Complex Care Capacity Building Convening Series:

CFPIC.
Celebrating 20 Years

Equipping County AB 2083 Teams to Resource Effective Cross-System Care Continuums

Presenters: Ardee Apostol, Monica L Bentley, Melissa Chavez, Joe Hallett, and Robert Manchia

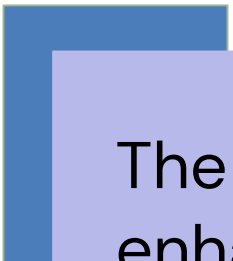**Date: June 17 & 18, 2025**

Thanks to our Workgroup!

Children and Youth System of Care Agency Representation:
CDSS, DHCS, DDS, CDE

Association Representation:
CWDA, ARCA, CBHDA, CPOC

AB 2083 CYSOC Joint Resolution Team

& Subject Matter Experts from across the CYSOC!

About the Complex Care Grant

The overall goal of CFPIC's complex care funding is to enhance the care continuum for children and youth, particularly those with complex care needs and who are involved in multiple systems. Successful implementation of the grant advances the vision of CA's System of Care by helping to ensure that youth involved in multiple systems receive the robust support they need, starting with the understanding of the importance of family, caring relationships, and the need to nurture permanent life-long, loving connections for each child and youth.

Fiscal Series Objectives

Understand the Fiscal Landscape System of Care (AB 2083):

- Explain the core fiscal principles within child-serving systems
- Identify funding streams and allocation processes that support cross-system collaboration.

Enhance Cross-System Coordination and Collaboration:

- Examine how fiscal strategies and financial resource management (AB2083's MOU frame - part 9) can be integrated across child welfare, behavioral health, probation, education, and regional centers.
- Develop approaches to align fiscal planning with program implementation to enhance service delivery.

Develop Innovative Funding Pathways for Complex Care Needs:

- Analyze potential funding sources (FFPS, IV-E, BH Connect, Education, CalAIM, BHSA, Regional Centers) and explore opportunities for braiding funds.
- Explore fiscal strategies that support high-need youth, including ISFC, High Fidelity Wrap, and mobile response models.

Fiscal Series Objectives – Cont.

Apply Fiscal Strategies to Real-World County Implementation:

- Identify best practices and successful case studies from counties already implementing cross-system funding models.
- Through TA, develop county-specific fiscal plans that enhance the local continuum of care for youth with complex needs.

Strengthen Multi-Agency Collaboration for Sustainable Solutions:

- Build strong fiscal-program partnerships through shared learning and co-planning.
- Understand the importance of trauma-informed and culturally responsive fiscal decision-making.

Future Fiscal Sessions

Fiscal 101b:
Foundations of Cross -System Collaboration–September 16 & 17

Fiscal 201:
System of Care revenue maximization—TBD

Fiscal 301:
EISFC–Program and Fiscal Strategies

Fiscal 401:
High Fidelity Wrap–Program and Fiscal Strategies

Fiscal 501:
Mobile Response – Program and Fiscal Strategies

Our Presenters

Robert Manchia
Chief Financial Officer
San Mateo County

Monica Bentley
Retired Director of Finance
DPSS, Riverside County

Ardee Apostol
Director of Finance
San Mateo County

Joe Hallett
Behavioral Health Director
Glenn County

Melissa Chavez
Chief of Administration & Fiscal Services DCFAS, Sacramento County

Fiscal 101a: Foundations of Fiscal Collaboration

Learning Objectives:

- Define the role of fiscal collaboration in system integration.

- Examine past successful models of fiscal integration in child-serving systems.

- Identify key fiscal considerations for building sustainable, trauma-informed service models.

Agenda

- Relationships
    - Behavioral Health
    - Child Welfare Services (CWS)
    - Education
    - Regional Center
    - Probation
- Fiscal Claiming
- CWS/Social Services
- County Behavioral Health
- Managed Care Plans
- County Expense Claim Scenarios
- Bringing It Back – Relationships

Why are we here?

Youth with Complex Needs

- Placement and Housing Needs
- Supportive Services
  - Trauma-Informed
  - Substance Use Treatment
- Family-Centered Care
- Crisis Stabilization Services
- Emergency Response

Why Finance a System of Care (AB 2083)?

Outcomes are every System's Goals...

Decreased behavioral and emotional problems, suicide rates, substance use, and corrections involvement.

Reduced caregiver strain and improved family functioning.

Expanded array of home- community-based services, individuation of services, and increased use of evidence-based practices.

Increased school attendance and decreased expulsion/suspension.

Less likely to require inpatient services.

Less likely to visit an emergency room (ER) for behavioral and/or emotional problem.

Less likely to be arrested/average cost per child for juvenile arrests decreasing.

Every child's needs are met through a cohesive system of care in every county

CFPIC.
Celebrating 20 Years

Now, open your eyes and reflect on what we already have.

Relationships and Claiming Basics

Behavioral Health,
Child Welfare,
Education,
Regional Centers,
and Probation

Looking at What We Have Done

Integrated Core Practice Model

- Child Welfare
- Behavioral Health
- Probation
- Regional Centers
- County Office of Education

Wraparound

- Behavioral Health
- Local Schools/Education
- Probation
- Child Welfare

Multi-Tiered System of Support

- Local Schools/Education
- Probation
- Child Welfare

Linkages

- Child Welfare
- CalWORKs

Continuum of Care

- Child Welfare
- Regional Centers
- Probation
- Behavioral Health

Family First Prevention Services Act (FFPSA)

- Child Welfare
- Local Schools/Education
- Behavioral Health
- Public Health
- Community Based Organizations

Cross-Sector Work as a Forest

How do we make our trees grow healthy, stable and resilient?

