

**CCR Probation Workgroup
Meeting Minutes**

Date: 08/22/2016	Time: 9:30 am to 2pm	Location: CA Dept. of Social Services at 744 P Street, Sacramento, CA 95814
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Agencies Representatives: Cathy Roland (UCD Resource Centered for Family Focused); Lisa Molinar (Shared Vision Consultants); Stuart Oppenheim (CFPIC)

Child Welfare County Representatives: Jennie Pettet (CWDA); Bryan Jones (Sacramento County); Liz Crudo (San Francisco County)

Mental Health Representatives: Jacqueline Coulter (San Joaquin County); Kim Suderman (CBHDA); Kristen Barlow (CBHDA); Linnea Koopmans (CBHDA); Robert Byrd (LA County); Melissa Jacobs (Sacramento County)

Probation Representatives: Rosie McCool (CPOC); Chris Childers (Madera County); Greg Glazzard (Monterey County); Juanita Holguin (Ventura County); Linda Downey (Tuolumne County); Lisa Campbell-Motten, Luis Dominguez (LA County); Nancy Huntley (Placer County); Ruth Laya (San Mateo County); Wayne Barley (Butte County)

Education: Representatives Anjanette Pelletier (San Mateo COE SELPA)

State Representatives:
CDSS: Sara Rogers, Rami Chand, Erika Braccialini, Theresa Thurmond, Irma Munoz (CCR Branch), Christina Oliver (CSO); Jean Chen, Maryjo Tobola, Rebekah Aguirre (CCL); John SanFillipo (FCARB) ; Linda Hall (FFB) ; Richard Knecht(CDSS/DHCS); Tricia Knight, Teresa Castillo (DHCS)

Presenter(s)	Time	Agenda Items and Discussion (Major Points)	Action item	Responsible Person	Timeframe
Stuart Oppenheim	9:30 am	<ul style="list-style-type: none"> ▪ Welcome and Introductions <ul style="list-style-type: none"> ▪ Review agenda. ▪ New participant from Education SELPA, San Mateo County. 	None	None	N/A
Sara Rogers CCR Branch (CDSS)	9: 15 am	<ul style="list-style-type: none"> ▪ CCR Updates <ul style="list-style-type: none"> ▪ AB 1997 (Section 89 WIC 11462.1) <p>Sara Rogers provided CCR updates: AB 1997 (Section 89 WIC 11462.1)—follow-up to AB 403; on Senate floor; no further amendments expected; should be signed no later than the end of September 2016.</p> <ul style="list-style-type: none"> ▪ Clarifies portability of RFA, how families are approved, other RFA provisions ▪ Clarifies mental health provisions---all STRTP's required to have on-site MH program and be approved through CDSS licensing and DHCS certification and approval process ▪ Requires FFAs and STRTP's to ensure access to mental health services through coordination with local MH plans. ▪ Adding accountability and clarity about how children and youth will receive the MH services that they need. <p>FFA Interim licensing standards are coming out, reflecting the provisions in AB 1997; FFA licensing standards to be finalized later this month, STRTP next month.</p> <ul style="list-style-type: none"> ▪ Section 89 WIC 11462.1 - Allows eligibility for youth who do not meet Medi-Cal specialty mental health medical necessity to still be placed into STRTP and include probation youths. However, if the MHP determines that the youth does not require Medi-Cal specialty mental health services, 			

