CONTINUUM OF CARE REFORM (CCR) IN CALIFORNIA

SARA ROGERS, CCR BRANCH CHIEF
KIM WRIGLEY, CCR RFA & COMMUNICATIONS BUREAU CHIEF
JESS TORRECAMPO, CCR POLICY & PERFORMANCE BUREAU CHIEF

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
OUTLINE

• Overview and Background
• Resource Family Approval (RFA)
• Child and Family Teams (CFTs)
• Short-Term Residential Therapeutic Programs (STRTPs)
CONTINUUM OF CARE REFORM (CCR)

A comprehensive framework that supports children, youth and families across placement settings (from relatives to congregate care) in achieving permanency. Includes:

- The child, youth and family’s experience and voice is important in assessment, placement, and service planning
- Increased engagement with children, youth and families through the child and family team process
- Increased capacity for home-based family care
- Limited use of congregate care
- Systemic and infrastructure changes: rates, training, accreditation, accountability and performance, mental health services
- Strengthening of cross-agency networks of services and supports
LEGISLATIVE BACKGROUND

Legislative mandate*:

- Reform Group Homes and Foster Family Agencies (FFAs) with robust and diverse stakeholder input
- Legislative report with recommendations
- Builds on previous reform efforts

* Senate Bill 1013 (Chapter 35, Statutes of 2012)

Assembly Bill (AB) 403 (Chapter 77, Statutes of 2015) enacted major components of the CCR effort.

AB 1997 (Chapter 612, Statutes of 2016) adopts changes to further facilitate the implementation of the CCR recommendations adopted by AB 403.

AB 404 (Chapter 732, Statutes of 2017) changes to further facilitate the implementation of the CCR recommendations adopted by CCR.
VISION

• All children live with a committed, permanent and nurturing family with strong community connections

• Services and supports should be individualized and coordinated across systems and children shouldn’t need to change placements to get services

• When needed, congregate care is a short-term, high quality, intensive intervention that is just one part of a continuum of care available for children, youth and young adults

• Effective accountability and transparency drives continuous quality improvement for state, county and providers
KEY STRATEGIES

• Child and family teams drive case planning, placement decisions, and care coordination

• New licensing requirements:
  • Limit use of residential care to circumstances when a placement committee finds the child requires short-term intensive services, as defined.
  • Ensures STRTPs and FFAs have an identified ability to meet the varied needs of children (i.e. “core services”) including mental health services
  • Ensures STRTPs and FFAs are nationally accredited and have engaged placing agencies in program development

• Rate system for foster care payments has been restructured based on a “level of care” protocol

• Improve the skills/qualifications of caregivers (Resource Families)

• Local collaboration between Child Welfare, Mental Health, Juvenile Probation, and Education to provide integrated services
GUIDING PRINCIPLES

• The child, youth and family’s experience and voice is valued in:
  ➢ The CANS Assessment
  ➢ Case Plans
  ➢ Decisions related to services, supports, and placements (out of home and out of county)

• Children shouldn’t change placements to get services

• Cross-system and cross-agency collaboration to improve access to services and outcomes

• Recognizing the differences in the juvenile probation system and among other groups of youth
FFAs and STRTPs must provide core services either directly or through secured agreements:

- Access to specialty mental health services
- Transitional support services for placement changes, permanency; aftercare
- Education, physical, behavioral and mental health supports
- Activities to support youth achieving a successful adulthood
- Services to achieve permanency & maintain/establish family connections
- Active efforts for ICWA-Eligible children
RESOURCE FAMILY APPROVAL (RFA)
RFA LEGISLATIVE INTENT *

To develop a unified, family friendly, and child centered resource family approval process that:

• Eliminated duplication
• Increased approval standards
• Incorporated a comprehensive assessment of all families
• Included approval for: foster care, adoption, guardianship

