



CCR Updates

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CCR Messaging

This is the third edition of the CCR Newsflash newsletter brought to you by the Continuum of Care Reform Branch. This newsletter is published monthly and sent to a wide array of stakeholders. We welcome your suggestions and questions, which may be sent by email to ccr@dss.ca.gov

Please help us ensure that up to date information regarding CCR implementation is passed on to stakeholders at the local level by widely forwarding this communication to staff, colleagues, care providers, social workers and probation officers, youth and any other interested stakeholders. If you were forwarded this newsletter, you may have your name added to our email list by emailing the CCR inbox.



CCR Vision

"Continuum Care Reform is revolutionary. CCR's vision is that children and youth begin living in their communities in home-based family care settings. My vision is that foster youth receive permanency, normal childhood and teenage experience and caregivers who understand their needs and are able to help with conflict resolution, educational support, and problem solving. CCR gives us an opportunity to make a difference in all these areas. What is your vision for children and youth?"

Erick Alvarez, Youth Engagement Project (YEP)

GOT RFA?

Resource Family Approval (RFA) Implementation Update:

- Beginning 1/1/17 all relatives, NREFMs, and foster family homes will be approved using RFA standards.
- Counties and Foster Family Agencies (FFAs) will have until 12/31/19 to convert existing approved relatives/NREFMs, licensed and certified foster family homes. (See below for more information)
- New RFA forms are available for County and FFA use at <http://www.childsworld.ca.gov/PG3416.htm>
- All incoming ICPC requests must be approved using RFA standards
- Be on the lookout for an RFA Academy provided by the Regional Training Academies and CDSS for county RFA staff
- Helpful links for implementation guidance:
 - [CDSS RFA webpage](#) contains forms and other helpful implementation tools
 - [CalSWEC RFA Implementation Toolkit](#)
 - As always, please email your questions to RFA@dss.ca.gov

Conversion of Existing Approved Relatives/NREFMs, Licensed and Certified Foster Family Homes

- No later than July 1, 2017, the county shall provide the following information to all licensed and certified foster family homes and approved relatives and NREFMs residing within the county:
 - A detailed description of the RFA Program.
 - Notification that in order to continue to care for a foster child, a Resource Family Approval is required by December 31, 2019.
 - Notification that a foster family home license, certification and approval of a relative or NREFM shall be forfeited by operation of law on December 31, 2019.
- For approved relatives/NREFMs, licensed and certified foster families who have an approved adoption home study prior to January 1, 2018, those families will be deemed to be an approved Resource Family. No additional requirements of the family will need to be completed to be deemed a Resource Family.
- For all other families who do not have an approved adoption home study, but have a child placed in the home at any time between January 1, 2017 and December 31, 2017, the county will need to complete a psychosocial assessment of the family and document the results of the assessment. Upon successful completion of the psychosocial assessment, the family may be approved as a Resource Family.
- All licensed and certified foster family homes that do not have a child in placement at any time between January 1, 2017 and December 31, 2017, shall forfeit their license or certification by operation of law on January 1, 2018. If the family is interested in providing care again for a child or youth in foster care, they will need to apply to be a Resource Family.
- Any licensed and certified foster family home, approved relative and NREFM home not converted or deemed a Resource Family by December 31, 2019, will forfeit their licensure or approval by operation of law on December 31, 2019.
- An ACL will be released later this fall with detailed information on the conversion process. This will include how to create a new RFA family file.

CCR Regional Ideas and Transformation Exchange (RITE):

The California Department of Social Services, Department of Health Care Services, County Welfare Directors Association of California, County Behavioral Health Directors Association, Chief Probation Officers of California, California Institute for Behavioral Health Services, the Regional Training Academies, and Casey Family Programs are sponsoring Continuum of Care Reform (CCR) meetings in the Northern, Bay, Central, Southern regions, as well as Los Angeles, in order to provide robust technical assistance at the local level. The Bay Area convening was on August 19, 2016 followed by Los Angeles on August 31, 2016. The date for Central is September 23, 2016 and Southern is scheduled for October 11, 2016. Initially these meetings will be limited to state and county staff and will be opened to broader participation in the Spring of 2017. Contact: Theresa.Thurmond@dss.ca.gov

CCL Regional Meetings with Providers:

Community Care Licensing has scheduled regional meetings for FFAs starting in September to provide technical assistance to providers regarding the Interim Standards and other areas of the CCR. The Child Welfare and Mental Health Directors and Probation Chiefs are also invited. Licensed providers should contact their CCL Regional Manager for additional information and county staff should contact ccr@dss.ca.gov.