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		<p>but the provider believes non-Medi-Cal mental health services are needed, this should be discussed in the CFT. If it is still determined that the provider shall provide some level of mental health services, the county placing agency may provide payment for the services. The Interagency Placement Committee will need to understand the level of care that is needed (to be discussed below in Medical Necessity agenda item).</p> <ul style="list-style-type: none"> ▪ Letter for county placing agencies to apply for Group Home extensions has been released. Refer to attachment CDSS letter ACL 16-65. http://www.dss.cahwnet.gov/lettersnotices/EntRes/getinfo/acl/2016/16-65.pdf ▪ ACL for County review of Program Statements is pending and will be available for stakeholder review soon, to be released when AB 1997 is signed; will include a tool that will help counties review the Program Statements. This process is to help ensure that placements are available locally to meet the needs of the youth in their home community. A letter of recommendation from a county placing agency is required for new applicants, but not required for group homes requesting an extension. ▪ CDSS will be holding Regional Collaborative meetings with DHCS, CBHDA, CPOC, CBHIS, and the Regional Training Academies. Casey Family Programs are sponsoring the CCR RITE (Regional Innovation and Transformation Exchange) in the Northern, Bay, Central, Southern regions and Los Angeles. These meetings are convened to provide technical assistance of the implementation of CCR at the local level. ▪ CDSS CCL will be hosting Regional meetings with FFA providers to review the new CCR licensing requirements in September; will invite reps from county Probation, Child Welfare, and Mental Health/Behavioral Health as well. Probation Chiefs will be given information so that they can reach out to providers to encourage their attendance for programs that they want to make sure continue to provide services to their youth. 			
<p>Rosie McCool CPOC</p>	<p>10:00 am</p>	<ul style="list-style-type: none"> ▪ Communication to the Field Rosie discussed the methods that are available for sharing information with the Probation Departments that are not represented on this workgroup. All 5 Regions are represented in this Probation Workgroup in the hope that the reps will take information back to their Regions. <ul style="list-style-type: none"> ▪ Monthly CCR Calls <ul style="list-style-type: none"> ○ Plan to have monthly calls with the Probation Chiefs on a monthly basis so that the meeting can be discussed and additional information can be given. Similar to the IV-E 	<p>Invite YEP to a future meeting to discuss the youth's concerns and how they can be addressed, including myth-busting YEP Brochure</p>	<p>CDSS TBA</p>	

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		<p style="text-align: center;">candidacy calls that went from monthly to quarterly.</p> <ul style="list-style-type: none"> ▪ CCR updates is a Standing item on PAC meeting agenda. ▪ Will be developing CCR timeline that mirrors what CWDA created. ▪ Monthly Pathways/Katie A. Interagency TA calls held 1st Wednesday of each month at 10 am. To be added for these monthly calls email mailbox KatieA@dhcs.ca.gov ▪ CCR Newsletter <ul style="list-style-type: none"> ○ Implementation tools/links are included in the CCR newsletter. <ul style="list-style-type: none"> ▪ YEP flyer created by youth developed a communication toolkit for communicating CCR implementation with youth (highlighted in July’s CCR newsletter). ▪ Refer to attached CCR Newsletter (July 2016) ▪ To be added to receive the CCR monthly newsletter email mailbox CCR@dss.ca.gov ▪ Other Strategies <ul style="list-style-type: none"> ○ Some Probation counties are meeting with their Child Welfare partners about CCR. <ul style="list-style-type: none"> ▪ Monterey County (monthly meetings) ▪ Shasta County (weekly engagement with providers) ○ FPRRS Project/Probation conference call scheduled 8/25/15 ▪ Invite YEP to a future meeting to discuss the youth’s concerns and how they can be addressed. ▪ Judicial Council will attend this Workgroup in September. <p>Other thoughts—please share with Rosie. Will keep on the agenda as a standing item.</p>			
<p>Kim Suderman CBHDA</p>	<p>10:30 am</p>	<ul style="list-style-type: none"> ▪ Continue Medical Necessity Criteria Discussion <ul style="list-style-type: none"> ▪ Probation Youth (behavior) <p>Kim Suderman continued where we left off last time to discuss the behaviors and symptoms that can be described to help probation youth receive Medi-Cal mental health services that they need. Begin with the problems and concerns vs. starting with what you think that they need. Things to remember:</p> <ul style="list-style-type: none"> ▪ Not all JJ children are Medi-Cal eligible only about 50% are M/C eligible prior to being detained. When they are placed by Probation, the department will initiate M/C. When the JJ youth is released from placement, they resume their previous health coverage; some of 	<p>Follow up discussion prevention and after services</p> <p>Present chart with overview of behavior/mental health connection at next meeting</p>	<p>CDSS TBA</p> <p>Kim Suderman</p>	

