ISSUE BRIEF #3

LA County Children's Health Disparities

Child Welfare

How can we improve the quality, appropriateness, and ease of access to care supports to address the unique needs of children involved with the child welfare system?

SEPTEMBER 2024

In Collaboration with

HMA

Introduction

Led by L.A. Care and Children's Hospital Los Angeles (CHLA), and with support from First 5 LA, HealthNet, and Molina, the Los Angeles County Children's Health Disparities Roundtable was convened in November 2023. The roundtable event brought together local leaders to discuss four rising challenges in children's health, with a particular focus on engaging populations that have been historically under-resourced and who often receive services in fragmented care environments.

Local leaders were divided into four working groups to wrestle with a particular challenge facing children and youth in LA County today:

- **Building Resiliency**: How can we improve the systems of care to improve well-being and address children's mental health needs?
- **Vaccine Catch-up and Misinformation:** How can we improve access to and the provision of immunizations to promote children's health?
- **Supporting Children and Youth Involved in the Child Welfare System:** How can we improve the quality, appropriateness of supports, and ease of access to care to address the unique needs of children involved in the child welfare system?
- **Children with Complex Medical Needs Transitioning to Adulthood:** How can we facilitate the continuation of critical support as children with complex medical needs age out of care eligibility?

The four resulting policy briefs present recommendations specific to LA County, recognizing that work in the County has statewide implications and relevance. The workgroup planning and discussions were grounded in the evolving policy and service delivery landscape, particularly for Medi-Cal beneficiaries, and the emerging new opportunities to support children and youth. A consistent theme across the four convenings was the need to engage trusted community partners who can facilitate and promote engagement in care.[1] Recommendations were informed by facilitated workgroup discussions with support from Health Management Associates (HMA) consultants who provided subject matter expertise and drafted policy briefs. Workgroups were charged with developing recommendations that:

- Focus on strategies and actions that are tailored to the specific needs in LA County
- Promote initiatives that can be undertaken in the next two to three years to address gaps and challenges in the current systems of care
- Maximize and reflect opportunities to improve the systems of care, given the known and anticipated changes in the publicly funded systems of care

Members and contributors to each of the workgroup are listed in the Appendix of each report.

[1] Community partners or organizations sometimes are referenced as "backbone" organizations.

Understanding the Evolving Systems of Care

Nationwide and statewide, there has been increased recognition of the need to broadly address children's health following the pandemic. The pandemic highlighted disparities and exacerbated preexisting inequities in access to and engagement in services that promote the physical and mental health of children and youth.

The fact is publicly insured children tend to receive fewer preventive healthcare interventions. The comprehensive benefit package known as Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is available to children and adolescents younger than 21 years old, who have Medicaid (Medi-Cal) or Medicaid expansion Children's Health Insurance Program (CHIP) coverage.[2] EPSDT requirements are intended to ensure that children and adolescents receive appropriate screening, preventive, dental, mental health, developmental, and specialty services; however, young children insured through Medicaid are less likely to receive regular preventive care than those with commercial insurance.[3]

A similar pattern of inequity for children in the Medi-Caid safety net exists regarding mental health services. In California, despite more than 30 percent of adolescents reporting feelings of depression and over 10 percent having considered suicide, fewer than 5 percent of children and youth younger than age 21 in the Medi-Cal system have received mental health services.[4] The recent audit of the California Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC) issued in November 2023 concerning DHCS's timely access monitoring of specialty mental healthcare and substance use treatment plans found that *significant numbers of County-managed Medi-Cal plans are not in compliance with DHCS standards*. The audit concluded:

> "DHCS is missing opportunities to ensure that qualifying children receive the behavioral health care services to which they are entitled."[5]

[2] EPSDT is required for Medicaid programs and Medicaid expansion CHIP programs but is not required in states with private CHIP programs.

[3] Children insured through Medicaid managed care are less likely to receive their recommended well-child visits at 15 months old than children in households with commercial insurance (57% vs. 81%). Source: National Committee for Quality Assurance. Child and Adolescent Well-Care Visits (W30, WCW). Available at: https://www.ncqa.org/hedis/measures/child-and-adolescent-well-care-visits/.

[4] Sources: California Children's Trust. The California Children's Trust Initiative: Reimagining Child Well-Being. November 2018. Available at: https://cachildrenstrust.org/wp-content/uploads/2018/11/PolicyBriefReimaginngChildWellBeing.pdf; and California Children's Trust. Data & Backgrounders. Available at: https://cachildrenstrust.org/our-work/data-backgrounders/#map.

[5] Department of Health Care Services and Department of Managed Health Care. Children Enrolled in Medi-Cal Face Challenges in Accessing Behavioral Health Care. Report 2023-115. November 2023. Available at: https://information.auditor.ca.gov/pdfs/reports/2023-115.pdf.

California's Medi-Cal system is undergoing substantial changes in response to both statewide and national trends through two major initiatives shaping the health and well-being of children and youth. The first, California Advancing and Innovating Medi-Cal Act (CalAIM), is intended to improve the entire continuum of care, streamline services, and ensure equity across the Medi-Cal program. Integrated with other DHCS preventive and wellness strategies (e.g., 50 by 2025), and with a particular focus on maternal and pediatric care services, CalAIM initiatives leverage managed care plans to ensure assessments and supports for children and youth by addressing the most vulnerable populations through enhanced care coordination and community supports.[6] Concurrently, the Children's and Youth Behavioral Health Initiative (CYBHI), is a comprehensive, multi-departmental effort to increase the availability and access to behavioral health services for California's children, youth, and families. CYBHI is expanding access points, the behavioral health workforce and services, and reforming reimbursement opportunities, through a significant, one-time investment, new Medi-Cal benefits, and innovative payment strategies.