*Authorized by Assembly Bill 340 Chapter 464, Statutes of 2007) and reauthorized by Senate Bill 1013, (Chapter 35, Statutes of 2012)
FOSTER FAMILIES ➔ RESOURCE FAMILIES

RFA:
- Related and non-related families, including those providing a foster placement for a probation child
- Training for all families
- Resource Families still choose the role they play in the system: temporary or permanent
- Prepared for permanency-no additional approvals necessary

RFA Process:
- Single, consistent, unified RFA process will be used for all caregiver families: kin, NREFM, county foster families, FFA foster families
RFA Key Messages

Focuses on Lifelong Relationships & Quality Parenting
- No additional assessment of the family for adoption or guardianship.
- Considers family’s ability to meet the needs of vulnerable children.

Achieves Results for Children and Families
- Families are better prepared and supported
- Less intrusive to family
- Training and support for all families → more stability, fewer moves.

Improves Efficiency
- Eliminates redundant processes
<table>
<thead>
<tr>
<th>Approval Standards</th>
<th>Adoption (Existing)</th>
<th>Relative/NREF M (Existing)</th>
<th>Foster Home (Existing)</th>
<th>RFA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criminal Records/Child Abuse Review</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Standardized Criteria for Criminal Record Exemptions</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Homes and Ground Safety Evaluation</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Training Required</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Psychosocial Assessment</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Applicant References</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Annual Review of all families</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>
1. **Emergency Basis:**
   - Must be with relative or nonrelative extended family member
   - Requires WIC 361.4 assessment
   - RFA application must be submitted and Home Environment assessment initiated within 5 business days (Includes background checks and home health and safety assessment)
   - Comprehensive assessment to be completed within 90 days

2. **Compelling Reason:**
   - Based on needs of the child
   - After home environment assessment completed
   - Permanency assessment to be completed within 90 days (Includes pre-approval training and family evaluation)

*AFDC-FC funding is not available to families until full approval has been achieved **BUT** pursuant to AB 110, after 3/30/18 till 6/30/18 families shall receive short term interim funding equal to the home base rate of $923*
LESSONS LEARNED WITH RFA

• Flexible and Fluid Options for Adapting Policies
• Collaboration with Stakeholders & Advocates
• Changing of Belief Systems
• Myth Busting – State Policy vs. County Policy
• Barriers with Lengthier Approval Process
RESOURCES

• CDSS RFA Website:  
  http://www.cdss.ca.gov/inforesources/Resource-Family-Approval-Program  
  • For more RFA information or questions email rfa@dss.ca.gov

• CDSS CCR Website:  
  http://www.cdss.ca.gov/inforesources/continuum-of-Care-Reform  
  • For more CCR information, questions or to subscribe to CCR newsletter, email ccr@dss.ca.gov
CHILD AND FAMILY TEAMS (CFTs)
WHAT IS A CHILD AND FAMILY TEAM?

A group of individuals who are convened by the placing agency and who are engaged through a variety of team-based processes to identify the strengths and needs of the child or youth and his or her family, and to help achieve positive outcomes for safety, permanency, and well-being.

Per Welfare & Institutions Code, Section 16501(a)(4)
Research suggests… when families are engaged and supported to have a significant role in case planning, they are more motivated to actively commit to achieving the case plan. Additionally, families are more likely to recognize and agree with the identified problems to be resolved, perceive goals as relevant and attainable, and be satisfied with the planning and decision-making process.

Child Welfare and/or Juvenile Probation Departments are required to provide a CFT to all children, youth, and nonminor dependents in foster care
MANY POSITIVES WHEN PARTNERING WITH FAMILIES

- Families are their own experts and achieve success if given the supports to do so
- Practice is changing
- Improved outcomes for children, youth, and families
- Promotes collaboration, communication and shared decisions
- Services are most effective when delivered in the context of a single, integrated plan (CANS)
CONTEXT: TEAMING IS NOT NEW TO CALIFORNIA

