

# Well-Being for Tribal Youth

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# Vision for Children in Foster Care

- All children live with a committed, permanent and nurturing family
- Services and supports are individualized and coordinate.
- Focus on permanent family and preparation for successful adulthood
- 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

## Acronyms (Friend & Enemy)

 CDSS	<i>California Department of Social Services</i>
 CPM	<i>Core Practice Model</i>
 CFT	<i>Child and Family Team</i>
 DHCS	<i>Department of Health Care Services</i>
 ICC	<i>Intensive Care Coordination</i>
 IHBS	<i>Intensive Home Based Services</i>
 STRTP	<i>Short Term Residential Therapeutic Placement</i>
 RFA	<i>Resource Family Approval</i>
 TFC	<i>Therapeutic Foster Care</i>



# Pathways for Well Being

- Katie A. v Bonta Lawsuit Settlement Agreement
  - 2002-2014
  - Key Services: Core Practice Model (CPM), Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS) and Therapeutic Foster Care (TFC)
  - Shared Management Structure
  - Expansion of Services
  - On-going Technical Assistance

## Why a Lawsuit?


- In July 2002, a class action lawsuit was filed to obtain Wraparound and Therapeutic Foster Care services for children in or at risk of placement in foster care or group homes. In December 2011, the final settlement was approved.
- The Core Practice Model (CPM) Guide and the Medical Manual were developed as a part of the Settlement Agreement to provide an overview of the key services: ICC, IHBS and TFC

## Who is Katie?


- A 14 year old girl at the time lawsuit was filed.
- Placed in foster care for 10 years.
- Moved through 37 different placements.
- Early assessment indicated services needed, but did not receive trauma treatment or individualized mental health services.
- One of several other children with similar circumstances.

# Class, Subclass, Expansion

## Class Membership

-  Children at risk of placement in foster care, children w/ a mental health condition, children in need of individualized mental health services

## Subclass Membership

-  Full-scope Medi-Cal (Title XIX) eligible, have an open child welfare services case **AND** meet the medical necessity criteria for Specialty Mental Health Services (SMHS) as set forth in CCR Title 9 Section 1830.205 or Section 1830.210. (*Medi-Cal Manual, Glossary, Appendix A*)

