

November 16, 2021

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 21-143

This letter provides guidance related to the provisions of AB 153 (Chapter 86, Statutes of 2021) and the Budget Act of 2021 (Chapter 21, Statutes of 2021) that provide funding for the development of system capacity to ensure the provision of a high-quality continuum of care.



KIM JOHNSON
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



GAVIN NEWSOM
GOVERNOR

November 16, 2021

ALL COUNTY LETTER NO. 21-143

TO: ALL COUNTY WELFARE DIRECTORS
ALL CHIEF PROBATION OFFICERS
ALL FOSTER CARE ELIGIBILITY SUPERVISORS
ALL SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAMS
ALL COUNTY BEHAVIORAL HEALTH PROGRAM DIRECTORS
ALL COUNTY ADOPTION AGENCIES
ALL ADOPTION REGIONAL AND FIELD OFFICES
ALL REGIONAL CENTERS
ALL GROUP HOME PROVIDERS
ALL FOSTER FAMILY AGENCIES
ALL SPECIAL EDUCATION LOCAL PLAN AREAS
CONSORTIUM PROJECT MANAGERS

SUBJECT: COMPLEX CARE FUNDING OPPORTUNITY, REQUIREMENTS
AND GUIDELINES, PART II CAPACITY BUILDING

REFERENCE: [ASSEMBLY BILL \(AB\) 153](#), CHAPTER 86, STATUTES OF 2020, [AB 2083](#), CHAPTER 815, STATUTES OF 2018, [AB 128](#), CHAPTER 21, STATUTES OF 2020. [Child Welfare Information Gateway Systems of Care Bulletin](#). WELFARE AND INSTITUTIONS CODE ([WIC](#)) [16001.1](#), [WIC 16550-16556](#), ALL COUNTY LETTER ([ACL](#)) [21-119](#).

The purpose of this All County Letter (ACL) is to provide counties with guidance on the funding opportunities under [Assembly Bill \(AB\) 153](#) to support new or expanded programs, services, practices, and training that build system capacity and ensure the provision of a high-quality continuum of care that is designed to support foster children in the least restrictive setting, consistent with a child's permanency plan. There are three different types of allocations available through AB 153: (1) child-specific funding available through an individual request; (2) funds to support county capacity building; (3) funds to support the Children's Crisis Continuum Pilot. Information on the first funding type can be found in [ACL 21-119](#). The process for accessing funding for the second allocation type is included below. Subsequent guidance will include the processes for accessing the third allocation type as well as guidance for Title IV-E Tribes.

THREE TYPES OF FUNDING ALLOCATIONS

AB 153 enacted [Welfare and Institutions Code Section \(WIC\) 16001.1](#) and provided limited-term and ongoing funds within the [Budget Act of 2021](#) to support the urgent and exceptional needs of children and nonminor dependents (NMDs) in foster care and under the supervision of a county child welfare agency or probation department, including those who otherwise may be placed in an out-of-state residential facility.

Child Specific Requests for Exceptional Needs

AB 153 makes available funds that implement recommendations of child-specific assessments, evaluations, enhanced care planning or ongoing technical assistance that identify exceptional needs to support individual children in foster care within California in the least restrictive setting. Further information on accessing this funding can be found in ACL 21-119.

County Capacity Building

AB 153 provides \$43.3 million in funding to both county welfare agencies and probation departments to support counties with establishing a high-quality continuum of care designed to support foster children/NMDs in the least restrictive setting, consistent with the child/NMD's permanency plan. Funding made available to counties shall only be used to supplement, and not supplant, existing funding. Funding is available for five years and proposals can be submitted yearly or on a one-time basis.

Funding requests pursuant to this guidance must include completion of the Self-Evaluation for Complex Care Capacity Building. This evaluation is to be completed in consultation with the System of Care [AB 2083](#) Interagency Leadership Team members, and in consultation with tribes, as they will assess the county's availability of placement options, services and supports for children with complex needs at every level of placement (emergency homes, relative caregivers, foster family homes and congregate care settings). The self-evaluation shall include consideration of the services and supports needed to identify home-based caregivers for every child, including children with complex or specialized needs, and to meet the needs of those in family settings. Counties must fill out and submit the Self-Evaluation for Complex Care Capacity Building through the [Self-Evaluation Survey Monkey Link](#). The self-evaluation only needs to be completed if and when a county is applying for an allocation.

In addition, counties must submit a Complex Care Capacity Building Proposal (attached) that identifies necessary enhanced and specialized service models that will address the capacity gaps identified in the self-evaluation and how the funding will contribute to the establishment of a high-quality continuum of care for the children in

foster care. Proposals should aim to develop long term capacity, rather than short-term fixes. After receiving the allocation, the fund recipient will be required to provide data and documentation that shows the funds were used consistently with the approved Complex Care Capacity Building Proposal.

Below are some of the potential uses for the funding related to capacity building:

- Contracting and establishment of specialized models of professional foster care including intensive services foster care (ISFC), or other models that may be developed in collaboration with counties and providers.
- Specialty Mental Health Service-Therapeutic Foster Care (TFC), a service that partners with county behavioral health, child welfare, probation, and providers, with support from the statewide associations.
- Intensive child-specific recruitment, family finding and engagement, and support programs for children with complex needs. This may include specialized permanency support services as described in Welfare and Institutions Code Section 16501 and activities associated with the Active Supportive Intervention Services for Transition programs. It may also include tribal family finding and home approvals.
- Specialized models of integrated care and support for family-based settings. This may include high-fidelity wraparound and community-based treatment models that create alternatives to out-of-home or residential placement.
- Contracting with highly individualized short-term residential therapeutic programs (STRTPs) designed to serve children with complex needs who otherwise may have been placed in an out-of-state residential facility.
- Contracting with highly specialized STRTPs designed to serve children with co-occurring intellectual or developmental disabilities and behavioral health needs.
- Contracting with highly specialized STRTPs designed to serve children with co-occurring substance use disorders (SUD) and mental health needs.

