

WELCOME

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YOUNG MINDS
ADVOCACY

Turning Promises Into Practice

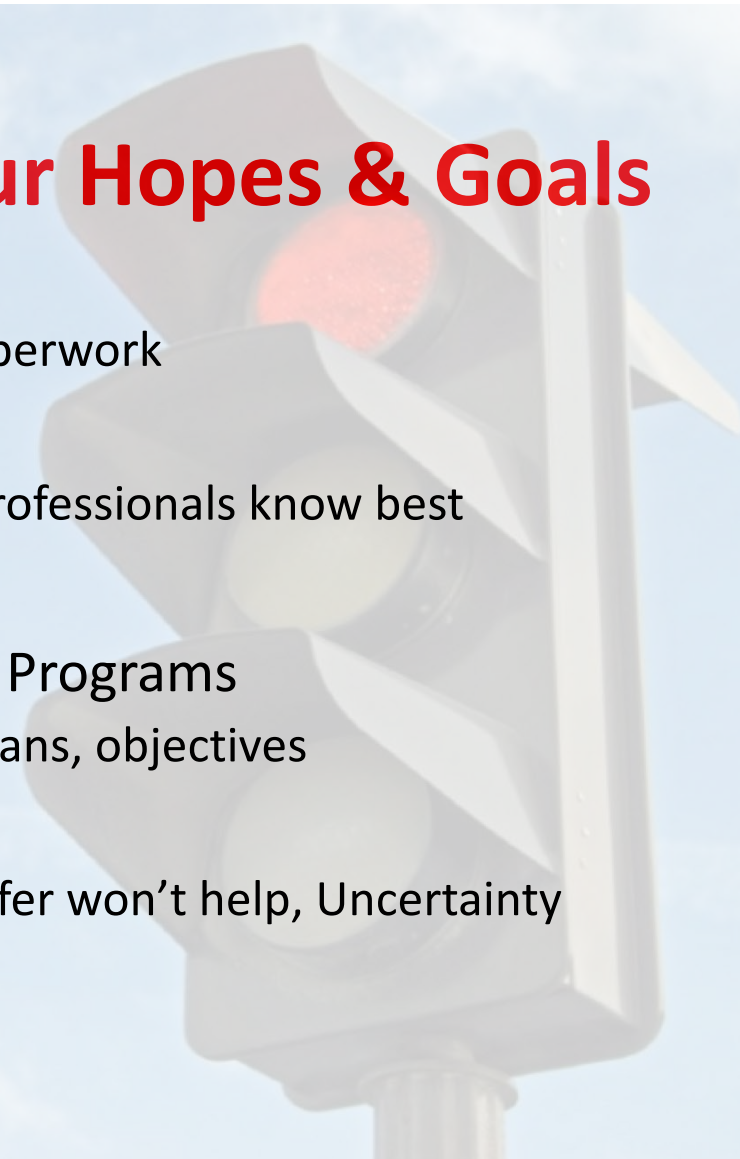


- Increase **Access** to Appropriate, Individualized Care
- Improve **Quality** and Effectiveness of Care
- Encourage Greater **Collaboration** Among Child-Serving Agencies and Providers
- Promote **Engagement** By, and Accountability to, Young People, Parents & Caregivers, and the Public

What's the Challenge?

- Access care and supports that improve your child's and family's life experiences.
- Promote safety and stability at home, success in school, meaningful interpersonal relationships, and avoid delinquency and high-risk behaviors.
- Minimize or eliminate the disruption and harms caused by interactions with “system” actions and actors.
- Reduce the human and economic costs to the family (and community) caused by behavioral health challenges.

Other Aspirations?



Barriers to Achieving Your Hopes & Goals

- Limited Access to Care
 - Eligibility Rules, Waiting lists, Tons of paperwork
- Medical Model
 - Only serve the client, limited services, professionals know best
- Fail First
- Lack of Coordination By Agencies and Programs
 - Too complicated; Too Many meetings, plans, objectives
- Your Own Expectations and Beliefs
 - Fear and Stigma, Isolation, What they offer won't help, Uncertainty

Other Barriers?