## Expansion

-  MHSUDS INFORMATION NOTICE NO.: 16-004

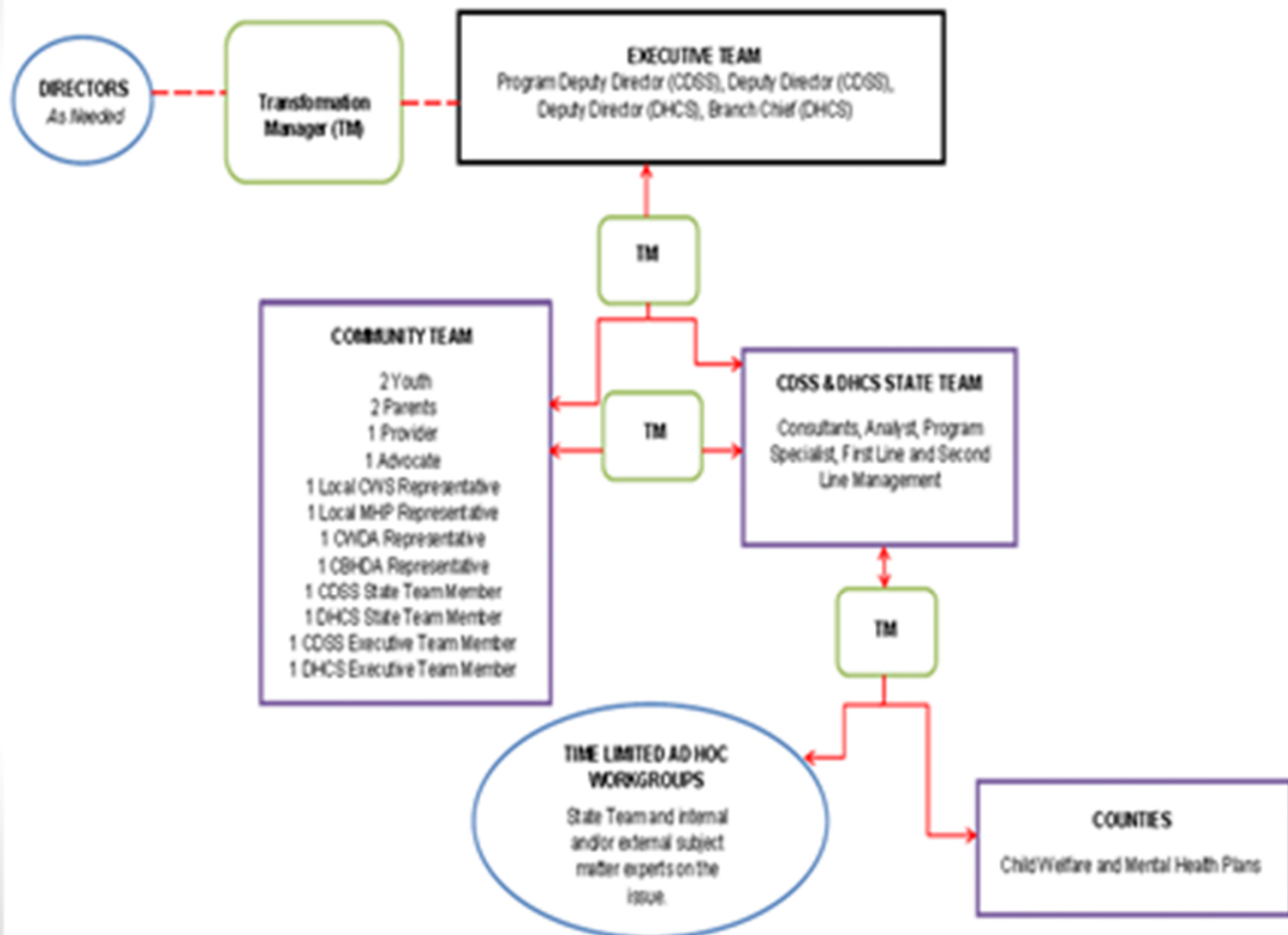
# Shared Management Structure (SMS)

- CDSS & DHCS agreed to complete several actions to implement sustainable and coordinated care to foster youth with intensive mental health needs.
- One of the commitments was to establish a SMS.
  - Executive Team
  - Community Team
  - State Team
  - Time Limited Ad Hoc Teams
  - Transformation Manager



## Shared Management Structure and Communication Plan

Enclosure A






# SMS- The Community Team

<b><i>Role</i></b>	To ensure that stakeholders are engaged and equal partners in leading the collaborative effort to change policy & practice
<b><i>Purpose</i></b>	To advise both DHCS and DSS on issues that arise related to mental health services and child welfare
<ul style="list-style-type: none"><li>• Develop suggestions for a continuous quality improvement approach</li><li>• Participate on time-limited ad hoc work groups when necessary</li></ul>	

# SMS- The Transformation Manager

The Transformation Manager is tasked with:

-  Facilitating and providing leadership at the Community Team meetings.
-  Acting as liaison between the Directors, the Executive Team, the Community Team, the State Team, Ad hoc Teams, and Counties.
-  Assisting in the implementation of the Shared Management Structure for the Pathways for Mental Health Services.