• SYSTEMS OF CARE (1985)
• CALIFORNIA WRAPAROUND (1997)
• FUNCTIONAL FAMILY THERAPY
• SAFETY ORGANIZED PRACTICE
• TEAM DECISION MAKING
• KATIE A. VERSUS BONTA (PATHWAYS TO WELL-BEING)
THE CHILD AND FAMILY TEAM MODEL

OVERVIEW

• Child, youth, or nonminor dependent and family
• Skilled and trained CFT Facilitator
• INFORMAL SUPPORTS: Natural supports so the family’s support system will continue to exist after formal services are completed
• FORMAL SUPPORTS: Placing Agency Worker (Child Welfare and/or Juvenile Probation)
• SUPPORT SERVICES PROVIDERS, as needed
THE CFT IS A PROCESS

• Engaging and Developing Team Membership
• Monitoring and Adapting
• Case Plan Development and Permanency Connections
• Coordination, Communication and Collaboration
THE CFT IS A PROCESS

Monitoring and Adapting

Engaging and Developing Team Membership

Case Plan Development and Permanency Connections

Coordination, Communication and Collaboration
MEANINGFUL ENGAGEMENT

• Having a skilled and trained CFT facilitator is key

• It’s not about me persuading the family members to see issues and needs as I see them

• It is about persuading myself to see issues and needs from the family member’s perspective, while **limiting risk, enhancing safety to child and/or public**

• Responsible parental behavior is far more likely when parent’s voice and choice are embraced by the professionals on the team

• Resistance is the sign of an unmet need
WHAT IS A CFT MEETING?

• A CFT meeting is distinct from the team itself
• Provides meaningful opportunities for children, youth, or nonminor dependents, and families to participate in the completion of the CANS
• An opportunity for engaging the family and their service teams in thoughtful and effective planning, goal setting, and monitoring progress toward achieving family goals
• Can be requested by the child, youth, or nonminor dependent and family, placing agency, or formal and informal supports, etc.
WHAT EVENTS COULD TRIGGER A CFT MEETING?

• Placement disruption;
• Change in service needs;
• Planning for respite care;
• Addressing barriers which affect the coordination of regular sibling and/or family visits; and/or
• Difficulties in coordinating Independent Living Skills Programs, including logistics, transportation, etc.
THE CFT AND THE CANS (CHILD AND ADOLESCENT NEEDS AND STRENGTHS ASSESSMENT) TOOL

• The CANS is a multi-purpose tool developed to assess child safety and well-being, support care coordination and collaborative decision making, and allows for monitoring of individual, provider and system-wide outcomes.

• The CANS will be used as the formal initial and continuous assessment tool within the CFT to inform the case plan goals and placement decisions for the child, youth, or nonminor dependent, and family.
CFT MEETING FREQUENCY

- The placing agency will convene a CFT meeting no less than once every six months*
- Meetings should occur as frequently as needed to address emerging issues, provide integrated and coordinated interventions, and refine the plan as needed
- Frequency and timing of meetings should be discussed and decided by all members of the CFT
THE CFT PROCESS IS...

- Family Voice and Choice
- Team-Based
- Natural Supports
- Culturally Competent
- Individualized
- Strengths-Based
- Outcomes-Focused
CONFIDENTIALITY

• Confidentiality and information sharing practices are key elements throughout the CFT process, and they must be designed to protect children, youth, nonminor dependents, and families’ rights to privacy without creating barriers to receiving services.

