



Newsflash #6



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CCR Messaging

This is the sixth edition of the CCR Newsflash brought to you by the Continuum of Care Reform Branch. This newsletter is published monthly and sent to a wide array of stakeholders. We welcome your suggestions and questions, which may be sent by email to ccr@dss.ca.gov.

Please help us ensure that up to date information regarding CCR implementation 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 our email list by emailing the CCR inbox.



"The Continuum of Care Reform (CCR) project is one of the greatest efforts I have seen to fix a system that unfortunately causes many youth to suffer negative outcomes. For too long, many youth have been taken out of their communities, warehoused in group homes when that level of care is not required, and have been unable to reach their full potential.

Life is hard for any youth, but it can get so much better if one has stability, support, and love. I believe these are the goals that CCR is working towards. Whether it is using an intensive short-term treatment program intended to give youth the temporary help they need, to help a youth live with an extended family member, or to encourage and support a feeling of permanency and stability in a home-based setting.

As a former foster youth who was in the system my whole life, all I've ever wanted was to feel safe and cared for in a home that I knew would be there for me, through thick and thin. To know that no matter what happened, there would be people there and a support system set up to help myself and the people around me."

-Tobias Lake, CCR Branch Staff, CDSS

CCR Agent for Change



Gail's vision is to ensure California's 40,000 plus children in foster care who cannot be reunified with their birth parents will have loving, permanent families – NOW. She relentlessly pursues this goal – engaging policy makers, social workers, advocates, community members, families, and the children themselves – through innovative, practical strategies that lead to successful outcomes. Her leadership is invaluable to our children who have benefitted and will continue to benefit from her hard work and passion."

Sylvia Pizzini, DPA, MSW, Assistant Secretary (Retired),
California Health and Human Services Agency

Gail Johnson Vaughan

For 31 years Gail has been a consistent and persistent advocate for permanency, first as the executive director of Sierra Forever Families (1985-2007), then as founder of Families NOW (2007-present). Two of her many achievements include California's longest sustained specialized youth permanency services program (Destination Family in Sacramento County) and the nation's first legislation to address the lack of mental health professionals with specialized training and expertise in adoption/permanency issues. Her ground breaking analysis of county and state savings resulting from implementation of proven specialized permanency services has resulted in improved permanency practice in California and across the nation (go to www.FamiliesNOW.org for "Funding Youth Permanency, a County Guide for Funding Specialized Youth Permanency Services").

Gail is a sought-after trainer and consultant. The effectiveness of her permanency practice and advocacy expertise has been recognized with numerous awards including the US DHHS Adoption Excellence Award, Congressional Angel in Adoption Award, Purpose Prize Fellow, California's "Change a Lifetime Award, Sacramento Business Journal "Women Who Mean Business", NACAC Adoption Advocate, and more.

Gail is pursuing her doctoral degree in Organizational Psychology with the goal of maximizing the tools she brings to her work. To keep it all in perspective she loves getting her feet muddy working in her garden with her nine grandchildren.

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Resources for Permanency for Older Youth

National Resource Center for Diligent Recruitment at AdoptUSKids

The [National Adoption Month website](http://NationalAdoptionMonth.org) highlights resources and tools to help child welfare professionals engage youth in conversations about adoption and permanency, prepare older youth and families for adoption, and provides tools to help increase awareness.

The new [Talking with Older Youth about Adoption](#) tip sheet, developed collaboratively by Child Welfare Information Gateway and AdoptUSKids, provides tangible tips and suggestions on ways to make these conversations about permanency with older youth effective and meaningful.

The new "You don't have to be perfect to be a perfect parent" public service announcements (PSAs) focused on older youth and their need for families just launched. Learn more about the [National Adoption Recruitment Campaign](#) or watch the PSAs on the [AdoptUSKids' YouTube channel](#).

Go to www.nrcdr.org for additional resources.



We open doors to permanent families for children in foster care

Why the Continuum of Care Reform (CCR) is Important

Gail Johnson Vaughan, M.A.

A primary tenet of systems thinking is that systems produce what they are designed to produce. Since 1998 the number of children in foster care has been reduced by 43%. This is worthy of celebration. But during the same period the number of youth turning 18 in care or aging out without a family has remained constant at approximately 4,000 youth a year. The outcomes for these youth are often dire – high rates of homelessness, incarceration, low rates of employment and education. Is this what our system was designed to produce?

