



Newsflash #10

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CCR Messaging

This is the tenth edition of the CCR Newsflash brought to you by the Continuum of Care Reform Branch. This newsletter provides up-to-date information about CCR implementation, promising innovations, and opportunities. We welcome your suggestions and questions, which may be sent by email to the CCR inbox at ccr@dss.ca.gov. We welcome your contributions and would like to hear how you are implementing the CCR.

Please help us ensure that this information is passed on to stakeholders at the local level by widely forwarding this communication to staff, colleagues, care providers, social workers, probation officers, youth and any other interested stakeholders. Consider providing a copy of the newsletter at any meetings that include child welfare stakeholders. In addition, if you were forwarded this newsletter, you may have your name added to the distribution list by emailing the CCR inbox.



“It has been said that man can live around forty days without food, three days without water, eight minutes without air, but for only one second without hope. Hope. What is hope? Webster’s 1828 American Dictionary of the English Language defines hope as, “A desire of some good, accompanied with at least a slight expectation of obtaining it, or a belief that it is attainable.” CCR offers that hope. As a former foster youth, I know what it’s like to long for a healthy family who would take me in and show unconditional positive regard toward me. We all make mistakes and poor choices, especially when we are still developing from childhood to adulthood. Sometimes we need buds of hope to press on and move forward in this life. CCR is no small shift in the child welfare system. And while Rome wasn’t built in a day, the same is true for this effort to improve foster care and all the lives of those that are touched by child welfare services. To say that their lives will be enhanced is an understatement! As a former foster youth and having worked with this population for the past four and a half years, I am truly grateful for CCR. This is big!! I love that the question of what a quality Resource Family looks like is being asked, and that efforts are being made to recruit more homes for the children, youth and young adults we have the privilege of serving. These young people have been entrusted to us, and it is important to me to ensure that we do everything we can help them on their journey. As a Youth Partner for Riverside County, I strive to meet the goals and beliefs of our Youth Partner Program which goes hand in hand and supports the endeavors of CCR- to increase placement stability, increase lifelong connections, and enhance well-being. Instilling hope in the lives of these young individuals is one of the best things we can do.”

Ashley Dickinson
 Youth Partner
 Riverside County Department of Public Social Services

CCR Agent for Change Kim Suderman, LCSW



“As a high school counselor in a 98% Hispanic school district, I was confident that the classes I scheduled, the seemingly new boundaries I set, and the college prep courses I encouraged, would solidify the students’ path to a college education. But would they stick with it and graduate with a degree? As a county child welfare adoptions social worker, in preparation for a foster/adopt placement, I believed that the court report I wrote would accurately describe the child’s needs and ensure a good fit with the family, after such intense neglect. But would the family care for him in a way that he needs and deserves? As a group home counselor, I hoped that the time I spent providing case management and counseling for a probation youth, would prevent a return to juvenile hall. But will that ensure that youth will never commit another crime? As a county mental health clinician, I prayed that the diagnosis and treatment interventions I provided would accurately describe and address the severity of the child’s emotional disturbance. But would it ensure the severe depression would decrease and not end in suicide? Today each of those assignments is now combined through CCR. CCR is the champion for foster children. It is the leader in organizing partnerships, demands access to services, and is the change agent to make it all possible; all laying the foundation for the most optimal environment that foster children need to increase stability, resiliency and success. Hurray!!”

Kim Suderman has consulted for the County Behavioral Health Director’s Association (CBHDA) for the past year, assisting County Mental Health Plans with the implementation of Continuum of Care Reform (CCR). As a consultant for several County Behavioral Health Departments preceding her work with CBHDA, she provided job coaching for new Behavioral Health Directors and Administrators, general consultation to senior management, and provided reviews, investigations, and recommendations of Medical Specialty Mental Health Services and quality assurance procedures and practices.

Retired from her position as Director of Yolo County Alcohol Drug and Mental Health three years prior, Kim Suderman was an active Yolo First 5 Commissioner, Board Member of the Yolo County Children’s Alliance, and appointed member of the Yolo County Community Corrections Partnership (CCP). During her tenure with Yolo, partnership efforts included the implementation of an Adult Mental Health Court; implementation of the Community Corrections Partnership (CCP) Day Reporting Center to decrease jail time while providing Mental Health/Substance Use Disorder Services and Educational GED Preparation; implementation of SB 785 for children placed out of county needing Mental Health Services; and the smooth transition of AB 114 educationally related mental health services for special education students.