The Key to Collaboration: CCR Workgroups!

Committed stakeholders from across California have joined state staff in developing the essential elements of CCR in the following workgroups:

CCR State/County Team: Monthly meeting of state and county administrators from CDSS, DHCS, CWDA, CPOC, CBHDA, CIBHS, Education, and CSAC. The next meeting is scheduled for September 22, 2016. Topics on the agenda include: CCR Updates, Mental Health Workgroup Report out which includes Mild to Moderate services, Managed Care, Fee for Services and county Mental Health Plan. The meeting now includes representatives from the California Department of Education (CDE) and the decision was made to convene a sub-workgroup for the integration of education into the CCR implementation. Contact Tracy.Urban@dss.ca.gov. By invitation only.

CCR Stakeholder Implementation Advisory Committee: Committee purpose is to obtain input and recommendations from stakeholders on policy, best practices, and other aspects of CCR implementation. Participants include various stakeholders who meet quarterly. The next meeting is November 1st, CDSS Auditorium, 10-3:00 pm. Contact Loretta.Miller@dss.ca.gov.

CCR Foster Family Agency (FFA)/STRTP Workgroup: Workgroup purpose is to address AB403/AB 1997 requirements for both facility types and provide policy recommendations for the implementation of CCR. The next meeting was August 30th and will cover Interim Regulations & Instructions, Licensing Application Process, and Program Statement Requirements. Contact MaiYer.Vang@dss.ca.gov.

Mental Health Workgroup: This workgroup is convened by the Department of Health Care Services with the purpose of providing guidance regarding Mental Health Plans and Mental Health Certifications. Next meeting is September 26, 2016. Contact michele.taylor@dhcs.ca.gov.

Foster Care Audits and Rates Branch Update: ACL 16-65 was released August 19, 2016 that describes rate structures for Home Based Family Care (HBFC) and STRTPs. On August 26, 2016 a meeting was held regarding the Level Of Care (LOC) Assessment Protocol which is in the final stages of development and will be first shared with CWDA for comments and feedback. A new ACL regarding the accreditation reimbursement process for FFAs, GHs, and county owned and operated providers will be posted the beginning of September 2016. On August 3, 2016 a Rates Adequacy meeting was held and CDSS's executives reported to the legislature on the new LOC rate structure as mandated by AB 1997.

Probation: The purpose of this workgroup is to meet the unique needs specific to Probation foster youth and Probation Departments. The Probation Workgroup held on August 22 continued a discussion regarding medical necessity, included a rates update of the general rate structure and discussed strategies to communicate CCR to the field. The next workgroup is scheduled for September 21, 2016 and tentative agenda topics include: rates level of care protocol, Resource Family Approval Implementation and communicating to youth regarding CCR.

Performance and Oversight Unit: Various stakeholders meet with the purpose of developing a coordinated oversight framework for FFA and STRTP providers, including the development of provider performance measures and satisfaction surveys. The unit held a Youth Satisfaction Survey sub-workgroup on August 25, 2016. Additional sub-workgroups will convene a later date and will cover topics such as provider performance measures and state coordinated oversight. To receive handouts from the kick-off meeting, please email the CCR Oversight unit at ccoversight@dss.ca.gov.

CCR Unit Updates

Program and Services Implementation: The unit is developing procedures, policies and requirements in the following areas: respite care extension from 72 hours to 14 days (a subgroup will be formed to develop the criteria), second level review of youth placed in STRTPs [All County Letter (ACL) has been drafted and routing internally for program review], the peer review of STRTP Program Statements (ACL developed and routing for review), and the ACL to counties regarding their review of program statements from new FFA and STRTP applicants, which is a requirement of AB 1997. The unit is also exploring (licensing) barriers to CSEC programs and the process for county grievances of providers.

CCR Policy The draft Interim Licensing Standards for FFAs was released for public feedback in August and finalized August 30th. The STRTP Interim Licensing Standards is under development and will be released for public comments and feedback in September 2016.

