All-Team Quarterly Learning Collaborative

Child Welfare/Juvenile Justice Teams

Tuesday, March 19, 2024

AGENDA

- Key State and National Policy & Guidance Updates
- Strengthening Relationships Between Probation and Child Welfare
- Return to Use Prevention Plan Discussion
- County Successes/Highlights
- Upcoming Opportunities and Wrap Up

KEY STATE AND NATIONAL POLICY & GUIDANCE UPDATES

12:00 – 12:20 pm PDT
Presenters: Bren Manaugh & Julie White

CALAIM JI | IMPLEMENTATION PLAN AND READINESS ASSESSMENT

- If your county received PATH 3 funds, the **Implementation Plan** is due no more than 180 days after award notification or March 31, 2024 – *whichever comes first*.
- All counties must submit a **Readiness Assessment** to demonstrate ability to meet implementation requirements detailed in the *Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative*.
  - County **BH Readiness Assessment due** April 1, 2024.
  - **Correctional Facilities Readiness due** 6 months prior to last date before go live (latest date would be April 2026).

Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative

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CALAIM RESOURCES

- Implementation Plan Tips for Submission
- Justice-Involved Round 3 Guidance Document
- Justice-Involved FAQs (Updated)
- JI Round 3 Behavioral Health Agency Implementation Plan
- JI Round 3 Correctional Agency Implementation Plan
- JI Round 3 CBH Budget Template
- JI Round 3 CA Budget Template

For more information, please visit the CA PATH Justice Involved Webpage.

UPCOMING WEBINAR | CALAIM JI INITIATIVE: IMPACT ON PROBATION AND JUVENILE JUSTICE

- **Date:** Thursday, April 25, 2024
- **Time:** 2:00 – 3:00 p.m. PDT
- **Audience:** Probation; providers serving youth with justice system involvement and other youth healthcare services providers; child welfare; managed care plans
- **Description:** Information about CalAIM goals and opportunities targeting the justice-involved youth population focusing on the role of probation/JJ system stakeholders

Register for the webinar at this link.

Please forward to others in your county who would benefit from this information.

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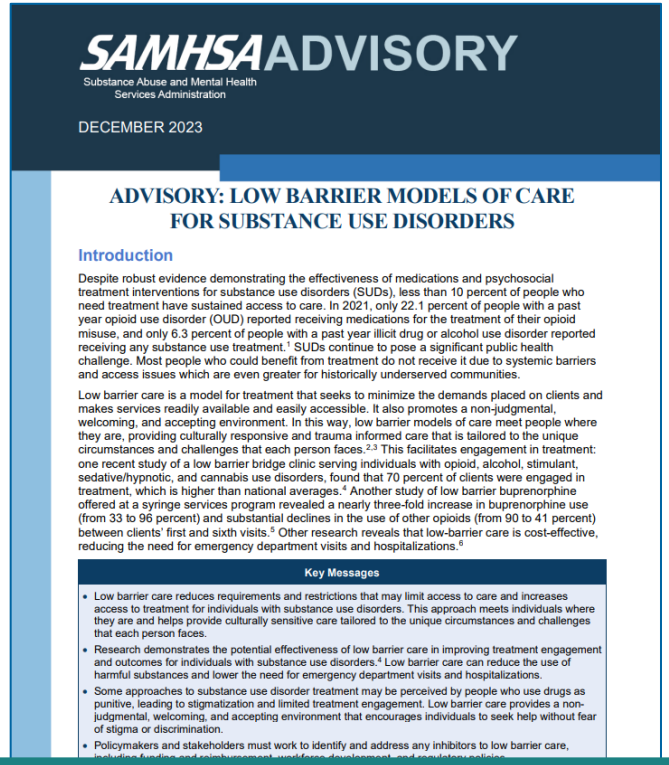
LOW-BARRIER CARE

- SAMHSA released **Advisory: Low Barrier Models of Care for Substance Use Disorders** in December 2023.



SAMHSA ADVISORY

Substance Abuse and Mental Health Services Administration

DECEMBER 2023

ADVISORY: LOW BARRIER MODELS OF CARE FOR SUBSTANCE USE DISORDERS

Introduction

Despite robust evidence demonstrating the effectiveness of medications and psychosocial treatment interventions for substance use disorders (SUDs), less than 10 percent of people who need treatment have sustained access to care. In 2021, only 22.1 percent of people with a past year opioid use disorder (OUD) reported receiving medications for the treatment of their opioid misuse, and only 6.3 percent of people with a past year illicit drug or alcohol use disorder reported receiving any substance use treatment.[1] SUDs continue to pose a significant public health challenge. Most people who could benefit from treatment do not receive it due to systemic barriers and access issues which are even greater for historically underserved communities.

