

Assembly Bill 1299

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES FOR FOSTER CHILDREN

INTRODUCED 02.27.2015

Assemblyman Sebastian Ridley-Thomas 54th District

SUMMARY

AB 1299 would require the Department of Health Care Services (DHCS) to issue policy guidance that establishes the presumptive transfer of responsibility for providing or arranging for mental health services to foster youth from the county of original jurisdiction to the foster child's county of residence. This bill would also require the Department of Finance to set or adjust its allocation schedule of the Behavioral Health Subaccount to ensure that counties that have paid, or will pay, for specialty mental health services for foster children placed out-of-county are fully reimbursed during the fiscal year in which the services are provided.

BACKGROUND

Foster children are three to six times more likely than non-foster children to experience emotional, behavioral and developmental problems. Experts estimate that up to 85 percent of children in foster care have mental health disorders. When foster youths' mental health needs are not met, the result is often placement instability, school failure, costly institutionalization in group homes, residential treatment facilities and psychiatric hospitals, delinquency, and even death.

Especially at risk are foster youth placed across county lines in California, who often experience lengthy delays or denials in accessing mental health services. "Out-of-county" foster children are defined as foster children who were residents of one

county when they entered foster care (the "county of original jurisdiction"), but were later placed in a different county (the "county of residence") by county social services. According to the most recent data (July 2014) shared by the California Child Welfare Indicators Project (CCWIP) at UC Berkeley, almost one in five foster children live in placements across county lines or "out-of-county," totaling over 13,000 youth statewide.

Data suggest that foster children sent out-of-county have greater mental health needs and less access to most types of mental health care. In the 2011 Data Mining Report issued by the California Child Welfare Council, researchers found out-of-county foster children were more likely to have been diagnosed with a serious mental health disorder. Despite having greater service needs, out-of-county foster children were 10-15% less likely to receive *any* mental health service than their in-county peers. Among those that did receive services, out-of-county foster children received less care and less intensive treatment relative to what was provided to children with in-county placements.

More recent data confirms out-of-county foster children continue to face disparities in access. Based on June 2014 service data collected pursuant to the settlement agreement in *Katie A. v. Bonta*, out-of-county foster children were 6½ times less likely to receive intensive mental health services than their in-county peers.

This disparity in access to mental health services between in-county and out-of-county children exists despite both having the



same entitlement to mental health services under federal and state law.

The problem stems from California's county-based system of mental health delivery. Medi-Cal Specialty Mental Health Services are provided using a system of county-based managed care agencies or Mental Health Plans (MHPs) under contract with the Department of Health Care Services. Each MHP, in turn, contracts with local private mental health service providers (or uses county mental health staff) to deliver services.

This system works efficiently for many children and youth. However, the county-based MHPs face substantial administrative barriers when services must be provided to children placed out-of-county, that is, outside the service area for its network of providers. These problems include difficulty: 1) finding providers and services in the child's county of residence; 2) contracting for care; 3) getting treatment authorizations; 4) coordinating and monitoring care; and 5) securing adequate reimbursements from responsible parties including federal, state, and local agencies.

EXISTING LAW

Medi-Cal is a cooperative Federal and state health care program administered by the Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.

Federal law requires Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services for every individual under 21 years of age who is covered under Medi-Cal. Federal law defines EPSDT services to include screening services, vision services, dental services, hearing services, and other necessary services to correct or ameliorate defects and physical and mental health illnesses and conditions discovered by screening services, whether or not the services are covered under the State Medicaid Plan.

Virtually all foster children in California are Medi-Cal eligible and therefore entitled to mental health services. Federal law makes no distinction between in-county and out-of-county foster children.

The Medi-Cal program provides EPSDT mental health services through county Mental Health Plans under contract with DHCS, known as the Specialty Mental Health Services (SMHS) program.

When a child is placed out-of-county, the MHP of the county of original jurisdiction remains responsible for providing or arranging for specialty mental health services, including the costs of services, unless there is a written contract in which the county of residence accepts responsibility for payment. The MHP of the county of original jurisdiction remains responsible for ensuring that the child receives necessary mental health treatment.

State law requires each local mental health plan to establish a procedure to ensure access to outpatient SMHS for out-of-



county foster children. It also requires counties to use standardized contracting and authorization procedures when providing SMHS to out-of-county foster children.

THIS BILL

This bill would:

- Overcome the barriers to care under existing law and ensure that foster children who are placed out of their county of original jurisdiction are able to access mental health services in a timely manner, consistent with the requirements of EPSDT program standards and requirements.
- Require DHCS to issue policy guidance that establishes the presumptive transfer of responsibility for providing or arranging for mental health services to foster children from the county of original jurisdiction to the foster child's county of residence.
- Require DHCS to establish conditions and exceptions to presumptive transfer in consultation with the State Department of Social Services, and with the input of county, provider, and family and youth advocate representatives.
- Ensure that funding for mental health services follows any foster child placed out-of-county by requiring the Department of Finance to set or adjust its allocation schedule of the

Behavioral Health Subaccount in order that counties that have paid, or will pay, for specialty mental health services for out-of-county foster youth are fully reimbursed during the fiscal year in which the services are provided.

SIMILAR LEGISLATION

SUPPORT

- California Alliance of Child and Family Services (co-sponsor)
- Steinberg Institute (co-sponsor)
- The Women's Foundation of California – Women's Policy Institute (co-sponsor)
- Accessing Health Services for California's Children in Foster Care Task Force
- Alameda Foster Youth Alliance
- Alternative Family Services
- Aspiranet
- Association of Community Human Service Agencies
- Aviva Family and Children's Services
- Bayfront Youth and Family Services
- Bill Wilson Center
- California Mental Health Advocacy for Children and Youth
- California Youth Connection
- Casa Pacifica
- Children Now
- Children's Law Center of California
- Crittenton Services for Children and Families



- David and Margaret Youth and Family Services
- Edgewood
- EMQ Families First
- Ettie Lee Youth and Family Services
- Family Care Network, Inc.
- Families Now
- Fred Finch Youth Center
- John Burton Foundation
- Hathaway-Sycamores Child and Family Services
- Humboldt County Transition Age Youth Collaboration
- Junior Blind of America
- Lilliput Children's Services
- Maryvale
- Mendocino County Health and Human Services Agency
- National Association of Social Workers
- National Center for Youth Law
- North Star Family Center
- Optimist Youth Homes and Family Services
- Orange County Alliance of Children and Families
- Sacramento Children's Home
- San Diego Center for Children
- Seneca Family of Agencies
- Sierra Forever Families
- Stars Behavioral Health Group
- Sunny Hills Services
- Tahoe Turning Point
- The Village Family Services
- TLC Child and Family Services
- Trinity Youth Services
- Valley Teen Ranch
- Victor Treatment Center
- United Advocates for Children and Youth
- Unity Care
- Westcoast Children's Clinic
- Young Minds Advocacy Project
- Youth Homes, Inc.