Fiscal Claiming:

Complexities

Overarching Regulations

2 CFR 225

IV-E

Realignment

TANF

CFLs and ACLs

County Cost Allocation Plan

Social Services Regulations and Funding

Social Services Financing

Administrative Claim

Assistance Claim

- Costs
- Cost Drivers
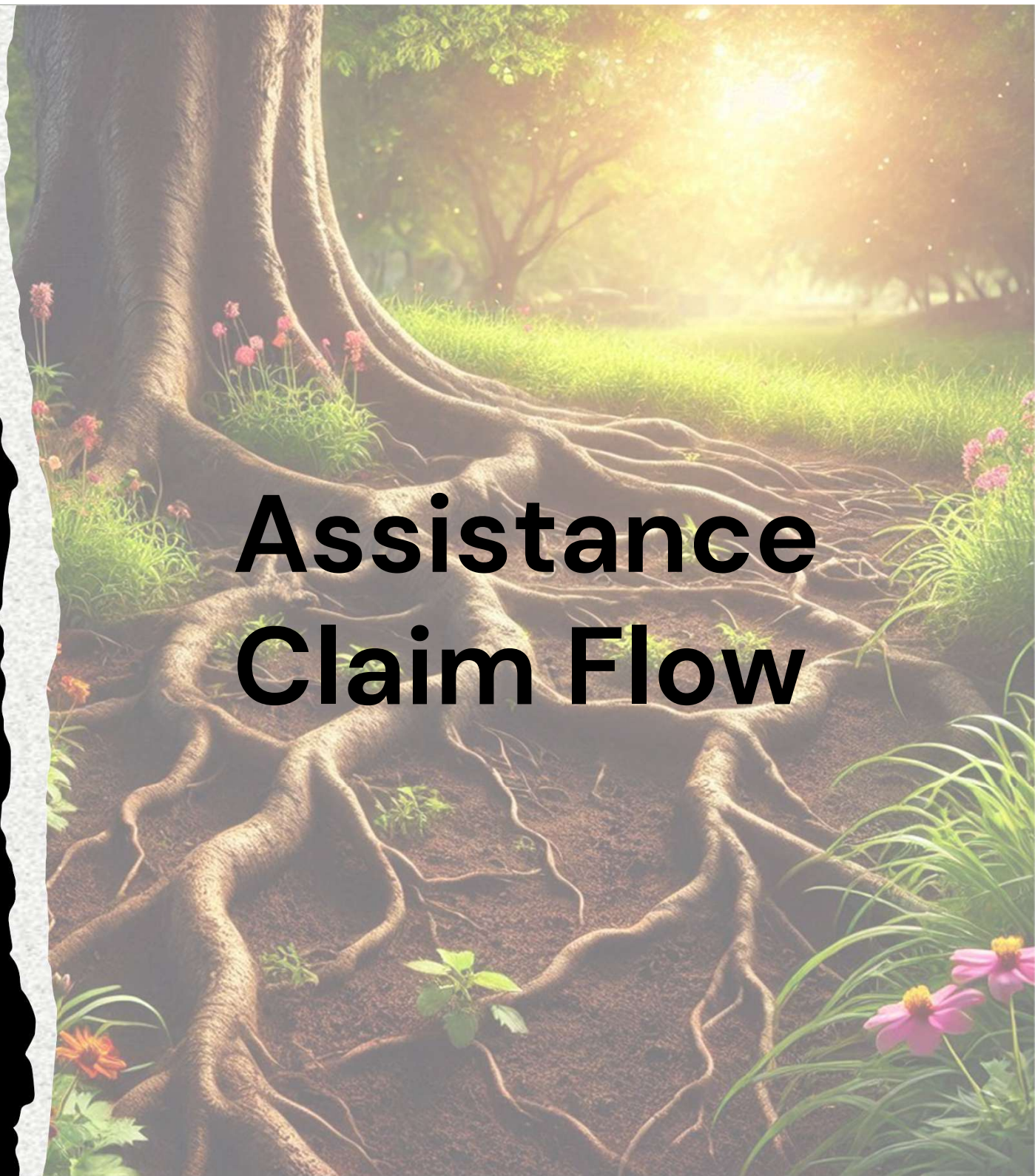- County Expense Claim – CEC
- Allocations
- Revenue

CEC Claiming Flow

Transitioning From Claiming in a Claim to Direct Claiming to a Funding Source

Behavioral Health Funding

1991 and 2011 Realignment

Substance Use Disorder SGF

MH SGFs

Substance Use Disorder FFP

FFP

Other Mental Health Funds

Federal Substance Abuse Prevention and Treatment Block Grant (SUBG)