CCR holds the promise for California children in foster care. Our child welfare system takes children into protective custody for one reason, to keep them safe. We must be clear that safety includes emotional safety, which cannot be achieved without belonging. CCR is designed around the fundamental principle that all children live with a committed, nurturing permanent family that prepares youth for a successful transition into adulthood. This excites me.

Dare we imagine a child welfare system where practice behaviors are based on a system-wide mindset that permanency is achievable for all children in care? Dare we imagine that mindset permeating the culture of our counties? Dare we base our child welfare practices on individualized services designed for and with the child to address the child's history of trauma, separation and loss, and where we utilize the CCR Permanency Support Core Services* to achieve, stabilize, and sustain the child in a permanent family? How dare we not.

California's leadership showed the nation that it is possible to achieve permanency for even the hardest-to-place children and youth. The California Permanency for Youth Project, two federal grants and the five Older Youth Adoption contracts demonstrated time after time that permanency is not only possible but probable using proven practices that pay for themselves.

Permanency is the fundamental principle of CCR and the key to its success. The barrier belief that permanency is not possible is simply not true. Dr. Wayne Dwyer, an American philosopher and author offers these simple words, "When you change how you look at things - the things you look at change." When we look at CCR through the lens of permanency, the challenges of CCR change. The challenge moves from "how can we find foster families for children and youth in group homes" to "how can we embrace the opportunity CCR offers to use proven permanency practices to achieve permanent committed and nurturing families for children and youth in group homes."

We know how to find permanent families for our youth and have a moral and fiscal imperative to implement that knowledge. Now is the time to examine our own barriers beliefs. We all have them. Through what lens do you view CCR's permanency vision – unachievable fantasy or opportunity? Through what lens do you view the challenges of a segmented system with child welfare services in one silo, behavioral health in another, and funding decisions in the silos of our elected boards of supervisors and legislators – hopeless reality, or opportunity for enlightened transformation resulting in cost savings and improved permanency outcomes? Through what lens do you view the power of your own role – part of a system too big to impact or the communicator of a powerful and contagious truth?

So yes, CCR is important and will be successful precisely because each of us, in our roles has the opportunity to believe and act on what has been demonstrated over and over; permanency is achievable. The costs of not implementing what we know works is devastatingly high in lost human potential and wasted local funds. Please do your part to open the doors to permanent families for children who wait in your jurisdiction.

*Permanency Support Services refers to "services to achieve permanency, including supporting efforts to reunify or achieve adoption or guardianship and efforts to maintain or establish relationships with parents, siblings, extended family members, tribes, or others important to the child or youth, as appropriate."- CORE SERVICES MATRIX Foster Family Agencies/STRTPs (Excerpt of WIC 11463, Sec 85 AB 403, Operative 1/1/2017)

About the Author

Gail Johnson Vaughan is the Director Emerita / Chief Permanency Officer of Families NOW. Families NOW is an independent nonprofit advocacy organization achieving break-through impact allowing child welfare organizations to increase placement stability and improve permanency outcomes for children in foster care.

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 recent work:

Continuum of Care Reform (CCR) State/County Implementation Team: The purpose of this meeting is to identify and address cross discipline policy issues related to the implementation of CCR. The meetings occurs monthly with the next one scheduled for January 26, 2017. Participants include leadership from the California Department of Social Services (CDSS), the Department of Health Care Services (DHCS), Chief Probation Officers of California (CPOC), County Welfare Directors Association (CWDA), County Behavioral Health Directors Association of California (CBHDA), California Institute for Behavioral Health Solutions (CIBHS), California State Association of Counties (CSAC), and representatives from Education and the Judicial Council. This meeting is by invitation only. For more information, please contact Tracy Urban at Tracy.Urban@dss.ca.gov.

CCR Education Sub-Workgroup: This group meets as a sub-workgroup of the CCR State/County Implementation Team assembled to discuss how the Special Education Local Plan Area (SELPA) system interplays with the Child Welfare, Probation and Mental Health systems in the implementation of CCR. Recent meetings have discussed the implication of new STRTP requirements on the availability of Special Education placements in residential care. A smaller workgroup of this sub-workgroup was formed to specifically collaborate on a document clarifying the roles and responsibilities of the educational system in Child and Family Teams (CFT) and the interactions with Individualized Education Plans (IEP). The next CCR Education Sub-Workgroup meeting is scheduled for Tuesday, January 17, 2017. This meeting is by invitation only. For more information, please contact Ahmed Nemr at Ahmed.Nemr@dss.ca.gov.