Additional Acknowledgements

We wish to extend our sincere gratitude to the following individuals for their support: Alex Li, MD, Chief Health Equity Officer at L.A. Care, and Mona Patel, MD, Chief Integrated Delivery Systems Officer, Children's Hospital Los Angeles, for leading the Children's Health Disparities initiative. We also recognize and express appreciation for leadership at Children's Hospital Los Angeles, L.A. Care, HealthNet, and Health Management Associates for their invaluable contributions to this effort.

Note: Each paper will additionally have a list of participants for recognition at the back.

[6] Bold Goals 50 x 2025 focused largely on children and women's preventive services. Source: Department of Health Care Services. Comprehensive Quality Strategy. 2022. Available at: https://www.dhcs.ca.gov/services/Documents/Formatted-Combined-CQS-2-4-22.pdf.

Executive Summary

The Child Welfare Workgroup recommendations were informed by a diverse set of community leaders with experience working with, studying, reforming, and delivering services to people engaged in the child welfare system. The workgroups included stakeholders from the Los Angeles County Department of Children and Family Services (DCFS), relevant County agencies that work alongside DCFS, academicians, service providers, and leaders of managed care, community-based, and policy/advocacy organizations.

The workgroup examined public funding sources, with particular focus on Medi-Cal, to improve care for children in the child welfare system. The approach recognized both the challenging system structure, with separate financing and systems for physical health, mental health, and alcohol/substance use for child welfare-involved children, as well as the significant restructuring under way through California Advancing and Innovating Medi-Cal (CalAIM).[7] In LA County, behavioral health is further siloed, with mental health in one department and alcohol/ substance use disorder in another, each with unique contracting, funding, and payment provisions. Recognizing these complexities, the workgroup sought to develop strategies to reduce fragmentation and strengthen accountability structures to care for this particularly vulnerable population.

Outlined in this brief are four recommendations for improving systems of care, with a focus on the Medi-Cal system in LA County for the child and youth welfare-involved population:

- Recommendation 1 examines of the Medi-Cal coverage model that is best positioned to promote comprehensive accountability and health outcomes for children in the child welfare system. This is a critical determination given that children and youth in foster care who receive federal Social Security Act Title IV-E payments are categorically eligible for Medicaid in California and may receive that coverage either through managed care or fee-for-service Medi-Cal.[8]
- Recommendation 2 prioritizes the development of learning collaboratives and pilot programs to support implementation of new Medi-Cal benefits programs for families involved in the child welfare system.

We have attempted to create government systems and programs that essentially attempt to replicate functions that a family offers; while also providing some support for health, healthcare (inclusive of mental health), education, and life skills training. This is complex and infinitely more challenging than a single service delivery. The focus of this workgroup was to acknowledge this challenge and identify strategies to advance a more integrated model that leverages new Medi-Cal benefits and related program opportunities to improve outcomes for children involved in the child welfare system.

WORKGROUP CHAIRS
DR. BOWEN CHUNG,
DR. GAURI KOLHATKAR

[7] California Department of Health Care Services. What Is California Advancing and Innovating Medi-Cal (CalAIM)? 2024. Available at: https://calaim.dhcs.ca.gov/.

[8] Children and youth in foster care who receive federal Social Security Act Title IV-E payments are categorically eligible for Medicaid in every state. Under the federal Affordable Care Act (ACA), youth formerly in foster care on their 18th birthday or later and younger than age 26 also are eligible for Medicaid, regardless of income. In California, children and youth are enrolled in Medi-Cal, via the foster care aid codes, at the time of the court's custody determination. Source: Aurrera Health Group. Children and Youth in Foster Care: Background and Current Landscape. California Health Care Foundation. August 2020. Available at: https://www.dhcs.ca.gov/provgovpart/Documents/Children-and-Youth-in-Foster-Care-Landscape-Overview.pdf.

- Recommendation 3 focuses on reducing the barriers to community-based organization (CBO) participation in Medi-Cal and on identifying opportunities for CBOs to leverage available resources to develop the infrastructure necessary to effectively engage in Medi-Cal.
- Recommendation 4 calls for long-term planning and accountability to improve outcomes for the families engaged in the child welfare system, identifying LA County-specific policy priorities, elevating lessons learned from past initiatives, and exploring new approaches to support children in the child welfare system.

Potential next steps over the next three years include the creation of a countywide child welfare learning collaborative to support successful enhanced care management (ECM) and community supports (CS) implementation, with consideration of leveraging the expertise of key partners involved in local workgroups related to the Families First Prevention Services Act (FFPSA). Long-term collaboration might produce potential opportunities to attain future Medicaid waivers, the consolidation of benefit services for the child welfare population, the adoption of an increased prevention focus, improved consistency with FFPSA implementation, and alignment with ongoing efforts to prevent and decrease child welfare involvement.

Child Welfare in LA County

The LA County Department of Children and Family Services (DCFS) is the largest child welfare system in the country. It faces an array of systemic challenges given its scale, including the need for coordination of care across related systems of care for physical and mental health services and the complexity of the population's needs.