BHSA
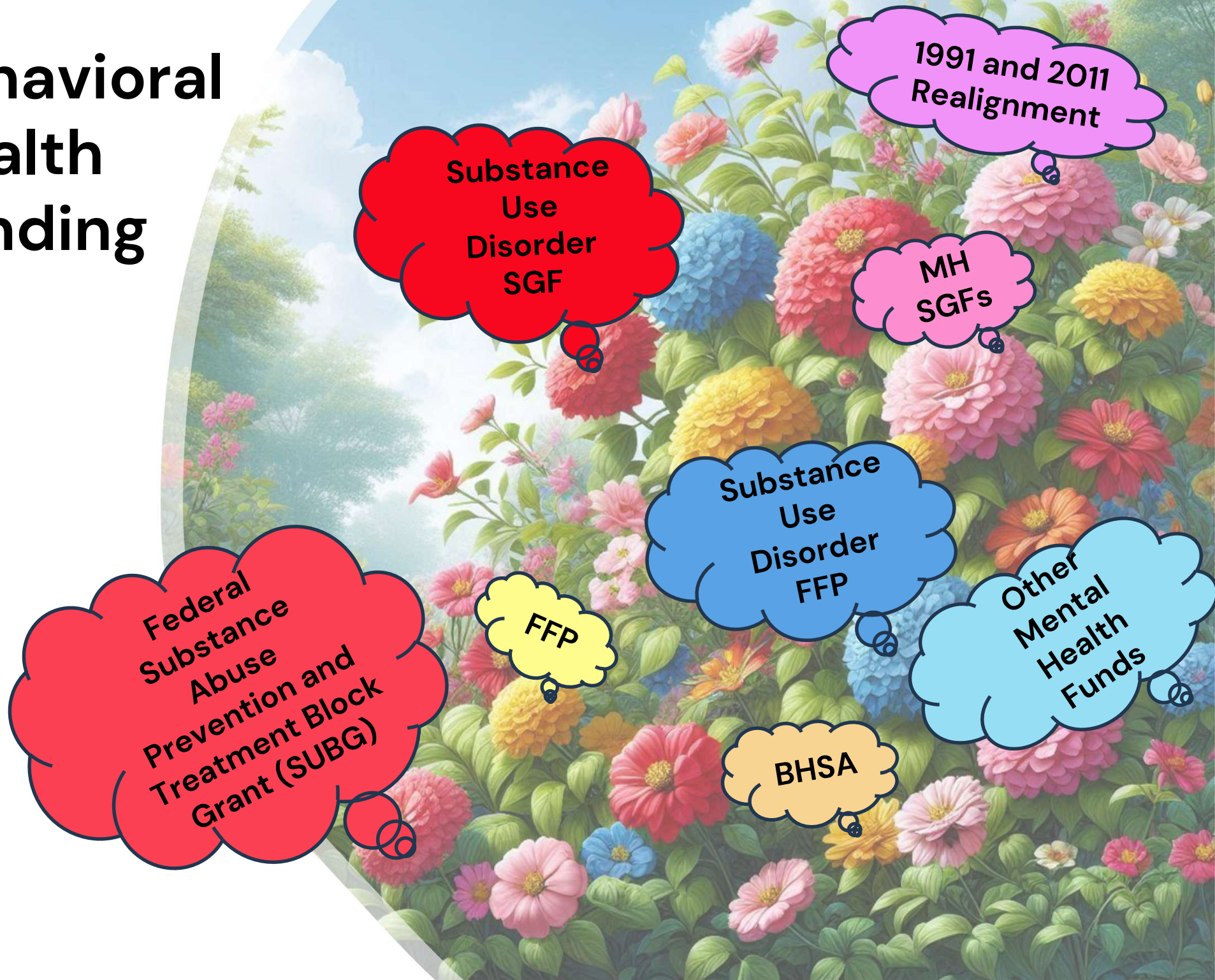
Behavioral Health Claiming- Specialty Mental Health and Drug Medi-Cal

Providers are contracted with county Behavioral Health (BH) Department, or services provided directly by BH Staff.

- State Plan DMC Providers may be Direct Providers (contracted with DHCS)

Requires certification as a Medi-Cal SMHS/SUD provider, and credentialing of licensed professionals.

Behavioral Health Claiming- Specialty Mental Health and Drug Medi-Cal

Has its own set of medical necessity requirements and covered services.

Rates are determined by state and vary by county.

Behavioral Health Claiming- Specialty Mental Health and Drug Medi-Cal

Claims are a combination of local/state funds matched with Federal Financial Participation funds (FFP)

Claims are subject to audits and reviews by DHCS, or county BH

Managed Care Plans-Non-Specialty Mental Health/SUDS, ECM, and Community Supports

- Providers are contracted with a Medi-Cal Managed Care Plan (MCP)

- Has a different set of access criteria/medical necessity than SMHS and DMC

- Rates are negotiated and paid to providers by MCP

- Audits and reviews are conducted per MCP standards

Other Partners in the System of Care

EDUCATION

Key Funding Sources

- LCFF (Local Control Funding Formula) Primary state funding for schools

- Title I & II (Every Student Succeeds Act) Federal funds for high-poverty and professional development

- MAA (Medi-Cal Administrative Activities) Reimburses outreach and linkage to Medi-Cal covered services

- IDEA (Individuals with Disabilities Education Act): Federal funds support special education and related services

Regulatory Authority

- California Department of Education (CDE) oversight

- Must comply with Free Appropriate Public Education (FAPE) mandates

- IEP decisions must follow strict timelines and documentation standards

Regional Center – Funding & Regulatory Framework

Funding

- General Fund
- Federal Financial Participation (FFP)

Regulations

- Lanterman Developmental Disabilities Services Act
- Welfare and Institutions Code
- Title 17

PROBATION

Key Funding Sources:

- **Juvenile Justice Crime Prevention Act (JJCPA)** – State funding for evidence-based programs.

- **Youthful Offender Block Grant (YOBG)** – State realignment funding for supervision, rehabilitation, and housing alternatives.