CCR Stakeholder Implementation Advisory Committee: The committee meets quarterly to provide updates to stakeholders regarding CCR implementation, provide educational opportunities and to obtain input and recommendations on policy, best practices, and other aspects of CCR implementation. The last meeting was held in November and included CCR implementation updates as well as a presentation and subsequent discussion on the interplay between Interagency Placement Committees (IPC) and Child and Family Teams (CFT). The next meeting is scheduled for February 23, 2017, and is open to all stakeholders. For more information, please contact Loretta Miller at Loretta.Miller@dss.ca.gov.

Resource Family Approval (RFA): An ACL on conversion of existing families to RFA is anticipated to be ready for release at the beginning of January. Version 4 of the Written Directives was released January 6th. Please note: prior to submitting questions to the RFA Inbox, we encourage you to contact your county RFA Program Manager. Doing so could help prepare your county for implementation and by knowing what your questions are the county may have the information you are seeking. Please submit any RFA questions to RFA@dss.ca.gov.

Program and Services Implementation: Formal guidance regarding changes to respite care availability pursuant to AB 403 will soon be available. The ACL regarding the process for county review of program statements for new Foster Family Agencies (FFA) and STRTP applicants will be released in January. Instruction regarding STRTP Eligibility and the IPC process will be released February 2017.

Probation Workgroup: The last workgroup meeting was last held in November. Agenda topics included prevention, transition, after care, funding strategies, Child and Family Team, and the Interagency Placement Committee. The next workgroup is scheduled for January 10, 2017, and is open to stakeholders by invitation only. For more information please contact Marjana Jackson at Marjana.Jackson@dss.ca.gov.

Mental Health: The DHCS has developed a Medi-Cal 101 training that will providing details regarding Specialty Mental Health Services, Medical Necessity, documentation, and claiming for services. The first training was held for the Northern Region on December 16, 2016. Additional regional trainings are being planned in each region in 2017 and a schedule will be released later in January.

Stakeholder input has been obtained on the draft STRTP Mental Health Program Approval/ Medi-Cal Certification Protocol and the DHCS is working to address areas of concern, e.g., staffing, psychiatrist and nurse requirements, day treatment services being optional. STRTPs have 12 months from the date of licensure to obtain the MHP Approval / Medi-Cal Certification. Once obtained, the MH Program Approval is required annually and Medi-Cal Re-Certification is required every three years. A process to obtain a Provisional MHP Approval will be in place which will be conducted through a desk review of required documents. The goal will be to have the onsite review within three months of a provisional approval. The annual review cycle will be based on the date of the onsite review. If a facility has a current contract with a MHP(s) and holds current Medi-Cal certification, the facility may continue providing and claiming for services, per the contract. The California Behavioral Health Directors Association (CBHDA) has created a MHP County Contact list for those providers wanting to become an STRTP and/or gain a Medi-Cal Contract as an FFA/TFC Provider. The list is posted on the CCR website at <http://www.cdss.ca.gov/cdssweb/PG4869.htm> under section "Information for Providers". Please submit and questions to ccr@dss.ca.gov.

Treatment Outcome Package (TOP) and Child Adolescent Needs and Strengths (CANS) Assessment Tools: The CDSS is partnering with counties to pilot two assessment tools TOP and CANS. Both tools measure the well-being of youth in foster care in order to identify needed services as well as support effective case planning. The TOP pilot is underway in the following four counties; Los Angeles, San Diego, Fresno and Tuolumne. Merced County will be joining the pilot in early January. The TOP pilot counties are actively engaged in training and have completed 1280 assessments for over 520 youth in child welfare. The CANS is being piloted in San Francisco, Humboldt and Shasta counties. The CDSS has posted a Request for Proposal (RFP) to select an independent party to conduct an evaluation and report on the efficacy of each assessment tool.

CCR Frequently Asked Questions (FAQs)

FOSTER FAMILY AGENCIES – FREQUENTLY ASKED QUESTIONS

Program Statements

Q1: What happens if a Foster Family Agency is not able to meet the deadline of December 31, 2016, to submit its updated program statement?