“Even after retiring from a long career in mental health service, Kim Suderman has continued to contribute to counties and the children they serve. As a consultant assisting with our implementation of Continuum of Care Reform, Kim’s experience and passion for promoting children’s best interests have helped us move from policy goals, to implementation of reforms to children’s services in our state.”

*...Kirsten Barlow, Executive Director
County Behavioral Health Directors Association of CA*

“Kim is a collaborative leader who sees possibilities instead of mere barriers. Her commitment to CCR has inspired an unprecedented degree of partnership and innovation dedicated to better meeting the needs of the children we serve.”

*...Sara Rogers, Branch Chief,
California Department of Social Services, Continuum of Care Reform Branch*

“Kim is persistent in ensuring the focus of mental health needs of foster youth is included in every CCR workgroup and policy development. Her presence and voice is always reassuring as she has a knack for breaking down the complexities of the mental health system in a manner that many can understand.”

*...Theresa Thurmond, Manager
California Department of Social Services, Continuum of Care Reform Branch*

Kim Suderman was Deputy Director for San Joaquin County Behavioral Health Children & Youth Services for ten years just prior to Yolo, and previously held a variety of public and private sector positions for Yolo, Sutter/Yuba, and Tulare Counties, including Community Based Organizations and School Districts.

As Co-Chair of the County Mental Health Director’s Association (now CBHDA) Children’s System of Care Committee (CSOC), she was a Governing Board Member, and an active member of County Alcohol and Drug Program Administrators Association of California (CADPAAC). She co-authored several funded grants, presented at numerous conferences, served on various state-wide committees/work groups, including the California Child Welfare Council.

Kim Suderman received her Bachelor of Arts degree in Social Work from Fresno Pacific College, her Master of Social Work from California State University, Fresno, and has been a Licensed Clinical Social Worker (LCSW) since 1988. Her husband of 36+ years is also a LCSW. Both retired with 25-28+ years of service to those with severe mental health needs in five different counties. They are proud parents of two amazing sons, one married and the other engaged. They love to travel cross-country and internationally, sing in a community chorus- both are frequently selected for solo work, and are active in their church-in worship services and as lay leaders.

The Key to Collaboration: CCR Workgroups

Committed stakeholders from across California join state staff to develop the essential elements of CCR.

Here are the highlights of our work:

Continuum of Care Reform (CCR) State/County Implementation Team

The CCR State/County Team meets monthly to collaboratively identify emerging challenges and possible barriers to the implementation of CCR. Examples of solutions may include the development of tools, changes in legislation, or technical assistance. The next meeting is scheduled for July 20, 2017, and will continue the discussion on placement strategies for youth with complex needs. Attendance is by invitation only. Past meeting agendas and minutes can be found on the website at [Continuum of Care Reform](#). Questions can be directed to Tracy.Urban@dss.ca.gov.

CCR Education Workgroup

A sub-workgroup of the CCR State/County Implementation Team, this workgroup is currently working on multiple deliverables. The next meeting will be held in late August. Items on the agenda include report outs on the development of a CCR Education Toolkit and continued discussion of education personnel's participation in the Child and Family Team meetings. This sub-workgroup is open for advocates and providers to attend. For more information, contact Ahmed.Nemr@dss.ca.gov.

CCR Stakeholder Implementation Advisory Committee

The next quarterly meeting of the CCR Stakeholder Implementation Advisory Committee will be held on July 18, 2017, from 10:00-3:00. All Stakeholders are welcome to attend these meetings in person or via a webinar. Participants can expect:

- Updates regarding CCR implementation
- Educational/informational sessions
- Networking possibilities
- Opportunities to provide recommendations on policy, best practices, and other aspects of CCR

For more information or to reserve a seat, please contact Tracy.Urban@dss.ca.gov.