Low barrier care is a model for treatment that seeks to minimize the demands placed on clients and makes services readily available and easily accessible. It also promotes a non-judgmental, welcoming, and accepting environment. In this way, low barrier models of care meet people where they are, providing culturally responsive and trauma informed care that is tailored to the unique circumstances and challenges that each person faces.[2,3] This facilitates engagement in treatment: one recent study of a low barrier bridge clinic serving individuals with opioid, alcohol, stimulant, sedative/hypnotic, and cannabis use disorders, found that 70 percent of clients were engaged in treatment, which is higher than national averages.[4] Another study of low barrier buprenorphine offered at a syringe services program revealed a nearly three-fold increase in buprenorphine use (from 33 to 96 percent) and substantial declines in the use of other opioids (from 90 to 41 percent) between clients' first and sixth visits.[5] Other research reveals that low-barrier care is cost-effective, reducing the need for emergency department visits and hospitalizations.[6]

Key Messages

- Low barrier care reduces requirements and restrictions that may limit access to care and increases access to treatment for individuals with substance use disorders. This approach meets individuals where they are and helps provide culturally sensitive care tailored to the unique circumstances and challenges that each person faces.
- Research demonstrates the potential effectiveness of low barrier care in improving treatment engagement and outcomes for individuals with substance use disorders.[4] Low barrier care can reduce the use of harmful substances and lower the need for emergency department visits and hospitalizations.
- Some approaches to substance use disorder treatment may be perceived by people who use drugs as punitive, leading to stigmatization and limited treatment engagement. Low barrier care provides a non-judgmental, welcoming, and accepting environment that encourages individuals to seek help without fear of stigma or discrimination.
- Policymakers and stakeholders must work to identify and address any inhibitors to low barrier care,

Continuing to face issues in your county with low-barrier models of care? Reach out to your coach for additional training/technical assistance for county and community partners.

STANDARD OF CARE: MEDICATION FIRST

2003: Initiation and continuation of MAT was contingent upon	Outcomes: Continued use of opioids & possible death	2020: Medication is	Outcomes: Buprenorphine blocks opioid receptor & prevents overdose & death
Being face to face in clinic to look for evidence of IVDU and withdrawal symptoms	☹	Not contingent	☺
Completion of a biopsychosocial assessment	☹	Not contingent	☺
Completion of lab work	☹	Not contingent	☺
Use of no other substances and no relapses	☹	Not contingent	☺
Attending therapy	☹	Not contingent	☺

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OTHER FEDERAL UPDATES

DEA and HHS Joint Letter on Medications for Opioid Use Disorder (MOUD)

- DEA and HHS support the expansion of MOUD especially in rural or underserved areas. DEA is asking its registrants to ensure an adequate and uninterrupted supply of MOUD products when appropriately prescribed and asks distributors to examine any quantitative thresholds they established to ensure that individuals with OUD are able to access buprenorphine. Expanding access to MOUD is one more way to assist patients with OUD during the Opioid Public Health Emergency.

Examining the Use of Braided Funding for Substance Use Disorder Services

- This report looks at state and federal laws and policies that encourage braided funding to provide substance use disorder services, best practices for braiding funds, and pathways to sustainability for substance use disorder programs.

42 CFR PART 8 FINAL RULE | MEDICATIONS FOR THE TREATMENT OF OPIOID USE DISORDER

- Part 8 of Title 42 of the Code of Federal Regulations (CFR) includes updated regulations for OTPs/NTPs.
- Final rule released in February 2024. The effective date of this final rule is April 2, 2024, and the compliance date is October 2, 2024.
- Removes obstacles that have previously prevented patients from accessing MOUD treatment.

Helpful Links

- Part 8 of Title 42 of the Code of Federal Regulations (CFR)
- Table of Changes
- Frequently Asked Questions
- What It Means for Patients

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42 CFR PART 8 FINAL RULE | KEY TAKEAWAYS FOR CHILD WELFARE & JUVENILE JUSTICE TEAMS

- Rules removes barriers to access for persons under 18.
  - Removed requirement of failed attempts and modifies consent language.
- Allows for more frequent take-homes earlier in treatment.
  - Can reduce barriers to care and/or barriers to involvement in parenting, work and other family activities.
- Reduces barriers to split dosing.
  - An important intervention for persons who are pregnant.
- Clarifies that while programs must provide counseling and therapy available, this should not preclude someone from receiving medication.

