

# ECP Funding

Designing an effective and individualized program is dependent on integrated funding from child welfare and behavioral health to provide all the necessary services and supports. Delivering the individualized services needed to effectively meet the needs of youth who require complex care necessitates creativity, collaboration, partnership and an unconditional commitment to do whatever it takes to achieve success. These innovative services can be funded through a comprehensive mix of placement and service dollars, utilizing state investments in complex care funding made available through [AB153](#) as outlined in the existing All County Letter ([ACL-21-119](#)) with available county allocations described in the recent County Fiscal Letter ([CFL 21-22-35](#)) and forthcoming guidance from CDSS. Further details on available funding streams, as well as additional funding information, can be found in [Appendix D](#).

Complex Care Funding		
Behavioral Health		
Medi-Cal: Specialty Mental Health services	<p>Leverage federal, state EPSDT and local funding.</p> <p>Per-minute reimbursement for services documented in progress notes including assessment, plan development, rehabilitation, IHBS, collateral, therapy, case management, ICC, crisis, medication management</p>	Provisional service rates determined based on provider costs and projected units of services during contract negotiation with county MHP
Medi-Cal Therapeutic Foster Care	Leverage federal, state and local funding to reimburse resource parent therapeutic work. Daily rate based on services and a progress note	Provisional service rate determined based on provider costs and projected units of services during contract negotiation with county MHP
MHSA	Programmatic funding based on county MHSA plan	Based on MHSA fund availability
AB153 Child Specific Funding	Option to apply for child specific AB153 funding for increased anticipated EPSDT local match costs.	Amount based on proposal/request submitted to CDSS. See ACL 21-119 for submission details.
DMC-ODS	Substance Use funding may be available through the Behavioral Health Department	Provisional service rate determined based on provider costs and projected units of services during contract negotiation with county MHP
General Fund	Additional funding needed for cost reimbursement or other expenses that may not be covered through Medi-Cal, social services or other payers.	Reimbursement of costs
Social Services		
Enhanced STRTP or Enhanced ISFC rate individualized rate (through AB2944)	Monthly rate, prorated, for the provision of intensive services negotiated with CDSS	ISFC rate up to \$14,035/mo. STRTP rate at least \$14,035 per month. Rates set in collaboration with CDSS.
AB153 Child Specific Funding	Option to apply for child specific AB153 funding for increased anticipated county costs.	Amount based on proposal/request submitted to CDSS. See ACL 21-119 for submission details.

Wraparound	Monthly rate, prorated, for the provision of intensive services	Up to \$14,035/mo., prorated. For lower rates, funding may be available in reinvestment options
Wraparound reinvestment	County-allocated funds for foster youth via Wraparound and County funding allocations; unused funding received for eligible Wraparound services and funding can be used for alternative approaches	Range of adjunct funding
Grants and Allocations, Community funds; 2011 realignment	Block Grants and other county-specific dollars may be used for pro-social services and activities	Range of adjunct funding
Juvenile Probation		
Enhanced STRTP or Enhanced ISFC rate individualized rate (through AB2944)	Monthly rate, prorated, for the provision of intensive services negotiated with CDSS	ISFC rate up to \$14,035/mo. STRTP rate at least \$14,035 per month. Rates set in collaboration with CDSS.
AB153 Child Specific Funding	Option to apply for child specific AB153 funding for increased anticipated county costs.	Amount based on proposal/request submitted to CDSS. See ACL 21-119 for submission details.
Wraparound	Monthly rate, prorated, for the provision of intensive services	Up to \$14,035/mo., prorated. For lower rates, funding may be available in reinvestment options
Wraparound reinvestment	Similar to social services, probation may share the oversight of these funds	Range of adjunct funding
Grants and Allocations	Block Grants and other county-specific awards may be used for pro-social services and activities	Range of adjunct funding
Regional Center		
Individual Program Plan (IPP)	<p>Services are determined by the Individualized Program Plan (IPP) team to support persons with developmental disabilities and their families to build their capacities and capabilities. Services are coordinated and provided for by the regional center through generic resource coordination or the regional center network of providers or vendors.</p> <p>Services coordinated by the regional center may not fund ECPs, unless the provider is vendored by their local regional center to provide specific services according to their vendorization. Regional center services designated by the IPP can be layered and integrated into the ECP programing, per the IPP.</p>	<p>“Vendor” and “provider” are the words used to describe the community of professionals who provide direct services to people with developmental disabilities through contracts with California’s network of 21 community-based, non-profit regional centers. Before providers can provide and be reimbursed for services, they must go through an approval and contracting process with their local regional center(s).</p> <p>Vendorization is the process for identification, selection, and utilization of service providers based on the qualifications and other requirements necessary in order to provide services to consumers. The vendorization process allows regional centers to verify, prior to the provision of services to consumers, that an applicant meets all of the</p>

		requirements and standards specified in regulations. Applicants who meet the specified requirements and standards are assigned a unique vendor identification number and service code.
<b>Education</b>		
Individualized Education Plan (IEP)	Through the IEP, services may be approved and paid for by the education system for special education and related services. Special Education Dept has to review and the IEP must include specific language about how services are related to youth obtaining a Free Appropriate Public Education. Funds will not be used for programs, but may fund specific services provided by programs.	Funding determined by IEP team
Local Control Funding Formula (LCFF)	District funds are available to provide some direct services, including academic instruction, to students who are in foster care that meet the LCFF definition.	Funding determined by School District
Foster Youth Services Coordinating Program	Can provide direct services to foster youth through AB 130 at the COE level. This requires that the COE FYSCP apply for funds. See this link for more information <a href="https://fyscptap.scoe.net/resources/additional-direct-service-funds-ab-130">https://fyscptap.scoe.net/resources/additional-direct-service-funds-ab-130</a>	Funding determined by FYSCP