Advocacy Concepts

System Transformation

OLD MODEL		CSOC
Focus on child	→	Focus on the family
Emphasize child deficits and pathology	→	Emphasize child and family strengths
View parents as clients	→	View parents as partners
See parents as cause of problem	→	See parents as part of solution
Color and culture blind	→	Culturally competent
Offer office-based services	→	Offer office, in-home and community-based services
Provide placement for child	→	Try to prevent placement of child
Individual clinicians working with individual clients	→	Service team concept
Focus on conditional treatment	→	Focus on long-term commitment, unconditional care, no eject/no reject policy
Focus on interventions	→	Outcome driven
Categorical funding	→	Flexible funding
Fragmented services	→	Collaborative integrated service development and delivery
Advocacy	→	Voice, ownership, access, quality and accountability
Isolation	→	Community

Most Young People Have a Right to Adequate Care

- **Medicaid/EPSDT**
- **IDEA**
- **Americans with Disabilities Act (ADA) and Rehabilitation Act § 504**
- **14th Amendment—
Substantive Due Process for
Children in Care**
- **Other public assistance**

What's an Entitlement?



Comprehensive Mental Health Services for Youth:

EPSDT services include: “such other necessary health care, diagnostic services, treatment, and other measures ... to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, ***whether or not such services are covered under the State plan.***” 42 USC 1396d(r)

NO MONEY IS NO EXCUSE!

NO CONTRACT IS NO EXCUSE!

‘NOT INCLUDED IN THE STATE PLAN’ IS NO EXCUSE!

EPSDT: What Services Are Covered (or Coverable)?

- Any service that must be (mandatory services) or can be (optional services) covered under Medicaid may be a medical necessary service. *If it is covered by any state* (other than by waiver), then it is a Medicaid-coverable service in your state.
- An EPSDT service does not need to be listed in the State Plan. It does not need to be available to adults.
- Outreach and informing, routine and inter-periodic screens, assessment, case management, treatment, collateral, transitions, as well as appointment and transportation assistance are all covered services. Each state publishes a list of categories of services available.

Medi-Cal Specialty Mental Health Services for Children:

Adult Crisis Residential Services*

Adult Residential Treatment Services*

Crisis Intervention

Crisis Stabilization

Day Rehabilitation

Day Treatment Intensive

Intensive Care Coordination

Intensive Home Based Services

Medication Support

Psychiatric Health Facility Services

Psychiatric Inpatient Hospital Services

Targeted Case Management

Therapeutic Behavioral Services

Therapeutic Foster Care

Therapy and Other Service Activities

Who's Eligible?