Response: On and after January 1, 2017, licensed Foster Family Agencies (FFA) are required to have a written plan of operation that includes an approved program statement that complies with HSC 15601(c) as well as the applicable interim licensing standards. The program statement shall include: (1) how the FFA will comply with the Resource Family Approval (RFA) requirements, or (2) a transition plan for the FFA's certified family homes, if the FFA chooses not to recruit and approve new families. Accordingly, an FFA that has not yet updated its program statement to describe how it will comply with the RFA requirements is prohibited from recruiting and approving new families. FFAs need to try their best to meet this requirement timely and work with their CCL Regional Office to ensure communication is occurring at the local level. **(CDSS on 12/23/2016)**

Q2: If a Foster Family Agency's program statement is not approved, will the agency's license be revoked?

Response: CDSS will work with the FFA to give the opportunity to learn and make the necessary changes. **(CDSS on 12/23/2016)**

Q3: How does an FFA submit its updated program statement to the County?

Response: An FFA licensed before January 1, 2017, must provide a copy of its updated program statement to all county placing agencies with which placements are coordinated or for which services are provided, including the county in which the facility is located, for optional review. FFAs should work with the county to identify who, where, and how to submit an updated program statement. Some counties may accept the updated program statement electronically. In addition to submitting the updated program statement to the county, a-FFA shall submit to the licensing agency a list of the county placing agencies where the program statement was submitted. A letter of acknowledgement that the county has read the program statement is not required for existing FFAs. **(CDSS on 12/23/2016)**

Resource Family Approval

Q1. What are the training requirements a resource family applicant must complete to be approved as a resource family by a FFA?

Response: A FFA shall require an applicant to complete a minimum of 12 hours of pre-approval training as specified in Section 88331.6 and 8 hours of annual training as specified in 88372. In addition, a FFA shall require an applicant to obtain age-appropriate training in CPR and first aid prior to being approved as a resource family as specified in Section 88431.3. **(CDSS on 12/23/2016)**

Q2. Can FFAs create and use their own application for RFA if it contains the same information as the form created by CDSS?

Response: No. A FFA is required to use the forms specified in Section 88302(a) of the Interim Licensing Standards, which includes the Resource Family Approval Application (LIC 01A). However, a FFA may request additional information from an applicant using a supplemental form created by the FFA. **(CDSS on 12/23/2016)**

Q3. Are there any requirements for who can complete a RFA/psychosocial assessment?

Response: Yes. In addition to the education and experience requirements specified in Section 88265.3 of the FFA Interim Licensing Standards, social work personnel participating in the assessment and evaluation of an applicant or resource family shall meet the core competency requirements, including having necessary knowledge and skills, as specified in Section 88364(d).

Accreditation

Q1. We were trying to be proactive in complying with the new requirements under CCR and completed accreditation in 2015. Do we qualify for any reimbursement?

Response: The CDSS appreciates proactive actions in anticipation of the reform. The CDSS is authorized, per the 2016-17 Budget Act, to reimburse providers for fifty-percent of the costs of the fees they pay to national accrediting bodies on or after July 1, 2016, and before June 30, 2017. Therefore, we are unable to issue a reimbursement for any payments made before July 1, 2016. However, providers having already completed the accreditation process will be eligible for the fifty-percent reimbursement of their accreditation renewal fee that is paid on or after July 1, 2016. Please refer to ACL 16-72 for more information regarding the reimbursement process for accreditation fees. **(CDSS on 12/23/2016)**

Q2. How long does a FFA have to complete accreditation?

Response: A FFA licensed before January 1, 2017, has until December 31, 2018, to complete accreditation. A FFA licensed on or after January 1, 2017, has 24 months from the date of licensure to complete accreditation. **(CDSS on 12/23/2016)**

Next Steps for the Child Welfare Trauma Training Toolkit and what it means for your Journey, Part II

This is Part II of an article published in the CCR Newsflash Edition #5 regarding Trauma Informed best practice.

