



Newsflash #5

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CCR Messaging

This is the fifth 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.

CCR Updates for December 2016:

See page 5 for details of what to expect in the next issue of the CCR Newsflash.



"As a young man, I can say that guidance was the key to my upbringing in life. As a former foster youth I can say that guidance is something a youth has to search for when they are in foster care. What the Continuum of Care Reform does for youth is provide that key by focusing on joining youth with permanent housing in families who can guide the way to a better future.

This would have made a really big difference for me, when I was transitioning from foster care. Not knowing who would be there to guide me was very overwhelming. I would have definitely benefitted from having the guidance and reassurance that comes with a permanent family."

Angel Fuentes, Stanislaus County Ambassador, Youth Engagement Project (YEP)

Part I - The Journey to being Trauma Informed: What Does This Mean and How Do I Find My Way?

(This month's CCR Newsletter is focusing on what it means for staff and services to be trauma informed. This is Part I of a two-part article that will be continued in the next issue of the CCR Newsletter.)

What does it mean to be Trauma Informed?

As a result of the passage of Assembly Bill 403, the Continuum of Care Reform Act, there has been an increased focus on the concept of trauma informed services. The bill specifically states that services provided to children and families in the system should be trauma informed and culturally relevant. So, what does this mean and what resources exist to help those implementing the bill to be trauma informed?

The definition according to the National Child Traumatic Stress Network (NCTSN) states: A trauma informed child and family service system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to facilitate and support the recovery and resiliency of the child and family.

For the past four years, as part of the NCTSN, the Chadwick Center at Rady Children's Hospital-San Diego, has been funded to work with Child Welfare systems across the nation to help them on their journey toward being Trauma Informed Systems. The Chadwick Trauma Informed Systems Dissemination and Implementation Project (CTISP-DI) worked with five communities from the state of Rhode Island to counties in Florida, Minnesota, Oklahoma and closer to home Orange County here in California. The foundation of the work on CTISP-DI has been training on the Child Welfare Trauma Training Toolkit (CWTTT). The CWTTT includes seven essential elements that are the basis for creating a trauma informed system.

1. Maximize physical and psychological safety for children and families
2. Identify trauma-related needs of children and families
3. Enhance child well-being and resilience
4. Enhance family well-being and resilience
5. Enhance the well-being and resilience of those working in the system
6. Partner with youth and families
7. Partner with agencies and systems that interact with children and families

Looking at each of these a little more in depth can help you think about your journey to becoming trauma informed. We refer to it as a journey, because it is an ongoing and evolving process not a checklist that one fills out and can then declare that the work is complete. While these elements were specifically developed for Child Welfare, they can certainly be applied to other child and family serving agencies and serve as a good starting point for developing your plan for your trauma informed journey.

Physical safety: Creating a physically safe environment for child and for caregiver

Psychological safety: Creating emotional safety for the child- creating an environment in which the child and caregivers can feel safe. Examples: being sensitive to how many times they have to share details of abuse.

Identifying trauma related needs: Having appropriate screening and assessment in place for both children and adults to identify reactions as well as risks for each individual related to their trauma experience. Taking into consideration the developmental stage and cultural considerations of the child and how this intersects with their trauma experience.

Enhancing child well-being and resilience: Providing support in the home for the child by having caregivers that understand the impact of trauma. Connecting children with appropriate evidence-based treatments to address their trauma and helping them to develop tools to address their symptoms and to form positive supportive relationships. A great resource for finding out information on evidence-based practices is the California Evidence-Based Clearinghouse for Child Welfare (www.cebc4cw.org). The program registry has over 380 programs that are reviewed and rated on a five point scale to provide information on the level of research evidence for each program.

Enhance family well-being and resilience: Understanding the inter-generational nature of trauma and supporting families in addressing their own trauma histories. In addition, helping them develop skills and tools to support their children in recovery.

Enhance the well-being and resilience of those working in the system: Acknowledging that working with trauma exposed individuals has an impact on staff and developing ways to educate and support staff on how to address these impacts so that they can continue to support the children and families they work with.

Partner with youth and families: Recognizing that those with lived experience with trauma and interactions with the child welfare system offer a wealth of expertise and knowledge about the strengths and challenges of the system.