- **1991/2011 Realignment – Probation Account**

- **Limited access** to federal funds (e.g., IV-E only for dual-status youth if coordinated with CWS).
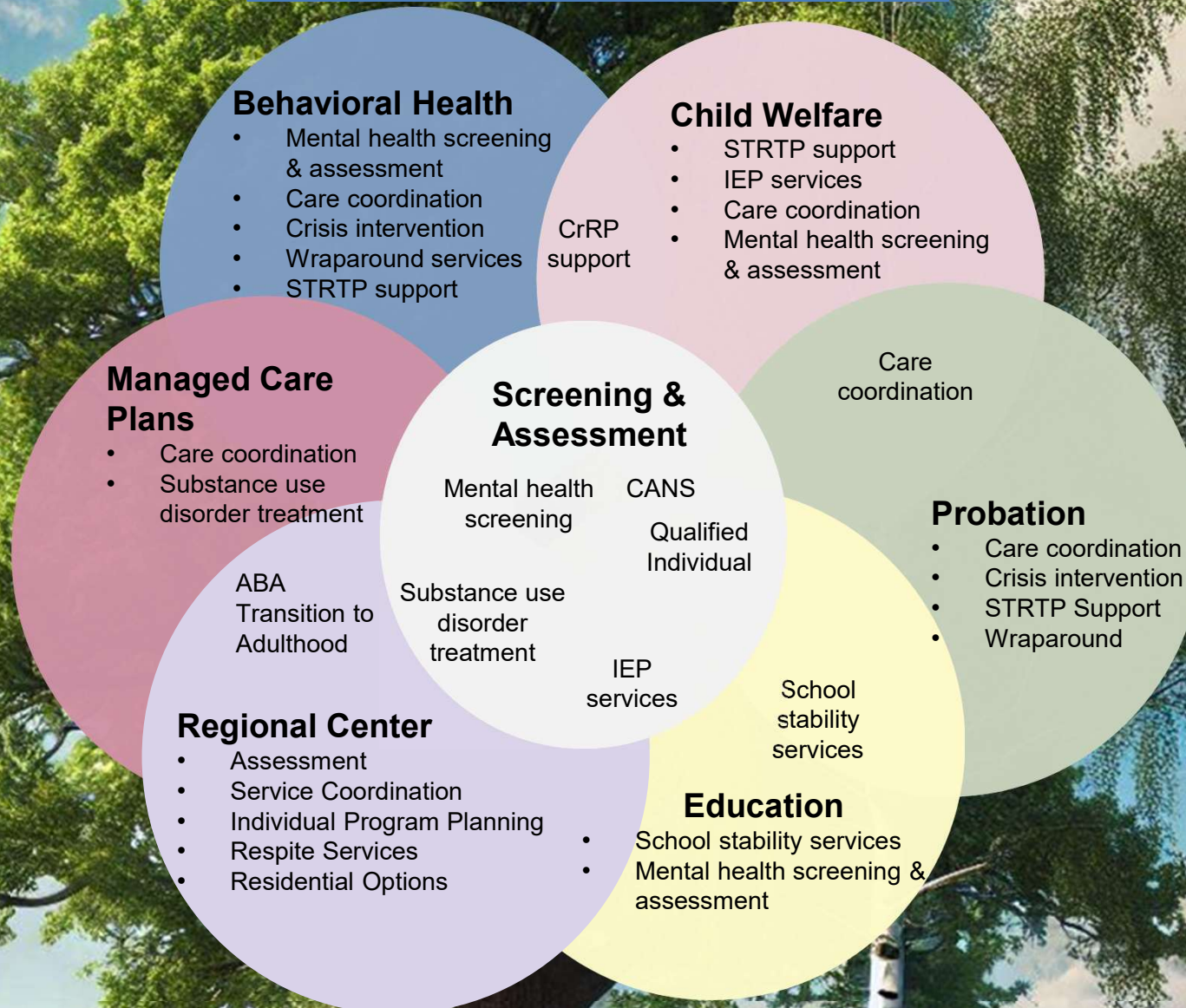
Regulatory Authority:

- **Welfare & Institutions Code (WIC) 602** for juvenile justice oversight.

- Compliance with **Title 15 regulations** for facilities and care standards.

- Coordination with courts, education, BH, and CWS through **multidisciplinary teams**.

Break Out Session

- Opportunities?
- Barriers?
- What is already working in your county?

Overlap in System Delivery

Behavioral Health
- Mental health screening & assessment
- Care coordination
- Crisis intervention
- Wraparound services
- STRTP support

CrRP support

Child Welfare
- STRTP support
- IEP services
- Care coordination
- Mental health screening & assessment

Managed Care Plans
- Care coordination
- Substance use disorder treatment

Screening & Assessment
Mental health screening
CANS
Qualified Individual
Substance use disorder treatment
IEP services

Care coordination

ABA Transition to Adulthood

Probation
- Care coordination
- Crisis intervention
- STRTP Support
- Wraparound

Regional Center
- Assessment
- Service Coordination
- Individual Program Planning
- Respite Services
- Residential Options

School stability services

Education
- School stability services
- Mental health screening & assessment

System of Care Service Delivery

Rootbound Systems – Funding Barriers: Navigating Limitations to Integrated Care
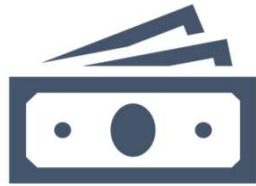
Federal Funding Limitations

FFP (Federal Financial Participation): Requires a match, no match = no revenue. Services must meet strict criteria (e.g. medical necessity) and be documented precisely.

IV-E (Title IV-E): Limited to eligible youth and placement related services; can fund the full spectrum of cross system care needs.

Title I and II (Education): Restricted to educational objectives – not flexible for behavioral; placement at intensive case management services

Other Behavioral Health Funding Constraints

BHSA (MHSA): Allocation formula isn't based on youth-specific or current need; local plans vary widely. Impacted by specific funding buckets and may reduce capacity for some existing services.

Drug Medi-Cal (DMC): Strict provider type and documentation requirements create barriers to access for youth, particularly in residential or social based settings.

SABG (Substance Abuse Block Grant): Prohibits coverage of Medicaid eligible services or housing related supports.

# Rootbound Systems – Funding Barriers: Navigating Limitations to Integrated Care

State and Realignment Barriers

1991/2011 Realignment: Based on historical caseloads and sales tax growth– not tied to current need. Inflexible across accounts; cannot adapt quickly to rising acuity or expanded service scope. Often over burdened and reserved for specific costs.

State General Fund (SGF): Often used to fill gaps but unstable year to year and vulnerable to budget cuts or shifts in policy.

Local Control Funding Formula (LCFF): Education-focused and controlled at the district level; prioritizes academic metrics, not complex care coordination.
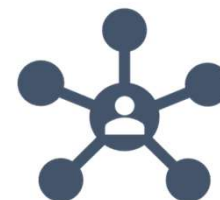
System Navigation & Access Issues

CalAIM ECM & Community Supports: Eligibility unclear for many system-involved youth: Inconsistent implementation across MCPs. Services not uniformly available statewide. Reimbursement rates typically do not cover full costs of a program.

TANF/CalWORKS: Income driven eligibility excludes many families with high needs but no "means tested" barrier. Inflexible for support non-parent caregivers.

Breaking the Planter – Overcoming Barriers:
Paving the Way for Child–Centered Care

Think

Think Outside the Box:
- Use AB84 and SGF creatively to expand scope of services and coordination at county level.
- Leverage restricted funding to outcome–driven or flexible funds (e.g. FFPS)
- Pursue pilot programs or waivers to cover non–traditional or cross–system supports.
- Consider funding "braids" across county boundaries to create a coordinated pool of flexible funds.

Maximize

Maximize Windows of Opportunity:
- Build capacity via sustainable investments during high–revenue periods (BHSA or 2011 accounts).
- Seek FFP or standardization waivers under CalAIM, DMC, and Title IV–E.
- Support expanded SUD provider credentialing capacity via BH workforce investments.
- For MAT or family–based placements, develop approaches to draw Child & Family Team or intensive CM funding.

