The County Mental Health Directors Association (CMHDA) and the County Welfare Directors Association of California (CWDA) have developed a comprehensive Action Plan to improve access to mental health care services for foster children. Unlike other previous proposals that have been vetted by the Legislature and stakeholders, this Action Plan if implemented will benefit foster children regardless of their county of placement. The plan would also increase access for children formerly served by the child welfare system and receiving KinGAP or Adoption Assistance Program (AAP) supports.

The Action Plan focuses on this primary goal: *Every child in the foster care system, and children formerly in care, will receive timely specialty mental health services when needed, regardless of their county of placement.*

This overview briefly summarizes the many components of the Action Plan. Our joint plan articulates roles and responsibilities of county mental health, county child welfare, the California Departments of Mental Health, Health Care Services and Social Services, the Secretary of Health and Human Services, and the two statewide associations, CMHDA and CWDA. In this way the plan reflects our mutual responsibility to serving foster children. The plan is organized around four areas, with implementation activities directed to the aforementioned entities.

**Identification, Screening and Communication:** The Action Plan improves upon existing processes for identifying and assessing children who may need mental health services and improves communication within and between counties in the following ways:

1. Requires county child welfare to perform a mental health screen for all children coming into care. Ensures that children who screen positive receive a timely mental health assessment.
2. Creates a robust case management and care coordination system, through increased Targeted Case Management and access care coordination, for children who are assessed and in need of mental health services, ensuring that they receive timely and appropriate services regardless of their county of placement.
3. Establishes communication protocols and local operating agreements between county mental health and child welfare for serving children, and improves communication between county agencies, with the courts and foster caregivers.
4. Implements existing law to inform foster caregivers and county social workers how to access mental health services, and ensures that both foster caregivers and county workers receive information about the child’s mental health treatment plan and services.
5. Establishing mechanisms to notify mental health plans in the counties of placement of the population of foster children placed from out of county, and ensuring that information regarding the child’s treatment and services to be updated in the Health and Education Passport which is provided to caregivers.
Authorization and Payment: CMHDA and CWDA agree that all foster youth should have equal access to mental health services regardless of county of placement. This plan addresses the complex legal and fiscal parameters under the mental health managed care system that act as a barrier to service access. In addition, this Action Plan considers the unique needs of foster children placed out-of-county to determine who best could serve children and families, and reduces any fiscal barriers that may inhibit timely access to services:

1. The mental health plan in the county of jurisdiction would continue (as under current practice) to authorize mental health services. However, authorization may be transferred to the county of placement for current or former foster children who are reasonably expected to remain out-of-county for an extended time, or in other words, are in a permanent placement or long-term placement. This includes: families receiving AAP, families receiving KinGAP, foster children in relative or NREFM placements, or children placed with a foster family (county or state-licensed or foster family agency) and there is a concurrent plan for permanency with the family. Any transfer request made by the county of jurisdiction mental health must be accepted by the county of placement mental health plan.

2. EPSDT SGF would be advanced to the counties by the state through an up-front payment process, rather than the current process that requires claims adjudication through the Short Doyle 2 system. This would be accomplished through an allocation process developed jointly by the state and counties.

Service Provision and Capacity: This Action Plan creates a joint-planning process between county child welfare and county mental health for treatment planning and care coordination, and also looks into the issue of provider capacity, both of which are absent from other proposals reviewed thus far:

1. Calls for joint treatment planning between county child welfare and the mental health worker responsible for authorizing and providing services, and involves the youth and their family/caregivers in this process.

2. Encourages pre-placement planning meetings that includes county mental health to discuss the child’s mental health needs in order to help guide placement decisions.

3. Requires DMH and DSS to convene stakeholders and propose solutions to address provider capacity with recommendations presented to the Child Welfare Council.

Outcomes and Accountability: Previous attempts to address this issue have failed in part due to lack of accountability to identify where problems exist and factors contributing to children not receiving timely and appropriate services. This Action Plan addresses this by:

1. Calling upon DMH to implement existing law to track outpatient specialty mental health service utilization for in-county and out-of-county foster children.

2. Requiring DSS and DMH to develop a data infrastructure which will track services and outcomes.

3. Building an outcomes and accountability system for mental health services to foster children, modeling upon the existing Child Welfare Outcomes and Accountability System.

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