Resource Family Approval (RFA)

The RFA training curriculum has been updated and is posted on the CalSWEC website. Please check with your training academy for upcoming training dates. Forms continue to be revised and when finalized can be found at <http://www.cdss.ca.gov/inforesources/Forms-Brochures/Forms-Alphabetic-List/Q-T>. The Out of County Approval protocol is posted on the RFA webpage [Resource Family Approval Program](#) and an ACIN is under development regarding the protocol and its usage. The CDSS continues to host a biweekly RFA technical assistance call for county CWS and Probation Departments. The next call will be July 5, from 1:30-2:30. For additional information, please visit [the website](#) or contact rfa@dss.ca.gov.

Policy

AB 404 (Stone, 2017)

Follow-up legislation is moving through the CA Legislature making technical changes to the Resource Family Approval due process provisions, the Interagency Placement Committee process, Resource Respite Care, Intensive Services Foster Care and other technical changes. The full text of the bill is available at https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180AB404

Temporary Shelter Care Facility Interim Licensing Standards (ILS)

The final version of the ILS for County Emergency Shelters seeking conversion to Temporary Shelter Care Facility licensure was released. Eligible county facilities have until July 14, 2017, to provide transition plans to the CDSS.

Program Statement reviews for STRTPs and FFAs

The CCR Policy Unit is working closely with Community Care Licensing Division, Regional Offices and Providers regarding the Program Statement review process for both FFAs and STRTPs. FFA revisions for RFA approval and STRTP program statements continue to come in for review. There have been several meetings to discuss STRTP programs, to solicit feedback on program issues and to provide TA to providers. Please visit <http://www.cdss.ca.gov/inforesources/Continuum-of-Care-Reform> for more information. Please direct questions or comments to ccr@dss.ca.gov and/or the CCL Manager Marisa.Sanchez@dss.ca.gov.

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CCR Frequently Asked Questions (FAQs)

Short-Term Residential Therapeutic Program (STRTP), Specialty Mental Health Service (SMHS) Questions

Q: Does a letter of support for a STRTP application need to come from the host county?

A: It is recommended that a prospective STRTP seek a letter of recommendation first from the host county. If another county provides the letter of support, both the county and the provider must provide the host county with an opportunity to identify any concerns pursuant to ACL 17-14 (<http://www.cdss.ca.gov/Portals/9/17-14.pdf>)

Q: What are the minimum Specialty Mental Health Services a STRTP must provide?

A: Within one year of licensure, a STRTP must be certified and contracted to provide SMHS pursuant to the Department of Health Care Services issued Mental Health Program Approval Protocol (See Enclosure 3 of MHSUDS 17-016). At a minimum, a STRTP must provide the following: Mental Health Services (assessment, plan development, collateral, therapy, rehabilitation), crisis intervention, medication support and targeted case management.

Q: Can a provider subcontract for Specialty Mental Health Services?

A: No, a STRTP cannot subcontract for SMHS. Instead, the STRTP should communicate with the county Mental Health Plan if any additional SMHS are needed.

Q: Can a provider use Care and Supervision dollars to provide SMHS?

A: No, Title IV-E care and supervision dollars may not be spent on services such as SMHS (services are not an allowable expense under Title IV-E except as permitted under a demonstration waiver).

Resource Family Approval (RFA) Questions

Q: Is the RFA 809 mandated to be used at each visit with a Resource Family?

A: Yes, a County shall document each visit to the home of a Resource Family on form RFA 809: Resource Family Evaluation Report. A copy of the form shall be provided to the Resource Family upon completion (WD 9-01(b)). A Resource Family is an approved family, not an applicant. If there is a discrepancy between a RFA form and the Written Directives, the Written Directives would supersede the form.

Q: Can a county make an emergency placement with a relative or non relative extended family member if there is a hit on the CLETS check?

A: Yes, if there are hits resulting from the CLETS check, the county has the discretion to place on an emergency basis provided it has been determined that the criminal history does not pose a risk to the health and safety of a child. The individual must initiate the Resource Family Approval process, including a Live Scan fingerprint check within five days per the Written Directives and the exemption process must be initiated as soon as possible.

Level of Care Rates Protocol

The CDSS in collaboration with University of California Davis Resource Center for Family-Focused Practice is currently coordinating the Levels of Care (LOC) Rates Determination Protocol pilot activities and training needs for social workers and probation officers. Webinar training was held on May 23, 2017 for piloting counties.

The following counties are participating in the LOC pilot:

- **Child Welfare:** Los Angeles, San Diego, Riverside, Fresno, Glenn, Mariposa, Humboldt.
- **Probation:** Solano, Santa Clara, Riverside.

