Priority Access to Services and Supports (PASS) for Families involved in the Child Welfare System with Unmet Behavioral Health Needs

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Kristen Slater
Steve Hornberger

CIBHS 2017 EBP Symposium
Long Beach, CA
TODAY’S PRESENTATION

• Overview of PASS initiative
• PASS Impact in Ventura County
• Stakeholder’s Experience
• Resources Developed
• Next Steps for Ventura County
• Lessons Learned:
On any given day in Ventura County...

- About 1,200 children or youth and their families interact with the child welfare system through an open dependency case (new dependency cases ranged from 34-65 monthly during the PASS beta testing period, with an average of 50 new cases monthly).
- Close to 800 children under the age of 18 are placed outside their home.
- About 40% of the placements are in a “matched” Resource Family Home or relative/NREFM home.
- More than 40% of the cases involve children 5 years old or younger.

### Race/Ethnicity of Children with Allegations

<table>
<thead>
<tr>
<th>October 2015-September 2016</th>
<th>69.3%</th>
<th>25.8%</th>
<th>1.6%</th>
<th>0.2%</th>
<th>3.1%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>25.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
<td>69.3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latino</td>
<td></td>
<td></td>
<td>1.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian/PI</td>
<td></td>
<td></td>
<td>0.2%</td>
<td></td>
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<tr>
<td>Native Am.</td>
<td></td>
<td></td>
<td>3.1%</td>
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</tr>
</tbody>
</table>

### Allegation Type and Disposition Type

<table>
<thead>
<tr>
<th>Allegation Type</th>
<th>Substantiated</th>
<th>Inconclusive</th>
<th>Unfounded</th>
<th>Assessment Only/Evaluated Out</th>
<th>Not Yet Determined</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Abuse</td>
<td>4%</td>
<td>5.1%</td>
<td>7.8%</td>
<td>20.9%</td>
<td>7.5%</td>
<td>10.5%</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>5.5%</td>
<td>16.1%</td>
<td>23.9%</td>
<td>20.4%</td>
<td>22.4%</td>
<td>19.8%</td>
</tr>
<tr>
<td>Severe Neglect</td>
<td>1.9%</td>
<td>0.3%</td>
<td>0.2%</td>
<td>0.1%</td>
<td>0.8%</td>
<td>0.4%</td>
</tr>
<tr>
<td>General Neglect</td>
<td>83%</td>
<td>68.4%</td>
<td>54.2%</td>
<td>44.7%</td>
<td>59.8%</td>
<td>57%</td>
</tr>
<tr>
<td>Exploitation</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>0.1%</td>
<td>5.4%</td>
<td>1.4%</td>
<td>3.3%</td>
<td>0.8%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Caretaker Absence/Incapacity</td>
<td>3.2%</td>
<td>0.4%</td>
<td>0.2%</td>
<td>0.3%</td>
<td>.</td>
<td>0.6%</td>
</tr>
<tr>
<td>At Risk, Sibling Abused</td>
<td>2.3%</td>
<td>4.4%</td>
<td>12.3%</td>
<td>10.3%</td>
<td>8.7%</td>
<td>9.4%</td>
</tr>
<tr>
<td>Substantial Risk</td>
<td>.</td>
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<tr>
<td>Missing</td>
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<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
WHO WE ARE

A health improvement company that specializes in mental and emotional wellbeing and recovery

A mission-driven company singularly focused on behavioral health

Largest privately-held behavioral health company in the nation

We help people live their lives to the fullest potential.
EXPERIENCE IN CALIFORNIA

Beacon manages the delivery of specialty mental health services in 26 California counties via direct county and health plan contracts.

In Orange County, Beacon is the ASO in which we:
- Administer a PCP Psychiatric Consultation Line
- Contract, credential/re-credential a network of outpatient mental health providers
- Evaluate medical necessity for specialty mental health providers
- Operate a 24/7 County Access Line that handled more than 53,000 calls in 2014, which led to 23% of callers linked to intensive outpatient treatment, and case management services with the remainder diverted to lower levels of care

AUTISM SERVICES:
For those in active ABA treatment, average episode length was LESS THAN 18 months, with effective transition to parents and schools.