Resource Family Approval: Resource Family Approval (RFA) Unit: Version 3 of the Written Directives was released August 30th. This version includes several large policy changes including how many children may share a bedroom as well as Documented Alternative Plans being applicable for all families. Early implementing Foster Family Agencies have an anticipated start date of September 1, 2016. An ACL on conversion of existing approved relatives, licensed and certified families is being developed to provide direction on new file creation as well as the requirements to convert an existing family to a Resource Family. CDSS continues to attend the regional CWDA meetings to provide technical assistance on RFA implementation. Regional Training Academy trainings for RFA staff will begin in September. The RFA website has been updated and visitors to the website will be able to see what additional RFA forms the Department is developing. Additionally, the CDSS is scheduling dates for trainings on a regional basis for due process and background check training. As a reminder, RFA implementation plans are due to CDSS on or before September 1, 2016. If a plan is not received by CDSS, funding will not be available until January 1, 2017.

Mental Health Clinical Assessment

—Kim Suderman, LCSW, CBHDA CCR Consultant

We CAN do it! Permanency for Probation Youth...

*Lisa Campbell-Molton, Director,
Los Angeles County Probation Child Welfare*

“Greetings Probation Child Welfare Partners!

I have been given this opportunity to reach out to you all in the midst of these many changes and stressful time of increased workload, millions of meetings and uncertainty to encourage you and thank you for being such a strong and supportive network, not only for those working side by side with you, but for all the children and families we serve. The work we and our staff do every day is beyond what most people do in a lifetime. Being part of healing broken hearts, broken families, and broken dreams is painful, exhausting, and demanding, but the end result is the stuff that books are written about and movies are made of. We are blessed to be a part of so many miraculous and amazing stories, while meeting so many loving and committed people. Together, we have transformed Probation child welfare over the past decade with the completion of eight (8) Adoptions, many Legal Guardianships, and countless incidents of reunification between parents and their children in delinquency court; just think of what more we will do over the next several years to transform the delinquency system making it possible for Probation foster youth to have even more opportunities to become everything they were created to be, in spite of their circumstances, all because of the hard work you are doing right now! As I watch the Olympics and this crazy race for the next President, I think about who will be those Probation foster youth who will do big things and make positive and permanent changes in this world because of the changes we are making for them today. Crazy, idealistic thinking? I don't think so.” ☺

Often when someone says “let’s get a Psych Eval for Maria”, the real request is to know whether Maria needs mental health services. The Mental Health Plan (MHP) will typically conduct a clinical assessment to determine whether the concerns expressed require medically necessary Medi-Cal Specialty Mental Health Services (SMHS). Once it is decided that Maria will receive Medi-Cal SMHS and treatment has begun, on rarer occasions psychological testing may be used to further diagnose atypical very complicated symptoms.

For the purposes of determining whether medically necessary Medi-Cal SMHS would correct or ameliorate the child’s level of functioning, the clinical assessment by the Mental Health Plan (MHP) and or their Organizational Contract Providers, may only be conducted by a licensed or licensed-supervised clinician and must be conducted within written standards for timeliness and frequency as set forth by the County MHP per state and federal guidelines. This Assessment is a comprehensive review of the child’s health consisting of all of the below, but not limited to:

- a) **Presenting Problem** including current level of functioning, relevant family history and current family information;
- b) **Relevant conditions and psychosocial factors affecting the beneficiary’s physical health and mental health** including, as applicable, living situation, daily activities, social support, cultural and linguistic factors and history of trauma or exposure to trauma;
- c) **Mental Health History.** Previous treatment, including providers, therapeutic modality (e.g., medications, psychosocial treatments) and response, and inpatient admissions. If possible, include information from other sources of clinical data, such as previous mental health records, and relevant psychological testing or consultation reports;
- d) **Medical History.** Relevant physical health conditions reported by the beneficiary or a significant support person. Include name and address of current source of medical treatment. For children and adolescents, the history must include prenatal and perinatal events and relevant/significant developmental history. If possible, include other medical information from medical records or relevant consultation reports;
- e) **Medications.** Information about medications the beneficiary has received, or is receiving, to treat mental health and medical conditions, including duration of medical treatment. The assessment shall include documentation of the absence or presence of allergies or adverse reactions to medications, and documentation of an informed consent for medications;
- f) **Substance Exposure/Substance Use.** Past and present use of tobacco, alcohol, caffeine, CAM (complementary and alternative medications) and over-the-counter, and illicit drugs;
- g) **Client Strengths.** Documentation of the beneficiary’s strengths in achieving client plan goals related to the beneficiary’s mental health needs and functional impairments as a result of the mental health diagnosis;
- h) **Risks.** Situations that present a risk to the beneficiary and/or others, including past or current trauma;
- i) **A mental status examination;**
- j) **A complete diagnosis from the most current ICD-code** shall be documented, consistent with the presenting problems, history, mental status examination and/or other clinical data; and,
- k) **School/education and additional clarifying formulation information, as needed.**

