AB 387 Task Force to Prevent Relinquishment of Children with Mental Illness or Emotional Disturbances to Child Welfare Agencies

Meeting Minutes

May 27, 2020

Meeting location: <u>Via Teleconference</u>

1. **Call to Order:** Tina Gerber- Winn, Chair of the AB387 Taskforce called the meeting to order on May 27, 2020 at 3:08 pm.

2. **Roll Call:** Present: Tina Gerber- Winn, Ross Armstrong, Elisa Cafferata, Gladys Cook, Megan Wickland, Will Jensen, Cara Paoli, Dr. Lisa Linning.

Absent: None.

3. Public Comment and Discussion:

No public comments.

4. Possible Action to Vote and Approve Meeting Minutes:

Gladys Cook: There is a typo that states TPO and it should be TPL for third party liability.

Tina Gerber-Winn: I'll take a motion to approve the minutes with the correction of the acronym.

Will Jensen: Moved.

Dr. Lisa Linning: Second.

Motion passed.

5. Discussion- Follow-up Medicaid Questions:

Tina Gerber-Winn: We had agreed to send any follow- up questions to Gladys Cook, did we receive any questions Gladys?

Gladys Cook: We did not receive any follow-up questions. There were questions in the last meeting that we would like to answer:

1. Question: Tina was asking if Medicaid had care coordinators in the District Office.
   Answer: Yes, and they can provide help to recipients and providers. The MCO's should also be able to provide that help.

2. Question: Regarding mental behavioral health and mental needs.
   Answer: If we have more questions we can reach out to Medicaid and they can help us.

3. Question: Regarding the moratorium.
   Answer: That was listed on July 15th and there was an announcement that went out to everyone about that.

Medicaid does have more care providers, so if the Taskforce has more questions, I can send them over to them. As well as the MCO's and the mental and behavioral piece.

6. Workgroup Updates:

Tina Gerber- Winn: Megan Wickland is in charge of the Universal Access Group and they met last week, is there any updates from that group?

Megan Wickland: We feel like we need more information, we weren't sure which policies we should be reviewing or with what agencies. Our group felt that it would be helpful to understand where the breakdown is so we can help identify the key people to receive help from the different agencies.

Gladys Cook: I think it will be helpful after the review of cases are done so we can have an idea of where the process went wrong.

Elisa Cafferata: I concur. What is the work of the other working groups are they going to generate something we can look at so we can start identifying policy barriers or is that something we need to go create ourselves?

Megan Wickland: There were a lot of unknowns for us, we felt that we couldn't determine what direction to go at this point.

Tina Gerber-Winn: What Elisa said was there were two working groups; one creating the clinical team and coming up with a roadmap of how they would operate down at the treatment level, the other team can look at issues that are more universal, how many cases do we have, what do they have in common and what sort of issues. So, coming up with a list of places to get resources or places we need to inquire from. But we do need cases to identify these.

Megan Wickland: I agree.

Tina Gerber-Winn: For the Governor's office are there certain people who come to mind that you would work with for coverage on a case?

Gladys Cook: We do receive some information, if there is some sort of exception it goes to the Governor's office and then it comes to use to do an investigation to determine what happened with eligibility. Sometimes the parents will hold a fair hearing but at that point it goes to welfare for eligibility. If it's medical denial, then it goes to our portion of Medicaid.

Tina Gerber- Winn: So, this workgroup is waiting for more information, maybe come up with a data collection sheet of things to be looking for that would be helpful to assess benefits?

Gladys Cook: Perhaps we can look at common diagnoses and finding access to those services?

Tina Gerber- Winn: We can work on what conceptionally works for our workgroups and go back to our separate groups to finalize our documents. For the Clinical Groups, we talked about the CANS (Child and Adolescence needs and strength tool) for the families who receive services from DCFS, we used that as a basis since DCFS would like to fully utilize as a mental health service for children and we will use that tool as part of our data collection. Lisa and Cara provided information about how other documents would be helpful, there is bio-psychosocial reports, neuropsychic evaluations, medical reports, NBT information, and IEP's. So, we had a list of documents to help build the medical profile and mental health concerns for the child. That's what we will use as our treatment history. Who our team would be to assess these documents, we included someone from Medicaid, children's mental health, ADSD, early childhood, and education. We talked about using a phase sheet. I think what we are missing is information from insurance and coverage perspectives for services. Unless we just concentrate on medical.