Partner with agencies and systems that interact with children and families: Many families and children are involved with multiple service systems (child welfare, mental health, law enforcement, legal, medical, educational systems etc.) and these systems need to work together to create policies and processes that are trauma informed so that they are working collaboratively and one system is not "undoing" the work of another.

Stay tuned for Part II of this article in the next CCR Newsletter, Edition #6 in December 2017.

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.

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: This meeting occurs monthly with the next one scheduled for December 8, 2016. Participants include leadership from the California Department of Social Services, 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. The purpose of the meeting is to identify and address cross discipline policy issues related to the implementation of CCR. This meeting is by invitation only. For more information, please contact Tracy Urban at Tracy.Urban@dss.ca.gov.

CCR Education Sub-Workgroup: This is a sub-workgroup of the CCR State/County Implementation Team assembled to discuss how the Special Education Local Plan Area (SELPA) system interplays with Child Welfare, Probation and Mental Health systems in the implementation of CCR. The first meeting was held on October 24, 2016. The agenda consisted of the following items: SELPA Funding structure, Child and Family Team (CFT) and Individualized Education Program (IEP) collaboration; and placement information and resources for education. The next meeting is scheduled for Wednesday, November 30, 2016, 9am to 12:30 pm. This meeting is by invite only. For more information, please contact Ahmed Nemr at Ahmed.Nemr@dss.ca.gov.

CCR Stakeholder Implementation Advisory Committee: The committee meets quarterly to update stakeholders regarding CCR implementation. The last meeting was held on November 14, 2016, and included CCR implementation updates and a discussion on the interplay between Interagency Placement Committees (IPC) and Child and Family Teams (CFT). The next meeting is scheduled for February 23, 2017. For more information, please contact Loretta Miller at Loretta.Miller@dss.ca.gov.

Resource Family Approval (RFA): The CCR RFA Unit will be releasing an All County Letter (ACL) for stakeholder feedback on conversion of existing families to RFA. CDSS is developing a process to establish Memorandums of Understandings (MOU) for the services CDSS will provide on behalf of counties. Regional RFA Academy trainings are taking place through the Regional Training Academies (RTA). Please contact your RTA for training dates. 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 be released prior to 1/1/17. A county workgroup assisted in the development of criteria for extending the availability of respite care from 72 hours to 14 days per month to preserve a placement. The ACL regarding the second level review of youth placed in Short-Term Residential Therapeutic Programs (STRTPs) lasting longer than six months will be released in November. Additionally, the ACL regarding the process for county review of program statements for new Foster Family Agencies (FFA) and STRTP applicants will also be released in November. A sub-group from the State/County team has been established to inform the development of guidance related to the changes and clarifications to the Interagency Placement Committee (IPC) process. Guidance regarding the IPC process will be released by January 2017.

The Probation Workgroup: This workgroup was last held on November 15, 2016. Agenda topics included a discussion on prevention, transition, after care, funding strategies, CFTs and the IPC. The next workgroup is scheduled for January 10, 2017, and is open to state/county/stakeholders through invitation only.

Mental Health: The DHCS continues to work collaboratively with the CDSS in reviewing the regulatory standards of each department pertaining to STRTPs to reduce redundancies where possible. The DHCS and CBHDA partnered together in providing an overview of the Mental Health Program (MHP) Approval and Medi-Cal Certification processes at the recent STRTP Provider Orientations. This year, the DHCS is launching a series of regional Medi-Cal 101 trainings that will provide more details regarding Specialty Mental Health Services, Medical Necessity, and claiming for services. Stakeholder input has been obtained on the draft STRTP MHP 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 done by a desk review of required documents. The goal will be to conduct 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 DHCS 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 will be posted in a number of websites. But in the meantime, email ccr@dss.ca.gov if you would like a copy.

Treatment Outcome Package (TOP) and Child Adolescent Needs and Strengths (CANS) Assessment Tools: The CDSS is partnering with counties to pilot two assessment tools Treatment Outcomes Package (TOP) and Child and Adolescent Needs and Strengths (CANS). Both assessment 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. The TOP pilot counties are actively engaged in training and have completed assessments for over 390 youth in child welfare. The CANS is being piloted in San Francisco, Humboldt and Shasta counties. The department is developing a Request for Proposal (RFP) to select an independent party to conduct an evaluation and report on the efficacy of each assessment tool.