Full-Scope Medi-Cal

Has an Included Diagnosis

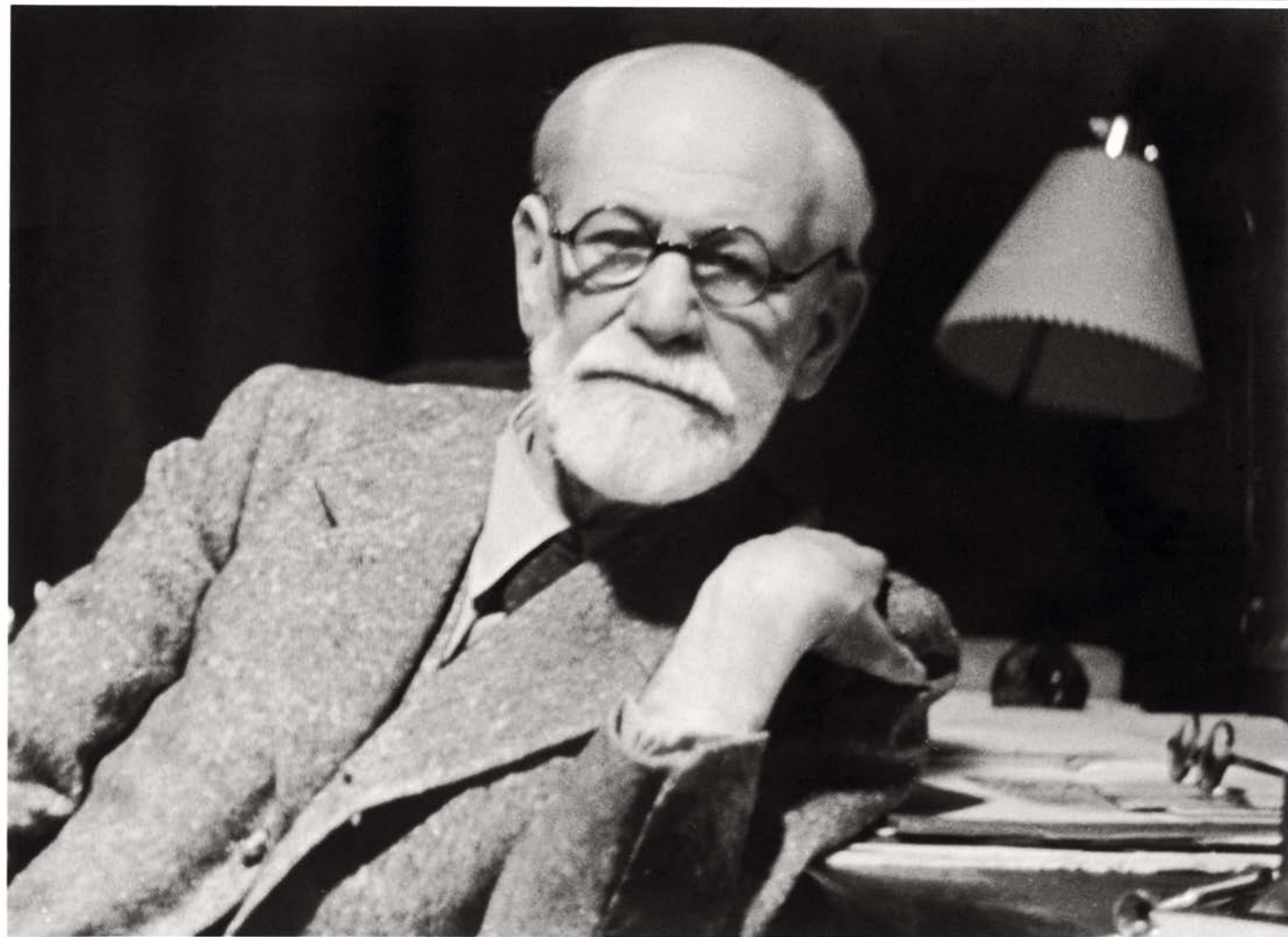
Meets Medical Necessity

Needs a Covered Service

Medical Necessity

Means

You Need A Clinician



C F T

The Child and Family Team (CFT) is a team that shares a vision with the family and is working to advance that vision, while a team meeting is how the members communicate. No single individual, agency, or service provider works independently. Working as part of team involves a different way of decision making.

Child and Family Team

Child/Youth, Family and Extended Family

Informal
Supports

- Friends
- Coaches
- Faith-Based Connections

Formal
Supports

- Educational Professionals
- Mental Health
- Child Welfare
- Probation Officers
- Representatives from other agencies providing services to child/youth and family
 - Regional Center Case Managers
 - Substance Use Disorder Specialists
 - Health Care Professionals

Advocacy In Practice

STEP 1: You Cannot Do This Alone

- Build A Team
- The Fulcrum of the Team is a Supportive Clinician
- Focus on the Child and Family's Goals
- A Care Coordinator or Case Manager can help to build and sustain the team, plus it's a Medicaid-covered service.



Who would be good for your team?

Step 2: Be as SPECIFIC and concrete as possible about your child's symptoms/behaviors and treatment needs



- E.g., Nobody needs a group home.
- The more specific one is in describing challenges and interventions, the easier it is for you to assess whether services “fit.”

Step 3: BELIEVE in the ENTITLEMENT

- In the real world, the EPSDT entitlement is often unknown, ignored, restricted, delayed or denied. Many stakeholders and providers have internalized this experience.
- If you believe in the entitlement, you are more likely to act it out. If you act it out, you are more likely to realize its benefits for your child.
- Learn to recognize when you're being 'denied;' Try to hold the decision-maker accountable, in writing.
- The law is on your side. That is of little consequence if you don't know or use it.

