CCR Probation Workgroup
Meeting Minutes

Date: 07/20/2016	**Time:** 9am to 2pm	**Location:** CDSS at 744 P Street, Sacramento, CA 95814

Agencies Representatives: Danna Fabella (CFPIC); Jane Tabor-Bane (Resource Centered for Family Focused); Stuart Oppenheim (CFPIC).

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

Probation: Rosie McCool (CPOC); Tracy Lozada (Sacramento County); Chris Childers (Madera County); Ed Miller (Shasta County); Greg Glazzard (Monterey County); Juanita Holguin (Ventura County); Linda Downey (Tuolumne County); Lisa Campbell-Motten (LA County); Nancy Huntley (Placer County); Ruth Laya (San Mateo County); Wayne Barley (Butte County).

State Representatives:
CDSS: Ray Thomas; Christina Oliver; Elisa Tsujihara; Erika Braccialini; Kim Wrigley; Lisa Witchey; Lupe Grimaldi; Mai Yer Vang; Marissa Sanchez; Rami Chand; Richard Knecht; Sara Rogers; Theresa Thurmond; Turid Gregory-Furlong; Aletha Ware.

Presenter(s)	Time	Agenda Items and Discussion (Major Points)	Action item	Responsible Person	Timeframe
Stuart Oppenheim **Sara Rogers** **Rami Chand** **Rosie McCool**	9AM	▪ **Welcome and Introductions** • Provided an overview for today and why this workgroup is important for understanding how CCR implementation impacts the Juvenile population especially in light of Title IV-E. This workgroup should be useful to Probation and to ensure that they have their topics of concern on the Agenda. This meeting, at this time was concentrated with Probation and CDSS staff is the need to have some conversations between entities to surface issues. Also, the Judicial Council has been invited and will be at future meetings.	None	None	N/A
Rosie McCool & Ed Miller	9:15 AM	▪ **Probation 101 PowerPoint Presentation** • The Board of Community Corrections has oversight responsibility for Juvenile Camps and Detention facilities. The Board of State Community Corrections sets juvenile and adult jail standards. Both are Title 15 under State Statute. • Discussed decline in juvenile arrests. ○ Decline can be attributed to combination of factors including probation instituting Evidence Based Practices (EBP), decrease in citations, philosophy change about incarceration by entire delinquency system, and the focus on first time offenders, diversion and prevention. ○ Most counties are doing informal handling with low risk youths to avoid future offenses and prevent further entry into delinquency system. • Youth with felony citations usually have higher, more acute needs. • Case Plans vary depending on the status of youth (i.e. being supervised in community in placement versus in the family home	Creation of a list of Acronyms used by Probation and a side by side of how this relates to similar processes or acronyms in CWS so that we can develop a common language. Better data created for probation	Jane Tabor-Bane	

		versus in a secure setting).
		• Non-Minor Dependent (NMD) youth: have a choice to "opt-in" for extended foster care, and if in dual system, they can "opt in" to one or the other. There is an MOU between Departments regarding NMDs.
		• Types of Probation
		  ○ WIC 654 is for low-risk offenders such as those involved with School Attendance Review Boards (SARB). Youths are not put in custody. Results in informal probation.
		  ○ WIC 654.2 is the same as 654 but a petition has been filed and the judge orders informal probation prior to admission or verdict.
		  ○ WIC 790 is the same as above but the youth has admitted to being accused of the offense and receives up to 1 year of probation and if the youth completes the probation, the petition will be dismissed.
		  ○ All of the above are not subject to receive any time in juvenile hall without a court hearing and the judge placing the youth in custody.
		  ○ WIC 602 is when the youth is found "responsible" (not guilty). No jury trial. Court takes jurisdiction; Probation provides interventions and resources. If unsuccessful, youth can go into placement – FC or a Commitment facility (Juvenile hall/camp-local or state).
		  ▪ Placement depends on situation. Can send back to family/relative with Custody order, to FC, or GH. (1st offenses normally don't result in placement outside of home).
		  ○ WIC 601 cannot be put into placement by probation but CWS can place a dependent who is also a WIC 601 in FC or GH.
		• Assessment Tools
		  ○ All probation departments are using assessment tools but there is no statewide tool. Of the 9 different tools being used, the PACT and JAIS are the most commonly used to assess: Risk of Recidivism and Needs & Responsivity. They are extensive tools utilized by probation to determine supervision level, program and treatment needs as well as to help make placement recommendations. JAIS includes past trauma whereas PACT does not (however the assessments
			youth that are in CWS/CMS.		