In fulfilling its federal- and state-mandated responsibilities, DCFS is required to respond immediately to any reports of child at risk of abuse or neglect. This involves conducting thorough investigations and making determinations that prioritize child safety and well-being, all while providing support to families and striving to achieve permanency. DCFS receives approximately 6,000 calls on behalf of almost 11,000 children monthly; more than 60 percent of these cases warrant investigation. DCFS involvement is most often triggered by calls to the County's Child Protection Hotline by mandated (and nonmandated) reporters[9].

Though child welfare involvement can be defined in many ways, for purposes of this paper, the child welfare-involved population includes children who are formally designated as dependents of the court and the custody of DCFS. According to the Department's records, approximately 25,000 children and youth are in DCFS's custodial care at any given time. In developing recommendations, the workgroup leveraged its members' content expertise and knowledge of epidemiologic data and identified several key considerations that informed their recommendations.

[9] Based on data from Dr. Tamara Hunter, LA County Mandated Supporting Initiative. September 2023 Presentation.

- **The placement circumstances of the children who are dependents of the court are diverse.**[10] According to the most recent monthly DCFS fact sheet, 56 percent of the approximately 25,000 children identified as in DCFS's custodial care are in out-of-home (foster) placements. Of those children, 50 percent are in a relative resource family home, also known as "kinship care." A significant portion of the remaining children are in non-relative care, with a small minority in congregate situations.
- **The County's youngest children, given the significant level of child welfare involvement, have unique needs.** DCFS monthly reports indicate that approximately one-third of children in LA County custodial care are younger than five years old. The Children's Data Network (CDN) has conducted innovative analyses of linked administrative data, offering an important opportunity to further understand the cumulative risk of child welfare involvement in this early childhood period, underscoring the critical need for early intervention and prevention services. CDN examined California's 2015 birth cohort over the first five years of life by linking the birth records of all children born that year to statewide child protection records—from each child's birth through their fifth birthday.
- The County then analyzed these linked records to identify children's birth characteristics, to generate longitudinal Child Protection System (CPS) involvement estimates, and to examine population, child, and family characteristics correlated with later CPS involvement in LA County. This in-depth analysis provided a comprehensive overview of children's engagement with the child welfare system during the first five years of life. The County found that approximately *6 percent of all children born in Los Angeles County were reported to DCFS for abuse or neglect*[11] and that there are significant opportunities to address the needs of teen mothers. Of the 6,397 children born to teen mothers in LA County in 2015, 32.3 percent were reported for alleged abuse or neglect during their first five years of life, and 7.7 percent experienced a foster placement.[12]
- **Significant racial, socioeconomic, and geographic disparities correlate with child welfare involvement.** When looking at the cumulative experience of the first five years of life, significant disparities exist in Los Angeles County based on the work of CDN as shown in Table 1 on the following page[13].

[10] Los Angeles Department of Children and Family Services. Fact Sheets and Reports. Updated monthly. Available at: https://dcfs.lacounty.gov/resources/data-and-monthly-fact-sheets/.

[11] Of the 130,227 children born in LA County in 2015, 5.9 percent were reported to DCFS for alleged abuse or neglect in the first year of life. By the age of five: 15.4 percent were reported to DCFS; 5.5 percent were substantiated as a victim of abuse or neglect 2.9 percent experienced a foster placement. Source: Children's Data Network. Cumulative Risk of Child Protective Service Involvement before Age 5: A Population-Based Examination. USC Suzanne Dworak-Peck School of Social Work. 2020. Available at: https://www.datanetwork.org/research/cumulative-risk-of-child-protective-service-involvement-before-age-5-a-population-based-examination/; and Children's Data Network. A Birth Cohort Study of Involvement with Child Protective Services before Age 5: Los Angeles County, California.2017. Available at: https://www.datanetwork.org/wp-content/uploads/2017/01/CDN_19_LosAngelesCounty.pdf.

[12] Ibid.

[13] Ibid.

Table 1. Percentage of Children Experiencing Abuse, Neglect, Foster Care Placement

Births by Race/Ethnicity	% Reported for Abuse or Neglect in first five years	% Experiencing a Foster Care Placement in first five years
Births to Black Mothers	33%	7.7%
Births to Latina Mothers	37%	6.3%
Births to White Mothers	8.3%	1.7%

Though the distribution of publicly and privately funded births is nearly equal in the 2015 birth cohort, children in child welfare who were born to people with publicly funded healthcare coverage were overrepresented. In fact, 23.7 percent of publicly insured children were reported to DCFS by age five versus only 7.2 percent of children from privately insured births. Recent analyses highlight regional variations in child welfare involvement across the County, with certain communities experiencing significantly higher rates of child welfare involvement. More specifically, Lancaster, Palmdale, Compton-Carson, Hawthorne, Vermont Corridor, and Wateridge consistently exhibited higher rates of CPS involvement.[14]

- **Transition age youth (TAY) have unique needs and are particularly likely to experience long-term poor outcomes.** Approximately 11 percent of youth in out-of-home placement in LA County (2,565) are age 18 and older. TAY face unique challenges as they transition from foster care services to adulthood without financial resources or family support services. Research has shown that this population would benefit particularly from coaching, interventions to address trauma, and a supportive network. Think of Us, a national advocacy and research organization, has highlighted the specific challenges for this segment of the foster care population, stating:

"Longitudinal studies across the US show very high rates of homelessness, incarceration, unemployment, and lack of access to health care among former foster youth. These outcomes are disproportionately worse for Black, Native, and Brown youth, as well as Queer and Trans youth. Despite incredible investment of time and resources in recent decades, poor outcomes for youth who age out of foster care persist."[15]

[14] California Child Welfare Indicators Project. Los Angeles County - California Data Portal. 2022. Available at: https://ccwip.berkeley.edu/childwelfare/index/la.

