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This is Edition #2 of the CCR Newsflash newsletter brought to you from the Continuum of Care Reform Branch. This newsletter is published monthly and sent to a wide array of stakeholders. More frequent publications will be distributed as needed. We welcome your suggestions and questions, which may be sent by email to ccr@dss.ca.gov.

CCR Messages To Youth

What we say, what we don't say, and how we say things affects each of us. This is especially true when considering the messages we provide to youth in foster care. Change in itself can have an unintentional effect on foster youth. There are many changes planned or in progress related to the Continuum Of Care Reform that are impacting youth, care providers, group homes, and Foster Family agencies, child welfare, probation, mental health, and numerous stakeholders. The Youth Engagement Project and Shared Vision Consultants have developed a communication tool to assist those individuals who work closely with the youth. The tools provide suggestions on how to engage youth in the discussion about CCR. Links: <http://calswec.berkeley.edu/toolkits/continuum-care-reform-ccr>



CCR Messaging

As a youth who spent 18 years in foster care, I can say that one of the most important things was being able to trust the adults who were 100% transparent, keeping us in the loop on issues that affect us. Adults can build trust with us and set the standard for honesty when they tell us that they don't know everything, but they will share what they do know. So in regards to CCR, even if you don't have all the answers, tell us that, we will understand. What we really need to hear is that CCR is something to improve foster care and reform it for the better.

-Alexis Barries, Youth Engagement Project Associate

Making Resource Family Approval Work for Kinship Families

- Angie Schwartz

Relatives are critical to the success of the Continuum of Care Reform (CCR), as relatives currently provide placement for over 38% of the state's more than 62,000 foster children and are the most likely to provide a home to older youth stepping down from a group home. Studies suggest that children placed with relatives experience less trauma, stronger bonds with siblings and extended family members, and are less likely to experience multiple placements, among other positive outcomes. Given the importance of kinship caregivers to our foster care system, it is important to understand how the new Continuum of Care Reforms (CCR) impacts kin and how to make the new system work for our kinship caregivers.

CCR is making big changes to the way a family is approved to be a foster home. By 2017, the only way to be approved as a new foster parent will be to go through Resource Family Approval (RFA); families already approved prior to January 2017 will have additional time to convert to the new RFA standards. Relatives will be substantially impacted by implementation of RFA because they will have to go through new risk assessment and psychosocial assessment processes, and meet new training requirements.

While relatives are, and should be, held to the same high standards as non-relative foster parents, it is important that counties that are working to implement the new RFA standards take account of the very different way that relatives enter the foster care system. Non-relatives enter the system by deciding to become a foster family, followed by months of training, preparation, home approval, and then matching with a child or children. Relatives, in contrast, enter the system in a crisis situation such as a late-night phone call informing them that their grandchild, niece or nephew has been detained by the child welfare agency.

Current law allows children to be placed with relatives (and non-relative extended family members such as neighbors, godparents, etc.) on an emergency basis prior to home approval. This policy protects children from needless trauma by providing a familial

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Adoption Competency Mental Health Training Initiative (NTI)

California has chosen to participate and has been selected as a pilot site for The **National Adoption Competency Mental Health Training Initiative (NTI)**. The aim of NTI is to improve mental health assessments and services and to assure stability and well-being of children in foster care who are either moving towards or have achieved permanence through adoption or guardianship. Through this initiative, State, Tribe and Territory child welfare professionals and mental health practitioners will have access to standardized web-based, evidence-informed training to understand and better address the mental health needs of this population.

NTI was established in October 2014 after the Center for Adoption Support and Education CASE was awarded a 5-year, \$9 million grant through a cooperative agreement with the U.S. Department of Health and Human Services and the Administration for Children and Families.

A primary goal of the NTI at the end of the five year initiative is the national launch of the state-of-the-art web-based training – making it available to child welfare and mental health professionals in all states, tribes and territories via the Children's Bureau website...and free of charge. To prepare for this national launch, NTI will be piloting the web-based training in 5-8 states, tribes or territories (STTs) including California. The objective of the pilot is to select sites that are collectively "representative" of the nation so that the broad range of conditions likely to be experienced with nationwide implementation are experienced during the pilot, learned from, and planned for when nationwide implementation occurs.