Ross Armstrong: The key piece for us was the CANS should be the assessment that should be the required ticket to access the clinical group that would then come up with a plan. I think a long-term goal should be that the CANS is used as an eligibility tool for Medicaid.

Tina Gerber-Winn: The other thing I think we should consider, for the family, is the release of information. I think we should get their permission, but we can talk about that at our next meeting. But other than that, the next things we would look at would be the data recording, format and timeframes. But I don't know what information our Medicaid or healthcare coverage person would need to be able to assess if we missed something.

Elisa Cafferata: I think that's where we need the case specifics, for the welfare hearing units 95% of the time the hearings result in finding the agency followed all of the policies and they made the correct decision. It wouldn't help us to do our research in the Medicaid fair hearing numbers are because that's not getting to the heart of the problem. So, we need some case details to tell us what's wrong with the existing policies.

Tina Gerber- Winn: One of the things I think would be helpful is a list of who we would talk to for an appeal in a system of care. Maybe it's not private insurance, Cara and Lisa would have to say if it's Medicaid manage care or if it's private like Culinary insurance?

Cara Paoli: There's Kaiser insurance that's strictly for California that will get kids that are visiting, and they will not pre-authorize anything. They will deny coverage because it's not pre-authorized and it's for crisis intervention.

Dr. Lisa Linning: We end up with kids who fall between getting services if they have an autism diagnosis or a diagnosis that finds on the developmental or intellectual disability spectrum but they also have mental health, often we will get denials for the mental health services even acute care but particularly for a higher-level of care if they have an autism diagnosis and there seems to be some sort of lack of understanding that just because they have an intellectual or developmental disability that some how they will never have some sort of mental health issue. So, we run into that for not getting approval for services quite often.

Will Jensen: Do you think that's because of they think that there isn't that co-existence of conditions or do they think some other source is supposed to take care of those issues?

Dr. Lisa Linning: We get denials without explanation so it's hard to anticipate what the reason is. Part of the issue is not getting a proper assessment done by a psychologist for the right diagnosis. Sometimes a diagnosis is provided for one condition and then other conditions or symptoms are left off.

Will Jensen: So, the ED evaluations will never be substantial enough because those aren't GSM diagnosis.

Dr. Lisa Linning: Any of the school records are intended for academic accommodation. But it's not a clear one to one. There are symptom overlaps.

Tina Gerber-Winn: For the next clinical workgroup we will come up with what we want the process to look like and information for a phase sheet, so we will work on that the next month. If we want to ask the divisions who to identify to work on the assessment sheet. Will if there are certain ways, we can get educational information if you want to send those to me so we can add it to our process. For the other workgroup do you need cases to come up with a process in reviewing a case?

Elisa Cafferata: I have more clarity now then I did before, I need to review the notes from the last meeting and see what you guys have from the clinical piece then I could have a better idea of what else we need before we do our work. Looking through the legislative history of the bill I think there is also some issues there that we need to address.

Tina Gerber- Winn: Right, it is easier to assess the clinical portion and more nebulous when it comes to who pays for it and coverage. Our assignments would be to work on our individual workgroups. Our goal is to put the clinical teams together to start looking at things in September.

7. For Possible Action Assignments to Members:

Tina Gerber- Winn: We just did that.

7. Discuss Next Meeting Agenda:

Tina Gerber- Winn:

- Call to Order
- Roll Call
- Review Meeting Minutes
- Workgroup Updates

7. Next Meeting Date:

June 25, 2020 at 3:00 pm

8. Public Comment and Discussion:

No public comments.

9. Adjourn.