CCR Frequently Asked Questions (FAQs)

The following Frequently Asked Questions have been gathered from the CCR email box and questions asked at CCR workgroups or presentations. The list will be updated on a continuous basis and will be listed on the CDSS internet page. Please note that answers to some of these questions are time sensitive and continuously evolving.

Q: Will Group Homes receive a provisional rate for the new rate structure if the group home submits the application and program statement by 1/1/17?

A: All County Letter (ACL) 16-65 was released and posted on the CDSS website August 19, 2016 regarding Group Home Extension Request and the Current Rate Classification Level (RCL) Rate. The ACL states a group home that has not transitioned to an (Short-Term Residential Therapeutic Program (STRTP) will need a county placing agency to request an extension (on their behalf) to allow the group home to continue to receive its existing Rate Classification Level (RCL) rate. The ACL can be accessed at the following link: [All County Letter \(ACL\) 16-65](#). The provisional STRTP rate will only be available to licensed STRTPs.

Q: What is the difference between the comprehensive report and the written assessment?

A: The comprehensive assessment is not a report; it is an evaluation of an applicant using the home environment assessment, background check, psychosocial assessment and any other factors set forth in the Written Directives for purposes of determining the applicant's suitability as a Resource Family. The Written Report (as the written assessment is now known) is a summary, analysis, and determination of an applicant's capacity to foster, adopt, or provide legal guardianship of a child or non-minor dependent based on all the information gathered through the comprehensive assessment. To clarify, there is only one report required for RFA, the Written Report. All other information gathered through tools, interviews, documentation, etc. help you to obtain the information needed to prepare your Written Report.

Q: When CCR is fully implemented in January 2017, will the County Child Welfare Service (CWS) or County Mental Health Plan (MHP) have to certify the placements located in the County?

A: AB 403/AB 1997 requires Interagency Placement Committees to approve a child for placement in an STRTP, and placements in an RCL 13/14 group home operating under an extension will be subject to current placement requirements. Additionally, placement decisions must consider the recommendations of the Child and Family Team. Local collaboration between the MHP, CWS and Probation will be necessary to assure appropriate and coordinated Interagency Placement Committee and Child and Family Team processes.

Q: Does a group home transitioning to an STRTP, that has a current annual RCL 13/14 Certification by county mental health and/or a Medi-Cal Organizational Provider contract, need a new Mental Health Program Approval?

A: Yes. STRTPs are a new program and will have new parameters and guidelines. The DHCS is rewriting the Program Approval requirements and processes, which has historically been an annual approval. It is anticipated that once this new approval process is in place, an updated Program Approval will be required of all providers using the new process. Medi-Cal Certification renewal is required every 3 years, and will not require duplication. The Department of Health Care Services continues to work on guidance in this area.

Q: Can the provider receive placements from more than one county's Child Welfare or Probation Departments? If so, which county Mental Health Plan (MHP) must the provider contract with?

A: Yes, providers may receive placements from multiple county placing agencies. STRTPs must have a letter of recommendation from one county placing agency and have a Program Approval from one county MHP to be licensed. However, an STRTP must ensure access to all needed Mental Health Services for each child. In order to directly provide specialty MH services to a particular child in placement, the STRTP must be contracted and certified with the MHP responsible for serving that child and is encouraged to seek contracts with all MHPs responsible for serving children placed in the STRTP.

