



CALIFORNIA CHILD WELFARE COUNCIL

Child Welfare Priority Access to Services and Supports (PASS)

Priority Access to Services and Supports (PASS) Ventura County PASS Behavioral Health Beta Test Report

DECEMBER 2016

At the January 2016 meeting of the Child Welfare Council's PASS Behavioral Health Workgroup a draft Behavioral Health Services Access Protocol was approved. The purpose of this tool was to guide counties to "facilitate priority access, coordination, and quality of care to appropriate behavioral health services and supports for parents in reunification." For clarity, "behavioral health services" refers to mental health services and substance use disorder services. The target population is all parents entering the child welfare system with an open reunification plan. The PASS behavioral Health Workgroup confirmed readiness for the next step, which would be to beta test the protocol in one county to determine if the assumptions and guidelines were actionable, effective and reasonable.

VENTURA COUNTY SELECTED AS BETA TEST SITE

Ventura County was considered and confirmed as the beta test site by the PASS co-chairs and PASS Behavioral Health Workgroup. Ventura County was selected based on their history of local innovation and collaboration across child and family systems of care, having a strong commitment by the leadership of County Departments of Child and Family Services (CFS) and Ventura County Behavioral Health (VCBH) to improving services and quality of care to families served, as well as willingness by the leadership of Gold Coast Health Plan and Beacon Health Services (the Behavioral Health Managed Care Organization in Ventura) to collaborate.

The respective Ventura leadership agreed the intent of the PASS project to prioritize access and coordination of care for family members involved with child welfare was an important goal and such a project offered the opportunity to learn start up issues necessary for achieving the County Strategic Goal of "whole person, team based care" in service delivery.

VENTURA COUNTY PLANNING AND PREPARATION

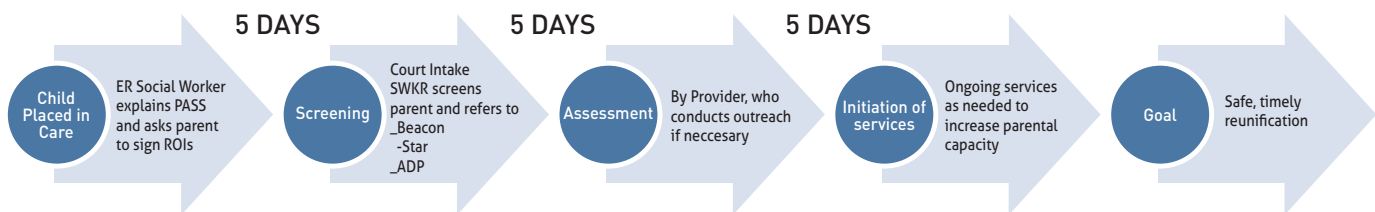
An initial meeting of all the Ventura stakeholders was held on January 20, 2016 chaired by the Department of Child and Family Services (CFS) and Ventura County Behavioral Health (VCBH) directors and facilitated by the consultant. Those attending included senior leadership and key managers from CFS, VCBH, Gold Coast and Beacon Health as well as the Ventura Health and Human Services Agency (HSA) Director. The HSA Director, who had been briefed previously, was an important participant and supporter of moving forward with the beta testing. Several times managers brought up possible barriers and/or road blocks to implementation and each time the HSA Director stated, "This project can help us to learn how to achieve our goal of whole person, team based care across all our departments. If we are not successful, then we have data to present to the State as to why we will need more resources."