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42 CFR PART 2 FINAL RULE | CONFIDENTIALITY OF SUBSTANCE USE DISORDER (SUD) PATIENT RECORDS

- Part 2 of Title 42 of the Code of Federal Regulations (CFR) includes updated regulations for patient consent and disclosures for patients with a SUD.
- Final rule released in February 2024; will go into effect April 2024 (and compliance date of February 2026).
- Updates confidentiality rules for patients with SUD, including allowing a single consent for disclosures.

Helpful Links

- Part 2 of Title 42 of the Code of Federal Regulations (CFR)
- Fact Sheet 42 CFR Part 2 Final Rule
- HIPAA and Part 2

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42 CFR PART 2 FINAL RULE | KEY TAKEAWAYS FOR CHILD WELFARE & JUVENILE JUSTICE TEAMS

- Allows a single consent for all future uses and disclosures for treatment, payment, and healthcare operations.
- Express statement that segmentation of Part 2 Data is not required.
- Requires a separate patient consent for the use and disclosure of SUD counseling notes.
- Prohibits combining patient consent for the use and disclosure of records for civil, criminal, administrative, or legislative proceedings with patient consent for any other use or disclosure.

POLL – TRAUMA-INFORMED LEARNING COMMUNITY

- Would your county be interested in participating in a Trauma-Informed Learning Community?
  - Yes
  - No

Learning community will include:

- Monthly or bi-monthly meetings with your peers and subject matter experts (SMEs)
- One-on-one technical assistance with SMEs
- Access to tools and resources

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STRENGTHENING RELATIONSHIPS BETWEEN PROBATION & CHILD WELFARE

12:20 – 1:10 pm PDT
Moderators: Mark Varela and Howard Himes

YOUTH INVOLVEMENT IN CHILD WELFARE AND JUVENILE JUSTICE SYSTEMS

- Systems distinctly different as are reasons for entry
- Youth involvement in both systems
- Issues impacting Dually-Involved and Crossover Youth
  - Greater # of risk factors
  - Complexity of risk factors
  - Fewer protective factors exist
  - Multiple agency involvement
- Importance of cross-system collaboration at critical points
- Elimination of structural barriers which negatively impact coordination and delivery of services

CURRENT BEST PRACTICES FOR DUAL-INVOLVED AND/OR CROSSOVER YOUTH

- Shared CW/Probation departmental vision and approach
  - Support from local policy makers/leaders and community
- Early ID of Dually-Involved and/or Crossover Youth
- Improved information sharing across systems
- Multidisciplinary meetings to address immediate needs of youth & families
- Coordinated case supervision
- Integrated orientation and training for CW and Probation staff members

Office of Juvenile Justice and Delinquency Prevention (OJJDP) Intersection of Juvenile Justice and Child Welfare Systems

NUMBER OF SIGNIFICANT CHANGES ARE/OR WILL BE OCCURRING IN THE NEXT FEW YEARS:

1. AB 2083

- Creates MOU agreements between key youth serving County Departments, setting forth roles and responsibilities of agencies and other entities that serve children and youth in foster care who have experienced severe trauma. It is to ensure that children and youth in foster care receive coordinated, timely, and trauma-informed services.
- Provides extensive agreements in 11 primary areas of policy and practice:
  - Interagency Leadership Teams
  - Info and Data Sharing
  - Financial Resource Management
  - Interagency Placement Committee
  - Alignment and Coordination of Services
  - Staff Recruitment, Training, Coaching

2. CalAIM

- ECM
- MAT
- Community Supports

THE FIELD IS CHANGING RAPIDLY

3. Health plan role in county service delivery is evolving.

- **DHCS new contract with Health Plans include:**

1. Health Plan identifies a new Foster Care Liaison. (Local point of contact for CW and ECM providers.
2. Develop MOUs with Child Welfare that include issues:
   - Data sharing
   - Provide transparency of roles/responsibilities between MCP and Partners.
   - Mechanisms for dispute/complaint resolution.

4. New DHCS Federal Waiver Application submitted in October 2023.

- **Behavioral Health Connect includes…**

Approach: Child-Related Demonstration Components

In the design of the BH-CONNECT waiver, DHCS dedicated particular attention to the needs of children and youth, particularly those involved in child welfare.