Children and Family Services Integrated Practice Technical Assistance Calls

The California Department of Social Services and Department of Health Care Services host a monthly call to discuss questions and issues regarding Child Welfare and Mental Health integrated practice. Topics covered include all aspects of the CCR, Pathways to Mental Health Services (Core Practice Model), Intensive Care Coordination, Intensive Home-Based Services), and Therapeutic Foster Care. When: First Wednesday of each month at 10:00 a.m. Upcoming calls on September 7, October 5, November 7, and December 7, 2016. Phone: 877-922-9924, Pass Code: 144611 Email KatieA@dhcs.ca.gov to subscribe to the TA Call list for alerts, materials, and bulletins.

Therapeutic Foster Care (TFC) Implementation Committee Meetings

The TFC Implementation Committee meets to discuss the final steps for the TFC Model and Parent Qualifications. The committee will continue to meet bi-monthly and the next meeting is scheduled for October 17th.

Treatment Outcomes Package (TOP) & CANS Assessment Tools

Five counties have volunteered to pilot the TOP (Treatment Outcome Package): San Diego, Tuolumne, Fresno, and Los Angeles. The CANS (Child and Adolescent Needs and Strengths) assessment tool is being piloted in San Francisco, Humboldt and Shasta counties. Both tools will assist child welfare to assess a child or youth's needs in order to determine a level of care. These tools will not replace the Mental Health Assessment.

Finding A Family

“The best experience I’ve had is meeting my dad, because without him, I don’t know where I’d be,” Erica said. “I feel like I am who I want to be now. I’m proud to be transgender.”

- 17 year old Erica Reyes
(pictured with her father, Scott Reyes)



Targeted Recruitment and Permanency Supports

- Loretta Miller and Rami Chand

CDSS hosted a panel presentation on Targeted Recruitment and Permanency Supports that was held on July 21, 2016 at the CCR Stakeholder Implementation Advisory Committee Meeting. The panel consisted of Gail Johnson Vaughan, Director Emerita/Chief Permanency Officer with Families NOW, Bob Herne, MSW, Chief Executive Officer of Sierra Forever Families Foster Family Agency, Sandy Sertyn, LMFT, permanency social worker with Sierra Forever Families who worked together with parent Scott Dukes and his adopted daughter Erica Dukes, and Marian Kubiak, Division Manager from Sacramento County Child Welfare Service (CWS).

Sierra Forever Families introduced Scott Dukes to his now-17-year-old transgender daughter, Erica Reyes. The nonprofit adoption agency has been a key player in a citywide effort to create more of these success stories and place lesbian, gay, bisexual and transgender youths in affirming homes. These efforts are in concert with CCR and its fundamental principles to make available a core set of services that are trauma-informed and culturally relevant to children/youth. Sacramento County Child Welfare Services and other local foster youth and adoption agencies formed a collaborative last year to increase recruitment of parents who are open to fostering or offering permanency with LGBT youth. The group, which includes representatives from Sierra Forever Families, Stanford Youth Solutions and Sierra Child and Family Services, hosted its first recruiting event last summer and followed up with similar events in the last few months.

The purpose of the panel was to discuss how the individuals worked together to identify and make a successful placement stressing that relational permanent connections are just as effective and important as a permanent home. Other key factors in building/identifying a successful placement is the relationship between the social worker, placement worker, working together with the placing agency diligently and not to give up on the child/youth as the youth needs time to heal from the trauma they’ve experienced so they feel safe and comfortable to be open to sharing their real feelings and what they need. Building a relationship prior to permanency can sometimes take a long time and relational permanence or permanent connections do not always mean the person lives with that youth; it means that they are unconditionally committed to the child/youth. The panel also reiterated the importance of supporting foster parents and instilling the value of their role in permanency planning and building relational connections. In addition, how youth are treated matters and youth should be included at the center of the process. The need to address the youth’s history of trauma, separation and loss are critical to be able to trust others after being rejected.

During the discussion, Scott and Erica shared their concerns and fears with the permanency team so that their needs were understood. They described how they initially were “matched” and built a trusting relationship, not only with each other, but with Sandy as well. The results were a success and the team was able to make a placement that was beneficial to all involved.