In September 2016, the Chadwick Center was awarded another five year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to continue work in the National Child Traumatic Stress Network focused on Trauma-Informed Child Welfare systems. To this end they will create the Center for Child Welfare Trauma-Informed Practice and Systems Change with a focus on supporting Child Welfare Systems to further evolve toward being truly trauma-informed in order to better meet the needs of victims of child abuse and neglect. Expanding on work advanced through the previously funded SAMHSA Chadwick Trauma-Informed Systems Dissemination and Implementation Project (CTISP-DI), the Center will develop and evaluate a system of comprehensive training and consultation/coaching for the full Child Welfare workforce to support communities seeking to become more Trauma-Informed. Specifically, the Center will build on lessons of implementation science and experience with current efforts to support Child Welfare systems and expand upon the existing Child Welfare Trauma Training Toolkit (CWTTT). During the next 2 years, the CWTTT will be adapted into four new curricula for use with specific targeted segments of the Child Welfare system workforce including caseworkers, supervisors, leaders (directors and managers), and support staff (receptionists, case aides, etc.). Examples of the ways that the essential elements will be addressed in each curriculum can be found in Figure 1 below. Each curriculum will provide information on how culture and trauma intersect and all four of these curricula will be designed with a consultation/coaching framework. Booster training for each group to facilitate sustainability of change will also be designed and spread nationally.

Figure 1: Examples of ways that the Essential Elements will be addressed in each curriculum

Caseworkers	Supervisors	Leaders	Support Staff
<ul style="list-style-type: none"> Developing strategies for TI direct interactions with children and families (such as TI Removal, Placement and Visitation strategies and strategies to supporting Birth Parents and Resource Parents to be TI) Understanding screening and how to utilize information gained from screening Understanding resilience and strategies to promote resiliency in children and families Understanding what to expect from trauma-focused treatments Identifying primary and STS and strategies for addressing it Examining ways to partner with youth and families at an organizational level Understanding the role of other systems and advocating for TI care and interactions for children and families on the caseload 	<ul style="list-style-type: none"> Supporting caseworkers in using TI strategies Assisting with implementation of new policies and procedures related to creating physical and psychological safety Supporting staff around screening (including implementation of new tools) Providing supervision to staff around ways to support children and families Supporting staff around identifying and addressing primary and secondary traumatic stress Providing supervision that is reflective in nature and goes beyond administrative support Identifying ways to address primary and STS at a unit level 	<ul style="list-style-type: none"> Reviewing and updating agency policies related to creating psychological and physical safety Developing a plan to implement trauma screening Understanding trauma-focused treatment and how to contract for services that are relevant for children and families in the community Developing TI services to support birth parents Reviewing resource parent training and ways to make it more TI Identifying ways to address primary and STS at an organizational level Developing ways to partner with youth and families at an organizational level Looking at cross-system issues and how to collaborate with systems that interact with children and families who are in the CW system (e.g., MH, Courts, Education) to be more TI 	<ul style="list-style-type: none"> Identifying ways that their job impacts children and families in the system (direct and indirect interactions) and is impacted by traumatization of children and families Increasing strategies for creating physical and psychological safety for children and families Understanding intergenerational trauma and TI ways to work with birth parents Understanding primary and STS

Once the curricula are complete, the Center will then pilot these curricula, including the coaching model and the training for trainers in a few pilot sites. The plan is for at least one of these sites to be located in California (with assistance from the California Department of Social Services in determining the location) and another in the state of Tennessee. After the pilot is complete, the Center will develop a system for training trainers across the country in these curricula, provide continued support to the trainers, and serve as a central hub for tracking and responding to training requests. This training for trainers will be rolled out during years 3-5 of the grant. It is hoped that once the new toolkits are finalized, that they will be able to be rolled out in jurisdictions across the nation to support the Child Welfare systems as well as their partners in their journey to become trauma informed.

To supplement the CWTTT training, advanced training around topics such as secondary traumatic stress and screening will also be developed. Additionally, the Center will work with Child Welfare training organizations to explore how Trauma-Informed concepts in the expanded CWTTT can be infused into existing core/foundational Child Welfare training. Recognizing the critical role of caregivers in providing physical and psychological safety for children, the Center will support the dissemination of Trauma-Informed training for resource and birth parents to better prepare them for supporting the children in their care. The ultimate goal of the Center is for Trauma-Informed knowledge and skills to permeate into Child Welfare organizational cultures, at all levels and among all roles, resulting in positive sustainable changes in the systems, policies, and practices which lead to better outcomes for children and families served by these systems.

About the Author

Cambria Rose Walsh was the Project Manager on the CEBC (www.CEBC4cw.org) from 2010 until 2016. The CEBC been funded by the California Department of Social Services' (CDSS') Office of Child Abuse Prevention since 2004 and is one of their targeted efforts to improve the lives of children and families served within child welfare system. She is currently the Project Director for the Substance Abuse and Mental Health Services Administration (SAMHSA) funded Center for Child Welfare Trauma-Informed Practice and Systems Change which is one of the Category II Treatment and Service Adaptation Centers for the National Child Traumatic Stress Network (www.nctsn.org) funded in 2016. Both of these projects are based at Chadwick Center for Children and Families at Rady Children's Hospital - San Diego where she has been employed since 2001.