# Executive and State Teams

- Informed by the Community Team on policies and program development needs
- Identify systemic barriers for services to children and families.
- Make decisions based on recommendations from the Community Team and Transformation Manager

# Looking Forward

- Goal is to achieve systemic and permanent change that is sustainable beyond the court's period of jurisdiction
  - First three years signified the “launch” of Katie A. services
  - Transformative change takes time
  - The State continues to work with multiple partners to meet the objectives of the settlement, and to de-brand Katie A. so that services and activities are provided to ALL eligible children and youth with identified needs
- To continue building off this legacy
  - RFA and CCR



## Values and Principles

- Children are protected from abuse and neglect
- Services are needs driven & strengths based
- Services are individualized for each child and family
- Services are delivered through a multi-agency approach
- Parent/Family voice and choice
- Services are a blend of formal & informal resources
- Services are culturally respectful of the child and family
- Services are provided in family's community
- Children have permanency & stability



# *What is the Resource Family Approval Program?*

# RFA Legislative Intent \*

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

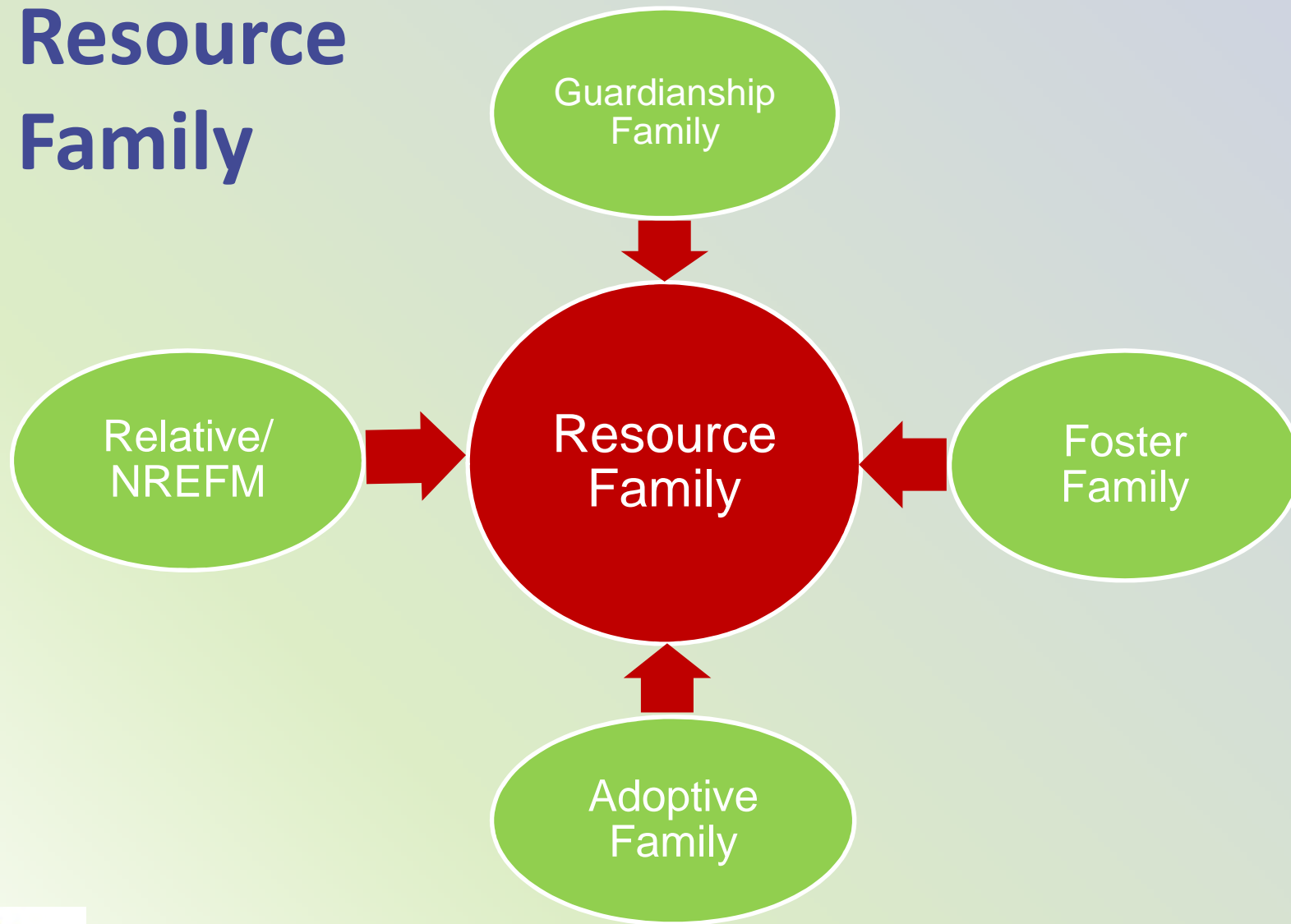
- Eliminates duplication
- Increases approval standards
- Incorporates a comprehensive psychosocial assessment of all families
- Includes approval for: foster care, adoption, guardianship