[15] Think of Us. Aged Out. 2023. Available at: https://www.thinkofus.org/case-studies/aged-out.

The Changing Medi-Cal System

The challenges of care coordination for children in the child welfare system and barriers to system collaboration and integration have been broadly acknowledged. Launched in June 2020, the state's CalAIM Foster Care Model of Care Workgroup was charged with developing a long-term plan for services, identifying targeted outcomes, and developing recommendations to improve the system of care[16] based on feedback from external stakeholders and internal staff at the California Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS). The goal is to develop policy recommendations for new or revised models of care for children and youth in foster care, as well as former foster youth and people transitioning out of foster programs and services.[17]

Children and youth in foster care who receive federal Social Security Act Title IV-E payments are categorically eligible for Medicaid in every state.[18] Once enrolled, the child will be eligible to receive services through a managed care plan. Children involved in LA County foster care may opt out of managed care and be enrolled in fee-for-service Medi-Cal.[19] Unfortunately, comprehensive data on the enrollment status of children in the foster care system is not regularly reported or made available. Table 2 summarizes some of the notable system-level changes that are affecting the care of people involved in the child welfare system.

[16] The Workgroup's efforts were on hold and are anticipated to restart in 2024. The group's specific focus included: 1) creating a long-term plan to deliver healthcare services (such as physical health, mental health, substance use disorder treatment, social services, and oral health), and 2) identifying the desired outcomes desired and 3) what changes would be necessary to achieve better outcomes. For more information, go to: https://www.dhcs.ca.gov/provgovpart/Pages/Foster-Care-Model-Workgroup.aspx.

[17] The DHCS report Children and Youth in Foster Care: Background and Current Landscape released in August 2020 details the current services and initiatives available to foster youth. These efforts include the requirements for systems coordination and delivery of services among managed care plans that provide early and periodic screening, EPSDT benefit with outside entities, regional centers, school-linked Child Health and Disability Prevention (CHDP) services, substance use disorder treatment services, and specialty mental health services. The goal is to ensure continuity of care for children and youth in foster care.

[18] Children and Youth in Foster Care: Background and Current Landscape noted that under the ACA, youth formerly in foster care between the ages of 18 and 25 are eligible for Medicaid, regardless of income. In California, children and youth are enrolled in Medi-Cal, via the foster care aid codes, at the time of the court's custody determination.

[19] DHCS reports that 55 percent of foster youth in California currently receive health care services through a managed care program, either voluntarily or by virtue of residing in a county with a COHS/Single Plan Medi-Cal program (allowable per waiver). Source: Lewis K, Cohen C. Foster Care Model of Care Workgroup: Assessing Different Managed Care Options for Foster Youth in California. National Health Law Program. December 3, 2020. Available at: https://www.dhcs.ca.gov/provgovpart/Documents/NHeLP-Foster-Care-Options.pdf.

Table 2. Systems Changes Affecting Children in the Child Welfare System

System Changes Affecting Children Involved in the Child Welfare System		
System	**Change**	**Impact on Children and Youth in the Child Welfare System**
Specialty Mental Health Services	All children in child welfare qualify for specialty mental health services (SMHS) and assessments.	Effective January 1, 2022, all children in child welfare (in out-of-home placement and/or with an open case) who meet criteria for an assessment in the SMHS program based on the trauma, grief, and loss associated with child welfare involvement. Children and youth need not demonstrate impairment or receive a specific diagnosis to qualify for an assessment and medically necessary SMHS.[20] Historically, children in foster care have not had high rates of engagement in SMHS.
Medi-Cal Managed Care	Managed care plans mandated to establish a foster care liaison role.	Serves as a point of contact for child welfare agencies and oversees the ECM benefit. In collaboration with the care coordinator for ECM, the liaison is intended to play a pivotal role in case management and serve as a point of elevation to ensure plans meet the needs of the child.[21]
	CalAIM ECM	Provides comprehensive care management for managed care members with complex needs, including coordination across systems of care, health promotion, and coordination of referrals to community and social support services. Children and youth in the child welfare system who meet certain criteria became eligible for ECM services effective July 2023.[22]
	Community supports (CS)	Provided by managed care plans as cost-effective alternatives to traditional medical services and settings, including asthma remediation, housing navigation, medical respite, and sobering centers. Children and youth in the child welfare system were eligible for CS services effective July 2023.

[20] In LA County, only 4.3 percent of foster youth received one or more SMHS visit, and that rate is declining in fiscal year 2021–22. Source: Department of Health Care Services. Medi-Cal's Foster Care Strategies. November 2022. Available at: https://www.dhcs.ca.gov/Documents/DHCS-Medi-Cal-Foster-Care-Strategies-11-22-2022.pdf.

[21] Currently, DHCS is in the process of fully envisioning this position and an All County Letter (ACL) is anticipated to further define the scope and expectations of this new role. Plans are now required to enter MOUs with different organizations for care coordination and collaboration as part of population health management. One of the required MOUs is between the child welfare agency and the managed care plan.