Over 26 weeks, individuals exhibited an average 60% drop in target behaviors such as aggression and self injury, and a dramatic increase in behaviors such as self-regulation and verbal communication.

Beacon manages
digitally and access
for behavioral health and
medication management
services for nearly 1,000
Medi Cal children and
adolescents in out-of-
home treatment settings.

LOS ANGELES COUNTY
SAN BERNARDINO COUNTY
SANTA CLARA COUNTY

BEACON ALSO SERVES AS THE ASO FOR
LOS ANGELES & SAN BERNARDINO COUNTIES
Increasing *child, family* and *community* well-being for everyone that lives, works, plays and prays in San Diego and throughout California.
PASS: The Big Picture

Parents with a child in foster care

Community Supports
Formal and Informal

Schools
Health Care
Recovery Services

Impact:
Whole Family
Quality of Life
Recovery/Resilience
Health & Wellness

Family Reunification

Identify
Intake
Individualized Coordinated Service Plan

Housing • Y/N
Behavioral Health • Y/N
Child Welfare • Y/N
Correction/Probation • Y/N
Workforce • Y/N

Work
Faith-based
Recreation

Community Groups

VENTURA COUNTY’S PASS MODEL

Priority Access to Services and Support (PASS) Program:

• Ensures timely engagement and access by parents receiving reunification services into mental health and alcohol and drug services

• Goal is to expand PASS approach to CFS children within 15 days of detention hearing
VENTURA COUNTY PROTOCOL

ER worker completes ROI

Court Intake completes screening form

Court submits package (ROI, screening tool) to Program

Program in Algorithm receives package
## MILESTONES MET

<table>
<thead>
<tr>
<th>Staff Trained &amp; Training Tools Developed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protocol Developed</td>
</tr>
<tr>
<td>Screening Tool Revised</td>
</tr>
<tr>
<td>Release of Information Finalized</td>
</tr>
<tr>
<td>Focus Group Completed</td>
</tr>
<tr>
<td>Communication with Dependency Court Partners</td>
</tr>
</tbody>
</table>
PASS IMPACT: QUANTITATIVE RESULTS

Demographics of population studied (N=119)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>73</td>
<td>61.9</td>
</tr>
<tr>
<td>Male</td>
<td>45</td>
<td>38.1</td>
</tr>
<tr>
<td>Total</td>
<td>118</td>
<td>100.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race/ethnicity</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>2</td>
<td>3.6</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>2</td>
<td>3.6</td>
</tr>
<tr>
<td>Caucasian</td>
<td>22</td>
<td>39.3</td>
</tr>
<tr>
<td>Latina/o</td>
<td>29</td>
<td>51.8</td>
</tr>
<tr>
<td>Multiple</td>
<td>1</td>
<td>1.8</td>
</tr>
<tr>
<td>Total</td>
<td>56</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Age (n=107)
18 to 52 years old
Average = 31½ years
Half were over 31

If considering traditionally Latina/o last names, then 67.9% out of 84 clients were Latino/a
DATA SUMMARY:
119 parents and 152 referrals

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parents</strong></td>
<td></td>
</tr>
<tr>
<td>Total number of parents touched by PASS process</td>
<td>119</td>
</tr>
<tr>
<td>Total number of parents screened using the PASS algorithm</td>
<td>98</td>
</tr>
<tr>
<td>Percent of parents screened using the PASS algorithm</td>
<td>83%</td>
</tr>
<tr>
<td>Of parents screened, percent who were screened in 5 working days of detention hearing</td>
<td>85%</td>
</tr>
<tr>
<td><strong>Referrals</strong></td>
<td></td>
</tr>
<tr>
<td>Of parents referred, percent who received appointments in 5 working days of referral</td>
<td>87%</td>
</tr>
<tr>
<td>Of parents with appointments, percent assessed in 5 working days of appointments</td>
<td>69%</td>
</tr>
<tr>
<td>Of parents assessed, percent linked to services in 5 working days of assessment</td>
<td>85%</td>
</tr>
</tbody>
</table>