DHCS will use the BH-CONNECT waiver to make targeted improvements to care for children and youth statewide, including:

- **Cross-Sector Incentive Program** to reward Managed Care Plans (MCPs), County Mental Health Plans (MHPs), and child welfare systems (CWS) for meeting specified measures related to coordinating care for children and youth in the child welfare system;
- **Activity Stipends** for children/youth involved in child welfare to promote social/emotional well-being, and;

In parallel with the BH-CONNECT waiver, DHCS is making other statewide changes to strengthen services for children and youth that do not require waiver expenditure authority, including:

- **Centers of Excellence** to support the implementation of evidence-based practices for children and youth.
- **Clarification of coverage** of specific evidence-based practices for children and youth (MST, FFT, PCIT, and potentially other therapeutic modalities);
- **Alignment of the Child and Adolescent Needs and Strengths (CANS) tool** to ensure both child welfare and behavioral health providers are using the same CANS tool;
- **Initial Behavioral Health Assessment** jointly administered by the behavioral health and child welfare systems; and
- **Foster Care Liaison Role** requirement within MCPs.

Source: DHCS Medi-Cal and Foster Care Updates November 2023

THE FIELD IS CHANGING RAPIDLY

Selected State Investments in Behavioral Health

Behavioral Health Continuum Infrastructure Program (BHCIP)	**$2.2 B**
Providing Access & Transforming Health (PATH –JI) Capacity & Infrastructure, Transition & Development (CITED)	
Behavioral Health Bridge Housing Program (BH Bridge)	**$1.5 B**
BH Response and Rescue including Crisis Care Mobile Units	**$205 M**
Healthcare Access & Information (HCAI) Workforce Expansion	**$1.7 B**
Children and Youth Behavioral Health Initiative (CYBHI)	**$4.7 B**

$3.1 billion ($1.2 billion General Fund) in 2022-23 for the CalAIM initiative in general

BREAKOUT

What are the biggest challenges to establishing solid working partnerships between child welfare and probation agencies?

Can you cite ways to strengthen this important partnership moving forward?

RETURN TO USE PREVENTION PLAN DISCUSSION

1:10 – 1:30 pm PDT
Presenters: Charles Robbins and Rachel Johnson-Yates

WHY A PREVENTION PLAN?

- Relapse is part of the recovery journey for many
- Preventative and reduces risk
  - Can reduce length, intensity, and risk if a return to use does occur
- Increases awareness of personal triggers
  - Helps people learn to self-monitor/regulate
- Normalizes critical conversations about return to use
  - Can increase likelihood of a person seeking help

PRECURSORS TO RELAPSE

Chatterfall (**type your response but <u>don't hit enter</u> yet**!)

- What are some precursors to relapse?
- What are some warning signs of relapse?

PRECURSORS TO RELAPSE

- If a person, especially someone new to recovery is reporting “no cravings, no triggers,” this is often a red flag:
  - Trying to please staff.
  - Low insight.
  - Fear of retaliation for honesty.
- Each person’s warning signs are unique and should be explored. For example:
  - Sleeping more than 8 hours.
  - Not responding to texts/calls.
  - Worrying about the future
  - Increased agitation/irritability.
  - Dropping out of treatment abruptly.

You can access the Staff Guide: Personal Prevention Plan and Personal Prevention Plan on AddictionFreeCA.

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RESPONDING TO RELAPSE

- Maintain non-judgmental curiosity.
  - Let the client know it's ok.
- Meet the person where they are.
- Help them refocus on:
  - Goals and motivation.
  - What interventions have been helpful for them in the past.
- Focus on stabilization and reducing risk of disease transmission, injury, and death.

Discuss relapse as an opportunity to recalibrate/improve:

- MAT
- Medications for mental/physical health
- Counseling
- Living situation

PAYMENT RESOURCES

- Drug Medi-Cal pays for recovery services
  - One of most underbilled codes in the state
- Services that are covered include:
  - **Outpatient Counseling Services** - individual or group counseling to stabilize the beneficiary and reassess if further care is needed
  - **Recovery Monitoring** including recovery coaching and monitoring via telephone/ telehealth
  - **Substance Abuse Assistance**, including peer-to-peer services and relapse prevention
  - **Support for Education and Job Skills**, such as linkages to life skills, employment services, job training, and education services
  - **Family Support**, such as linkages to childcare, parent education, child development support services, and family / marriage education;
  - **Support Groups**, including linkages to self-help and faith-based support; and,
  - **Ancillary Services**, such as linkages to housing assistance, transportation, case management, and individual services coordination.