The first phase of the pilot will be for child welfare which may include social workers, probation officers, and group home and FFAs. The second phase will include mental health practitioners. Please contact Theresa Thurmond@dss.ca.gov if you are interested

"With RFA, it is important for all FFAs to become adoption informed. What agency hasn't had children adopted, whether it was by one of your parents or someone else. Don't you want to support that success? The Adoption Competency Mental Health Initiative is a FREE evidence informed and clinically competent training with CEUs! It is a godsend for FFAs"

*...Jerry Johnson,
Coordinator
California Coalition of
Foster Family Agencies*

The Key to the Success of CCR? 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, and CSAC. Next meeting is August 18, 2016, County Behavioral Health Directors Association, 3-5:00 pm. Includes Child and Family Team and County Review of Program Statement subworkgroups. 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. 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 requirements for both facility types and provide policy recommendations for the implementation of CCR. The next meeting is 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. The workgroup kicked off with an identification of over 12 priority issues that will be addressed. The May revision of the State Budget has identified additional funding for Mental Health representatives for the Child and Family Team meetings. Next meeting is August 29th. Contact michele.taylor@dhcs.ca.gov.

Performance and Oversight Workgroup: Various stakeholders meet with the purpose of developing a coordinated oversight plan for FFA and STRTP providers, including the development of provider performance measures and satisfaction surveys. Volunteers will be solicited for specialized sub workgroups. For additional information or questions, contact ccroversight@dss.ca.gov.

Rates: Pending release in early August is the ACL that will describe the new rates and rate structures for Home Based Family Care and STRTPs. Other letters that are pending release, but awaiting final reviews of the drafts are the ACL for processing group home requests for extensions of the Rate Classification Level rate and identifying the accreditation and reimbursement process for Foster Family Agencies (FFAs) and group homes. On July 19th the CDSS hosted a second workgroup meeting to develop guidance on a protocol that would be used to determine a child/youth's level of need and how those needs would correspond to a Level of Care and rate under the new HBFC rate structure.

Probation: The first Probation Workgroup was held on July 20th with a Probation 101 presentation with a basic understanding of the probation population. The group also brainstormed a list of topics and issues for future workgroup sessions. Currently, the meeting is by invitation only for state and county staff; however, beginning October 2016 the meeting will be open to providers, community advocates and other stakeholders.

CCR Unit Updates

Performance and Oversight Unit: The unit produces quarterly RCL Placement data profiles for counties. These reports are distributed to the child welfare directors, probation chiefs, and behavioral health directors and include a detailed methodology, point in time data, data for RCL 12 and 14 placements, out-of-state placements, and breakouts by ethnicity.

Resource Family Approval: A one day RFA Leadership Convening was held on July 12th with over 150 participants who were provided information on the RFA vision, lessons learned from early implementing counties, statewide issues, and the ongoing role of CDSS.

Program and Services: The unit is developing county, FFA, and STRTP implementation guides; the unit is also developing an optional process for county review of program statements, extension requests for group homes. A process for county review of program statements has been drafted, along with a sample template for providers based on input from the State/County Implementation Team.

Definition of Assessment

Similarly in the field of social work, mental health, and juvenile justice is the use of the word “assessment”, yet the word may have different meanings for each. It is important to consider the source when reading, hearing, or using the word “assessment”. The Merriam Webster definition of assessment is “the act of making a judgment about something.” This judgement or “assessment” may come from a variety of experts that utilize different tools or theories. For example, with the roll out of CCR, assessments include the TOP and CANS, Level Of Care Assessment or Protocol, the Mental Health Assessment, and the Psychosocial Assessment for RFA. Additional definitions to clarify:

Social work Assessment involves gathering and assessing multidimensional information about the client’s situation using appropriate social work knowledge and theory with a focus on strengths-based assessment to develop a plan that involves all the relevant parties and levels. Also “an ongoing process, in which the client participates, the purpose of which is to understand people in relation to their environment; it is a basis for planning what needs to be done to maintain, improve or bring about change in the person, the environment, or both. (Coulshed & Orme, 1998: 21)

Psychological assessment is a process of testing that uses a combination of techniques to help arrive at some hypothesis about a person and their behavior, personality and capabilities. Also referred to as psychological testing, or performing a psychological battery on a person. May include numerous components such as norm-referenced psychological tests, informal tests and surveys, interview information, school or medical records, medical evaluation and observational data. A psychologist determines what information to use based on the specific questions being asked. One assessment technique used is a clinical interview of a client or persons close to the client. (PsychCentral, Dr. Jane Framingham)