Breaking the Planter – Overcoming Barriers:
Paving the Way for Child–Centered Care

Address Challenges

Address Challenges Collectively:
- Work across systems to lobby for legislative changes that increases flexibility or reduces restrictions on funding streams.
- Show pitfalls of overly restrictive funding models like Medicaid IMD exclusion or SABG board–and–care.
- Convey impact of inefficiency, unmet needs or missed opportunities to stakeholders, policymakers and funders.

Share

Share Resources + Reduce Waste:
- Expand Program Coordinators (PCs) and Specialty Program Areas (SPAs) to reduce duplication and improve workforce allocation.
- Promote joint training to close knowledge or practice gaps across fields.
- Streamline intake and eligibility pathways to standardize services and reduce delay between MCPs, schools and county departments.
- Engage families and CBOs into design and quality improvement efforts for service coordination.

Services Come Together to Support the Child

• *Example: STRTP Placement – Probation Youth with Behavioral Health and Educational Needs*

- Behavioral Health (BH) Services
- Probation
- Educational Liaison
- Managed Care Plan (if eligible) for Enhanced Care Management

•*Example: Regional Center Placement (Child Welfare Youth Dually Diagnosed with Autism and Disruptive Mood Dysregulation Disorder DMDD)*

- Regional Center Service Coordination
- Child Welfare Educational Liaison
- County Office of Education Foster Youth Services Coordinator
- BH Treatments such as Applied Behavior Analysis via Managed Care Plan
- Individualized Educational Plan (IEP) Coordination and School Stability Support
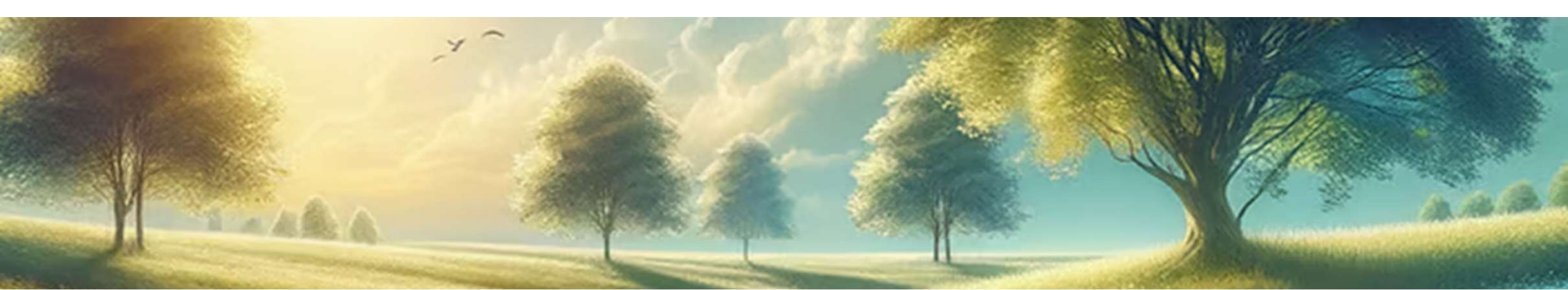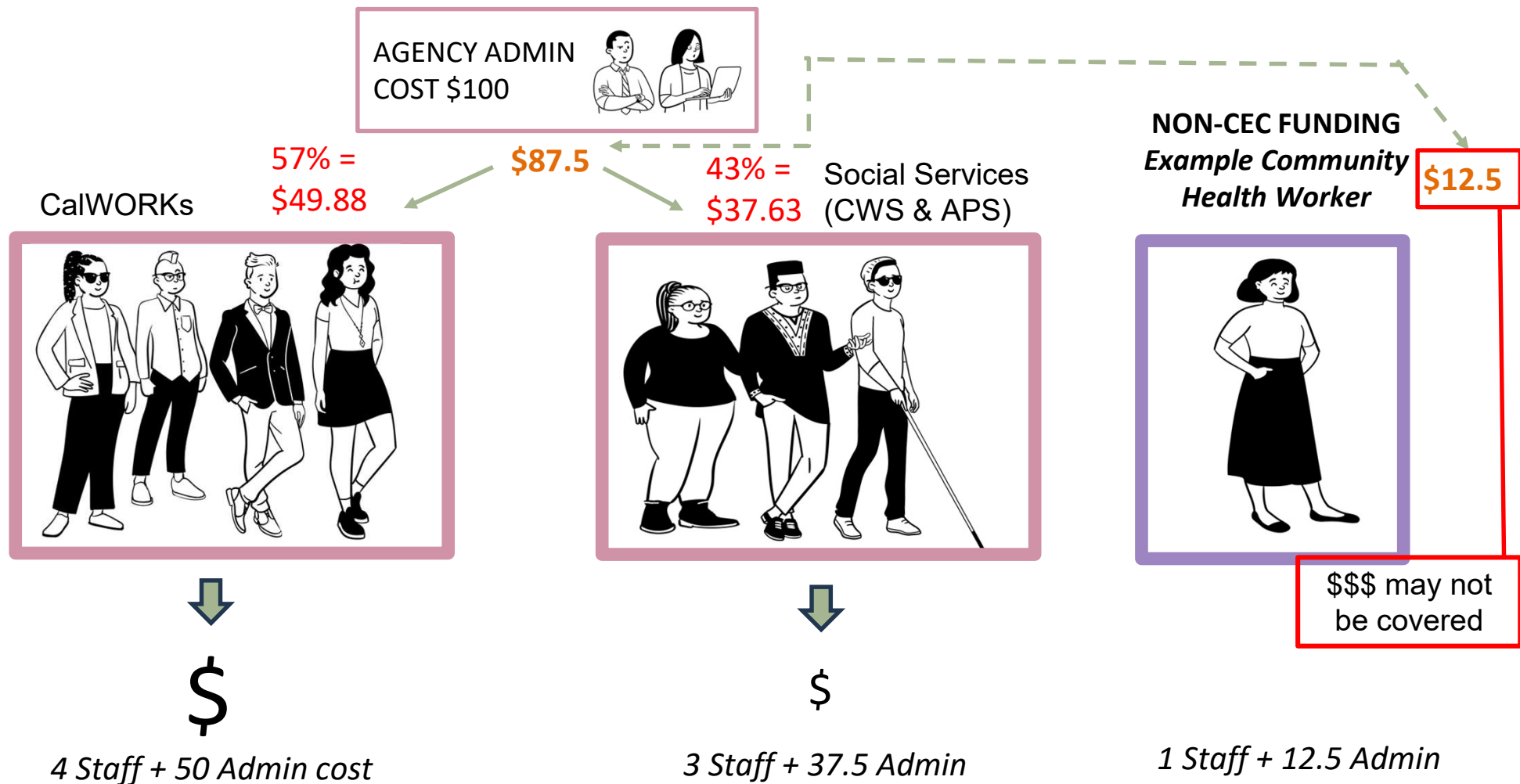- Specialty Mental Health Services