[22] Children and youth in the child welfare system who are younger than 21 years old and are currently receiving foster care in California; within the last 12 months received foster care services in California or another state or have aged out of foster care up to the age of 26 (having been in foster care on their 18th birthday or later) in California or another state; are under the age of 18 and are eligible for and/or in California's Adoption Assistance Program; or are younger than age 18 and are currently receiving (or have received within the last 12 months) services from California's Family Maintenance program.

System Changes Affecting Children Involved in the Child Welfare System		
System	**Change**	**Impact on Children and Youth in the Child Welfare System**
Child Welfare	FFPSA	FFPSA provides jurisdictions with the option to transition counties such as LA County from prior Title IV-E waiver funding to a new model focused on prevention and reducing the use of congregate care placements.
	BH-CONNECT	Provides activity stipends and conducts joint assessments for child welfare and behavioral health (BH) upon entry into child welfare. Additionally, a cross-sector incentive pool offers financial incentives to managed care plans, County behavioral health, and County child welfare agencies, for achieving specified benchmarks within their respective groups/systems.[23]
	Challenges in care coordination funding	The Health Care Program for Children in Foster Care funds public health nurses to support investigations and provide medical care coordination for children in the foster care system in LA County. The 2023−24 fiscal year budget funded a new public health nursing early intervention program to support medical care coordination prior to and at the termination of out-of-home placement to reduce entry and recidivism. Continued funding for the public health early intervention nursing program was eliminated in the FY 2024/25 final budget.
	AB2085	Effective January 2023, AB2085 redefined reportable general neglect to only include circumstances where "no physical injury to the child has occurred, but the child is at substantial risk of suffering serious physical harm or illness". "General neglect does not include a parent's economic disadvantage."[24]
	Mandated Supporting Initiative	LA County's mandated supporting initiative, led by Dr. Tamara Hunter, has elevated awareness of the opportunity to provide family supportive services in response to concerns raised through calls to the Child Protection Hotline. This initiative aligns with similar statewide efforts, such as the Mandated Reporting to Community Supporting Task Force.

[23] California Department of Health Care Services. Medi-Cal and Foster Care Updates. November 2023. Available at: https://www.dhcs.ca.gov/CalAIM/Documents/DHCS-Foster-Care-Updates-112023.pdf.

[24] AB 2085 Section 1165.2 (b).

Recommendations

The Child Welfare Workgroup considered the current child welfare system context and population, the aforementioned changes in the Medi-Cal and related systems, ongoing and significant work specific to LA County as well as national research and other data. The workgroup acknowledged the significant and related research when developing recommendations to improve systems of care for the child welfare-involved in LA County.

The Child Welfare Workgroup began its discussions with a grounding purpose of recognizing that *children deserve love*. The recommendations focus on encouraging ongoing a local collaborative examination of which Medi-Cal coverage model is best positioned to promote comprehensive health outcomes and accountability for children in the child welfare system. This is a critical determination, given that children and youth in foster care who receive Title IV-E payments are categorically eligible for Medicaid in California and may receive that coverage either through managed care or fee-for-service Medi-Cal. Collectively, the recommendations focus on advancing system integration, testing and evaluating piloting strategies, and reducing the barriers for CBOs to participate in Medi-Cal. The recommendations advance accountability to improve outcomes for families engaged in the child welfare system by identifying Los Angeles County-specific policy priorities, elevating lessons learned from past initiatives, and exploring new approaches to support children in the child welfare system.

> "Children deserve love." Nothing should drive us more than wanting to create love for a kid."
>
> JEREMY KOHOMBAN, PRESIDENT & CEO OF CHILDREN'S VILLAGE

Recommendation 1: Encourage collaborative, ongoing county-level examination of care quality under different Medicaid delivery models (i.e., managed care versus fee-for-service) for the complex needs of children involved in the child welfare system.

As indicated above, children and youth in the foster care system may receive their healthcare via the Medi-Cal fee-for-service or managed care system. Given the expanded benefits for the child welfare population under CalAIM, further analyses and measurements of quality are needed to determine whether children and youth experience better overall outcomes in health and well-being when enrolled in managed care versus fee-for-service Medi-Cal. Such a policy analysis should identify and compare challenges and solutions related to navigating care benefits in the fee-for-service (FFS) and managed care systems and consider alternative approaches to improve health outcomes and address the complex needs of children within the child welfare system. The analysis should consider the risks and benefits of FFS versus managed care enrollment and the associated advantages and disadvantages from multiple perspectives across different parameters, including ease of access to care and care management services, continuity of care, burdens of care coordination for foster or otherwise noncustodial family, and drivers of outcomes and accountability.

The workgroup discussed several factors as domains for further consideration of this issue. Healthcare providers expressed some caution about children in the child welfare system being enrolled in managed care, citing the potential risk of limitations in access to care due to insufficient provider networks across the County and frequent changes in enrollment status.

A fundamental objective should be to capture accurate data on the population and enrollment in managed care plans. The lack of available data is a barrier to making informed recommendations. At this juncture, DCFS is unable to provide data on the population breakdown between managed care and FFS enrollment, pointing to the need to engage with payors and other stakeholders to support developing a method to better measure and understand of Medi-Cal enrollment for this population. Additional quality considerations include the fact that when child protective services remove children from their homes, they must undergo an initial medical examination, which often occurs at one of the seven medical hubs in LA County. These initial exams could serve as an entry point for enrollment in managed care and create opportunities to streamline ongoing follow-up.[25]

In light of new Medi-Cal benefits, the potential of managed care creates the opportunity for augmented health record documentation and care coordination. Providers in the workgroup raised significant concerns related to potential barriers in accessing care, which should be equally considered as part of this evaluation. Recognizing the complex health issues that often occur in this population, the evaluation must consider access, utilization, and outcomes for physical health, specialty mental health, developmental health, and dental services.