Probation Risk Assessment Instrument is a tool used to assess a youth’s likelihood (or risk) of future re-offending and can reflect both life circumstances (e.g. history of child abuse) and personal characteristics (e.g. attitudes and past behaviors) that have been found to predict future problem behavior. Within the context of the juvenile justice system, risk assessment instruments can be used at different decision-making points (e.g. diversion, detention, or disposition). The briefer screening instruments, such as those often used to determine whether or not to detain a youth, generally consider more basic characteristics that are unchanging, such as the current alleged offense or prior arrest history. (National Juvenile Defender Center)

Medical Necessity Work Group

—Kim Suderman, LCSW, CBHDA CCR Consultant

The CCR State & County Team created a sub-work group to better understand the Medi-Cal eligibility requirements for mental health services that are deemed medically necessary. The first meeting was held July 11, 2016. Discussion included: How California’s Department of Health Care Services (DHCS) has address Medi-Cal mental health services; W&I Code covered diagnoses; Early & Periodic Screening Diagnosis and Treatment (EPSDT) definition (Title 9 CCR § 1830.205, 1805.210); and ultimately settled on a discussion of what the child actually needs, who could or should provide it, is it fundable and by whom; and if it does not exist, how can we create it.

Information that may assist local discussions:

1. Medi-Cal Health Services includes the EPSDT benefit and includes mental health services. California has created two (2) separate service coverage categories to address mental health needs and assigned the provision of those services to different entities as follows:
 - Physical Health Managed Care Plans (MCP) and Fee for Service (FFS) providers are responsible to provide Medi-Cal EPSDT mental health services. This includes assessing children referred by Child Welfare and when eligibility criteria are met, to provide services to address the mild to moderate mental health needs, via contract with DHCS. Their mild to moderate mental health services from MCP or FFS.
 - County Mental Health Plans (MHPs) are responsible to provide Medi-Cal EPSDT mental health services. This includes assessing children referred by Child Welfare and when eligibility criteria are met, to provide services to address severe mental health needs, via contract with DHCS.
2. Short/Doyle Medi-Cal (SD/MC) Aid Code—when a child becomes eligible for Full Scope Medi-Cal, they are assigned an Aid Code.
<http://www.dhcs.ca.gov/Search/Pages/Search.aspx?q=sdmc%20aid%20codes>
 - Aid Codes determine whether the beneficiary receives their mild to moderate mental health services from MCP or FFS.
 - Regardless of the foster child’s assigned Aid Code, the beneficiary receives specialty mental health services from the MHP and or their contractors.
3. The MHP clinician completes a mental health assessment and determines:
 - Whether there is a mental health diagnosis.
 - If there is/are service(s) that are medically necessary to correct or ameliorate a mental health symptom.
 - Whether the service need is mild, moderate, or severe
 - If mild or moderate—refers to MCP or FFS
 - If severe—develops a Client Plan for treatment
4. CCR—the MHP or contract provider is now a member of the Child and Family Team (CFT)
 - Attends all CFTs when there is a concern about symptoms and behaviors that are or believed to be related to serious emotional disturbance.

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.

Q1: Will there be a grace period for residential facilities to complete the accreditation process as it is quite a lengthy process and would require significant time and work to complete by December 2016? If not accredited by January 1, 2017, will we have to close our doors to youth until we complete the accreditation process?

A: In most cases, the accreditation process for a STRTP or FFA may take between 12-18 months. However, per All County Letter No. 16-05, CDSS may extend the term of a provisional license granted by Community Care Licensing to a FFA or STRTC, not to exceed two years, if it determines this additional time is required to secure accreditation. Providers will receive the new rate effective 1/1/17 but it will be a provisional rate until accredited and Mental Health certified. Providers will have until 1/1/19 to complete both the accreditation and MH certification with check points at 12 months and 18 months. Providers may request an extension for additional time, which will be reviewed on a case by case basis.

Q2: Once an Agency (FFA) completes the accreditation process, whether a 1 or 3- year accreditation certification, is there a process or form to complete in order to request the state to assist with reimbursement to the agency for some (if not all) of the fees associated with the accreditation?

A: The CDSS Foster Care Audits and Ranch Branch is currently developing the reimbursement process associated with the fees for accreditation. Once the process is finalized, the information will be released in an All County Letter.

Q3: Is a Tuberculosis (TB) test required for RFA applicants?

A: No, per RFA Directive Version 2.1, the TB test requirement was changed to a screening. If the screening determines a high risk exposure of TB, a TB test may be conducted.

Q4: Is it a requirement for an FFA to contract to provide Core Services?