		are moving in the direction to include trauma).
		• 95% of probation youth entries into foster care are into GHs vs 8% of CWS youth.
		  ○ It's the high and high-high risk youths that are in need of group home (STRTP) placements and this need will remain.
		• There are several counties that operate as dual jurisdiction whereby probation and child welfare work together to provide care and supervision of foster youth. In dual jurisdiction counties, probation can request a warrant and place a youth in custody if appropriate.
		• Placement with Relatives: If the Court issues a removal order and the youth is placed with a relative or NREFM, the caregiver will go through the relative placement process or RFA going forward.
		• Profile of youth in care:
		  ○ Repeat offenders;
		  ○ RCL 12-14 who are sex offenders, drug/alcohol abuse, some gang involvement;
		  ○ Mental health needs are most likely those in RCL 13-14 but youth with mental health needs can be in RCL 12 and below;
		  ○ Also youth in RCL 10-11 may have different, and more acute needs from the youths in RCL 12-14 .
		• Statewide, probation works to find the best placements for youth the first time they are placed.
		• The concern for Probation
		  ○ The reason for removal is delinquency behaviors can be similar to CW; however, probation youth also many times need a new environment because the parent is unable, unwilling or needs further assistance to be able to meet the needs of the youth and provide support. Also, sometimes the parents are the victims of the youth's criminal behavior.			

Workgroup Meeting Strategies: Stuart Oppenheim	10:45 AM	▪ **Future Topics for Discussion:** ▪ See attachment.			

Review of Medical Necessity Criteria: Kim Suderman	11:30 AM	• **Medi-Cal—Reimbursement to MHP for payment to providers**
		  ○ Even in best-case scenario, it may take 8+ months for county mental health plans to receive reimbursement.
		  ○ If there are issues/errors it will be longer.
		  ○ Then at end of fiscal year in June, cost report is submitted to state by county. With audits, final settlement occurs many
			Discussion with DHCS Managed Care Unit regarding Managed Care Plan		

		years after the fact. ○ Federal match is approximately 50%, County match is approximately 50%. • Grievance/Complaint Process ○ All Health Service providers must have a grievance process, which includes steps and timelines. ○ **Notice of Action (NOA) –** if the services are denied, then a Notice of Action is sent with a description of the grievance process. This information is outlined in statute **Medi-Cal EPSDT MH SERVICES:** Medi-Cal beneficiaries under 21 years of age are eligible for specialty mental health services. Services are provided for those who meet medical necessity criteria for those services. They **must be a Covered DSM diagnosis and the following:** reasonable probability will not progress developmentally without services, the condition would not be responsive to physical health based treatment, services are necessary to correct or ameliorate mental illness and conditions discovered by screenings, the intervention is expected to allow the child to progress developmentally. Practitioners complete the assessment, determin whether there is a diagnosis, and whether the child/youth's mental health needs are acute, mile, or moderate. • **County Mental Health Plans** - provide, or arrange for the provision of medically necessary Medi-Cal specialty mental health services for those with acute mental health needs • **Managed Care Plans (MCP) and Fee for Service (FFS) Providers -** were assigned by the state when Health Care reform kicked in, to provide medically necessary Medi-Cal specialty mental health services for those with **mild to moderate** mental health needs. ○ **40% foster children/youth have MCP coverage** ○ All counties have at least one managed care plan in their county. ○ The boiler plate contract can be accessed on line to see what they cover (search "Managed Care Contract" on DHCS website). ○ Access to Medi-Cal beneficiaries must be the same as for other patients. • **Fee For Service (FFS)** ○ **60% foster children/youth have FFS coverage** ○ Rates—Medi-Cal rates to providers are low compared to private practice community standard.	responsibility – requested by CDHBA but not lead in discussion.		

		○ Their cost such as talking to PO and CWS that are not typically covered in this system. ○ Access to Medi-Cal beneficiaries must be the same as for other patients, but practitioner may limit the slots available. • **Discussion** ○ How to access MH services through managed care. Services are limited and difficult to access. Some require that you see a Psychiatrist first and offer group therapy prior to individual therapy. ○ Requested discussion with DHCS regarding beneficiary access to Case Management from the MCP and FFS providers. This may be part of the contract that covers responsibility around the mild to moderate MH needs of the youth, but should be researched more.			
Medical Necessity Related to Probation Youth: All Discussion		▪ Probation Officers can help advocate for services with the Managed Care Plans but maybe not for Fee for Services. ▪ What are the services that Probation feels are needed? This will help determine if it could be covered or if available. If not available, then how can it be developed? ▪ Youths have the right to decline MH Assessment and Services: It is good to have a strategy to engage the youth in their treatment services. • For small counties, the problem is not enough MH providers and the youths not wanting help. • A suggestion was for the small county CWS/Probation/DHCS to have a discussion about getting services into the rural areas. ▪ How does it work in respect to youth going into STRTP: It is similar to the RCL 13/14 Interagency Placement Committee (IPC) and Mental Health is at the table for the IPC. Typically, MH is usually not hard to convince at this point. ▪ Example: Sometimes the behaviors/concerns are reported by others outside the home, for example, the school. The youth may decline MH services which becomes problematic. In Juvenile Hall, there is the opportunity to be observed by a MH practitioner and talk to the youth about services they might access in the community once they leave Juvenile Hall. ▪ Options: The MHSA does have an Outreach and Engagement responsibility and this might be something to explore further. Also, Peer Mentoring would be a practice that should be expanded. ▪ MH treatment addresses behaviors and symptoms; for example the child			

