

# Wrapping Our Youth With the Supports They Need to Thrive

## MAKING THE CASE FOR WRAPAROUND

JUNE 2023

Over the past decade, behavioral and mental health needs and acuity have increased for all children and youth. But profound need has always existed in the child welfare population. California's recent reforms and commitments give us a chance to address this need at scale—right now.

For more than 30 years, the best practice for addressing this need among the foster care population has been intensive community mental health services that follow the principles and practice of wraparound. California has been evolving toward becoming the first state in the country with a trauma-based children's behavioral healthcare system that goes well beyond the traditional medical model that significantly underperforms for our state's youth, and moves closer to the evidenced-based practice of high fidelity wraparound.

Tremendous kudos to California's leadership for laying the groundwork for increased access to community based mental health services—specifically wraparound—through recent innovations and policy changes, including Continuum of Care Reform, CalAIM, *Katie A.*, and deinstitutionalization. Enhanced Care Management (ECM), behavioral health payment reform, unprecedented growth in Mental Health Services Act (MHSA) dollars, and the recent DHCS Foster Care Strategies Note, create additional opportunities to promote access to wraparound and better support youth.

“People often ask me what do children and youth in the foster care system need most. It's actually simple. Young people in foster care need absolutely everything we can give them—absolutely everything!”

—Jevon Wilkes, Executive Director,  
California Coalition for Youth,  
and Director of Youth  
Engagement, California Children's Trust

The California Department of Social Services (CDSS) has also prioritized access to wraparound services through Child and Family Teams, as well as through the implementation of SB 2083, the adoption of wraparound for all children stepping down from STRTPs, new complex care funding resources, and the promotion of the CANS across both child welfare and behavioral health systems. All of this signals significant and increasing alignment between healthcare and child welfare systems, leadership, providers, and advocates on the foundational role of wraparound services and supports.

However, we are still in a “Good News—Bad News” situation as these unprecedented commitments from state leadership crash up against the challenges of a bifurcated delivery system and a void of defined and consistent tools and training that could bridge the delivery gap.

### THE GOOD NEWS

- +** **Commitment:** California has made a clear commitment to transform its mental health system to be trauma-informed and break the bonds of the traditional medical model that is misaligned with the needs of children and youth.
- +** **Reform:** The Department of Health Care Services (DHCS) has made a first-of-its-kind decision to ensure all youth involved with child welfare, and those at risk of system involvement, have access to in-home, evidence-based mental health services.
- +** **New Benefits:** New provider classes, Enhanced Care Management, Activity Stipends, and Short-Term Residential Therapeutic Program (STRTP) step-down provide intensive and coordinated supports for our youth with the highest needs.
- +** **Evidence:** Practice over 30 years has confirmed the vital components of a successful wraparound model.

### THE BIG QUESTIONS

- ?** **Unclear Path:** The commitment has been made, but the administrative and fiscal path is unclear across numerous reform initiatives and enhanced benefits.
- ?** **Funding Diversion:** Recently announced changes to the use of Mental Health Services Act (MHSA) funding could further divert resources from youth mental health services and supports.
- ?** **County Variation:** Counties vary widely and dramatically in their mental health service models, administrative capacity, and financing strategies.
- ?** **Unprecedented Integrations:** Solutions will require contracts that integrate funds administered by managed care plans, county mental health plans, and child welfare funding.

Fully achieving the vision of wraparound requires addressing a set of essential challenges. DHCS and CDSS must more effectively work together to pool their non-federal resources, expand access to federal financial participation, move to a case rate, and simplify contracting.

To leverage the building blocks California’s leadership has already put into place, and address the persistent challenges, the California Children’s Trust recommends that every child and youth in foster care receives intensive community-based mental health services that are delivered through:

- ✔ DEFINED Rates
- ✔ DEFINED Staffing Models
- ✔ DEFINED Contract Templates
- ✔ DEFINED Outcomes

More specifically, we developed the following proposed structure in partnership with many of California’s leading wraparound providers based on their sample contracts and conversation on how they might stratify and organize levels of care in the wraparound programs they administer.

There is no perfect solution, however we present this model as a structured and cross-system starting point.

Tier	Summary of Services	Staff/Roles Available
<b>Wrap Tier 1</b>	<ul style="list-style-type: none"> <li>• Case Management</li> <li>• Linkages</li> <li>• Behavioral Coaching</li> </ul>	BA/Mental Health Rehabilitation Specialist (MHRS) Counselor  BA Coach/Peer Support
<b>Wrap Tier 2</b>	<b>Tier 1+</b> <ul style="list-style-type: none"> <li>• CFT Facilitation</li> <li>• Behavioral Coaching</li> <li>• Parent Support/Advocacy</li> <li>• Family Finding and Engagement</li> <li>• Flex Funds</li> <li>• 24/7 Support</li> </ul>	MA Facilitator/Clinician, Parent Partner  BA/MHRS Counselor, Permanency Specialist
<b>Wrap Tier 3</b>	<b>Tier 2+</b> <ul style="list-style-type: none"> <li>• Intensive In-Home Stabilization</li> <li>• Therapy</li> </ul>	MA Facilitator/Clinician, Parent Partner  BA/MHRS Counselor, Permanency Specialist

The state has made a significant new commitment to children and youth in out of home care. To make it real, we need to solve for a set of known implementation challenges and guarantee consistent execution across counties. California’s young people in care deserve everything we can give them, and we are closer now than ever before.

**The California Children’s Trust is creating a four-part series as a blueprint on how the state can better support the well-being of children and youth by delivering on the promise of wraparound for ALL.**

**Part 1**

How the legislative, legal, and reform history of wraparound has led to the current opportunity to codify the administrative and financing structures to realize its promise. [READ Part 1>](#)

**Part 2**

Detailed look at how the groundwork for increased access to community based mental health services—and specifically wraparound—already exists through recent innovations and policy changes and can be structured and delivered with a three-tiered approach. [READ Part 2>](#)

**Part 3**

Further builds the case for implementation best practices and provides a set of tools and templates as a starting point for cross-system collaboration and delivery.

**Part 4**

County examples of successful high fidelity wraparound practices.

The California Children’s Trust (CCT) is a statewide initiative to reimagine our state’s approach to children’s social, emotional, and developmental health. We work to transform the administration, delivery, and financing of child-serving systems to ensure that they are equity driven and accountable for improved outcomes. CCT regularly presents its Framework for Solutions and policy recommendations in statewide and national forums.

[cchildrenstrust.org](http://cchildrenstrust.org)