Source: https://www.dhcs.ca.gov/provgovpart/Documents/DMC-ODS_Waiver/DMC-ODS_Recovery_Services_FAQ.pdf

RECOVERY SERVICES

- Can be provided by:
  - Licensed Practitioners of the Healing Art (LPHA)
  - Counselors
  - Peers
- Note: A valid ICD-10 diagnosis code is necessary when claiming for recovery services
  - For more information, refer to Notice 17-034

Source: https://www.dhcs.ca.gov/provgovpart/Documents/DMC-ODS_Waiver/DMC-ODS_Recovery_Services_FAQ.pdf

POLL

- Are you interested in a webinar with a deeper dive on this topic?
  - Yes
  - No

COUNTY SUCCESSES/ HIGHLIGHTS

1:30 – 1:50 pm PDT
Moderators: Howard Himes and Charles Robbins
County Presenter: Dianna Daly, Orange County

DATA WORKGROUP | DATA COMMITTEE PARTICIPANTS

Chairs: Howard Himes, Daniel Webster, Charles Robbins

Members:

- County project members
- UC Berkeley Indicators Project
- California Department of Social Services (various branches)
- Children and Family Futures
- Evident Change (SDM-Safe Measures)

SUBSTANCE USE DATA AND CHILD WELFARE: AREAS OF FOCUS

- Structured Decision Making (Risk and Safety Assessments)
- CWS/CMS System Focus-New CWS/CMS Substance Use Fields
- CARA Data regarding Plans of Safe Care information
- Comprehensive Adolescent Needs and Strengths (CANS)

CARA DATA REPORTED TO THE FEDS

FFY 2022-23

County	A. Referrals Involving Infants	B. Referrals Involving IPSE	C. IPSE Rate (B/A)	D. IPSE Referrals with Medical Professional as the Reporter	E. Medical Professional Reporter Rate (D/B)	F. POSC for IPSE in Reports Made by Medical Professionals	G. POSC Rate (F/D)	H. Referrals to Services for IPSE in Reports Made by Medical Professionals	I. Referral Rate (H/D)
Statewide	22,783	8,677	38%	2,479	29%	981	40%	756	30%

Data at the Child Level: All Data in CWS/CMS

	All Data in CWS/CMS As Of		
	3/1/2022	3/21/2023	1/1/2024
All Infants in a Referral	43,534	67,734	86,143
Substance Affected Infants	20,922 48%	30,996 46%	38,082 44%
Infants with a Plan of Safe Care	7,258 35%	10,659 34%	12,751 33%
Infants with a Referral to Services*	5,348 26%	7,662 25%	9,048 24%

