



CCR State/County Implementation Team
Meeting Notes
 November 17, 2016

Purpose: Monthly meeting to identify and address cross discipline policy issues related to the implementation of Continuum of Care Reform (CCR).

AGENDA ITEM	Notes/Discussions
I. Welcome, Agenda, and Introductions Theresa Thurmond	
II. CCR Updates Sara Rogers	<ul style="list-style-type: none"> • First round of Regional Information Transformational Exchange (RITE) meetings have concluded. • The Foster Family Agency (FFA) Interim Licensing Standards (ILS) meetings and the Short Term Residential Therapeutic Program (STRTP) ILS orientations are completed. The California Department of Social Services (CDSS) has received exemption requests from all but 29 Group Homes (GH) and will work with the remaining seeking an exemption. • The goal is to work closely with counties to track how they are moving through the process to avoid placement disruptions. • A document will be provided listing all the GH and the pertinent information needed for Child Welfare Services (CWS) and Mental Health (MH). <p>ACTION: Document to be sent to the County Welfare Directors Association (CWDA), County Behavioral Health Directors Association (CBHDA), Chief Probation Officers of California (CPOC) after the Rate Classification Level (RCL) is entered.</p> <p>ACTION: The Level of Care (LOC) protocol will be sent out and there will be a technical assistance webinar. The Statewide Automated Welfare System (SAWS) is on track for implementing Phase I but don't have a date for Phase II that includes the LOC. The basic Home Based Care (HBC) and STRTP rate will start on 1/1/17.</p> <p>Foster Parent Recruitment and Retention Support (FPPRS) funds have distributed. A report will follow highlighting some of the creative strategies employed by the counties.</p>

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	<p>The MH Program Approval document with additional input from the STRTP Regional Meetings is with the Stakeholders for review.</p> <p>The Department of Health Care Services (DHCS) has developed a draft document to help inform the development of clarifying guidance on the meaning and application of the terms “mild” and “moderate” as it relates to a beneficiary’s level of mental health impairment.</p> <p>Medi-Cal 101 training for the Northern Region will be held December 16, 2016, with other regional trainings to follow.</p> <p>A suggestion has been made on more than one occasion to develop a tool to assist social workers with how to access mental health services that includes information about Managed Care.</p> <p>Training about how to use the LOC tool would also be helpful to county social workers.</p> <p>The Performance & Outcomes workgroup will begin meeting again in January. The CDSS will start with the Youth Satisfaction survey and Resource Family Approval (RFA) information such as number of approvals and length of time to approval. Key messages for the Dash Board are being identified. The supplemental language in the legislation laid out some metrics.</p>
<p>III. Education Sub-Workgroup Report out Renzo Bernales, CDE Stuart Oppenheim, CFPIC</p>	<p>A full day meeting was held in October and focused on how schools receive funding. Currently it is based on the number of beds in GH in each Special Education Local Plan Area (SELPA) district. A concern was raised about the availability of GH for Education placements.</p> <p>Presentations on the topics of Child and Family Team (CFT) and Individualized Education Plan (IEP) were given. An agreed upon deliverable was to create a comparison document of the two processes to help inform each system.</p> <p>There is a meeting next week to develop this further.</p>
<p>IV. Hot Topics from STRTP ILS Roll-out Teresa Owensby</p>	<p>Letters of Recommendation: Attendees at the STRTP orientations expressed concern about how long it might take for the county review of the MH program. The county CCR State/County Implementation Team opinions were solicited on the matter. The responses included:</p>

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	<ul style="list-style-type: none"> • “As fast as possible”. The placing agencies want to use this time to work with the group homes. • Shasta said they have agreed to 7 to 10 days and have stipulated that all the information does not need to be received at once. • It may take more time for lower level group homes that did not have MH certification. • Similarly, probation homes that have not provided mental health service could encounter more problems. <p>CDSS has also heard that some group homes (prospective STRTPs) are fearful they won’t get an extension and have children in their care. In reality, some facilities that are under review for different issues not related to CCR may not get extensions.</p> <p>Presumptive transfer: The STRTP should be going to the Host County. A potential issue arises when counties are trying to build their budget based on the number of children in their county versus the number of beds. Also noted, it is ultimately the County Board of Supervisors deciding who receives the contracts since the county assumes the risk.</p> <p>Head of Service and Administrator: Through the STRTP Orientations CDSS staff became aware that many GH didn’t fully understand some of the increased requirements and thought they might get the rate without additional duties. One of the recurring questions is: can the Head of Service and Administrator be the same? The response is that it depends. Currently they can be the same but can only supervise one facility. However, it was noted that some facilities may have a licensing capacity of 50 or more and that doesn’t seem feasible. Does MH have the authority around “it depends”? It is possible, but there are exceptions on a case by case basis. Each site has its own program (even if there are multiple sites) and the number of employees they are responsible for.</p> <p>Ratios:</p> <ul style="list-style-type: none"> • Is there a ratio for mental health certification? • Can the same person that is part of the ratio for supervision be used for meeting the MH ratio? • What types of providers are we talking about? • Not just about the numbers-- it is also about competency. Need to know when specialty mental health services are being provided. • Needs a cost allocation piece since there is claiming, etc.

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	<ul style="list-style-type: none"> • A lot of expertise will be needed by the STRTP. <p>Discussion about the level of the staff that is required by CCL and what is required by MH:</p> <ul style="list-style-type: none"> • It is easier to layer in the MH and not have them part of the ratio requirement by CCL. • The time study process can be very complicated. • MH said that contracts are set up by “costs”. They pay for that FTE and they submit it. They can provide crisis services; it is just invoiced at a different rate. • MH staff is not trained as “care staff” so that is problematic. For MH there is a conflict about being the therapeutic staff and then the supervision staff. • This group felt that the roles should be kept separate. Sara shared an exception: The GH could hire a social worker (master’s level) which is outside the ratio to provide MH services. • Is there someone in the state that has a contract with a provider that outlines the process and has clear criteria and language to share with the State? Jeff (Alameda) and Melissa (Sacramento) will look at practice in their counties and provide to CDSS. • Head of Services needs to be clarified since MH has its own ratio. It’s part of building the contract rather than on the ground. • At this time CDSS will be setting a standard that the staffing (MH and direct care staff) will be kept separate. • Can the “protocol” that will be going out from California Behavioral Health Directors Association (CBHDA) be called “interim” so that it can be adapted? This suggestion will be taken back. <p>ACTION: Jeff and Melissa will provide information to the state.</p>
<p>V. The National Adoption Competency Mental Health Training Initiative (NTI) Theresa Thurmond</p>	<p>(NTI) Could not share the video via time but the material was provided. CWS will start first and MH staff will follow. An ACIN will go out asking who is interested and doesn’t feel there will not be a data agreement and MOU for MH.</p>
<p>VI. Moving Vision into Practice Karen Baylor, DHCS</p>	<p>Held over for next agenda.</p>

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Sara Rogers, CDSS Greg Rose, CDSS	
VII. Integrated Training and Service Delivery Richard Knecht Stuart Oppenheim Kim Suderman	Held over for next agenda.
VIII. Next Steps Theresa Thurmond	Next meeting: Phone conference-December 8, 2016, 1:00-3:00 p.m.