

# Assembly Bill 1299

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES FOR FOSTER CHILDREN

INTRODUCED 02.27.2015

Assemblyman Sebastian Ridley-Thomas 54<sup>th</sup> 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 establish that the foster child transferred to the mental health plan in the county in which the foster child resides shall be considered part of the county of residence caseload for claiming purposes from the Behavioral Health Subaccount and the Behavioral Health Services Growth Special Account.

## 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 'out-of-county' foster youth; that is, foster youth those 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. These young people often experience lengthy

delays or denials in accessing mental health services.

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 than those placed in-county. 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 fewer services and less intensive treatment compared to children placed in-county.

More recent data confirms out-of-county foster children continue to face disparities in access despite having the same entitlement to mental health services under federal and state law as their in-county peers. 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.

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.

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## EXISTING LAW

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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.

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## THIS BILL

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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.
- Provide for conditions and exceptions to presumptive transfer.
- Utilizes the state's existing system, by which 2011 Realignment funds are allocated to county mental health plans based on actual paid claims, to cover the costs of services provided to youth placed out-of-county. A foster youth transferred to the mental health plan of the county in which the foster youth resides would be considered part of the county of residence caseload for purposes of funds allocation from the 2011 Realignment Behavioral Health Subaccount and the Behavioral Health Services Growth Special Account.

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## SIMILAR LEGISLATION

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- SB 785 (Steinberg; statutes of 2008)

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## SUPPORT

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- 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)

**Youth Run Organizations**

- California Youth Connection
- Humboldt County Transition Age Youth Collaboration
- Family and Youth Roundtable

**Parent Run Organizations**

- California State PTA
- United Advocates for Children and Youth
- United Parents

**Education Organizations**

- San Mateo County Special Education Local Plan Area
- Sonoma County Special Education Local Plan Area
- Yolo County Special Education Local Plan Area

**Advocacy Organizations**

- Accessing Health Services for California's Children in Foster Care Task Force
- Alameda County Foster Youth Alliance
- Association of Community Human Service Agencies
- California Council of Community Mental Health Agencies
- California Mental Health Advocates for Children and Youth
- Child and Family Policy Institute of California
- Children Now
- Children's Law Center of California
- John Burton Foundation
- National Center for Youth Law
- Orange County Alliance for Children and Families
- Young Minds Advocacy Project

**County Organizations**

- California State Association of Counties
- County Welfare Directors Association
- Mendocino County Health and Human Services Agency

**Professional Associations**

- California Association of marriage and Family Therapists
- California Hospital Association
- National Association of Social Workers
- Sierra Sacramento Valley Medical Society

**Child and Family Serving Agencies**

- A Better Way, Inc.
- Alternative Family Services
- Aspiranet
- Aviva Family and Children's Services
- Bayfront Youth and Family Services
- Bienvenidos
- Bill Wilson Center
- Boys Republic

- Casa Pacifica Centers for Children and Families
- ChildNet Youth and Family Services
- Children's Receiving Home of Sacramento
- 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
- First Place for Youth
- Fred Finch Youth Center
- Hathaway-Sycamores Child and Family Services
- Hillside
- Junior Blind of America
- Lilliput Children's Services
- Maryvale
- North Star Family Center
- Optimist Youth Homes and Family Services
- Promesa Behavioral Health Foster Family Agency
- Sacramento Children's Home
- San Diego Center for Children
- Seneca Family of Agencies
- Sierra Child and Family Services
- Sierra Forever Families
- Stanford Youth Solutions
- Stars Behavioral Health Group
- Summitview Child and Family Services
- Sunny Hills Services
- Tahoe Turning Point
- The Village Family Services
- TLC Child and Family Services
- Trinity Youth Services
- Valley Teen Ranch
- Victor Treatment Center
- Unity Care
- Uplift Family Services
- Westcoast Children's Clinic
- Youth Homes, Inc.