		is angry, but more specific such as the child has been in a rage for the past 6 months, has not been sleeping for the past several months and locks self in room. When making a request for services, it is important to know what the child/youth's presenting problem is and not just what the issue is for the caregiver (parent, foster parent, etc.) is.			
Next Steps	1:45 PM	▪ Homework: • Review the documents and think about the specific behaviors, symptoms, and characteristics of the youth that are concrete (changes in behavior; if always angry, look how the youth is angry, the length of this anger, etc.; is it in the community or only in the home; etc.). Keep in mind that what's important to the youth is different from the parents and an emergency to the youth is different from the parents. Send to Rosie. • Think about what the youth needs, then what services are you looking for? Do they exist? Can it be billable by Health Services? • Specific questions about CFT be sent to Rosie. • CFT – overview for the next meeting and think about how today's conversation fits in. ▪ Communication to the Field discussion will be discussed in the next meeting. ▪ Dates for future meetings: • August 22, 2016 Auditorium • September 21, 2016 Penthouse • Time: 9:30am to 2:30pm ▪ August Topic of Discussion: • Continuation of Mental Health Service Discussion & TFC ▪ September Topic of Discussion: • RFA and CFT			
Next Meeting: August 22, 2016 at 9:30am to 2:30 pm at CDSS Auditorium, 744 P Street, Sacramento, CA 95814 **Topic:** Medical Necessity Continued and Overview of Therapeutic Foster Care					

Future Topics for Discussion—Attachment

- Add:
  - 1915 B Waiver
  - Non-minor dependents
  - Intra county leadership
    - Cross-system
  - Intra-Agency Placement Committee (IAPC)
  - Developing resources for probation youth link to GH discussion

- **Future Topics: (grouping and prioritizing)**

1. **Recruitment/Building Capacity of Resource Families/HBFC**
   - A spectrum (continuum of care)
   - MH Needs/TFC through higher level (RRS)
   - Develop placement resources for probation youth in home based care.
   - Develop placement resources for probation youth with severe MH needs.
   - Supporting youth and families when stepping down from treatment programs/STRTP to home based care.
2. **RFA (make sure CW in the meeting)**
   - Eligibility criteria for families who will need RFA/Kin
     - Make this very straightforward
     - Create a cheat sheet
     - Why more probation youth live with Kin is different than CWS youth.
   - Building infrastructure to do RFA
     - Some probation offices do not have a placement unit nor have the experience of completing home studies
     - Partnering with CWS and combining resources/families
   - Training for Probation staff
   - Roles/responsibilities of probation in the RFA process with CWS or others.
3. **Working with GHs to transition to STRTP**
   - Include focus on rural counties
   - How will probation offer TA in CCR to the small GHs?

- Lower level group homes role in CCR – (conversation with providers) – working with them to find their place and consider what they might do for special populations
- How will probation support GHs to continue operating? How can they encourage GHs?
- What other options does GHs have who cannot or will not transition?
- How will probation begin the conversation with providers on their place/role in CCR?
- STRTP Overview
    - Who can go into STRTP?
    - Qualifications into STRTP?
    - Extensions

4. **Working with providers to meet the specialized placement/population needs.**
    - Dual Diagnosis
    - Drug/alcohol
    - CSEC
    - How to identify families to take sex offenders?
        - What are the types of families who are willing to do this?
5. **CFT**
    - When CDSS finalizes their ACL, will discuss the ACL later with group.
        - Process/procedure and pre-meeting logistics
        - How to use CFT to develop the needs and services plan.
        - Overview of CFT
    - Include Core Practice model in the discussion.
6. **Eligibility for MH services for youth to be placed in STRTPs**
    - The applicability of conduct disorder diagnosis for probation foster youths who has other mental health, behavioral, and substance abuse issues as well
    - Medical Necessity and the 1st bullet discussion with Kim Suderman on 7/20/16 and 8/22/16.
7. **TFC**
    - Basic information on TFC
8. **Rural and small county needs and challenges**
    - Discussion with providers
    - Make sure providers who are not a part of the Alliance that needs TA are in this discussion (how do we work with them?)

- How to get services out to the rural area
  - Because of the lack of services available to rural counties, probation youths are being placed out of county.

9. Reducing out of state placements

- How can providers' in-state meet special needs?

10. Transition

- Expanding aftercare services for probation foster youth
  - How do you introduce youth to staff when going back home?
  - What is aftercare?
  - Continuity of services from out of county placement
  - Change of placement or when program ends for youth

11. Strategies to educate the legal system

- There are some helpful activities on the CCR Inter-Agency Implementation Guide
- Include Judicial Council on the committee
  - Train at the Judicial annual meeting
  - CDAA – have Greg and CPOC do a presentation

12. Communication to the field

- Discussion that this workgroup is the "support team" and then how do we get information out to the field.
- What can CDSS provide TA to providers with Probation
- Guiding/ongoing conversation

13. Rates structure

- FCARB can present the rate structure
- How does funding CCR related activities get dispersed and how can probation access/use?

- **Internal Discussion State/Co:**
  - CFT
  - Continued internal discussion before open to providers/advocates/ others
  - CWS and DHCS/County Behavioral Health needs to be a part of this discussion early on.