Key questions for an ongoing multisector collaborative to address include:

- To what degree does the Medi-Cal delivery care model affect the care burden and outcomes for children and families involved in the child welfare system?
    - Is there evidence of improved outcomes under one approach?
    - How do models compare in terms of accountability and population health management?
- How does network access vary under different Medi-Cal delivery models? What information exists on availability of providers that offer trauma-informed care?
- What are potential enrollment points and care considerations related to encounters at the LA County medical hubs? This would explore whether managed care enrollment could occur at initial contact with DCFS.

At the time of preparing this issue brief, the LA County Office of Child Protection (OCP), in partnership with DCFS and under the direction of the Board of Supervisors, was leading efforts to develop an accurate analysis of the profile of children's Medi-Cal status (FFS vs. managed care) and related policy recommendations. OCP representatives have participated in the workgroup, and resulting recommendations will inform the office's ongoing work.[26]

[25] California Child Welfare Indicators Project. *Children Who Have Received a Timely Medical Exam* [Data set]. University of California Berkley. Available at: https://ccwip.berkeley.edu/childwelfare/reports/5B/MTSG/r/sd/l.

[26] HMA has been engaged to support this analysis.

Recommendation 2: Develop learning collaboratives and pilots to facilitate successful implementation of new Medi-Cal benefits for the child welfare population

The workgroup recommends that learning collaboratives and pilots be put in place to facilitate implementation of ECM and CS, specifically for the eligible child welfare population to identify specific subpopulations within ECM-eligible individuals who would derive the greatest benefit from engagement in these programs. ECM is one of multiple services that children in the welfare system are eligible to receive and is designed to provide an intensive level of care management support and access to care across delivery systems. This approach is designed to address the unique needs and challenges of different subpopulations, ultimately improving the overall efficacy of ECM. Throughout this learning process, the perspectives of individuals with lived experience should ground evaluation efforts and individuals should be recognized and compensated for their contributions.

The workgroup considered that certain subpopulations, notably the 0-5 age group and TAY, require a higher level of care to counteract health inequities and improve health outcomes. Given that about one-third of children in custodial care are younger than five years old, it would be helpful to elevate the role of caregivers in the infant and early childhood population and identify how caregivers can benefit from ECM. Other subpopulations that might benefit from ECM include people who have been prescribed psychotropic medications, pregnant/postpartum populations engaged in plans of safe care because of substance exposure, people with complex medical conditions, individuals with disabilities, and those who experience mild to moderate mental health conditions (as opposed to people with severe mental illness who are covered by the comprehensive wraparound county behavioral health system). These under-resourced groups, marked by complex needs, require coordinated care spanning physical, behavioral, dental, developmental, and social services, which could be addressed through ECM.

CBOs and County agencies have been exploring the integration of ECM; however, barriers arise when smaller organizations lack the administrative infrastructure or experience to integrate services across multiple programs.[27] To optimize the effectiveness of ECM, an integrated ecosystem of care should be established to engage community efforts and prevents duplication of services to comprehensively support children in the child welfare system. Of note, if children are in custodial care with reunification efforts in place, there is the potential for parents to be enrolled in another MCP and concurrently receive ECM/CS services. This, among other factors, may create additional challenges when attempting to effectively coordinate services that are crucial to facilitate and sustain reunification.

"Thought, time, and effort in various demonstrations were behind the development of the ECM benefit for adults. We need at least the same time, effort, resources, and pilots, if not more, to come close to understanding the best programmatic and policy approaches to address the needs of children and families in the child welfare system."

WORKGROUP CHAIRS DR. BOWEN CHUNG, DR. GAURI KOLHATKAR

[27] One potential model has been developed by The California Alliance for Children & Families known as the Full Circle Health Network.

Drawing lessons from pilots conducted for adult populations of focus, learning collaboratives and pilots can drive and build effective models of care. Leaders and key stakeholders who work within systems of care in Los Angeles County, such as DCFS, healthcare system providers, CBOs, and philanthropic partners, can play a pivotal role in spearheading learning collaboratives.[28] They can serve as valuable resources for learning collaboratives across systems. Identifying County stakeholders that are well-positioned to evaluate innovative models should be balanced with ensuring diversity in the locations and types of organizations that participate in pilot programs. Moreover, providing a financial backstop for pilot programs is critical to safeguarding organizations that are involved. Considering that ECM is tailored for smaller organizations, it is essential to develop strategies to include them effectively in pilot initiatives.

The OCP is initiating efforts to support learning collaboratives and pilots for ECM with the support of DCFS.[29] A November 2023 board motion directed the OCP to support the planning and implementation of ECM for the child welfare population in LA County in the context of, and in alignment with, other new sources of funding for child and family support. Stakeholders recommended that pilots for promising practices of ECM and CS develop within existing initiatives rather than the development of new initiatives to prevent siloing, leverage preexisting community engagement, and elevate widespread dissemination of insights and lessons learned.