County Expense Claim Example

County Expense Claim Staffing Example

AGENCY ADMIN COST $100

50% = $50

50% = $50

CalWORKs

Social Services (CWS & APS)

$

$

4 Staff + $50 Admin
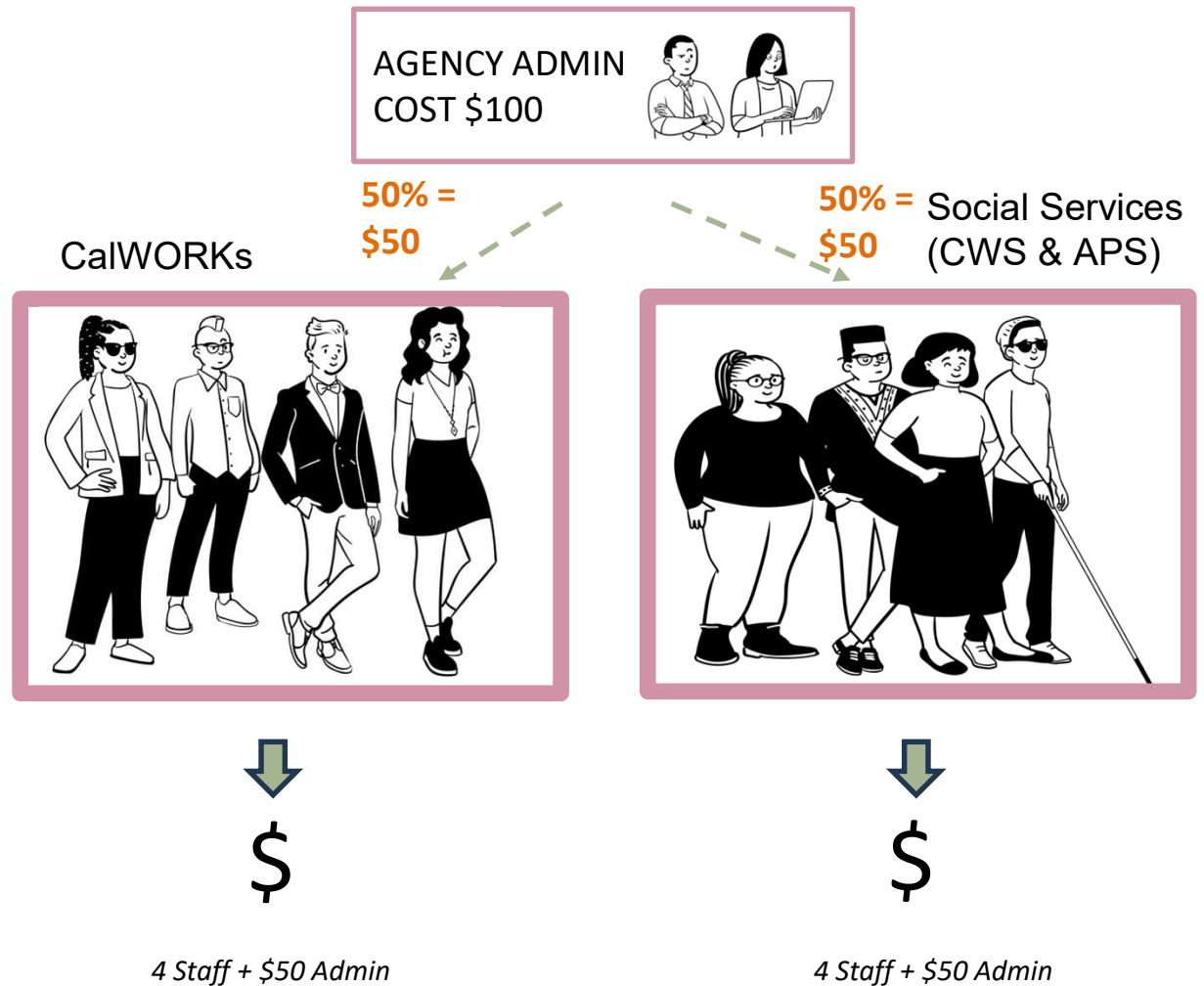
4 Staff + $50 Admin

Impact of Removing a Staff from CEC Claim

AGENCY ADMIN COST $100

NON-CEC FUNDING
Example Community Health Worker

$12.5

57% = $49.88

$87.5

43% = $37.63

CalWORKs

Social Services (CWS & APS)

$$$ may not be covered

$

$

4 Staff + 50 Admin cost

3 Staff + 37.5 Admin

1 Staff + 12.5 Admin

Impact of Adding a Staff to CEC Claim

AGENCY ADMIN COST $100

44.44% = $100
$44.44

55.56% = $55.56

Social Services (CWS & APS)

CalWORKs

$

$

4 Staff + $44.44
Admin cost

5 Staff + $55.55
Admin

Impact of Adding a Staff to Non-CEC Claim

AGENCY ADMIN COST $100

$$$ may not be covered

$88.89

50% = $44.45

50% = $44.45

NON-CEC FUNDING
Community Health Worker

$11.11

CalWORKs

Social Services (CWS & APS)