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		<p>which were M/C beneficiaries prior to detention.. This is the brief window that county MHPs may serve the youth who are not typically Medi-Cal Eligible. <u>Eligibility after the return home---should be clarified (CEC—Continued Eligibility for Children)</u> and will be discussed in another meeting. Refer to attached CEC DHCS ACL 14-05 and revised MAGI Hierarchy.</p> <ul style="list-style-type: none"> ▪ Managed Care Plans (MCP) and Fee For Service (FFS) Providers—Not all counties have the same MCPs, and FFS Providers are locally set. When a JJ youth moves from one county to another, the MCP or Fee for Service (FFS) provider may not follow the JJ youth to the new placement. ▪ Youth tend to externalize or internalize their issues---the Probation youth are more likely to externalize their anger or fears, which, may stem from depression, anxiety, trauma. ▪ When parenting is insufficient, inadequate, or absent, youth often act out, bringing the parents together to problem solve discipline and decision-making. ▪ MH when assessing for psychiatric hospitalization, will consider safety for the youth, which can often be accomplished in Juvenile Hall . However, Juvenile Hall is not a good treatment option. ▪ Probation youth are often stigmatized and overlooked because they are from Probation but their history often includes trauma and CWS history. ▪ Hierarchy of needs: <ul style="list-style-type: none"> ○ Everyone has behaviors and feelings that need support ○ Foster children all need to have someone to talk to and some services and supports ▪ What about engagement when youth and/or parents refuse to accept the MH services? <ul style="list-style-type: none"> ○ Medical necessity criteria includes the child/youth’s ability to benefit from the mental health service. ○ This is case by case and should be discussed in the CFT meeting, to determine whether to continue services or try something else. <p>Agreed to brainstorm the behaviors that appear to Probation, that would require mental health services, and then try to match the language that would explain the symptoms and behavior more clearly to the mental health clinician conducting the mental health assessment. This should also be discussed in the CFT meetings where Mental Health may be available to help</p>	<p>Write up eligibility questions and Sara will share with DHCS. Also bring to MH workgroup.</p>	<p>Gregory Gazzard (Monterey)</p>	
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		translate behaviors. TBA - Chart on common behaviors as they relate to mental health symptoms. The frequency, duration and intensity will also assist the process when explaining the youth's behaviors.			
John Sanfilippo FCARB (CDSS)	11:30 am	<ul style="list-style-type: none"> ▪ Level of Care Process <ul style="list-style-type: none"> ▪ Feedback on Probation Profile <p>John Sanfilippo from FCARB discussed the proposed rates structure chart and how the assessment level process will be used. The level of care (LOC) protocol will be discussed in more detail at the next meeting to gather Probation input. The LOC tool will be based on the level of need identified in existing screening tools. It will be based on 5 domains from low, medium, and high.</p> <p>Board and care rates based on care and supervision needed for the child:</p> <ul style="list-style-type: none"> ▪ 4 basic levels of payment paid to resource family ▪ Payments made to FFA for administrative services, social work services, ▪ ITFC rate ▪ STRTP rate <p>Therapeutic Foster Care (TFC) is not a rate level, it is a Medi-Cal Specialty Mental Health Service.</p> <p>ACL is coming out soon describing the new rate structure.</p> <p>Note that rate is no longer based on age but is based on youth's level of need.</p> <p>Refer to attachment of proposed DRAFT Rate Structure (DRAFT).</p>	Present on level of care protocol for feedback	John Sanfilippo	
	12 pm	Lunch			
Teresa Castillo DHCS	1 pm	<ul style="list-style-type: none"> ▪ Therapeutic Foster Care <p>Theresa Castillo (DHCS) presented a power point presentation on TFC. Refer to attached documents (power point, ACIN I-52-16E, service model and parent qualifications).</p> <p>Defining TFC Services</p> <ul style="list-style-type: none"> ▪ Individualized ▪ Part of structure of Medi-Cal Specialty Mental Health Services ▪ Highly coordinated and trauma informed: CFT will determine what is needed ▪ TFC are short term and intensive services, depending on medical necessity of child <ul style="list-style-type: none"> ○ Frequent evaluations to determine length of service. There is no time limit since it based on frequent evaluation to determine need. Other states have implemented similar to TFC and the average placement is 12-18 months. <p>How will this work for Probation? How to find families to provide this service?</p>			