- **Four Planning Meetings—PASS Quick Guide Developed** were held in February and March 2016 to create the process steps, needed forms and staff changes. Generally, issues were discussed and decisions made during the meetings, while work tasks, e.g., developing forms and engaging front line staff, were accomplished between meetings. It was in these planning-strategy meetings with CFS Emergency Response (ER) and Court Intake Unit staff that the protocols and PASS Quick Guide were developed. Though these protocols were refined over time, especially guidelines were further developed for detention Family Team Meetings (FTM), where it was initially determined that the ER unit would only be completing the required Releases of Information (ROIs). After further FTM development/refinement, ER staff began completing PASS screenings at the Detention FTM if the Court Unit social worker (SW) was not available.
- **Staff Involvement** took place subsequent to the initial meetings described above. There were two meetings to present and discuss elements of PASS (which included representatives from Behavioral Health) to the CFS Court Intake Unit in February 2016 and to all ER staff in March 2016, specifically on the use and purpose of the Screening Tool. These were not formal training presentations, but rather meetings devoted to problem-solving and brainstorming protocols and flow of information; there are no formal agendas for these meetings, but the sole purpose was for the PASS beta test planning.
- **Screening Tools and Releases of Information (ROIs)** It should be noted that the Screening Tool underwent seven revisions to facilitate communication across departments and while initially there were only two Release of Information forms (ROIs) to complete, by the end of the beta period, there were four ROIs. These included separate ROIs for CFS, Beacon, VCBH's Alcohol and Drug Program, and VCBH's specialty mental health program. The ROIs also underwent revisions and finally were developed in a fillable PDF format. New ROI iterations were created to gather more comprehensive and specific information sharing across the respective agencies and staff and strengthen engagement with the family members. Over time, training and updated information to the Court Unit has been accomplished via informal unit meetings, e-mail updates and information supplied directly to the Court Intake Unit supervisors to cascade to their staff.
- **Staff Training** In March 2016 information about the PASS beta test project was presented to the Emergency Response (ER) Manager and to the ER Supervisors. The focus was on the role of ER staff completing the ROIs with the parents by the ER social workers, and the procedures for forwarding the ROIs to a designated point person, as well as attaching to the Detention Report materials which are forwarded to the Court Intake Unit, who complete the screening form. The Court social worker would 'package' the completed ROIs with completed Screening Tools (once received from the Court Intake Unit social worker) and send to the identified program as referred based on the referral algorithm. The training packet included copies of the 4 ROIs, the PASS Quick Guide and the Behavioral Health Screening Form. A representative from the Behavioral Health STAR program was a co-presenter and discussed the diagnostic definitions from the screening tool and how to effectively use the algorithm format when completing the tool and making subsequent referrals. Staff questions focused on timeframes for submitting the Screening Tool and use of the ROIs. Copies of the training materials were sent to all ER staff via e-mail, as well, for those that may have missed the presentation.

- Judicial Perspective** At the April 2016 Dependency Court Team Meeting, a monthly meeting of judicial partners, the PASS beta information was well-received. Handouts included copies of the ROIs and the Screening Tool. There were questions and excitement about the timely initiation of services. The Dependency Court Judge specifically asked about how participation information would be reflected in status review reports from CFS and wanted to know if a parent refused to sign a ROI, so she could offer encouragement. The CFS Deputy Director, who was also in attendance, clarified confidentiality issues and reinforced the intent of the pilot to focus on connecting client-parents to services and emphasized that program participation would not necessarily be linked to compliance as with case plan objectives, in general.

THE PASS BETA TEST WENT LIVE IN VENTURA COUNTY ON MONDAY MARCH 28, 2016

PASS in Ventura County was scheduled to run for a full six months and looks like this:



PASS IMPACT IN VENTURA COUNTY

Key Finding: Priority timelines are achievable!

The project has accomplished an expedited screening and referral to parents who have had children removed from their care. Also significant is that CFS and its behavioral health partners are directly involved in promoting a screening to a referral, where before the client was tasked with calling the respective behavioral health intake line and negotiating services, usually at a time post-jurisdiction and disposition. *So even in the best and most responsive of circumstances, PRIOR TO PASS parents did not access services until several weeks, if not months, after their children were removed.* The client would typically struggle with defining what was a case plan objective or understanding why the referral was made (“I don’t have a problem”). There has been some feedback by CFS court unit staff that it is difficult to engage families within 5 days, as the worker is often just receiving the case. They have requested to expand the initial screening time from 5 days to 7 days.

Impact By-the-Numbers

Between March 28, 2016, and October 14, 2016, 119 parents were identified by child welfare social workers as potential PASS clients. Of these, 98 were screened using the algorithm created for the PASS process. There were five main reasons why 21 of the parents did not complete the screening process: the whereabouts were unknown for eight of them; seven could not be reached (e.g., not returning calls); two refused services (one of these was receiving services through the VA); three were incarcerated; and one was in a detoxification facility and unable to participate.

In terms of demographics, 62% of the parents in reunification were female. The majority of the clients were Latina/o (52%) or Caucasian (39%). Their ages varied from 18 to 52, with the average being 32 and the median being 31.