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

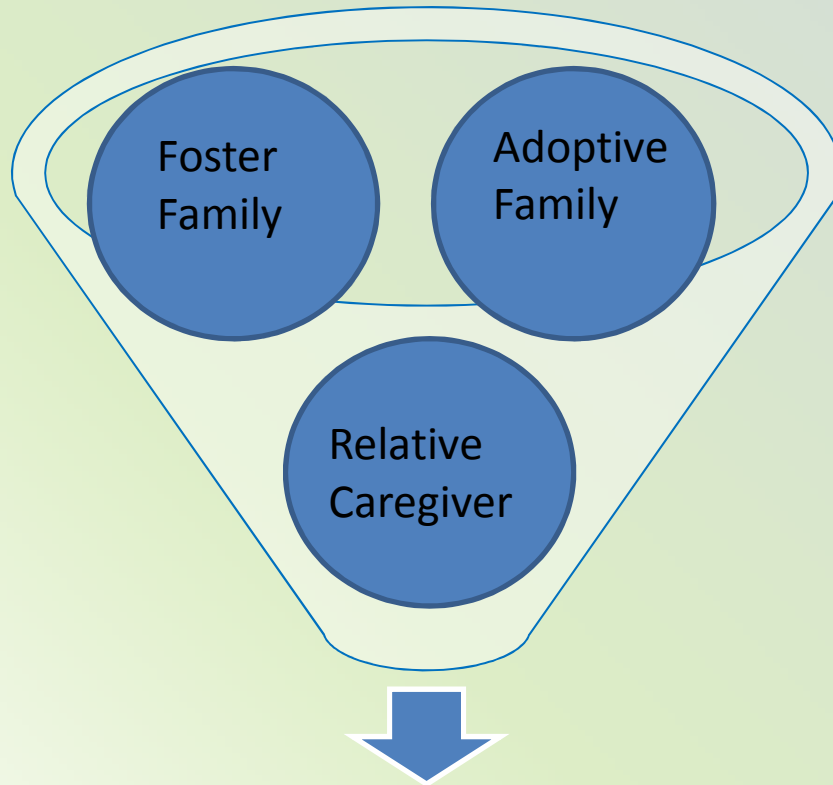




# Resource Family



# Foster Families → Resource Families



Resource Family

## Resource Family Approval:

- Related and non-related families
- 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

# What does a Comprehensive RFA Assessment look like?

- Look at the family as a whole, not just the home
- One approval standard:
  - One application
  - One criminal background check
  - Combined home environment and family assessment
  - Pre- and post-approval training for all families
  - Includes procedures for the placement of a child prior to completion of resource family approval
    - Emergency placement
    - Compelling reason

Approval Standards	Adoption (Existing)	Relative/NER FM (Existing)	Foster Home (Existing)	RFA
Criminal Records/Child Abuse Review	✓	✓	✓	✓
Standardized Criteria for Criminal Record Exemptions		✓	✓	✓
Homes and Ground Safety Check	✓	✓	✓	✓
Training Required			✓	✓
Psychosocial Assessment	✓			✓
Screen for Risk Factors (DM, S, MH, PH)			MH and PH Only	✓
Applicant References	✓			✓
Annual Review of all families		✓		✓