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CCR Regional Ideas and Transformation Exchange (RITE):

The California Department of Social Services (CDSS), Department of Health Care Services (DHCS), County Welfare Directors Association of California (CWDA), County Behavioral Health Directors Association (CBHDA), Chief Probation Officers of California (CPOC), California Institute for Behavioral Health Services (CIBHS), the Regional Training Academies, and Casey Family Programs are sponsoring Continuum of Care Reform (CCR) meetings in the Northern, Bay, Central, Southern regions, as well as Los Angeles, in order to provide robust technical assistance at the local level. The first round of RITES were held in the Bay Area, Los Angeles, Central, Southern, and Northern regions. The second round will be limited to state and county staff and will open to broader participation in the spring of 2017. Contact:

Theresa.Thurmond@dss.ca.gov

Community Care Licensing (CCL) Regional Meetings with Providers: Short-Term Residential Therapeutic Programs Orientation

The Department is pleased to announce the completion of the STRTP orientations. Handouts presented at the orientations can be found on the CCR website under the STRTP section:

<http://www.cdss.ca.gov/cdssweb/PG4869.htm>. There was great

collaboration between providers, placing agencies, and mental health providers. At each meeting CDSS received valuable feedback and questions and an FAQ document will be available on the CCR website shortly. Regional technical assistance meetings on the FFA Standards were held in September. FFAs shall refer to the FFA Standards to submit an updated Plan of Operation/Program Statements by January 1, 2017.

Please send all comments and questions to Teresa.Owensby@dss.ca.gov and Marisa.Sanchez@dss.ca.gov.



CCR Agent For Change

Jerry Johnson, CCOFFA

CCR Agents for Change is a feature and forum of the CCR Newsflash to recognize individuals who are championing the vision of CCR and making a difference in the lives of youth and families.

"Jerry Johnson is a staunch advocate and is passionate about developing realistic policy and disseminating information to Foster Family Agencies throughout the state. Jerry has volunteered his time to attend countless meetings, travelling to and from Sacramento to share his wealth of experience. When he sees a need he fills it, he distributes newsletters to CCOFFA members which he shares with other stakeholders, he conducts surveys when information is needed, he updates the FFA list to make sure all FFAs are receiving information regarding CCR. He is constantly thinking about how a decision will impact children, youth and families and has assisted CDSS and many work groups by sharing the reality of the work. He is a true CCR Agent for Change!"

Lisa Molinar, Shared Vision Consultants and CDSS CCR Consultant

Jerry Johnson is the coordinator for California Coalition of Foster Family Agencies (CCOFFA) with 29 years of experience in the foster care industry, including adoption work over the last few years. Jerry believes that it is in the best interest of children in placement to be in a caring, consistent, stable family environment. It is CCOFFA's heart that each FFA provide the best possible care, and a lot of that has to do with understanding all the expectations on FFAs, keeping them informed, and supporting compliance and improvement in the foster care industry

One of CCOFFA's goals is to make sure all FFAs understand CCR, its impact, and what FFAs need to do to help CCR succeed. The heart of CCR is that children/youth in care quit getting bounced home to home. Research has shown that due to the fear and anxiety of going to a new, unknown resource home, moves like that generate the same neurological damage for a child/youth as actual abuse. Moves damage our kids and by working with the focus and purpose of CCR (especially the CFTs), hopefully we can limit the amount of anxiety and placements children/youth in care experience.

For more information about CCOFFA, Jerry can be reached at jerry_johnson@ccoffa.org.

CCR Frequently Asked Questions (FAQs)

The following Frequently Asked Questions have been gathered from the CCR email box and questions asked at CCR workgroups or presentations. The list will be updated on a continuous basis and will be listed on the CDSS internet page. Please note that answers to some of these questions are time sensitive and continuously evolving.

- Q. We completed accreditation in 2015, do we qualify for reimbursement?**
- A.** 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 fee.
- Q. Is reimbursement for accreditation based on the invoice date or date paid?**
- A.** Reimbursement for accreditation is based on the date paid.
- Q. Are there any requirements for who can complete a RFA/psychosocial assessment?**
- A.** 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).
- Q. Will certified family homes be permitted four children to share a bedroom?**
- A.** No. Certified family homes will continue to be governed by the provisions in Chapter 9.5, Foster Family Homes, which states “no more than two children shall share a bedroom” ([CCR §89387](#)).