How Del Norte has used the Foster Parent Recruitment and Retention Support Funding

Deanna Perry Ellis, Social Worker Supervisor,
Adult & Family Services Social Services Branch, Department of Health and Human Services



Public Health Nurses: Colleen Machado and Shelby Bodenstab

Del Norte County is excited to share the changes that the FPRRS funding has made in Recruitment and Retention activities. Prior to the FPRRS funding availability, recruitment efforts resulted in an average of 3 to 4 new unmatched caregiver homes in a single year. During the time period January 1, 2016, through June 30, 2016, Del Norte County planned and held three “One Stop” recruitment events where, in one location, applicants were able to receive an orientation, assistance with forms, and Live Scan fingerprinting. Two events were held with the local tribes. In this six month period, seven new unmatched homes were recruited and licensed and of those new homes, three have a tribal affiliation and one was recruited as a probation home. As lessons were learned from each event held, “One Stop” events now include an orientation session, assistance with the application and forms, a general health screen/TB test and Live Scan fingerprinting. Del Norte County has also partnered with the faith-based community for recruitment and retention activities.

One event was held during a workshop presenting Jason Johnson, foster parent and Director of Church Ministry Initiatives with Christian Alliance for Orphans. Throughout the workshop, informative break-out sessions and “One Stop” activities were held alongside other community partners in the area of children’s services, such as Court Appointed Special Advocates (CASA), Remi Vista and Environmental Alternatives. Del Norte is looking forward to future events with faith-based organizations and other community partners. The FPRRS funding has also allowed Del Norte to create new services and supports available for caregivers which has resulted in a large increase in the number of caregivers attending training, participating in events, and forming connections with other caregivers. Prior to the FPRRS funding availability, training was minimally attended and at times, classes would be cancelled due to lack of attendance. Child care has always been a recurring request of the caregivers however; funding was not available to provide it. When Del Norte was able to offer child care during trainings, attendance increased dramatically. For instance, prior to FPRRS, there were two to four attendees on training nights; with FPRRS, there have been up to 23 attendees. The trainer has also noticed an increased number of spouses or partners attending together.



Executive Director, CASA Del Norte, Christine Slette and Social Worker, Sheila Davis

A new service offered to caregivers is Family Fun Night. Family Fun Night offers the caregiver and their families an opportunity to spend quality time together along with other caregivers and their families without cost. Past events have included bowling, a visit to Undersea World, and the cinemas, with attendance reaching as high as 75 people. Del Norte has also been able to bring a Caregiver Mentor Coordinator and Caregiver Mentors on board to help promote collaboration and communication among foster parents, relatives and adoptive parents to improve caregiver support. Two mentors were recommended by the local tribes and one mentor was recommended by the Probation Department. Another new offering for Del Norte’s caregivers has been Kids’ Night, which is one night each month where the caregiver can come by, drop their children and have a break long enough to shop, go to dinner, run errands or just have quiet time. Attendance for Kids’ Night has been close to 20 children each month. The children spend time making crafts, participating in activities, going on outings, or watching movies and are provided food/snacks.

Before the FPRRS funds, Del Norte only received \$4,000.00 per year to complete recruitment and retention activities, which was not sufficient to fund the services and support the caregivers needed and had been requesting. The FPRRS funds have allowed Del Norte to envision and create an energetic, fun and more importantly, an effective Recruitment and Retention Program.

Strengthening Practice to Support the Vision of CCR: Transforming the Interagency Placement Committee

Jennie Pettet, CWDA CCR Consultant and Kim Suderman, CBHDA CCR Consultant



In preparation for the Continuum of Care Reform (CCR) implementation, County Child Welfare, Probation, Education and Behavioral Health, alongside of stakeholders and partners, are evaluating existing practices to strengthen every opportunity to reinforce the practice changes that are the foundation of the CCR. These foundational elements include ensuring each child placed in out of home care by child welfare or probation receives a comprehensive assessment, a Child and Family Team (CFT) and individualized services that are unique to each child's needs. Furthermore, the CCR requires these services be culturally relevant, trauma informed and delivered to the child, where the child lives. Examples of these practices under review include assessment processes, Child and Family Teams, Pathways to Wellbeing/Katie A. activities, and the Interagency Placement Committee (IPC).