The quantitative results from the PASS beta test are promising. Worth noting are the following:

- Nearly 83% of the parents referred were screened, with 85% of those screenings occurring within the 5 working day benchmark.
- Of the parents referred, 87% had an appointment set within the 5 working days of the referral.
- Of those who were assessed, 85% were linked with services within 5 working days of their assessment dates.
- Referral and assessment results are greatly improved if the time frame is extended by 2 days. For instance, 88% of assessments were completed within 7 working days.



These two results show that time table benchmarks established can be met. The main reason for delays or no screenings in the first place was due to workers having a difficult time reaching parents. This was also the primary reason why only 69% of the parents with appointments had assessments completed.

Appendix A contains the full report with the details behind the numbers in the dashboard along with additional findings.

Cost/Benefit

- **Staff Time and Resources** Significant staff time went into the planning and program development and monitoring of the PASS model. On average, there were about 10 people across the various agencies at each planning meeting. There were at least ten two hour meetings, plus several check in calls, since the start of the program development process (equating to approximately 200 administrative staff hours). Agency level training, policy and procedure development and data analysis accounted for at least 200 additional administrative staffing hours. Staff involved in the program development of PASS were all at the supervisor, manager or executive level at each agency.

Finally, CFS has estimated that the monthly workload for the administration, submission, documentation and follow up of the PASS screening accounts for approximately 0.8 full time equivalent of social work time.

- **Potential Cost Savings** The program has not been operational long enough to know if we have achieved improved outcomes in the areas of time to reunification or reentry, both of which would potentially be associated with cost savings. These savings would be from reduced placement costs, a reduction in social worker and other CFS staff time dedicated to a family, and a savings in services to families.

STAKEHOLDER'S EXPERIENCE

On October 13, 2016 a focus group was conducted with the Ventura County Leadership Team. Later on November 8, 2016 two focus groups were conducted, one with CFS staff and the other with service providers and the Health Plans. On that day five individual parent interviews were scheduled, and two were completed.

- **Perspectives from Parents in Reunification** The parents who were interviewed stated that they received some benefit from being offered services so early in their involvement with CFS, although they were not able to talk about specifically how they benefited. One parent in particular shared that she was ready for services and glad they were available right away, "before she changed her mind." That same parent expressed surprise and appreciation that the whole family could be involved, including the father of her child.

Parent partners who assisted in developing the state PASS Behavioral Health Protocol said they anticipated that parents would find it easier to enroll in services and actively participate if they knew where to go, who to talk to, and what to expect. They also highlighted the importance of services being available when the parent is "ready."

- **County Staff Perspectives – Child Welfare Staff and Service Provider Staff Feedback** County CFS staff felt that the PASS process was effective in encouraging parents to engage early. They also appreciated the health plans and ADP reaching out to families directly and cited one partner in particular who had a high engagement rate of parents attributed to taking time to talk through the process with the parent. At ER, some workers found the timing of asking parents to sign releases while they were in crisis to be intrusive. The request to sign ROIs on average elicited anger or over-compliance as in "I'll sign anything, whatever..." Staff suggested that initiating PASS at scheduled Family Team Meetings would be an effective means of further streamlining the process and produce better, more informed engagement of parents.

CFS staff also thought it was helpful to parents to have a streamlined process and to be screened by a specialist once they were referred. They found the screening tool to be effective in correctly identifying the type of referral to make in most cases. The exception was for parents who were not eligible for services and/or did not already have MediCal. It was frustrating to workers to fill out lengthy forms only to have them "kicked back" because the parent was not eligible.

County providers were eager to test system improvements for parents. While parents were given priority access to enroll in services early, providers questioned whether retention would be increased if the referral came later. The Health Plans added a new service code to incentivize providers to participate in consultation and coordination of care. As a next step they are looking at incentives for "holding spots open" so that PASS parents may be served timely in the future. It was suggested that providers would benefit from training and support specific to the needs of parents in reunification in the context of trauma-informed care.

NEXT STEPS FOR VENTURA COUNTY

Ventura County partners across the board are pleased to have contributed to the initial PASS beta test and felt their time invested was extremely worthwhile. By way of follow up and next steps, Ventura County PASS partners are committed to:

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.