- 83% of parents were screened (85% within 5 working days)
- 87% had appointments in 5 working days of screening
- 69% of the parents with appointments had assessments completed
- 85% of those with assessments were linked with services in 5 working days
- Increasing the time frame to 7 working days leads to a rate of 88% for assessments being conducted
## PARENTS SERVED

<table>
<thead>
<tr>
<th>Number of referrals</th>
<th>Number of parents</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>1</td>
<td>1.0</td>
</tr>
<tr>
<td>1</td>
<td>38</td>
<td>38.8</td>
</tr>
<tr>
<td>2</td>
<td>58</td>
<td>59.2</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>1.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>98</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organization</th>
<th>Number of parents referred</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADP</td>
<td>65</td>
<td>63.4</td>
</tr>
<tr>
<td>Beacon</td>
<td>73</td>
<td>77.4</td>
</tr>
<tr>
<td>Star</td>
<td>20</td>
<td>20.4</td>
</tr>
</tbody>
</table>

### Number of Days

<table>
<thead>
<tr>
<th>Number of Days</th>
<th>Assessments</th>
<th>Services Linked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same day</td>
<td>40.5</td>
<td>48.5</td>
</tr>
<tr>
<td>1</td>
<td>----</td>
<td>3.0</td>
</tr>
<tr>
<td>2</td>
<td>7.2</td>
<td>15.2</td>
</tr>
<tr>
<td>3</td>
<td>11.9</td>
<td>9.1</td>
</tr>
<tr>
<td>4</td>
<td>4.8</td>
<td>6.1</td>
</tr>
<tr>
<td>5</td>
<td>7.1</td>
<td>3.0</td>
</tr>
<tr>
<td>6</td>
<td>2.4</td>
<td>----</td>
</tr>
<tr>
<td>7</td>
<td>7.1</td>
<td>3.0</td>
</tr>
<tr>
<td>8 or more</td>
<td>19.0</td>
<td>12.1</td>
</tr>
<tr>
<td><strong>Total N</strong></td>
<td><strong>100.0</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

### Missing Statistics

<table>
<thead>
<tr>
<th>Statistics</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Average</th>
<th>Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum</td>
<td>0</td>
<td>37</td>
<td>4.6</td>
<td>3.0</td>
</tr>
<tr>
<td>Maximum</td>
<td>0</td>
<td>29</td>
<td>3.2</td>
<td>1.0</td>
</tr>
</tbody>
</table>
PASS STAKEHOLDER’S EXPERIENCE

- Family/parent’s perspective
- Staff perspective
- County partner perspective
LESSONS LEARNED

• Leadership matters
• PASS protocol 5 day, 5 day, 5 day timeframes are achievable
• PASS required several versions for cross system communication forms
• After the go live date, a weekly 30 minute call was sufficient to monitor start up and resolve any issues
• CQI required new linkages to collect, analyze and report on the data
• Court personnel need to be briefed on PASS intent
• Federal Medicaid regulations on priority populations will be problematic
• Engaging this population for treatment was more difficult than
NEXT STEPS FOR VENTURA COUNTY

1. Following PASS parents for one year to track impact over time.
2. Expanding PASS to all parents in child welfare, not just FR parents.
3. Planning to address AOD capacity and thereby the Medicaid priority population rules.
4. Assessing and maximizing the availability of trauma informed, quality of treatment services, as well as coordination of care.
5. Adapting PASS approach to expedite access to specialty mental health services for children and youth. (Ventura County plans to submit a proposal to the Mental Health Services Act (MHSA) Oversight and Accountability Commission for catalytic funding through Innovation MHSA funding.)
6. Revising business processes to ensure smoother transitions between different staff within CFS and between CFS with VCBH and Beacon.
7. Coordination with IT to automate CFS record keeping, whenever possible, and easier data collection technology for staff to reduce collection, monitoring and analysis burden.
CROSS-SYSTEM CONSIDERATIONS FOR CHILD WELFARE COUNCIL