At the most recent Stakeholder Advisory Committee on November 14th, a team representing County Welfare Directors

Association (CWDA), County Behavioral Health Directors Association (CBHDA), Chief Probation Officers of California (CPOC), and Special Education Local Plan Area (SELPA) Administrators of California role-played one example of how counties might shift practice. The panel presented an IPC model which builds upon the existing collaboration between agencies, with expanded participation from the typical county participants (behavioral health, child welfare, probation and education) to include providers, caregivers, and the youth. The panel presented a mock IPC where the youth, caregiver and current provider were invited to participate. While the panel was acting in the role of the IPC participants, adding the voice of the caregiver provided a realistic example of how important it is to support a child and their caregiver when there are early warning signs of increasing needs to prevent a crisis. During the mock IPC, based on the caregiver's commitment to the child and willingness to participate in services to support the child, the team was able to identify supports and services for the child to transition from a brief stay at a Short Term Residential Therapeutic Program (STRTP) back to the home of the caregiver.

While some counties have already developed inclusive and well-integrated IPCs to include the youth, caregiver and provider voice, implementation of CCR is providing many opportunities for counties to examine, refine and enhance existing systems to support children, youth and the dedicated caregivers and families who provide a home, connection and care.

*A special thank you to the following individuals for their participation on the panel: **Anjanette Pelletier**, M.S., LEP Senior Administrator, San Mateo County SELPA; **Bridgette Hernandez**, Regional Manager, Riverside County DPPS; **Ben Z. Loewy**, M.A., Ph.D. Educational Psychologist, Program Coordinator School Based Mental Health, San Mateo County Office of Education; **Robert D. Byrd**, Psy.D., Mental Health Clinical District Chief, county of Los Angeles-Department of Mental Health Children's System of Care, Countywide Services Division, **Melissa Jacobs**, LCSW, Division Manager, Sacramento County Behavioral Health; **Susanna Kniffen** Director, Child Welfare Policy, Children Now; and **Ed Miller**, Assistant Chief Probation Officer, Shasta County.*

New Year Message from the CCR Branch



Happy New Year! Yes, we survived 2016. In fact, we thrived and experienced many successes because of the amazing hard work and dedication of so many. We want thank all of you who have supported us, challenged us, and made tremendous efforts and sacrifices to get us to where we are today. We hope that all that we have achieved this year will be continued with the same spirit of purpose and collaboration as we activate the Continuum of Care Reform Legislation in 2017. As the New Year approaches, we are renewing our commitment to you, prioritizing our dedication to giving you our best.

All of us in the CDSS CCR Branch would like to wish you a rewarding, joyous New Year! We look forward to our work together in 2017.

The CCR Team:

Ahmed, Anetria, Christina, Gina, Irma, Kendra, Kim, Lee, Loretta, Mai Yee, Marjana, Nathalie, Paula, Rami, Rebecca, Sara, Shanie, Teresa, Theresa, Tobias, Tracy, and Wendy

All County Letters (ACLs) and All County Information Notices (ACINs)

Letter	Subject	Release Date
ACL 16-79	Continuum of Care Reform Home Based Family Care Rate Structure Based on Level of Care (LOC)	9-22-16
ACL 16-75	Foster Youth Data Shared with California Department of Education	9-27-16
ACL 16-85	Statewide Policies and Procedures to Prevent Child Sex Trafficking	9-30-16
ACL 16-82	Reproductive Health Care and Related Rights for Youth and Non-Minor Dependents in Foster Care	9-30-16
MHSUDS ACIN 16-049 CDSS ACL 16-84	Requirements And Guidelines For Creating And Providing A Child And Family Team	10-7-16
ACL 16-88	California's Pregnancy Prevention Plan for Youth and Non-Minor Dependents in Foster Care	10-12-16
ACL 16-81	National Youth in Transition Database (NYTD) Survey: Third Cohort	10-12-16
ACL 16-87	Release of Revised California Manual of Policies and Procedures, Division 31 Regulations	10-12-16
ACIN I-73-16	Documentation in the CWS/CMS for Parenting Minor and Non-Minor Dependents	10-19-16
ACIN 1-77-16	Foster youth Data Shared Between Local Education Agencies and Child Welfare Agencies	11-8-16
ACIN I-84-16	Child Welfare Services Continuous Quality Improvement Guidelines	11-22-16
MHSUDS ACIN 16-061	Clarification on Mental Health Plan Responsibility for Providing Medi-Cal Specialty Mental Health Services to Beneficiaries Enrolled in Medi-Cal Managed Care Health	12-09-16
MHSUDS ACIN 16-031E CDSS ACIN I-52-16E	Therapeutic Foster Care (TFC) Service Model and Continuum of Care Reform (CCR) <ul style="list-style-type: none"> • Draft TFC Service Model • Draft TFC Service Model Parent Qualifications 	8/16/2016
ACL 16-10	Resource Family Approval Program	2/17/16
ACL 16-58	Resource Family Approval (RFA) Program – Clarifying Instructions for Statewide Implementation	7/11/2016
ACL 16-110	State Hearing Procedures In Processing Disputes Under The Resource Family Approval (RFA) Program And The Superior Court Writ Harris V. California Department Of Social Services (CDSS)	12/19/16