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		<p>Maybe Departments can use FPRRS money to recruit families. We will try to share information that was collected by CWDA and CDSS for innovative strategies.</p> <p>For Probation: TFC is a Medi-Cal Specialty Mental Health Service, and requires Medi-Cal eligibility, and where it is determined that TFC is medically necessary..</p> <p>Important to determine how to achieve permanency in the home since TFC is a Medi-Cal Specialty Mental Health Service, not a placement category. At some point the child will no longer meet eligibility for the service but the placing agency will not want to move the child due to permanency concerns. TFC is one service in the array of Medi-Cal Specialty Mental Health Services available to the child. It is not meant to be the only service that is available. Other services should be provided to the child, and could include wraparound. Eligibility criteria—Medi-Cal eligible, under 21, meeting criteria for specialty mental health services.</p> <p>TFC Service components of the day rate include: Plan Development, Rehabilitation, and Collateral. These are specifically defined in regulation and in the DHCS state plan. TFC parents are not clinicians and are not expected to do the work of a clinician; they are not providing therapy.</p> <p>Service lock-outs: include when the child is in Juvenile Hall or psychiatric hospital.</p> <p>FFA TFC Agency Provider: FFA will be responsible for ensuring that the TFC parent meets RFA program standards and required qualifications of the FFA. FFA hires a Licensed Mental Health Professional to oversee the TFC services, and the TFC parents. The FFA will oversee the other TFC requirements and Mental Health requirements. FFA will also arrange for non-TFC services. There are specific documentation requirements that are the responsibility of the FFA to ensure.</p> <p>Parent evaluation discussion: Concern was expressed that the TFC parents may not provide permanency for a youth after the youth no longer meets criteria to be in this LOC placement. The payment to the TFC Parent may vary from FFA to FFA, and the TFC payment will stop when no longer providing TFC.</p> <p>Next steps---finalize the documents handed out today; developing FAQ; DHCS is contracting with CIBHS to develop training plan for TFC families.</p> <p>List of resources are included in the PowerPoint.</p> <p>Any additional questions? Please send to katieA@dhcs.gov</p>			
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Next Steps	2 pm	Dates for future Meetings:				
		Date: September 21, 2016 (Wednesday) Time: 9:30 am – 2:30 pm Location: CDSS in the Penthouse OB 9 1804 Address: 744 P Street, Sacramento, CA 95814 <ul style="list-style-type: none"> ➤ Agenda Topics: Resources Family Approval and Child and Family Team ➤ (Open to State/County) 				
		Date: October 25, 2016 (Tuesday) Time: 9:30 am – 2:30 pm Location: Center for Human Services Address: 1632 Da Vinci Court, Room 25-29, Davis, CA 95618 <ul style="list-style-type: none"> ➤ Agenda Topics: TBD ➤ (Open to State/County/Providers) 				
		Date: November 15, 2016 (Tuesday) Time: 9:30 am – 2:30 pm Location: UC Davis, Activities and Recreation Center (ARC) Building Address: 232 ARC, One Shields Avenue, Davis, CA 95616 <ul style="list-style-type: none"> ➤ Agenda Topics: TBD ➤ (Open to State/County/Providers) 				
		No Meeting in December 2016				

Next Meeting: September 21, 2016 (see above) for date, location, and agenda topics.

Attachments

- 1) CCR Newsletter (August 2016)
- 2) Group Home Extension Request ACL 16-65
- 3) CEC DHCS ACL 14-05
- 4) HBFC Rate Chart Proposal Rate Structure