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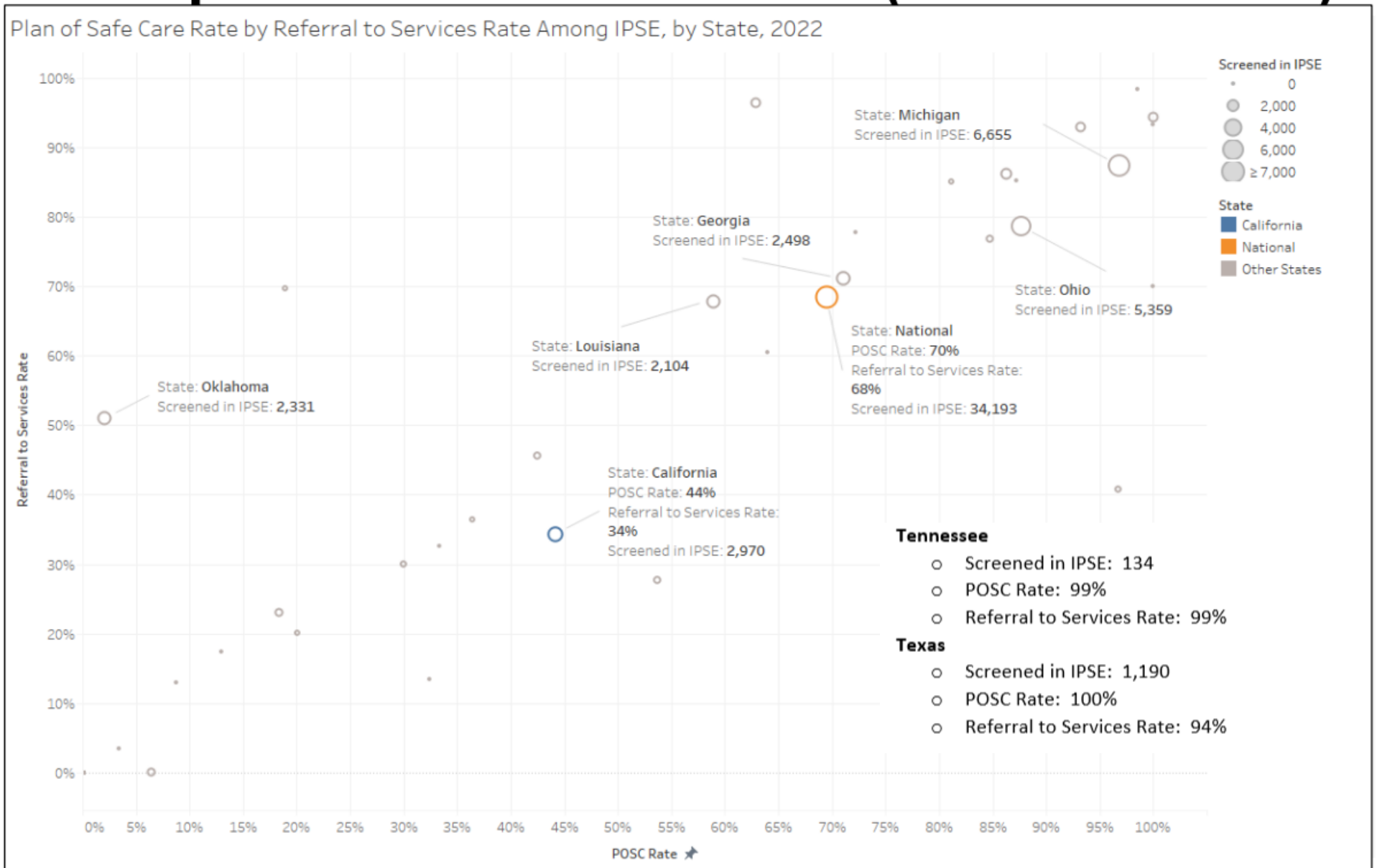
Comparison to Other States (NCANDS 2022)



IPSE: Infants with Prenatal Substance Exposure

Data from the *Child Maltreatment 2022* report (citation and link below).

DATA WORKGROUP | DATA COMMITTEE NEXT STEPS

Berkeley Indicators Project will present updated SDM data.

Presentation of work conducted by University of Kentucky on CANS data.

Next Data Committee meeting scheduled for March 25, 2024.

LA COUNTY – PLANS OF SAFE CARE PILOT

- Two private hospitals part of pilot.
- Engaging multi-disciplinary teams that include OB/Gyn, pediatrics, nursing staff, medical social workers, etc.
- Developing protocols for each hospital for implementation.
- Deploying training to hospital staff.
- Working closely with DCFS.
- Providing webinar training for 10 additional hospitals.

ORANGE COUNTY – FAMILY WELLNESS PLAN

- Orange County Health Care Agency launched new website https://everyparentoc.org/providers/plans-of-safe-care/
  - Linguistic change: Plans of Safe Care → Family Wellness Plan
  - Family Wellness Plan template (English/Spanish)
  - Patient/client/family brochure (English/Spanish/Vietnamese)

UPCOMING OPPORTUNITIES & WRAP UP

1:50 – 1:55 pm PDT
Presenter: Bren Manaugh

UPCOMING EVENTS

Reducing Youth Mortality and Promoting Recovery from Substance Use Disorder

March 27 at 1:00 pm PDT

CalAIM Justice-Involved Initiative: Implications for Juvenile Justice and Probation

April 25 at 2:00 pm PDT

Brain Science of Youth: Developmental Stages & the Impact of Substance Use Disorder and Trauma

TBD May 2024

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ONGOING DISCUSSION GROUPS

Plans of Safe Care:

2nd Wednesday of month at 4:00 pm PDT

Data Working Group on Substance Use in Child Welfare:

Last Monday of month at 12:00 pm PDT

Email MATinCountyCJ@healthmanagement.com to be added to these invites.

POLLING QUESTIONS

1. Overall, today's session was:
   A. Very useful
   B. Somewhat useful
   C. Not very useful
   D. Not useful at all

2. The material presented today was:
   A. At the right level
   B. Too basic
   C. Too detailed

CONTACT US

FOR ANY QUESTIONS OR COMMENTS

MATinCountyCJ@healthmanagement.com