LESSONS LEARNED

Leadership, vision, commitment and history of collaboration matter. These were found to be fundamental to the success of the PASS beta test in Ventura County. Additional insights gained from the beta are as follows:

Guidance for next round of county testing

• Plan for Staffing and Structural Support

- Facilitators were needed to help bridge gaps between the silos and keep the planning on target. The protocol timeframes for referral, assessment and initiation of services are achievable.
- The health plan added a new service code to the mental health benefit, allowing clinicians to be reimbursed for their participation in family team meetings.
- Significant administrative resources were required to design and implement the PASS approach. Reprioritizing of operational resources was also required to make the systems changes necessary to implement the model. This was additionally complicated for all agencies as the PASS model only applied to a subset of individuals served by each system.

• **Communication and Monitoring**

- After the go live date, a weekly conference call for the first month, no more than 30 minutes, was sufficient to monitor start up and resolve any issues identified.
- Implementing the protocol required new infrastructure to facilitate communication across the various systems and for CQI to collect and analyze the data.
- After the first month of weekly meeting, the committee reviewed CQI data reports and addressed any issues with the respective administrator/supervisor via email/phone, and met on a monthly basis, approximately 90 minutes, to monitor progress.
- Court Unit staff needed initial training on completion and interpretation of the referral options on the screening form (algorithm) as well as after the go live date.

• **Screening/Referral Forms Needed**

- A screening/referral form is needed, one that can address both type (mental health, substance abuse, co-occurring issues) and intensity of problem (mild/moderate to severe) to accommodate California policies and regulations.
- The tool must also be user friendly to all parties, particular those administering the tool, which, in this case, were CFS social workers. In Ventura the screening tool (algorithm) had been in use for the past year and was an acceptable starting point for all parties.
- The tool must also offer guidelines on what to do if an inappropriate referral is made

• **Releases of Information**

- To fulfill federal and state regulations, as well as local practice, at least three Releases of Information were needed.
- All stakeholders were initially surprised that so many family members signed the ROI so willingly. After go live date, CFS staff gave a presentation on the protocol to Court officials and public defenders. The lawyers stated they would encourage their clients to sign since it would help reunification efforts. However, there have also been a number of parents who were reluctant to sign for various reasons.

• **Flow of Referral**

- Ventura leadership decided that the DCFS Court Unit, after the Detention Hearing, was the best initial screening/referral point of contact.
- The project focused exclusively on facilitating expedited access to care for parents, rather than on coordination and quality of care once enrolled in services.

- **Competing Federally Defined Priorities** Families in reunification are not a priority population according to federal Medicaid Regulations, therefore when local alcohol and drug programs are at or near capacity, such families will not be able to be prioritized without additional funds allocated to the local programs.

CROSS-SYSTEM CONSIDERATIONS FOR CHILD WELFARE COUNCIL

- 1. Multi-Agency Collaboration is Critical for Priority Access** A significant number of parents in reunification, including those who participated in the PASS pilot, have lengthy trauma histories; issues with alcohol and substance abuse; involvement with the criminal justice system; and lack stable housing. The importance of sequencing and layering cross systems supports across the board has implications for next steps in testing PASS, and for the overall work of the Council.
- 2. Deeper integration with Judicial Partners** A concern has been raised at both the state and county level that early access to services through PASS could potentially “raise the bar” for parent’s reunification requirements. For example, a parent who voluntarily entered trauma-treatment (not initially a requirement for court-ordered reunification plan) could face that requirement being added and thus potentially lengthening time to reunification. Other concerns involving judicial partners involve advocates advising parents not to enter treatment prior to court hearing because it could be considered an admission of guilt, or could benefit the parent showing they are proactively addressing the concerns that brought their child into care.
- 3. Barriers to Communication** Multiple Releases of Information, while serving an important purpose to protect parent’s confidentiality, can also be a barrier to timely access to services and support. Technical Assistance from CDSS and DHCS is requested to identify appropriate means to streamline the data integration and information sharing that could benefit parents in reunification.
- 4. Coordinate Healthcare Eligibility** Most parents in reunification are Medi-Cal eligible and the ability to bill for services up to 45 days retroactively gives a potential boost to PASS. Parents with insurance are referred to their private provider.

END NOTE

The opportunity to participate in the PASS beta test afforded Ventura County's Human Services Agency and Behavioral Health Department the opportunity to put into action a more robust system of care for parents involved in the child welfare system. Prior to implementing PASS families were reliant on existing contracts which did not always address the trauma that parents had experienced as children or as adults. Through PASS parents in reunification were offered priority access to a therapeutic experience that was for many of these parents the first time they have been able engage in treatment for themselves. This beta test operationalized our commitment to serving the entire family and the rejection of treatment focused on the child only.