4 Staff + $44.44 Admin cost

4 Staff + $44.44 Admin

1 Staff + $11.11 Admin

Specialty Mental Health Service Example

FUNDING

STAFF

50% FFP

50% Realignment
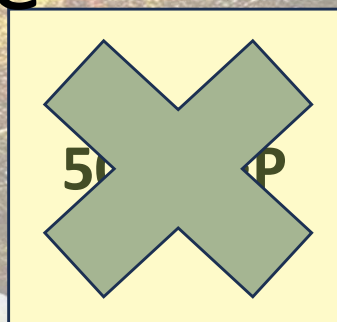
Client Served
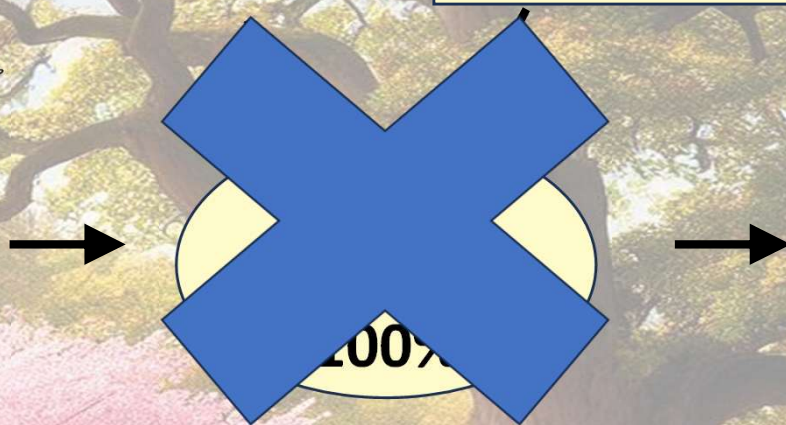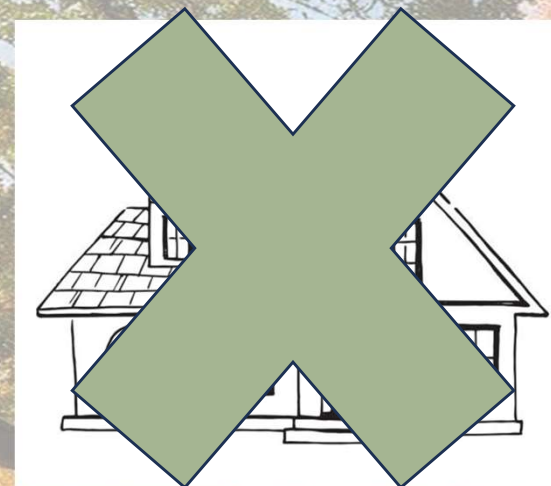
SERVICES 100%

The tree and the shrubs surround the house...
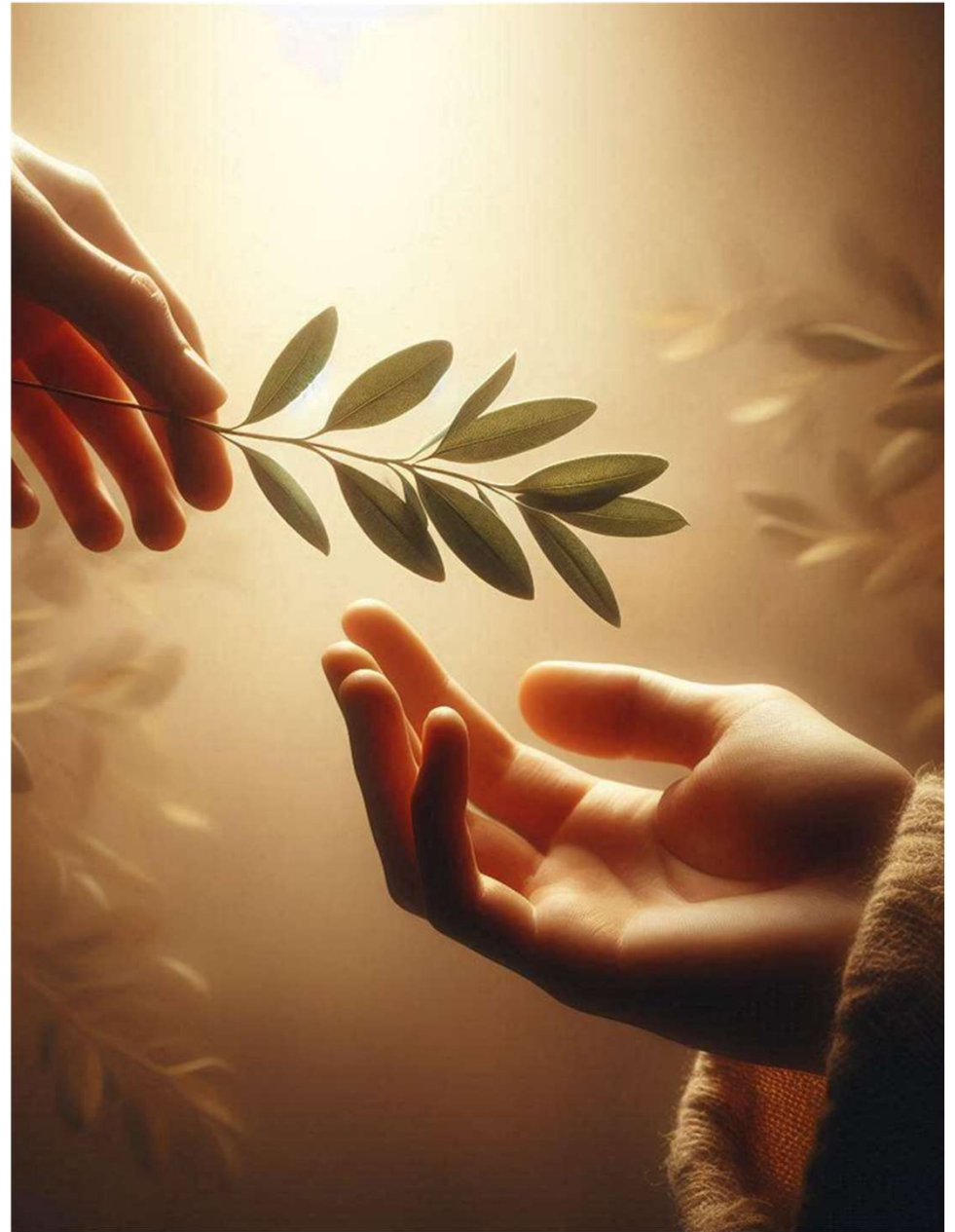
...and bring the family together at home.