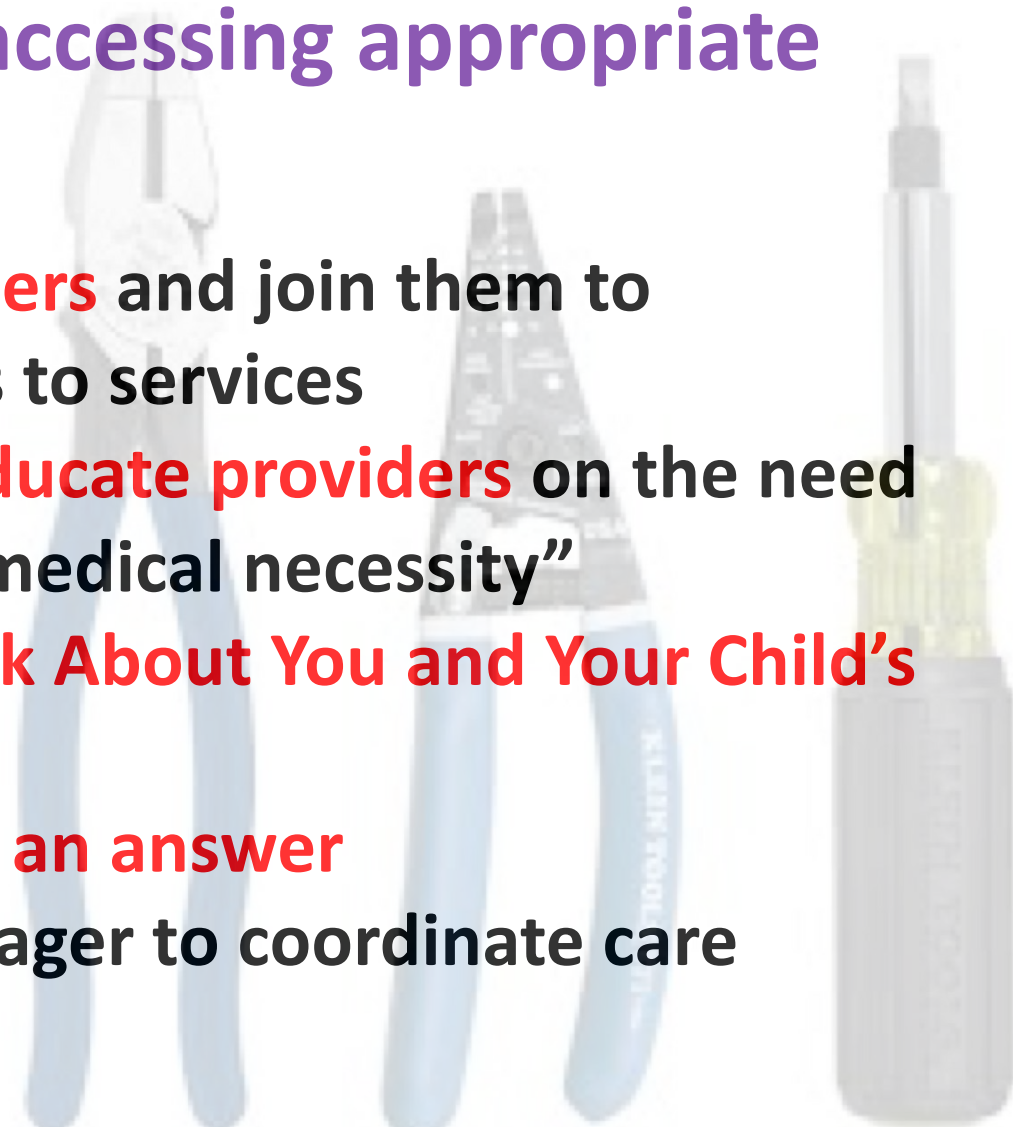


Practical Problem-Solving Ideas

- If you have a **clinical recommendation** for services and you can find a service provider, pushing the system is easier.
- If the service has been recommended but **the system does not have capacity**, you have **strong grounds for advocacy**. But, getting a recommendation for a “non-existent” service can be challenging.
- INDIVIDUAL SERVICE AGREEMENTS OR CONTRACTS by the County or State **may be the only solution**—compliance with EPSDT may require this.

