay Area mental health department directors by asking them to identify their "go-to" staff who solve complex problems involving out-of-county transfers. Obtaining this level of input is a key element of the participatory policy implementation process, where stakeholders are empowered to develop policies and programs, and the needed skills, to ensure their success.

During the session, Lynn Thull, a subject matter expert from the California Alliance for Children and Family Services, gave a presentation on the broad outlines of AB 1299, and its timeline. Participants engaged in a robust discussion on what would be needed to make this new policy work so that children and youth have seamless continuity of necessary services.

During various interactive exercises, participants identified barriers in the process, and identified potential breakdowns in information sharing, communications, and timing, and the different ways the law could become an additional source of stress and contribute to delays in connecting children with mental health services. These seemingly "bureaucratic" barriers that many would perceive as simple "delays," or "misunderstandings" are experienced as periods of instability by children and youth needing care, and contribute to high rates of stress, trauma and feelings of helplessness among social workers, whose goal and motivation is to heal and help.

Identifying Barriers



In order to navigate the presumptive transfer process, social workers and service providers need access to certain "screens" (data reports accessed on a computer) within the Medi-Cal information system that display the county of original jurisdiction and the county of residence of a child or youth involved in a presumptive transfer. This information, which is present on something called the MEDS screen, is visible to fiscal staff (responsible for billing) for physical health care services. They are able to see the county of jurisdiction of a child in care on one screen and where they actually reside on another screen.

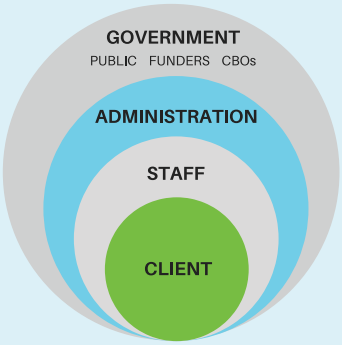
A proposed recommendation is to have DHCS activate a second screen for mental health similar to the physical health screen, and that the screen be made available to contracted providers so they can know where the child's insurance resides.

Other decision-making points that remain unclear and may inadvertently delay the transfer process and create stressors included mandated timelines, and who makes decisions regarding exemptions and waivers to transfer care. Relying on social workers to determine whether an exemption would better serve the needs of a child or improve outcomes underscores the need for additional training and support to make these critical decisions. A recommended fix would be to provide concise and clear communications from the state, or assigning a state ombudsperson whose role would be to resolve exemption disagreements at the state level.

At the end of the session, a great deal of anxiety remained over the level of readiness for implementing this new policy (which went into effect on July 1) given that there had not yet been any guidance or training.

> ***"The AB 1299 process has unfortunately been business as usual, where stakeholder outreach was not much more than a webinar to share information and there was no real effort to partner with counties and those responsible for implementing this law–it's legislative rules without tools. My hope is that we can learn to truly improve coordination and access to care by remembering that people change systems, not just new rules on paper."***
>
> *Jen Leland, Center Director, Trauma Transformed*

The responses in the reflections session are to be expected from a child welfare system that is largely "trauma organized," that is: reactive to stress, operating in silos and which avoids issues that are not associated with very specific areas of practice or service delivery. These systems are trauma inducing. The goal of T^2 is to inform an implementation process that extends beyond mandating a certain law without standardized training, that seeks collaboration from its practitioners to empower them to meaningfully shape the operationalization of new laws and policies.



TRAUMA-ORGANIZED

- Reactive
- Reliving/Retelling
- Avoiding/Numbing
- Fragmented
- Us vs. Them
- Inequity
- Authoritarian Leadership

TRAUMA-INFORMED

- Understanding of the Nature and Impact of Trauma and Recovery
- Shared Language
- Recognizing Socio-Cultural Trauma and Structural Oppression

HEALING ORGANIZATION

- Reflective
- Making Meaning Out of the Past
- Growth and Prevention-Oriented
- Collaborative
- Equity and Accountability
- Relational Leadership

TRAUMA-INDUCING → **TRAUMA-REDUCING**

For more information on the trauma-informed framework visit: traumatransformed.org.

Following the T^2 reflections session, Lynn Thull conducted a workshop with approximately 70 participants (child welfare, mental health workers and supervisors, and providers) at the California Mental Health Advocates for Children and Youth (CMHACY) pre-conference in May. The combined insights and recommendations from the T^2 session and CMHACY workshop were then shared with DHCS and the Department of Social Services (DSS), to help inform their guidance and direction on the new law.

AB 1299 officially went into effect on July 1, 2017. That noted, counties were not provided with state guidance until July 14, and while the initial Information Notice/All County Letter (IN/ACL) did include some of the recommendations from these sessions, there remain many questions and concerns. Most recently (August 17) a DHCS statewide webinar offered additional clarification on the IN/ACL[6], and further written guidance is expected before January 1, 2018 (when 100 percent of children placed out of county become subject to the new statute). T^2 plans to share learnings and reflections captured during this process to inform implementation feedback sessions at the state, regional, and local levels.