• Section 832 of the Welfare and Institutions Code was added to promote sharing of information between CFT members relevant to case planning and providing necessary services and supports to the child, youth, or nonminor dependent and family.
AVAILABLE RESOURCES

- Core Practice Model
- Medi-Cal Billing Manuals, 1st and 2nd Editions
- ACL 16-84/MHSUDS IN 16-049
- County Fiscal Letter (CFL) No. 16/17-22
- CFL No. 17/18-09
FORTHCOMING RESOURCES

• Integrated Core Practice Model
• ACL for CFT Documentation Instructions in CWS/CMS
• Policy letters and Resources: Requirements, best practices, and guidelines
SYSTEM ENHANCEMENTS BEFORE CONTINUUM OF CARE

➢ SYSTEMS OF CARE (1985)
➢ WRAPAROUND (1997)
➢ CHILD WELFARE REDESIGN—2002
➢ SYSTEM IMPROVEMENT (AB 636)—2003
➢ MENTAL HEALTH SERVICES ACT (2004)
➢ LOCAL CONTROL FUNDING/LCAP (2012)

➢ KATIE A. VERSUS BONTA (PATHWAYS TO WELLBEING)
➢ /EVIDENCED BASED PRACTICES
➢ PROP 64—Adult Use of Marijuana Act (2017)
Adaptation will require a Reform of the System for Counties: Seven County Level Opportunities for More Effective Integration

Core Practice Model Implementation
Child and Family Teaming
Client Assessment Processes
Interagency Placement Committee
County Quality Improvement (SIP/PIP)
Training and Coaching
Provider Licensure and Oversight

Child Welfare
Probation
MHP
LEA/COE
SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAMS (STRTPS)
• **Short-Term:** Not a multi-year placement
• **Residential:** Placement
• **Therapeutic:** In order to heal and get well
• **Program:** A specific process to support youth

STRTP IN PRACTICE

• Core services and supports
  • Made available to foster youth
  • Trauma-informed
  • Includes specialty mental health services

• Individualized needs and services plan

• How is the STRTP meeting the unique needs of each individual foster youth they’re presented with?

• What is the STRTP doing to provide normalcy opportunities for a safe transition into a family home? Preparation for adulthood?

• Aftercare and Partnerships? (More later...)

STRTP IN PRACTICE (CONT.)

• ACL No. 17-122, dated January 9, 2018
  • Details the Interagency Placement Committee (IPC), per Assembly Bill (AB) 403
  • Placements into an STRTP must be approved by an IPC
    • IPC not required for GHs with <RCL12, which were granted extensions for conversion to STRTP
  • Lists out best practices
  • Must consider recommendation of CFT
STRTP: THE FOCUS NOW AND MOVING FORWARD

• “One of the fundamental interventions of any high quality STRTP is to have a program that includes a collaborative assessment and transition planning process that begins in earnest the moment the child enters” – Sara Rogers, Chief, Continuum of Care Reform Branch

• What are the barriers to home-based placement? What is provider doing to mitigate barriers?
  • What is needed to transition youth into a home setting?
  • What are the collaborative relationships with FFAs? FFAs with ISFC implemented?

• The goal is not to stabilize in an STRTP. Focus should be to prepare and ready a child for stepdown into a home-based placement.
  • Intensive Care Coordination
STRTP: THE FOCUS NOW AND MOVING FORWARD

• Blends funding with functional and creative programs
• Aftercare Services
  • Wraparound approach for each child
  • Involvement with Intensive Home Based Services (IHBS)
  • Assistance with connecting child to educational services and other community services such as: sports, music, and other recreational activities
• Respite network
STRTP: “GETTING TO YES”

• The expectation of STRTPs is that they serve youth with the highest of needs (short of inpatient hospitalization) requiring that level of care.

• When a placement is recommended by IPC (with CFT consideration).

• Collaboration and partnership with county placing agencies, providers and mental health partners.
STRTP: “GETTING TO YES”

• Non-admissions and 7-day notices
  • The CDSS currently conducts technical assistance calls with counties and providers to gain a better understanding of the barriers.
  • STRTPs to serve youth with the highest needs.
  • Reviewing each individual’s case plan from a strength-based perspective
    • Creating awareness with county probation and social workers that when presenting a case to a provider, to highlight the strengths the youth exhibits and what are best approaches for serving youth.
  • Developing webinar to provide an overview of best practices and collaborative partnership.
• See ACL No. 17-122, dated January 19, 2018
Questions?