Advocacy tools for accessing appropriate mental health care

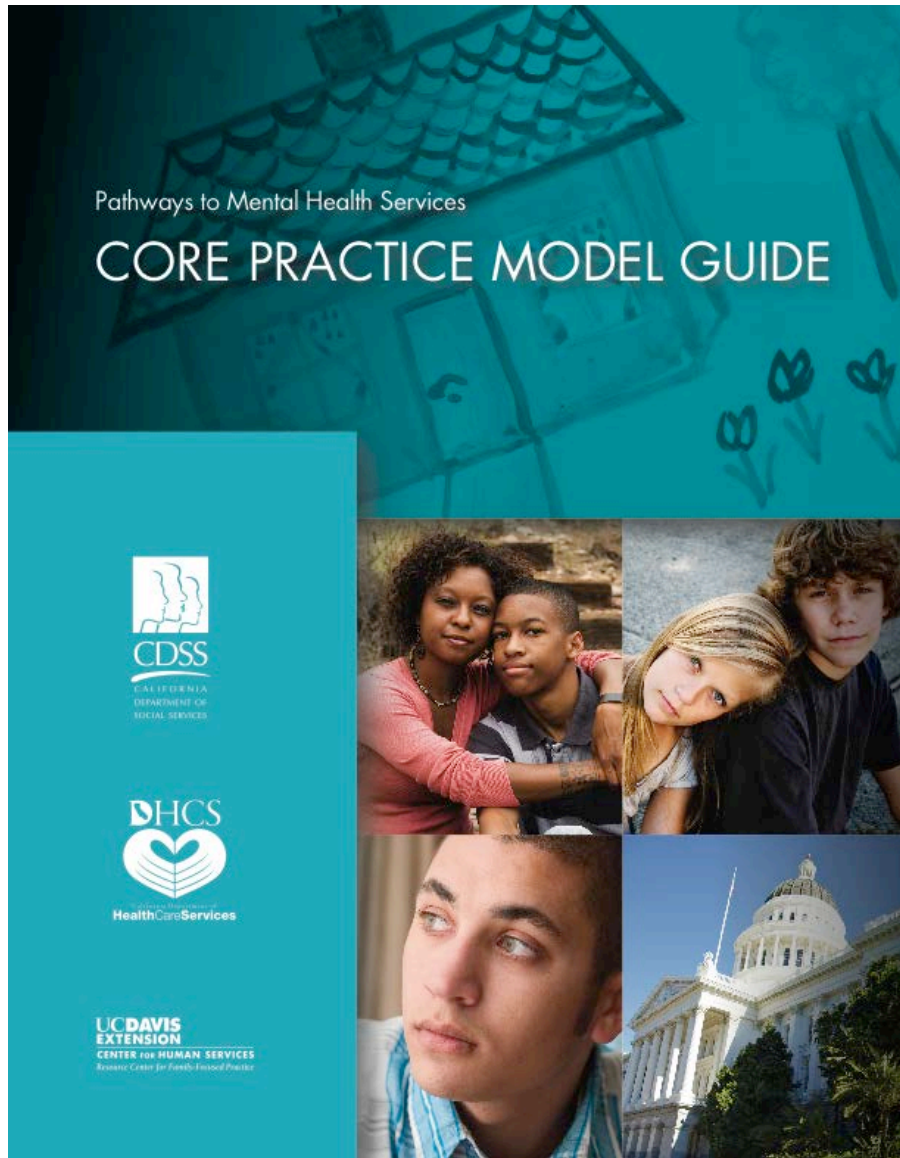
- **Get to know providers** and join them to advocate for access to services
- **You may need to educate providers** on the need for and power of “medical necessity”
- Ask Questions—**Talk About You and Your Child’s Strengths & Goals**
- **Don’t take “no” for an answer**
- Push the Case Manager to coordinate care



More Practical Tips:

- ☐ Critically Examine your child's Treatment Plan: What it says matters
- ☐ Put and Get things in writing
- ☐ Request and Keep your paperwork
- ☐ You or your child may be able to get legal assistance—Legal Aid, Disability Rights California, Special Education Advocates, etc.
- ☐ Find peer partners—for you and/or your child. There's no one better at navigating the "system" than other parents or caregivers who've had to do it themselves.
- ☐ Don't be afraid to go outside the usual channels—engage decision-makers, other advocates, and "the public."

Others Thoughts?



Key Resources

Look at the Katie A website:

Google "Katie A DHCS"

#1. The Practice Model

MEDI-CAL MANUAL

For Intensive Care Coordination (ICC), Intensive Home Based
Services (IHBS), and Therapeutic Foster Care (TFC) Services for
Medi-Cal Beneficiaries

Third Edition
January 2018



#2. The Rule Book

Other Resources

- National Health Law Program NHeLP
An Advocate's Guide to the Medicaid Program
www.healthlaw.org
- Young Minds Advocacy—Sign up for our Blog and the Weekly Mash-up
www.youngmindsadvocacy.org
- Disability Rights California—Special Education Materials
- Katie A page—CA DHCS
- Parents and Caregivers for Youth Website Coming Soon!

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