# Once approved, Resource Families should:

- Understand, have capacity for and willingness to serve the safety, permanence and well-being needs of children/nmnds
- Understand developmental needs of children/nmnds and appropriate parenting skills and have capacity to act as a reasonable and prudent parent



# Once approved, Resource Families should:

- Understand their role as a Resource Family and capacity to work cooperatively
- Ensure financial stability and security
- Have the ability and willingness to maintain a family environment for the child



# Once approved, Resource Families should:

- Have the ability to honor child's/nmds natural connections
- Be prepared to provide permanence or prepare a child/nmd for permanence

# How does RFA apply to tribal children and youth?

- Tribally Approved Homes are exempt from RFA
- Resource Families are to ensure the child/youth maintains their cultural connection and the family should help enhance the connection when possible
- Through the comprehensive assessment, the worker is able to better know the family and help inform placements in the home that best suit the child/youth



# AB 403

- By 12/31/19, all licensed or certified foster families and approved relatives must be converted to Resource Family approval
- Families with an approved adoptive home-study and are currently licensed, certified or approved as a relative deemed a Resource Family
- Approved relatives and licensed and certified foster families with placement in last year may be approved as Resource Family upon successful completion of a psychosocial assessment
- Licensed foster families with no placement for a year may apply to be a Resource Family





*Questions?*



# ***What is the Continuum of Care Reform (CCR)?***

# Context for Change

- Proportion of children in Group Homes has remained fairly constant despite efforts to reduce it.
- Poor outcomes for children placed in group homes for long periods of time.
- Lawsuit settlement increased Group Home rates by 33% with no new requirements.
- Katie A lawsuit required the development of new home-based services for foster youth to prevent reliance on congregate care.
- Legislative mandates:
  - ❖ Senate Bill 1013 (Chapter 35, Statutes of 2012): Required robust stakeholder process to reduce reliance on congregate care reform. Led to “Continuum of Care Reform” report with recommendations
  - ❖ Builds on previous reform efforts: SB 933/ RBS Reform

# 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

- The Continuum of Care Reform re-envisioned the continuum of services that support children, youth and families across placement settings (from relatives to congregate care) and across agencies (child welfare, probation, and mental health) to achieve permanency and improve child and family well-being.
- Pillars for implementation include:
  - Expanding the role of Child and Family Teams in case planning
  - Improving recruitment of foster homes and relative caregivers and ensuring better support for those families
  - Limiting reliance on congregate care to circumstances when a child's need can not be met in a home setting
  - Systemic and infrastructure changes: rate structures, training, accreditation, accountability & performance
  - Improving access to home-based mental health services

# Increased Engagement

- Child & Family Team
- Expanded “family finding”
- Up-front and continuing assessment along common domains
- California Child Welfare Core Practice Model & expanded permanency services
- Quality Parenting Initiative (QPI)
- Resource Family Approval (RFA)

# Increasing Capacity for Home-Based Family Care

- Advancing Resource Family Approval statewide implementation
- Additional funding for support, retention, recruitment and training of resource families (\$17.2 million GF)
- New rate structure for home-based care (4 Levels of Care)
  - Provides equal level of support to relative caregivers
- Foster Family Agencies provide Core Services:
  - Upon county request, may serve children in county approved families including relatives
- Updated and expanded training for county, providers and caregivers



# Reducing Congregate Care

- 🍃 Licensed residential care is re-envisioned to provide short term therapeutic care including “core services” that are designed to transition children quickly to a home setting.
- 🍃 Short term residential therapeutic programs (STRTPs) should only be used when intensive 24-hr care is required that can not be provided in a home based setting.
- 🍃 Providers must immediately begin planning for a safe transition to a home based setting.
- 🍃 Providers must have the capacity to transition children and youth to a home setting safely (either directly, or through relationships with other providers).