It should be noted that these funds are not intended to be used to pay the maintenance costs of an individual child but to create capacity in the counties; child-specific maintenance costs should be claimed through the funding available under ACL 21-119. In addition, regional collaboration among multiple counties is permitted and encouraged for any of the capacity building proposals.

High Quality Continuum of Care

Standards for County Plans

The state's Integrated Core Practice Model's (ICPM) essential values and principles establish that the primary objective of a child being cared for in a more restrictive setting

is to gain an understanding of the needs of the child and family and to develop and coordinate the implementation of services, supports and interventions that enable the child to transition and be cared for in a family. A primary goal of a high-quality continuum of care is to ensure that the necessary services, supports and interventions are readily available in family-based settings.

In order for the California Department of Social Services (CDSS) to evaluate and approve county spending proposals, the county self-evaluation and proposals must demonstrate an ability to support a high-quality continuum of care that will address the needs of children/NMDs in family-based and congregate-level settings. Service components must be designed to have the capacity for meeting the needs of all children, including those with co-occurring disorders and complex or specialized needs. The proposals should also ensure that transitions between levels of care are coordinated between all system partners in a trauma-informed manner. A high-quality continuum of care must be designed to reliably identify family-based caregivers for every child whenever possible. It must also be capable of providing individualized, high-acuity and high-intensity services (including crisis interventions and specialized competencies) at every level of the placement continuum, including relative caregivers and other family settings, emergency homes, as well as more restrictive settings such as STRTPs.

High quality continuums of care are necessary to make certain that a child is not placed in a higher restrictive setting solely due to a lack of available home-based placement options or services. They also make efforts that even when a child is temporarily cared for in a more restrictive setting, there will be reliable, less restrictive placement options available with intensive services to meet the needs of both the child and family. This will limit the amount of time children spend in congregate care settings to only what is necessary to address the child/NMD's needs and develop and implement an effective aftercare transition plan.

Systems of Care

The strength of a local system of care is measured by the capacity of county and local agencies, including non-governmental service providers, to support children and families with complex needs in the least restrictive setting. When determining needed capacity building, it is crucial that placing agencies and tribes work within the AB 2083 Interagency Leadership Team and with provider partners. The goal of these teams is to evaluate identified gaps in system of care practices that may be impacting the outcomes of children and families which lead to placement instability and utilization of more restrictive settings. AB 153 requires that the memorandums of understanding established pursuant to AB 2083 include processes developed through tribal consultation for engaging and coordinating with these tribes in the ongoing

implementation of the memorandums of understanding. Therefore, consultation with tribes in conducting the county self-evaluation and proposal planning as discussed in this ACL is required.

A county fiscal letter will be forthcoming with instructions and allocations for each county.

Planning and Outcomes Standards

CDSS will identify an independent evaluator to comply with the requirements of AB 153 outcomes evaluation. As part of the funding request, counties will be required to submit an Excel worksheet with data related to STRTP and Foster Family Agency (FFA) placements, Intensive Services Foster Care (ISFC) and Therapeutic Foster Care (TFC) homes, placements in non-foster care settings, emergency homes and hospitalizations. Counties must email RatesPolicy@dss.ca.gov when they are completing their proposals to obtain the Excel worksheet.

Children's Crisis Continuum Pilot Project

As stated in ACL 21-119, AB 153 also included a Children's Crisis Continuum Pilot Project for counties and providers to work together to create new programs to treat youth with high acuity needs. This pilot will require that counties or providers go through the Request for Proposal (RFP) process. Accordingly, a separate ACL will be released discussing this option.

If you have any questions or need additional guidance regarding the information in this letter, contact the Rates Policy Unit at RatesPolicy@dss.ca.gov.

Sincerely,

Original Document Signed By

ANGIE SCHWARTZ
Deputy Director
Children and Family Services Division

c: CWDA
Attachments



KIM JOHNSON
DIRECTOR

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Complex Care Capacity Building Proposal

Instructions: This document should be completed in conjunction with the County Self-Evaluation for Complex Care Capacity Building. Counties should provide information below to assess for potential gaps identified in your county's self-evaluation within your continuum of care and how your county plans to remedy those gaps. The California Department of Social Services will review your County Self-Evaluation for Complex Care Capacity Building and this proposal for allocation purposes and ensure it includes the infrastructure needed to result in positive outcomes for children, youth and families. Counties will also be required to submit required data related to their gaps analysis via an excel spreadsheet template available by emailing Ratespolicy@dss.ca.gov.

County	
Point of Contact	
Phone Number	
Email Address	

Complex Care Capacity Building Proposal
Page Two

<p>Identified gaps in the county's continuum of care. (Quantify the identified gaps within each component of the continuum from your county's Self-Evaluation). It is recommended that home-based capacity for children with complex needs is at least 50% greater than congregate care capacity.</p>	
<p>Detailed proposal for use of complex care funding to fill the identified gaps and the role of applicable partner agencies. *May include more than one proposal.</p>	

Complex Care Capacity Building Proposal
Page Three

List any additional, relevant data not included in the provided template. Suggestions include data regarding	

Complex Care Capacity Building Proposal
Page Four

specialized care or other identified needs.	
Estimated Costs: include breakdown of staffing, contracts, training etc.	

X

Signature of County Representative and Date