Implementation of this recommendation should:

- Build upon the work that OCP has led and develop a learning collaborative to serve as a resource to LA County and associated managed care plans for child welfare expertise as follows:
    - Identify key participants, including County case workers, probation officers, behavioral and physical health agencies, CBOs, MCPs, youth and caregivers, and advocates, including the experiences of those entities already undertaking this initiative (i.e., Department of Public Health's (DPH) work with MCPs for ECM)
    - Facilitate comprehensive education and understanding of the systems involved, including their structures, terminology, and operational procedures
    - Assess domains and subpopulations for pilots to be explored by County, including the 0−5 age group and TAY
    - Serve as a forum for continuous learning and improvement, with a commitment to adapting strategies based on feedback and evolving needs
    - Provide a platform for sharing insights, experiences, and lessons learned from pilot initiatives
    - Serve as a resource to plans/counties for child welfare expertise

[28] For example, Children's Hospital Los Angeles (CHLA) was identified as an early adopter.

[29] HMA is contracted with OCP to support this work through the November 7, 2023, motion by Supervisor Janice Hahn, Maximizing CalAIM's Enhanced Care Management Benefit for Children and Youth Involved in Child Welfare.

- Identify and formulate a plan for evaluating success as part of the pilot, ensuring that the metrics are derived through the lens of the whole child/family perspective to fully evaluate the effectiveness of the outcomes
- Capture results from existing relevant pilots to inform learning and creation of future pilots

Recommendation 3: Explore and elevate strategies to promote local agencies' capacity to effectively participate in Medi-Cal funded programs and services.

This recommendation recognizes the need to reduce the administrative burden and mitigate risk for community-based agencies that comprehensively support the needs of the child welfare population through Medi-Cal supports. Though new funding may be available through the Medi-Cal system, significant barriers complicate the ability of CBOs to provide greater prioritization of care and services for children in the child welfare system.

CBOs are essential to supporting the child welfare population, but these organizations often lack the infrastructure to effectively engage with managed care plans and to meet their documentation, administrative, systems, and data-sharing requirements. Building or buying the necessary systems and other infrastructure represents a significant burden for agencies working within tight operating margins. In addition, these agencies are crucial to meeting the needs of the child welfare population, given that they are often trusted providers that deliver culturally responsive services. Examples of challenges that CBOs face include:

- Meeting administrative and contractual requirements
- Maintaining a sufficient and sustainable workforce to perform administrative functions
- Having limited technical assistance experience with Medi-Cal
- Documenting and ensuring payment for existing services sufficient to meet auditing standards

Implementation of this recommendation should:

- Assess how community hubs/backbone organizations might reduce administrative burdens and leverage Medicaid funding to sustain and expand existing services of CBOs, including:
    - How existing prevention and aftercare networks and community pathways providers in LA County can expand their capacity
    - How existing state and federal models, which include the creation of a network with core services that backbone organizations can leverage to reduce administrative burdens[30]
    - How models can support smaller CBO participation, especially for those with strong community ties and trusted relationships, particularly through new community health worker (CHW) providers
    - How to address long-term sustainability and infrastructure development beyond initial buildout, including monitoring of payment rates and models

[30] May include leveraging the work of Full Circle Health Network to consider lessons learned from its experience with addressing this issue statewide and how it would play a beneficial role in LA County.

- Recognize the value of family-based models of care that include caregivers and families to promote positive outcomes and maximize Medi-Cal benefits:
    - Elevate strategies that support caregivers and families in a dyadic manner, maximizing Medi-Cal benefits for the entire family (e.g., respite services)
    - Prioritize continuity of care to avoid multiple care providers for each family
    - Ensure effective continuity of care (e.g., CHLA's approach of serving the entire family unit with one provider for the child and another for the family)

Recommendation 4: Engage partners in long-term planning to begin to identify the next generation of healthcare funding and implementation strategies to improve outcomes for children involved in the child welfare system.

Recognizing the time horizon for social welfare and Medi-Cal policies at the federal and state levels, as well as the anticipation of future waivers and models, a dedicated planning collaborative would be useful to initiate the development for the next wave of proposed policy changes and strategies. The focus should remain on fostering collaboration, drawing lessons from previous initiatives, and exploring innovative approaches to build upon strategies that improve the outcomes of child welfare-involved individuals and their caregivers and families. Furthermore, engaging local leaders in LA County not only would address specific issues relevant to the County, but also would elevate lessons learned to inform the next and future waivers.

Workgroup members recommended a more comprehensive review of how the Medi-Cal system is meeting the needs of children involved in the child welfare system and advancing new managed care models based on national research.[31] Future-oriented planning should entail:

- Reviewing alternative managed care and payment models, including assessing how these alternative models address complex children's needs, adhere to network adequacy standards, and provide timely access to specialty care.[32]
- Assessing different cost-sharing models (e.g., value-based payments models) between child welfare and Medi-Cal as systems of care/payers. Risk payments should reflect the relatively higher risk and payment structures to incentivize payments to plans that provide holistic and comprehensive care to children involved in the child welfare system.

[31] See report – The Role of Specialized Managed Care in Addressing the Intersection of Child Welfare Reform and Behavioral Health Transformation. Health Management Associates, October 2023.

[32] Specialty managed care plans refer to healthcare plans designed to meet the specific needs of individuals. Particularly in managed care settings for children, these plans include building a comprehensive provider network, expanding the range of services, implementing creative solutions, and facilitating services across other managed care providers and state and local systems with which children and their families may be engaged.