6 http://www.dhcs.ca.gov/services/MH/Documents/Information%20Notices/Joint_ACL_17-77_IN_17-032_AB_1299-Implementation_of_Presumptive_Transfer_for_Foster_Childern_Placed_Out_of_County.pdf

Conclusions and Implications

Thoughtful implementation of AB 1299 is critical to ensuring a continuum of mental health care for our most vulnerable children and youth in foster care. It is the result of many years of advocacy and negotiation at the state level and holds great promise for the approximately 13,000 children and youth statewide who are transferred out of county each year.

But going from policy to practice in such an important area requires considered and informed guidelines. Without incorporating the perspectives and wisdom of those responsible for implementation, these mandated policies have the unintentional consequence of adding to the chronic stressors of a workforce already impacted by secondary stress and trauma. And, by extension, the families and children placed out of county may experience delays in accessing the mental health services, confounding the primary goal of AB 1299. By committing to supporting the people working within the human services to heal the wounding parts of the system, we may be able to participate in paths that lead to true change. Participatory policy is one such path forward.

> ***"We heard in the focus group that in some counties, child welfare workers are not allowed to communicate with mental health workers, something to do with legal counsel. This is truly crazy-making and I am not sure how those counties will implement this at all."***
>
> *Jane Tzudiker, ACESS Children's Supervisor, Alameda County Behavioral Health Care Services*

> ***"It's going to take a while for the AB 1299 process to run efficiently-even with the Child and Family and Teams (CFT), the turnover in child welfare is high, and they are already overwhelmed by the many protocols and procedures in place within the foster care system."***
>
> *Carol Brown, Chair, State Foster Care Task Force*

ALIGNING POLICY AND PRACTICE TO TRAUMA INFORMED SYSTEMS			
Values that guide the work	**Implementation challenges prevent workers from embodying their values** *(Trauma-inducing)*	**Shift in practice** *(Avoid or reduce trauma)*	**Tools** *(Training)*
A system with "no wrong door" Children, youth and families have easy access to the services to which they're entitled. A focus on problem solving rather than on how "we can't."	What occurs when home county recommendations differ from the host county's capacity? Not clear counties have recourse to appeal to when other counties are not responsive.	Seek feedback from staff that will have to operationalize the guidelines. The system should not just "mandate," they should commit to guided implementation.	Joint standardized trainings for child welfare and behavioral health care staff. ↓ Collaborating with colleagues lowers barriers to working together - coming together to take action inspires hope and resiliency. ↓ Develop clear processes and tools to determine who has to agree to transfer before it happens.
Collaboration and communication Relationships are better than forms. Trauma-inducing systems default to isolation instead of collaborative problem solving, to messages of "not my county," or "above my paygrade."	Staff unsure of what the data requirements are and who is responsible for gathering it? Medi-Cal website has limited access - changing child's county is difficult.	Answer who needs to provide data. Create state mandated liaison for CDSS from DMH at county level.	
Universal access and equity A system that has consistent continuum of care across county lines with no inequities and where resource rich counties support resource poor counties.	Expecting assessments to be completed in 4 days, when the status quo is 30 days, is unrealistic. How do we manage short-term out-of-county placements that keep getting extended? It leaves children and youth in a state of "placement limbo."	Rapid response resource reallocation between systems. (Shift to hub and spoke model.)	
Participatory implementation Involve the parties held responsible for implementation in the process to develop protocols, forms and screens.	It is not clear whether the Service Authorization Request (SAR) form will be replaced with another standardized form. If the SAR is eliminated, how will counties track information and communicate with one another?	In anticipation of delay, sustain SAR (In absence of other tools)	
Compassion and humanity Ensure language reflects humanity of all involved - that no one be described as an object or product. Allow for more concern for the child than for the rules. A child is not just a "foster kid," but a child who is in our foster care system..	Overemphasis on language and terminology that dehumanizes people in our care. Language that centralizes the disorder or county aid code and not the humanity. "Foster kid" "He is a 602 ward" vs "(Name) is in our foster care or juvenile justice system"	Dissolve silos, put faces to names, and activate personal agency through relationships.	

Our recommendation is that future policy implementation incorporate the perspectives and guidance of those on the front lines, policymaking with proximity, to minimize the trauma to our workforce and the community we serve. The May 11 session was designed to allow for connection, by fostering interaction and relationship building that may offer more of a chance for such connection in the future to resolve issues as opposed to isolating people from the primary tools to accomplish their jobs.

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About Trauma Transformed

Trauma Transformed is the only regional center and clearinghouse in the Bay Area that promotes a trauma-informed system by providing trainings and policy guidance to systems of care professionals and organizations. A trauma-informed system is one that builds awareness and knowledge of trauma to shape policies and practices aimed at reducing the re-traumatization of youth and families and the professionals who serve them.

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