A: No, it is not necessary for an FFA to contract to provide Mental Health Services. But FFAs must either provide or arrange for Mental Health Services to occur. The FFA must demonstrate a relationship with those available services to ensure the child or youth has access to the needed services. If you would like to become a provider of Mental Health Services or have a TFC program, you will need to be Medi-Cal Certified and have a Contract with the mental health plan (MHP).

Q5: How does my agency become a Medi-Cal Specialty Mental Health Provider of Mental Health services or TFC (Therapeutic Foster Care) provider?

A: Providers will need to contact the county Mental Health Plan (MHP) to become Medi-Cal Certified and negotiate a contract to become an Organized Provider with that MHP.

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

Phone: 877-922-9924, Pass Code: 144611

Therapeutic Foster Care (TFC) Implementation Committee Meetings

The TFC Implementation Committee meets bi-monthly and the next meetings are scheduled for for August 19th & October 17th.

Treatment Outcomes Package (TOP) Assessment

Five counties have volunteered to pilot the TOP (Treatment Outcome Package) assessment tool: Tuolumne, San Diego, Fresno, and L.A. The TOP will assist Child Welfare to assess a child or youth's needs in order to determine a level of care. These tool will not replace the Mental Health Assessment

LGBTQ Webinar

"Helping LGBTQ Families Navigate the Child Welfare System" Webinar, August 17, 2016. Please register at: https://capacitybuilding.adobeconnect.com/e89gcra1t3e/event/event_info.html

**Youth Engagement Webinar:
Tuesday, August 23, 2016, from 1-2:30 p.m. EST.** This webinar will provide information on how to engage youth and young adults in child welfare practice and how to use certain strategies to support youth engagement. This webinar will also explore specific examples of youth engagement in States and territories.
https://capacitybuilding.adobeconnect.com/e3nk8m5ant4/event/event_info.html.

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/PG4869.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

Making Resource Family Approval Work for Kinship Families- Angie Schwartz

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caregiver at a time of crisis and disruption – but it presents unique challenges for relatives, who must complete home approval requirements while they are already caring for traumatized and grieving children. Relatives have not had the luxury of setting aside money and vacation days, modifying their homes to meet licensing standards, finding child care, etc. in advance of placement.

It is critical that as we implement RFA statewide, the policies and local practices take account of the unique circumstances of kinship families and respond to their needs. Examples of best practices for approving kinship caregivers under the new Resource Family Approval process include:

1. Ensure that kinship caregivers who are caring for children on an emergency basis have funding in place while they work to be approved. At a minimum, these families should be given the expedited CalWORKs application so that they can access CalWORKs funding pending approval. [link to [ACL 16-45](#)]
2. Offer child care at trainings or bring the trainings to the families during the in-home visits;
3. Take time to explain the approval process and to work with the kinship family to complete any paperwork;
4. Assist the kinship caregivers in gathering necessary documents and information;
5. Require 12 hours of pre-approval training to ensure that families who take in children on an emergency basis are not penalized by having to complete more than 12 hours of training before funding can start. Counties can require any number of post-approval training hours and, in addition, require those post-approval hours be completed prior to any non-emergency placements;
6. Create community partnerships with advocates, judicial officers, other county agencies (like probation and mental health), and providers to ensure that the needs of relatives are being accounted for across the entirety of the system;
7. Have specific protocols and practices for emergency placements in order to ensure that families are supported through the approval process;

Once a kinship family is approved as a Resource Family, the child will be eligible for the new Resource Family Basic Rate at the child's assessed level of need. This is the first time in California's history that relatives caring for a foster child will receive access to the same support and funding rates as all other foster families. While the funding stream that is utilized may differ (i.e. some kinship caregivers will receive a Resource Family Rate paid with AFDC-FC dollars while others will receive the same rate level through ARC dollars), the amount of funding available to the child and the family will be equal to that of all other foster families. In order to ensure that there is no confusion for kinship caregivers in accessing the new rates, counties should consider the following:

- Ensure that any paperwork that is different from that of a non-relative foster parent is explained and that the relative has assistance in completing any necessary forms;
- Whenever possible, use the same processes and protocols for establishing the funding for kinship caregivers;
- Track placements and funding in order to create a monthly report that ensures that families are timely accessing benefits and to track the child's level of care;

Partnering with kinship caregivers and recognizing the unique and valuable role these families play within our system is key to the success of CCR. Together, we can ensure that every child is raised in a family.