The healthcare system is increasing recognizing the crucial role that health-related social needs and nonclinical factors play in caring for vulnerable populations, including children in foster care. However, navigating care across systems, services, and roles presents challenges operationally, financially, and culturally. In addition to ECM and CS, new provider reimbursement opportunities and benefits are being implemented in the Medi-Cal system. CHW reimbursement, doula, and dyadic care benefits can foster strong community connections and increase engagement with traditional healthcare providers. These new benefits focus on prevention, creating more opportunities to engage families as soon as possible, and working to provide early interventions for families at risk of child welfare involvement.

Given the ever-changing policy landscape, anticipating future changes and addressing them appropriately is essential to support children before they encounter the child welfare system. New opportunities will arise that have the potential to improve the lives and outcomes of vulnerable children and youth, especially because numerous statewide healthcare reform efforts are on the horizon, which will likely further affect the County's planning efforts. These efforts highlight the need to proactively develop an agenda for LA County based on its unique experience. Given that policy dynamics will shift, such local efforts will ensure that the County is prepared to navigate and capitalize on emerging opportunities and align future strategies with the specific needs and challenges that children in the child welfare system experience.

This long-term planning group should:

- Develop LA County-specific policy priorities
- Elevate lessons learned from the robust FFPSA and community pathways and prevention work already under way in LA County[33]
- Identify recommendations for expanding or amending eligibility criteria for populations of focus based on ECM/CS and FFPSA experiences to mitigate the risk of involvement in the child welfare system

Potential Next Steps

The workgroup has prioritized supporting a countywide child welfare learning collaborative to facilitate the successful implementation of ECM and CS for the child welfare-involved population over the next three years. Additionally, long-term planning to include future waivers and other innovations was identified as a strategy for the next three to five years.

[33] Palmer L, McCroskey J, Prindle J, Eastman AL, Rebbe R, Foust R. Impacts of the Prevention and Aftercare Program in Los Angeles County: A Propensity Score Analysis of Subsequent Child Protective Services Involvement. *Child Welfare*. Child Welfare League of America. 2022;100(6): 91+.

Appendix

Members of the Child Welfare Workgroup

Bowen Chung, MD, MSHS (co-lead)
Professor-in-Residence
Dept of Psychiatry & Biobehavioral Sciences
David Geffen School of Medicine at UCLA

Mental Health Psychiatrist
County of Los Angeles Department of Mental Health

Attending Physician
Department of Psychiatry, Harbor-UCLA Medical Center

Gauri Kolhatkar, MD, MPH, MSHPM, CMT-P (co-lead)
Clinical Assistant Professor of Pediatrics (Clinician-Educator)
Department of Pediatrics, Keck School of Medicine of USC

Co-Director
Children's Hospital Los Angeles (CHLA) Foster Care Hub Clinic

Founder & Attending Physician
Integrative Mind-Body Clinic, AltaMed CHLA Pediatric Clinic

2023-24 American Academy of Pediatrics Child Welfare & Health Policy Fellow

Rochelle Alley
Consultant
OCP and Center for Strategic Partnerships

Mary Barraza, LCSW
Senior Deputy Director - Prevention and Child Well-Being Administration
LA County Department of Mental Health

Jennifer Hottenroth, PsyD
Division Chief of Health Management Services Division
LA County DCFS

Kathryn Icenhower, PhD, LCSW
Chief Executive Officer
Shields for Families

Affiliations: Co-Chair of California Child Welfare Council Prevention and Early Intervention Committee; State FFPS Advisory Committee

Audra Langley, PhD
Clinical Psychologist; Professor
UCLA Semel Institute for Neuroscience and Human Behavior and UCLA Department of Pediatrics

Ed Liao, MD
Medical Director – Clinical Resources and Services
Los Angeles County DCFS

Anna Long, PhD, MPH
Director
Children's Medical Services
LA County, DPH

Tran Ly, PhD
Children's Service Administrator
LA County DCFS, Child Health Services Section

Jacquelyn McCroskey, MSW, DSW
Co-Director, Children's Data Network, and Professor Emerita
Suzanne Dworak-Peck School of Social Work, University of Southern California

Affiliations: LA County Commission for Children and Families, First 5 LA, Policy Roundtable for Child Care and Development

Minsun Meeker, MPP
Assistant Executive Director
Los Angeles County OCP

Sharrica Miller, PhD, RN
Pediatric Nurse Practitioner and Associate Professor
Cal State Fullerton

Research Focus: Health and Well-being on Transition Age Foster Youth

Amanda Miller McKinney, MSW
Senior Policy Associate for Child Welfare; Co-Chair of The Statewide Taskforce on Accessing Health Services for California Children in Foster Care
Children Now

Veronica Pawlowski
Administrative Services Division Manager - Government Relations & Special Projects
Los Angeles County DCFS

Anna Potere, MS
Program Development and Effectiveness Manager
First 5 LA

Anabel Rodriguez, LCSW
Deputy Director – Child Welfare Division
LA County, Department of Mental Health

Joe Rojas, MD
Medical Director
Olive View Clinic with Department of Health Services

Moira Szilagyi, MD
Pediatrician; Division Chief of Developmental/Behavioral Pediatrics
University of California, Los Angeles

Shannon Thyne, MD
Director of Pediatrics
Department of Health Services

Medical Director
Olive View

Karinne Van Groningen, MD
Pediatrician
Martin Luther King Jr., LA County Department of Health Services

Henna Zaidi, MPP, MPH
Director of Integrated Delivery Systems Administration
Children's Hospital Los Angeles (CHLA)

Ramiro Zuniga, MD, MBA, FAAFP
Vice President; Medical Director
Health Net