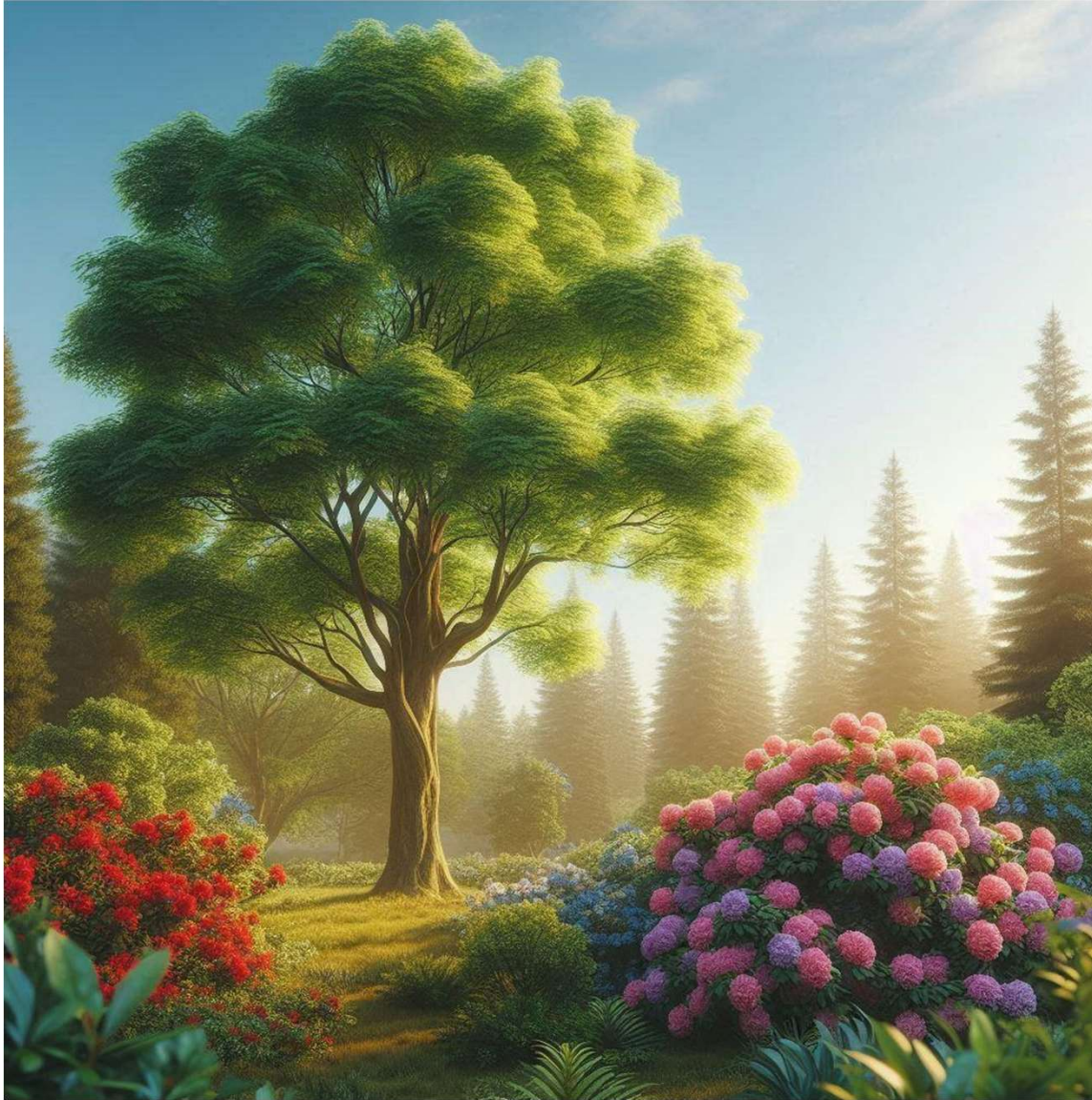With the family at home surrounded with services (trees and bushes)....

They can make their own bouquet of services to remain stabilized.

Back to Relationships.

…Offer the Olive Branch

Breakout Session

- Takeaways

Key Takeaways

1. Create strong partnerships among your local AB 2083 System of Care members, including program, fiscal and administrative staff.

2. Increase your knowledge about the program *and* funding rules and regulations that impact your System of Care

3. Understand your county's unique landscape, including the diversity in operational contexts across all your System of Care partners.

4. Be willing to adapt established processes to find ways to recognize and respond to the evolving needs of your county's children, youth, families and Tribes.

5. All decisions, planning *and* implementation strategies for System of Care initiatives should integrate *both* program and fiscal perspectives and be informed by key leaders and staff who understand them.

6. Be willing to voice ideas and needs when it comes to serving children, youth, and families, and be willing to correct, adapt, and/or change plans as you go.

Next Session: **Foundations of Cross-System Collaboration, 101b**

Objectives:

- To learn about general program and funding allocations for each of our SOC agencies, enhancing shared understanding of leverage points for collaboration

- To receive a demonstration of the the first phase of the System of Care Capacity Building Funding Tool and how to access it

- To prepare to maximize the *essentials of fiscal collaboration* to real-life funding models for implementation of services and supports, such as:

  - Enhanced ISFC
  - Rapid Response
  - CYBHI
  - Community Schools
  - High Fidelity Wrap

Next Steps and Future Collaboration

- **CFPIC TA:** Technical assistance available

- **101b**: Register now for Foundations of Cross-System Collaboration-9/16 & 9/17

- **Your Survey responses** will inform future focus areas!