





California Rich in Venture Capital for Youth Permanency

7 Youth Permanence Models received a total of \$ 30,000,000 in start-up capital



Remember the VC?



One project's grant proposal included a commitment from the county to seek permission to reinvest savings achieved to allow the project to continue.



- ⇒86% of youth served in Sacramento & Nevada Counties achieved permanence.
- ⇒The project documented savings achieved throughout the 5-year project.

Example: (Based on 2010 Sharing Ratios)

Annual Placement Cost Savings:	Total	County Share	State Share	Federal Share
Average Group Home Placement Cost for Youth	\$95,004	\$35,627	\$23,751	\$35,627
Average Adoption Subsidy (B)	\$12,096	\$1,663	\$4,990	\$5,443
Placement Cost Savings	\$107,100	\$37,290	\$28,741	\$41,070



Permission to reinvest was sought and given.

- · Savings reverted to the General Fund,
- · Were leveraged & reinvested
- Project continues 6 yrs. past sunset
- · Reinvestment funds have expanded # of youth served and increased saving

Results:

- Reduced costs
- · More teens with permanent families
- · Services paid for themselves after start-up investment period in the same fiscal year



Considerations for Reinvestment

- · Who reinvests? County, State, both?
- Provide start-up funds with a requirement for reinvestment
- · Leverage reinvestment using Medicaid EPSDT for clinical components of youth permanency work





What is EPSDT?

- Early Periodic Screening Diagnosis & Treatment
- A required service under Medicaid for categorically needy individuals under age 21
- · Includes physical & mental health
- Covers all children in foster care who show medical necessity (diagnosed condition)
- Wide range of diagnosis common in older youth in foster care: depression, oppositional/defiant, anxiety, PTSD, etc.

See Appendix B



Rehab Model



- Individual/group rehabilitation:
- A service activity that includes, but is not limited to, assistance in improving, maintaining, or restoring a child, or group of children's functional skills, daily living skills, social and leisure skills, and grooming and personal hygiene skills; obtaining support resources; and/or obtaining medication education.



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Challenges to Reinvestment

- Departmental Silos
- Savings may not accrue to department doing the work



- Multiple departments may need to collaborate, both in program and fiscally
- · Net savings accrue to the general fund



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Dilemma



- Savings achieved by DFS reduce costs to Department of Human Assistance (DHA)
- Funds not spent by in DFS revert to County General Fund
- Board of Supervisors controls General Fund

(Hint: get above the fiscal silos)



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Sacramento's Strategy Budget-Neutral County Reinvestment of Savings Achieved Through Youth Permanency Touth exit Keter care to germanency services Youth exit Keter care to germanency services PhHS provides youth permanency services PhHS provides youth permanency services PhHS provides youth permanency services Papartment-Cal funds & partment with DHHS in youth permanency services BH to pay for 5% EPSDT match State & Federal EPSDT Medi-Cal Funds State & Federal EPSDT Medi-Cal Funds We open doors to permanent families for children in foater www.missionfocused.org

How We Did It

Replication strategies:

- Document Savings
- Establish relationships
- Engage leaders at all levels
- Publicize program outcomes and fiscal success
- Actively participate in county budgeting process
- Acknowledge county, give credit
- Develop network to advocate to Board of Sups
- Persevere



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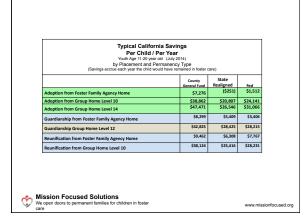


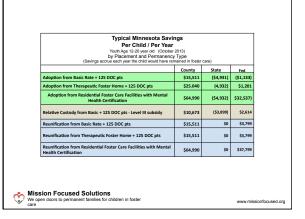
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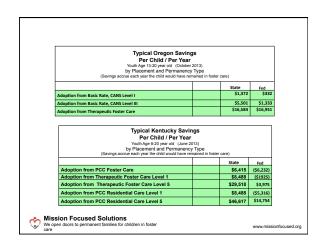
Appendix A

Sample Annual Savings Achieved Through Successful Youth Permanency Programs

Youth Age 13+ years old (Ju by Placement and Permane (Savings accrue each year the child would have	ncy Type	e)	
	County	State	Fed
Adoption from State Licensed Home	\$445	\$445	(\$8
Adoption from Private Agency Home	\$4,747	\$4,747	\$2,5
Adoption from Therapeutic Foster Home	\$4,747	\$15,898	\$23,5
Adoption from DSS Group Home	\$14,632	\$14,632	\$12,
Guardianship / Reunification from State Licensed Home	\$2,716	\$2,716	\$2,
Guardianship / Reunification from Private Agency Home	\$7,018	\$7,018	\$5,
Guardianship / Reunification from Therapeutic Foster Home	\$7,018	\$7,018	\$26,
Guardianship / Reunification from DSS Group Home	\$19,349	\$19,349	\$15,







Appendix B

 The Social Security Act requires that any service which you are permitted to cover under Medicaid that is necessary to treat or ameliorate a defect, physical, or mental illness, or a condition identified by a screen, must be provided to EPSDT participants regardless of whether the service or item is otherwise included in your Medicaid plan.



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Medical Necessity

CA Definition

- The child/youth has an included Diagnostic and Statistical Manual and/or (ICD9) diagnosis
- As a result of the included diagnosis, the child/ youth must have at least one of the following:
 - A significant impairment in an important area of life functioning
 - A probability of significant deterioration in an important area of live functioning
 - A probability that the child will not progress developmentally as individually appropriate



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- Additionally, the child/youth must meet both of the following criteria:
 - Focus of the proposed intervention is to address the condition identified
 - The proposed intervention will do, at least, one of the following:
 - Significantly diminish the impairment
 - Prevent Significant deterioration in an important area of life functioning, or
 - Allow the child to progress developmentally as individually appropriate



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Fundable Mental Health Services

- <u>Assessment:</u> A service activity designed to evaluate the current status of the child/ youth's mental, emotional, or behavioral health.
- Plan Development: A service activity that consists of the development of client plan, approval of the client plans, and/or monitoring and recording the client's progress in the plan.



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 Individual/group therapy: A service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments.

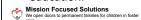


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Rehab Model



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• Collateral: A service activity

- provided to a significant support person in the child's life for the purpose of meeting the needs of the child in terms of achieving the goals of the child's client plan.
- (Note: "a significant support person" is defined as a person who, in the opinion of the child/youth, or the person providing services, has or could have a significant role in the successful outcome of treatment)



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