Correction:

Edition #5 of the CCR Newsflash contained an article entitled: **LESSONS LEARNED Residentially Based Services (RBS) Reform Project Summary of Fiscal Year 2014-15 County Annual Report (CAR) – Qualitative Questions**. The article stated that there were four demonstration sites that participated in the RBS Reform Project, Sacramento County (2010), Los Angeles County (2010), San Francisco County (2011), and Mendocino County (2015). However, to clarify, there were five demonstration sites. The fifth site was San Bernardino County who began in 2010. After the formal evaluation of the RBS Project was completed, San Bernardino transitioned out of the State's Pilot and did continue their RBS program but not as part of the State's Pilot.

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/cdssweb/PG4869.htm>.

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 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 DHCS host a monthly call that provides open and timely communication between state teams and county partner staff in local communities 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. Upcoming calls will be held on February 1, and March 1, 2017 (the first Wednesday of each month at 10:00). The call-in information is as follows- Phone: 877-922-9924, Pass Code: 144611.

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

CCR Updates Continued

Integrated Services: The Resource Center for Family-Focused Practice is offering a two day Child and Family Team (CFT) Training for Trainers in the Bay Area on January 12-13, 2017 and in the Central Region on January 26-27, 2017. This two-day session will provide a walk-through of three courses developed by the Resource Center for Family-Focused Practice: Orientation to Child and Family Teaming; Skill Building; and Facilitation. Counties are encouraged to consider sending trainers who have practical experience in Wraparound if available. Since space is limited, we are requesting that counties/agencies send no more than two participants at this time. If you have any questions, please email shuan@ucdavis.edu or the Integrated Services Unit at CWSCoordination@dss.ca.gov.

Foster Care Audits and Rates Branch (FCARB): The FCARB is continuing to work with stakeholders in developing a Level of Care (LOC) Protocol Tool designed to inform rate determinations and placement decisions. An All County Letter (ACL) will be released in conjunction with the implementation of the Home-Based Foster Care Phase II rate changes and is anticipated in the spring 2017. A Webinar was held in November to review the final LOC Protocol Tool with the larger work group. The next steps will be to finalize the Protocol so that it can be pilot, present another webinar regarding the LOC Protocol tool. Those interested in participating in the webinar or have questions about the LOC Protocol should contact daisy.braxton@dss.ca.gov. Phase I of the new rate structure was implemented January 1, 2017 and Phase II will follow in November 2017.

Therapeutic Foster Care (TFC) Implementation Committee Meetings

The TFC Implementation Committee continues to meet to discuss the TFC service model and TFC parent qualifications. The committee meets bi-monthly and the next meetings are scheduled for

- March 22: 1-4 pm
- June 13: 1-4 pm
- September 13: 1-5 pm
- December 7: 1-4 pm

CDSS Launches New Website

The new California Department of Social Services' (CDSS) Website will launch February 2, 2017. This redesign incorporates a new navigation friendly format to access information from the Department. This new design includes pages intended for the public which provide basic information about applying for services and other programs CDSS oversees. There is also a section which contains additional information and resources designed to assist county employees, stakeholders, providers, and others. Here is the preview link for the new website that we can publish on the <http://preview.dss.ca.gov/>

Please also include the link for the survey for feedback.

<https://www.surveymonkey.com/r/CDSSRedesignedWebsiteFeedback>