Service providers need to consider the specialized type, service frequency, duration of sessions and intensity of services to be provided to youth in an ECP. Because of these considerations, budgets for ECPs should account for the following items, which may be higher than the expenses in traditional ISFC or STRTP budgets:

- Increased staffing ratios to provide 24/7 support and/or supervision to the youth.
- Increased mental health staffing due to higher frequency mental health service provision
- Increased stipends provided to Specialized Parents.
- Specialized training for staff and/or Specialized Parents.
- Salary requirements to recruit and retain experienced staff.
- Family finding and engagement expenses.
- Adjusted occupancy expenses (rent/lease, utilities, etc.).
- Travel expenses associated with providing the youth access to community supports.

In addition to the expense considerations included above, full program budgets should include all available funding sources for each program. The documentation submitted for state approval of enhanced care rates should identify the following funding:

1. Placement Rate
2. Mental Health Service Revenue
3. County Funding

The total funding should align with the anticipated increased costs of meeting the complex needs of youth in ECP placements. It is recommended that budgets include both a monthly expense and a yearly total for each line item.

Start-up and operational costs are part of funding considerations. Start-up costs may be inclusive of funding for recruitment of Specialized Parents (E-ISFC); hiring, training/ramp up for staff; and facilities costs (rental, purchase, renovation or other for offices and/or facility for E-STRTP). Because of these complexities and to guarantee availability of the program as urgent youth needs arise, it is strongly recommended that counties develop cost-reimbursement contracts that fully fund both start-up and operational costs in an ongoing manner. AB 153 provides for funding for these costs through a proposal process to build capacity within counties.

Funding can also be viewed through the lens of the core program elements. The cost breakdown example below shows how costs can be grouped and estimated for each element of service within an E-ISFC model. The blended funding can cover all or portions of each service, such as social services funding paying for the Specialized Parent, flex funds paying for some of the family finding and stabilization and behavioral health paying for some of the family engagement activities and all of the behavioral health services.

This cost breakdown example is illustrative only, it does not represent actual or anticipated costs. Actual program costs will vary based on multiple compounding factors that will be unique to each provider and county contract. Programs should be designed to meet the individualized needs of referred youth and these budgetary considerations should not be used to impede innovation or arbitrarily limit operating costs.

E-ISFC Cost Breakdown Example			
Service	Rationale	Example Monthly Cost per Youth	Example Annual Cost
Specialized Parent	To support high cost of living and incentivize giving their time and energy to the youth: <ul style="list-style-type: none"> <li>• Tiered payment approach</li> <li>• Stipend/housing as available</li> <li>• Medical benefits</li> <li>• Matrix of specialty homes</li> <li>• Type of household/personality for the different youth personalities/behaviors</li> </ul>	\$ 8000	\$96,000
Family Engagement/ Finding	<ul style="list-style-type: none"> <li>• Family Finding staff time</li> <li>• Rapid Response Family Finding for youth with no permanency plan</li> <li>• Rapid engagement for families + youth with a plan. Involves resourcing, parent prep/training, time together with coaching</li> <li>• 16 hours/week of family search/finding</li> <li>• Flex funds; travel costs</li> </ul>	\$5000	\$60,000
Clinical Care Team (stabilization, service provision and oversight/supervision)	<ul style="list-style-type: none"> <li>• Child and Family Team (CFT)</li> <li>• Therapeutic Interventions and EBPs</li> <li>• Community linkage</li> <li>• Independent Living Skills</li> <li>• 24/7 Rapid Response</li> <li>• Flex funds</li> <li>• Program Staffing (portion of FTE funded per youth):               <ul style="list-style-type: none"> <li>○ 1 Clinical Program Manager</li> <li>○ 1 CADAC</li> </ul> </li> </ul>	\$12,000	\$144,000

	<ul style="list-style-type: none"> <li>○ 2 Clinician II</li> <li>○ 1 Family Finding Supervisor</li> <li>○ 6 Family Specialists</li> <li>○ 1 Family Partner</li> <li>○ 1 Family Finding Specialist</li> <li>○ 1 Administrative Assistant</li> <li>● Stabilization up to 24/7, titrating down to 10 hrs./wk.; 40 hrs./wk. average; 10 staff</li> </ul>		
<b>Total</b>		<b>\$25,000</b>	<b>\$300,000</b>

Enhanced programs provide significant long-term fiscal savings to future health systems by comprehensively addressing unmet complex needs to reduce crisis and urgent medical services. This [link](#) describes these benefits in more detail.

### Questions to Consider for Counties

1. What is the current continuum of care in the county and what might be missing?
2. What are the highest levels of care available in your county (Wraparound, Emergency Response, STRTP, Other)?
3. Does the county regularly have placement gaps, frequent placement changes or absences from care with some youth with complex unmet needs in the foster care or probation system?
4. Are there youth that have intensive needs that require more services than Wraparound or currently available community-based services?
5. Are there youth that struggle in congregate care, regularly leave placement without permission or refuse to go to identified placements?
6. Are there periods of time youth in the foster care system with complex unmet needs are at higher risk of engaging in higher risk behaviors and need more intensive individualized supports than can be offered?
7. Approximately how many youth in the county require more intensive, individualized and time-limited programs to stabilize and step down to a lower level of care?