# Core Services

FFAs and STRTPs make available core services either directly or through formal agreements:

- Services shall be trauma informed and culturally relevant
- Ensure the delivery mental health services (specialty and non-specialty)
- 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

# Oversight, Accountability & Provider Performance Measures

- Cross departmental oversight framework based on common domains
- Public transparency of provider performance
- Emphasis on continuous quality improvement in licensing and regulatory oversight
- Client satisfaction surveys
- National Accreditation



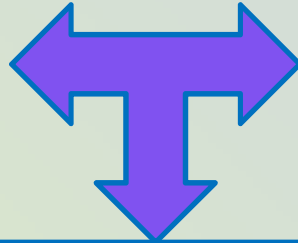
# Other Key Elements

- New provider rate structure:
  - Sunset RCL system (1-14)
  - Create new STRTP rate
  - Create tiered FFA rate structure
- Multi-year implementation:
  - New requirements take effect 1/1/2017
  - Provisions for extensions up to two years
  - Additional extensions for providers and longer for those serving probation youth

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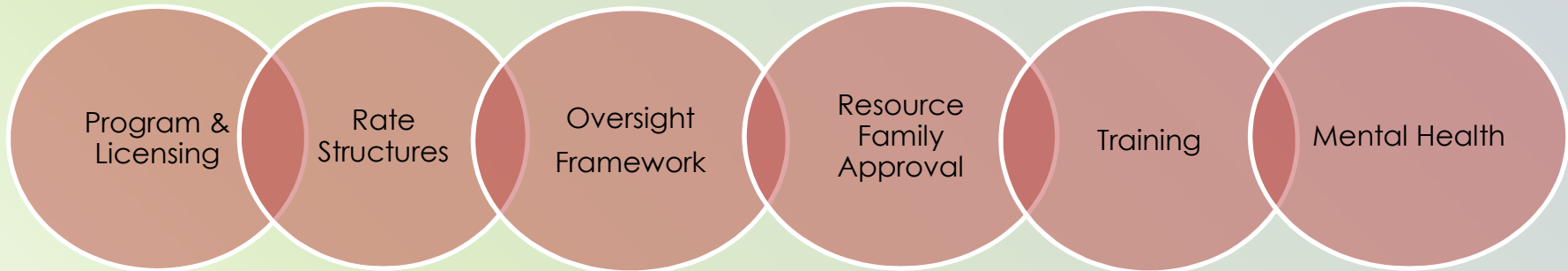
# Proposed CCR Implementation Framework

**State/County Implementation Team**  
CDSS, DHCS, CWDA, CPOC, CBHDA, CSAC  
County Representatives



**Stakeholder Implementation Advisory Committee**  
Providers, Youth, Caregivers, Tribes, Advocates, Counties, Legislative Staff and others