1. Multi-Agency Collaboration is Critical for Priority Access
2. Deeper integration with Judicial Partners
3. Barriers to Communication
4. Coordinate Healthcare Eligibility
SPLITTING BENEFITS ON FUNCTIONAL IMPAIRMENT IS DIFFICULT TO IMPLEMENT IN A PERSON CENTERED WAY

Defining the “Bright Line” between Mild-to-Moderate vs. Significant impairments

To be eligible for County-funded mental health services, ALL of the following must be true:

1. **Diagnosis:** Must fall within one or more of the 18 specified diagnostic ranges

2. **Impairment:** Must result in one of the following:
   a. Significant impairment or probability of significant deterioration in an important area of life functioning
   b. For those under 21, a probability that the patient will not progress developmentally as appropriate, or when specialty mental health services are necessary to ameliorate the patient’s mental illness or condition

3. **Intervention:** Must address the impairment, be expected to significantly improve the condition, and the condition would not be responsive to physical health care-based treatment

Title 9, California Code of Regulations (CCR), Sections 1820.205, 1830.205, and 1830.210
“MILD-MODERATE” VARIED DEFINITIONS ACROSS THE STATE

There is an opportunity to improve care and strengthen the continuum.

**Behavioral Health Severity**

**Mild**
- Many mild BH disorders are treated in PCP settings—goal is improve diagnosis and rapid care
- PCP clinical decision support including PDIP, PCP Toolkit, and Psychiatric Consultation
- Co-location of BH staff
- MH and SUD screenings including SBIRT and PHQ

**Moderate**
- Specialist referrals when indicated with eventual return to PCP setting
- Co-location of BH staff with training in EBPs for collaborative care
- Ensure rapid access for priority referrals
- Reimbursable collateral and care coordination, where appropriate
- Peer support services

**Severe**
- Alternative payment arrangements supported by ongoing technical assistance
- Use of rehab option, targeted case management, and array of community recovery services
- Collaborative care with medical services provided in community mental health center or other specialty BH setting

Often managed in primary care

Needs refinement and tailored services

Managed by County Mental Health System
THE VALUE OF PEER SUPPORT ACROSS A WORKFORCE CONTINUUM

Persons with (or caring for a loved one with) mental health and substance use disorders benefit enormously from a relationship with someone who has:

- Similar lived experience
- A significant level of personal recovery
- The insight and maturity to be a guide and mentor
- A passion for advocacy and empowerment
- The formal training to:
  - Work collaboratively with professional clinicians
  - Connect the individual with resources
  - Encourage a whole-person approach to wellbeing
PEER SUPPORT SPECIALISTS IN ACTION

- In **Connecticut**, our Peer Support Specialists are assigned to any individual, of any age, who has an Autism Spectrum Disorder (ASD) diagnosis and their families to:
  - Help guide them through accessing ABA services
  - Connect them with resources in the community and access community supports
  - Gain access to augmenting services such as normative activities, social skills group, or other referrals

- In **Illinois**, our Peer and Family Support Specialists assist individuals and their family members in navigating the mental health system and also provide telephonic peer and family support via our Warm Line

- In **Massachusetts**, we use a person-centered approach that involves peer supports and contracts with peer-run organizations to:
  - Provide member satisfaction and other quality evaluation services
  - Conduct provider, peer, family, and staff training
  - Act as peer “bridgers” when transitioning from inpatient to community settings
  - Lead self-help regroups and other services
RESOURCES DEVELOPED

CA Child Welfare Council meeting information
http://www.chhs.ca.gov/Pages/MeetingInformation.aspx

PASS Final Report

PASS Process Mapping

PASS Screening Tool

PASS Ventura CFS Quick Guide
CONTACT INFORMATION

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