The pilots (Phase I and Phase II) began in June of 2017 and will wrap-up by the end of the month.

- **Phase 1:** Inter-rater reliability with the purpose of testing the reliability of the LOC rate determination tool.
- **Phase 2:** Acceptability and practicality with the purpose of testing the usability of the LOC rate determination tool.

The LOC Rate Determination Protocol Overview Webinar is available on the [Continuum of Care Reform \(CCR\)](#) website. For more information or questions, please contact CCR@dss.ca.gov.

Tulare County's Child and Family Team

.....From Pilot to Practice



Back row from left to right: Teofila (Tillie) Villarreal, Social Services Worker III-CWS; Tara Pankratz, Social Services Worker III-CWS; Courtney Sallam, CWS Supervisor; Mayra Quezada-Sanchez, Social Services Worker III-CWS; Brenda Gavina, Social Services Worker III-CWS

Front row from left to right: Laiza Navarro, Office Assistant III; Maria Aguilar, Social Services Worker III; Rebecca Navarro, Social Services Worker III; Frances Morales, Social Services Worker III-CWS Lead

Tulare County has been ramping up to implement the Continuum of Care Reform (CCR) since October 2015, when the first All County Letter was released announcing the Foster Parent Recruitment, Retention, and Support (FPPRS) funding opportunity. At this time Child Welfare Services staff met to plan how these funds could best be used to prepare for this new statewide initiative. Tulare County decided to develop a pilot program to conduct Child and Family Team (CFT) Assessments and wrote this into the FPPRS Plan. The Child Assessment and CFT pilot program began mid-2016, with two Child Assessment Team (CAT) social workers. The workers were tasked with conducting Child Assessments and facilitating CFT meetings with children in care and their families, case carrying social workers, resource families, parent partners, family connections workers, foster parent mentor, school personnel, Mental Health, and more.

How the CFT Assessment works:

The CAT social worker is assigned to a child when a petition is filed in juvenile court and the child assessment starts with the parents at the detention court hearing. To begin the process, the CAT social worker conducts an assessment with the parent, child, and resource family. Next, the CAT social worker completes both the Intensive Care Coordination (Pathways to Well-Being) and the Commercially Sexually Exploited Children (CSEC) screening tools which help identify behavioral and mental health needs. Once the assessments are completed and the CFT is identified, the meeting is held. The purpose of the CFT meeting is to identify services, provide support, assist in determining the Level of Care (LOC), and promote normal childhood experiences. The goal is to hold the initial CFT meeting within 15 days of entry into the Child Welfare Services system.

The agenda for every CFT meeting includes:

- Explanation of the purpose of the CFT
- Collaborate to determine the agenda (all members provide input)
- Identify and answer questions
- Share Concerns
- Build upon strengths
- Develop or update an Individualized Case Plan that is culturally responsive and trauma informed (a treatment plan if involved with Mental Health)

From June to December 2016, Tulare County's Child Assessment Team piloted 63 CFT assessments. By January 1, 2017, the CFT pilot converted to a live program, and by April 2017, the CAT Team began conducting CFT assessments for probation youth as well. Tulare County is in the process of increasing the CAT team to ten social workers to meet the upcoming need to complete CFT assessments for all children in care. The staff, the process, and the tools that have been developed under the CFT pilot program have empowered Tulare County to be prepared for the next step of the CCR, Level of Care Phase II.



Left to right: Elizabeth Siggins, Consultant, CPOC Assembly member Mark Stone; Director Will Lightbourne (CDSS); Mark Hake (Riverside County Probation); Dr. Maria Brown-Mercadel (Riverside County Child Services Division); Terry Rooney, Colusa County Department of Behavioral Health.

Chief Probation Officers of California

1st CCR Conference

.....Rosie McCool, Deputy Director, CPOC

The Chief Probation Officers of California (CPOC) Foundation hosted its *First Annual Continuum of Care Reform (CCR): Making CCR Work for Probation Youth* conference on Monday, June 12 in Sacramento, California. The conference reached capacity quickly with over 350 participants and was attended by Probation Chiefs and their staff from across the state in addition to community providers representing group homes, foster family agencies, community advocates and other county departments including child welfare and behavioral health.