Sacramento County Child Welfare has three social workers dedicated to carry cases and working alongside Sandy and her team at Sierra Forever Families. For More Information: Destination Family – contact Bob Herne, bherne@sierraff.org

For Sacramento County’s perspective on creating community partnerships to improve permanency outcomes, contact Marian Kubiak, kubiamb@SacCounty.net

For information regarding funding youth permanency and initiating specialized permanency services in your county. Contact Gail Johnson Vaughan at gail@familiesnow.org.

CCR Communication Tools

CCR Overview: CDSS has developed a webinar that is prerecorded and available on the California Social Work Education Center website. The webinar provides an overview of CCR and the provisions of AB 403, and the framework for implementation. Link: <http://calswec.berkeley.edu/continuum-care-reform>

CDSS Internet Webpage: Webpage that will include a variety of information including the CCR Fact Sheets, links to Assembly Bill 403, and calendar of presentations or workgroups. Link: <http://www.cdss.ca.gov/cdssweb/P44869.html>

CDSS Extranet: The CCR Extranet will be the mechanism for posting and sharing documents between CDSS and stakeholders. The Extranet will also include calendars of presentations and workgroups: Link: <http://www.cdss.ca.gov/ccr/>

CCR Tool Kit on CalSWEC Website: <http://calswec.berkeley.edu/toolkits/continuum-care-reform-ccr>

CCR Email Box: ccr@dss.ca.gov: The initial portal for stakeholders to ask questions and to be connected with CCR workgroup.

CCR Fact Sheets: Several short documents on key topics such as Home Based Family Care, Assessment, Probation, etc. that serve as informational leaflets.

CCR Tools For Youth: There are several tools to assist stakeholders with messaging to youth on the CalSWEC Website: <http://calswec.berkeley.edu/toolkits/continuum-care-reform-ccr>

Integrated Training Plan (ITP)

-Richard Knecht, MS, DHCS/DHCS Integrated Services, Transformation Manager

The Shared Management System's Community Team commissioned an Integrated Training Plan to fully comply with the Katie A Settlement. The following is information regarding the Integrated Training Plan.

Vision

Public social service agencies in California, partnering organizations, service providers, tribes, and community-based groups will receive timely, effective and uniform training that supports integrated service delivery systems which are most effective in assuring the well-being of children, youth, and their families.

Mission

In accordance with California's shared approach to integrated practice among the child welfare, behavioral health, and juvenile probation systems, this integrated training plan will establish unified content and encourage integrated training delivery for parent, child, and youth serving agencies and their community based partners.

Guiding Principles

This ITP addresses the need for consistency of information regarding policy and practice expectations across all relevant public agencies, partnering organizations, and families involved in the delivery, monitoring, and receipt of cross-system services for children in care. Further, in recognition of the value of sharing leadership with parents and youth, the ITP seeks to provide families and other community partners with the same information as that received by professional staff in order to support equity and shared responsibility for improving well-being outcomes for children.

Many stakeholders, including youth and parents, have informed this plan and there will be future opportunities to provide input. The goal is to have a release of this to the state in early 2017 to assist and support CCR, RFA and Treatment Foster Care (TFC).

Unit Updates continued from page 3:

Integrated Services Unit: A joint Child and Family Team (CFT) All County Letter (ACL) will be released by the California Department of Social Services (CDSS) and the Department of Health Care Services (DHCS). The departments are in the process of completing a second draft version of the CFT ACL. The state received valuable and critical feedback and recommendations from stakeholders, which are being incorporated into the ACL draft. In addition, two Frequently Asked Questions (FAQ's) documents will be attached to the ACL: one document is specific to probation and the other document is specific to child welfare. The ACL and two attachments provide counties with information and guidance regarding the use of the CFT to deliver child welfare services, and they include information about the composition of the CFT, background information, eligibility criteria, meeting frequency, and other pertinent information.

The joint Therapeutic Foster Care (TFC) and Continuum of Care Reform (CCR) All County Information Notice (ACIN) Errata to ACIN I-52-16 was released by the CDSS and DHCS on August 16, 2016. ACIN I-52-16E provides further clarification to counties and providers about the TFC service model as part of the *Katie A. v. Bontá* settlement agreement. Additional clarifications were also made to the letter and the attached draft of the TFC service model to underscore the importance of this model and its connection to the CCR efforts. Please click on this link for the ACIN Errata and draft attachments: <http://www.cdss.ca.gov/lettersnotices/PG4888.htm>.