## CCR Implementation Workgroups



## Deliverables

### Program Instructions

- Regulations
- ACLs/CFLs
- Forms

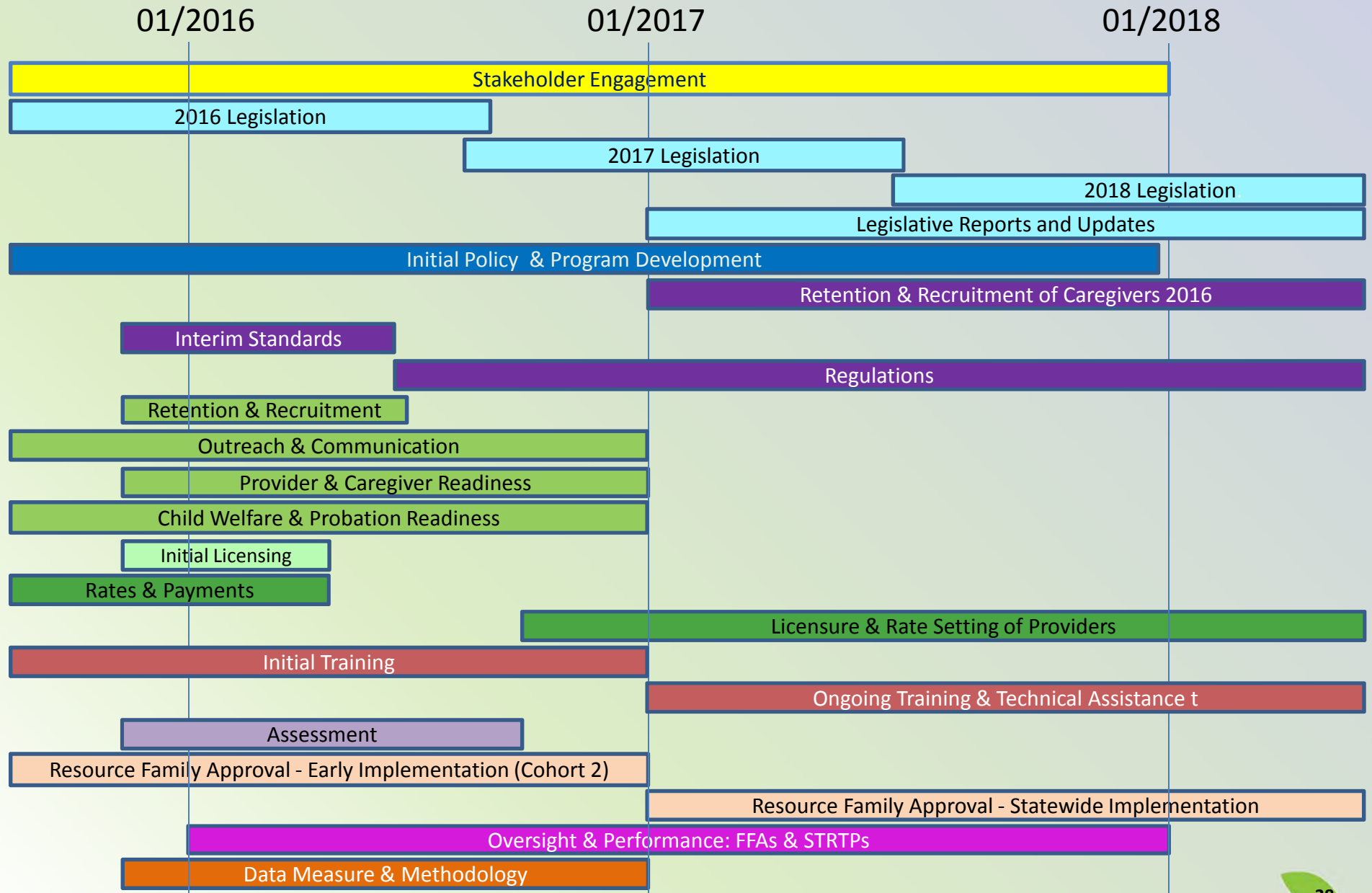
### Capacity Building Activities

- Outreach Activities
- Communication Materials
- Training Curricula
- Mental Health Certification
- Readiness tools

### Accountability & Oversight Framework

- Accreditation Process
- Application review process
- Provider Performance measures
- Consumer Survey

# CCR Implementation Timeline



# Resources

- Welfare and Institutions Code section 16519.5  
<http://www.leginfo.ca.gov>
- Resource Family Approval Program – RFA\*  
<http://www.childsworld.ca.gov/PG3416.htm>
- CalSwec – RFA\*  
<http://calswec.berkeley.edu/toolkits/resource-family-approval-rfa>
- Quality Parenting Initiative – QPI  
<http://www.qpicalifornia.org>
- Contact CDSS at: [RFA@dss.ca.gov](mailto:RFA@dss.ca.gov)

\*Link to Written Directives is on the RFA and CalSWEC website

# Questions and Contact Info

- Questions can be sent to: [ccr@dss.ca.gov](mailto:ccr@dss.ca.gov)
- Additional information on the CDSS website at: <http://www.cdss.ca.gov/cdssweb/default.htm>