The day-long conference kicked off with a state and local leaders panel featured above which was followed by a family and youth panel. These two general session panels set the foundation for the day outlining the reasons that necessitated CCR as well as a discussion on the opportunities and challenges CCR presents; and most importantly, set the focus on the youth and family to be better served and supported by the reform. Afternoon breakout sessions featured a myriad of topics and presenters all with a focus on probation youth including, but not limited to: child and family teaming, resource family approval, CCR Funding, behavioral health programs, working with your provider community to name just a few. The CPOC Foundation hopes to have a conference webpage available soon where the public can view recordings of all the breakout sessions. This link, once created, will be showcased on CPOC's CCR resource page found <http://www.cpoc.org/ccr-conference-2017>. Details forthcoming in the fall on next year's conference!

COACH Q



Coach Q provided the key note address at the RFA Statewide Implementation Convening with a talk entitled, "Are you Healthy Enough to Serve"?

Marc Q. Jones, affectionately known as Coach Q, is a former basketball coach and on-air segment producer for the Sacramento Kings and the Golden State Warriors. Currently Coach Q is a professional and self-development speaker who has reached audiences from prison yards to boardrooms, inspiring students, employees and executives to develop their potential. In a heartfelt and humorous way Coach Q reminded the audience that when a person is not healthy, they are not able to contribute to the organization in a constructive manner. The topic addressed how good mental, physical, and emotional health can contribute to the organization and community in a positive way.

Resource Family

Approval Convening

...Lisa Molinar, SVC; Stuart Oppenheim & Danna Fabella, CFPIC

We are so delighted to have had a statewide Resource Family Approval (RFA) convening on June 13th and 14th, 2017. There were 300 participants representing 52 counties, as well partners from the California Department of Social Services (CDSS), Child Welfare Directors Association (CWDA), Chief Probation Officers of California (CPOC), California Social Work Education Center (CalSWEC), Regional Training Academies (RTA's), and the Department of Health Care Services (DHCS). CDSS Director Will Lightbourne framed how important Resource Family Approval is in the context of the implementation of Continuum Care Reform. This highly interactive convening focused on networking, peer learning and the nuts and bolts of implementation. The county panels were very instructive, the Q & A by CDSS staff answered many questions and let us know what policy we need to work on, and the discussion on Continuous Quality Improvement let everyone leave with a plan. We were also very motivated by Coach Q, who helped reinforce the message that each of us has a role to play in making this successful! Great job everyone!



Child and Family Teaming is Transformational

Richard Knecht, CDSS Transformation Manager

Since the onset of CCR design and implementation, there's been a high value placed on Child and Family Teaming—the process of connecting with, sharing responsibility with, and supporting and trusting parents and youth with decision making around their service plans. Why the high emphasis on Child and Family Teaming?

There are many reasons of course, with improved outcomes for the youth as the primary driver. A host of research studies establish effective and authentic caregiver/parent and youth engagement as ***the single most important predictor of good outcomes***. This is most often true in Special Education, corrections environments, child protective work and mental health service provision. It's a universal truth that when effectively and authentically engaged, clients do better.

And equally important...something marvelous happens to us as clinicians, social workers and probation officers, when we experience the consistently high job satisfaction that comes with seeing family members truly empowered about their care, and when we experience youth and parents able to assume maximal responsibility for their services. This enhanced job satisfaction is an outcome best achieved when we're effectively trained and coached in our efforts to engage family and youth, and when our facilitation work within the Child and Family Team meeting yields a true sharing of power and responsibility. Across the state, where units and teams have embraced authentic family empowerment via teaming, the conflict inherent in some of our court related practices is reduced, lengths of stay are reduced, client "resistance" diminishes, reentry is reduced and our teamwork and collaborative processes are improved—all by virtue of truly family centered, culturally sensitive and community based caregiver engagement.

Organizationally, some counties have asked about whether or not they should have providers deliver their Child and Family Teaming or whether they should train county staff to deliver the teaming and facilitation services. Many factors may influence this leadership and organizational decision. And while either model would be acceptable, and there are certainly advantages in both, only the latter approach has the potential to internally transform our teams. There are many positive outcomes possible when teams and agencies embrace meaningful and authentic family engagement. As we experience the magic of power sharing through family engagement, our work satisfaction increases, our ecologies are enhanced and our sense of appreciation from youth and family is improved. This phenomenon can spread throughout an agency, team or unit, transforming us personally and professionally.

As organizational leaders, always looking for tactics and strategies to empower staff, build teamwork, retain high performing team members, on boarding Child and Family Teaming within your department may be the right option.

Communications from the Integrated Services Unit

Child and Family Team (CFT) Process: CDSS is writing an All County Letter (ACL) that will provide formal step-by-step instructions on how to record CFTs in the Child Welfare Services/Case Management System (CWS/CMS), and will be presented in the context of the policy outlined in ACL No. 16-84. Anticipated release is Summer 2017. For more information, please contact Caroline Caton in the Integrated Services Unit at Caroline.Caton@dss.ca.gov.

CDSS has written a second CFT Frequently Asked Questions (FAQs) policy letter, which provides answers to FAQs submitted by counties since the release of ACL No. 16-84 (October 2016). Questions and answers cover a range of CFT topics, including but not limited to, meeting timing and frequency, team roles, team-based case planning, and information sharing and confidentiality. The ACL draft is currently under stakeholder review, and the anticipated release is Summer 2017. For more information, please contact Lupe Grimaldi at Lupe.Grimaldi@dss.ca.gov.

Three different brochures have been developed within CDSS to inform youth, parents, and professionals about the CFT process. All three brochures align with CFT requirements and guidelines and will provide guidance specific to the needs of each group. These brochures will be posted to the department's web site during the summer and will also be published and disseminated statewide. CDSS is working closely with youth partners at the Youth Engagement Project and California Youth Connection, Parent Partners, and other stakeholders throughout this process. For more information, please contact Catalina Hillestad at Catalina.Hillestad@dss.ca.gov.

In partnership with the Resource Center for Family-Focused Practice at UC Davis, CDSS is delivering CFT Overview trainings to counties upon county request. These trainings are intended to reach probation, child welfare, and behavioral health staff who already have experience and knowledge of teaming processes. These trainings are county-specific and skills-based and will be scheduled throughout 2017. For more information, please contact Monica Caprio at the Resource Center at macaprio@ucdavis.edu.

The Department of Developmental Services,
Department of Public Health, Department of Social
Services, and the Drowning Prevention Foundation.

DROWNING IS SILENT

Did you Know?

2/3
2/3 of fatal drownings occur between May and August.

	MAY	JUNE	JULY	AUGUST
	1	1	1	1
	2	2	2	2
	3	3	3	3
	4	4	4	4
	5	5	5	5
	6	6	6	6
	7	7	7	7
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	30	30	30	30
	31	31	31	31

DROWNING IS THE LEADING CAUSE OF DEATH FOR CHILDREN 1-4 YEARS OLD

68%
Boys are two times more likely to drown in a pool than girls.

<5
Children under age 5 are at a higher risk of drowning in a pool.

There are **NO WARNING SOUNDS** or splashing sounds associated with a drowning accident.

What can you do?

S **Swimming Pools**
Swimming pools in backyards account for over half of the 54 drowning deaths of children 0-5 years old each year.

I **Install Alarms**
Install alarms on house doors and windows leading to a pool area.

L **Layers of Protection**
Layers of protection include adult supervision, fences, gates, latches, safety pool covers, alarms, education, throwing aids, and rescue techniques.

E **Eye**
Adults should keep a constant eye on children in or near any water including bathtubs, buckets, toilets, ponds, spas and pools.

N **Never Leave a Child Alone Near Water**
Never leave a child alone near water. Check the pool first if a child is missing.

T **Touch**
Designate an adult to be close enough to reach out and touch the child.

Visit: www.dds.ca.gov/drowning | www.drowningpreventionfoundation.org | www.dds.ca.gov/inforesources/ocap

Drowning Prevention Foundation | DDS | CDPH | California Department of Public Health

With the approach of summer weather and the swimming season, drowning is the leading cause of injury-related deaths among children ages five and under. Governor Brown urges all Californians to enjoy activities but remain vigilant around babies and toddlers, and swimmers of all ages. Please share this information with your family and friends and with the families we work with. Additional drowning prevention information can be found at <http://www.dds.ca.gov/Drowning/>

CCR COMMUNICATION TOOLS

CCR OVERVIEW:

CDSS has developed a webinar that is pre-recorded and available on the California Social Work Education Center (CalSWEC) website. The webinar provides an overview of CCR and the provisions of AB 403, and the framework for implementation.

<http://calswec.berkeley.edu/toolkits/continuum-care-reform-ccr/abcs-ccr>

CDSS INTERNET WEBPAGE:

This web-page provides a variety of information including the CCR Fact Sheets, links to Assembly Bill 403, and calendar of meetings and presentations. <http://www.cdss.ca.gov/inforesources/Continuum-of-Care-Reform>

CCR TOOLKIT:

The toolkit is designed to help navigate various components of the CCR initiative and is available on the CalSWEC website.

<http://calswec.berkeley.edu/toolkits/continuum-care-reform-ccr>

CCR EMAIL BOX:

This e-mail portal is available for stakeholders to ask questions, request information and to be connected with CCR workgroups at ccr@dss.ca.gov.

CCR TOOLS FOR YOUTH:

Tools are available on the CalSWEC website to assist stakeholders with messaging to youth.

<http://calswec.berkeley.edu/toolkits/continuum-care-reform-ccr>

CHILDREN & FAMILY SERVICES INTEGRATED PRACTICE TECHNICAL ASSISTANCE CALLS:

The CDSS and the DHCS host a monthly call that provides open and timely communication between state teams and county staff in providing updates and discussion surrounding CCR planning and implementation, continued implementation of Pathways to Well-Being (Core Practice Model, Intensive Care Coordination, and Intensive Home Based Services), and planning and implementation of Therapeutic Foster Care services. A monthly bulletin of the Integrated Practice Technical Assistance Calls, including discussion points, Q&A, and resources to support counties and their partners in these program areas, is sent out to county and partner staff each month.

Email KatieA@dhcs.ca.gov to subscribe to the TA Call list for alerts, materials, and bulletins.

CCR Updates Continued

Therapeutic Foster Care (TFC) Committee Meetings

The TFC Implementation Committee continues to meet to discuss the TFC service model and TFC parent qualifications. The next meetings will be held:

- September 13: 1-5 pm
- December 7: 1-4 pm

National Adoption Training Initiative (NTI)

Phase I of the NTI (for child welfare staff and supervisors) has launched for those individuals, counties, or agencies that submitted a letter of interest. If you submitted a letter of interest, you or your agency point of contact was sent an email with further instructions. Contact the CFSNTI@dss.ca.gov email box to proceed with participating in the training. Phase I is piloting and evaluating a state of the art, standardized, web-based training to build the capacity of child welfare professionals to better understand and address the mental health needs of children, youth and their families moving toward or having achieved permanency through adoption and guardianship. The pilot for the Mental Health Practitioners will begin in early 2018. At the end of the 5-year initiative, the training will be available for use by all child welfare and mental health professionals in all states, tribes and territories. For additional information visit the website

<http://adoptionssupport.org/adoption-competency-initiatives/national-training-initiative-nti/about-nti/> or contact CFSNTI@dss.ca.gov.

WEBINAR SERIES (this series was published in Edition #9 of the CCR Newsletter and included again because it is occurring in July 2017.)

There are millions of LGBTQ adults willing to foster/adopt, yet many child welfare agencies still struggle to recruit from the LGBTQ community. This webinar will offer recruitment tips and cover the essential steps to engaging prospective parents from this untapped pool of adults.

Caring for LGBTQ Youth: An Introduction for Foster & Adoptive Parents (60-minutes)

Thursday, July 27th from 2:00-3:00 PT

Co-Presented By: Adam McCormick, Professor of Social Work at St. Edward's University, Austin, TX & Darryn Green, Child Welfare Training Consultant and Former Foster Youth, San Francisco, CA

Foster and adoptive parents are an extremely diverse community of people with one thing in common: the desire to love, nurture and care for children and youth. Many parents may not realize that LGBTQ youth are overrepresented in foster care and are at higher risks of rejection and harm while in care. This webinar will first explain key terms and concepts that all foster/adoptive parents need to know in order to better understand LGBTQ youth. Research on the importance of providing affirming homes for these youth, as well as concrete tips for how to be affirming will then be presented.