Coming in the Next Issue of the CCR Newsflash, Edition #6, December 2016

- Additional information on trauma informed services
- Focus on permanency including the CCR Agent For Change, resources, and best practice
- Recruitment and Retention Strategies
- List of ACLs and ACINs
- “Vision To Practice” at the local level

Children and Family Services Integrated Practice Technical Assistance Calls

The California Department of Social Services and Department of Health Care Services host a monthly call to discuss questions and issues regarding Child Welfare and Mental Health integrated practice. Topics covered include all aspects of the CCR, Pathways to Well-Being Services (Core Practice Model), Intensive Care Coordination, Intensive Home-Based Services), and Therapeutic Foster Care. When: First Wednesday of each month at 10:00 a.m. Upcoming call on December 7, 2016. Phone: 877-922-9924, Pass Code: 144611 Email KatieA@dhcs.ca.gov to subscribe to the TA Call list for alerts, materials, and bulletins.

Therapeutic Family Care Services (TFC) Implementation Committee Meetings

The TFC Implementation Committee continues to meet to discuss the TFC service model and TFC parent qualifications. The committee meet s bi-monthly and the next meeting is scheduled for December 7th, 2016

LESSONS LEARNED

Residentially Based Services (RBS) Reform Project Summary of Fiscal Year 2014-15 County Annual Report (CAR) – Qualitative Questions (Vincent Richardson)

For some, the Continuum of Care Reform was launched with the passage of Assembly Bill 403 or the development of the CCR Branch. For others, the CCR work began with the Residentially Based Project (RBS) and Assembly Bill 1453 (Soto, Statutes of 2007). AB 1453 required CDSS to produce a report or a summary of the RBS programs. The RBS is a five-year pilot demonstration project to transform the State's current system of long-term congregate group home care into a system of programs which *seek to reduce the length of time in-group care, and improve permanency outcomes for youth by combining short-term residential stabilization and treatment with community-based services to reconnect youth to their families and communities*. 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). **Note:** Mendocino County was not included in the analysis due to late approval.

The purpose of the report is to inform the CCR implementation plan for January 1, 2017, which was authorized by Senate Bill (SB) 1013 (Statutes of 2012). Further, the report was developed to shed some insights on nine qualitative questions that centered on some mandated (AB 1453) children's outcomes such as but not limited to permanency, length of stay in care, re-entry into foster care, involvement of children and families in services planning and treatment. The answers provided were in the RBS County Annual Reports submitted to CDSS for FY 2014-15.

Based on the questions that were asked, the following information was provided to determine "What worked with RBS": Several components played a big role in the success of RBS youth transitioning from residential care into a family-based care setting for permanency, including some evidence-based practices. These facets were categorized into the following:

- (1) Family Finding, Concurrent Planning, Respite Care and Crisis Stabilization Options;
- (2) Monthly Family Meetings;
- (3) Individualized Services and Supports, and Teaming;
- (4) Evidence Based Practices; and; (5) Staff Training.

Family Finding, Concurrent Planning, and Respite Care need to be developed into a youth's Case Management and Treatment Plan during enrollment. RBS Counties that combined these components generated some positive permanency outcomes.

The RBS providers used various approaches in their monthly CFT meetings, i.e. Team Decision Making, Group Decision Making, Wraparound Team Process, and other related methods. The major key to their successes centered on the participants being actively involved in the planning, assessment, and evaluation process with "voice and choice" in their case management and treatment plans. This process allows the family members to provide input into their unique individualized and family therapeutic plan.

A collaboration between the RBS Team, and community services and supports (within proximity of the home) are more effective when the resources are coordinated, delivered, and supported fiscally prior to the youth's transition from residential to family-based care. There were four evidence-based practices used successfully in RBS:

1. *Intensive Treatment Foster Care;*
2. *Functional Family Therapy;*
3. *Trauma Focused-Cognitive Behavioral Therapy;* and
4. *Dialectical Behavioral Therapy*

Many RBS providers' staff received *Early Periodic Screening, Diagnosis, and Treatment (EPSDT)* training from the University of California, Davis, Resource Center for Family Focused Practice. This training was provided to educate the staff on how to bill and claim federal (matching) dollars for Mental Health Services. The RBS providers found the training to be beneficial to support the high mental health needs of their RBS clients.

Finally, some RBS providers have achieved success by hiring and training Family Specialists in place of the traditional residential cottage staff. Unlike the traditional staff, the Family Specialists can provide mental health supports for treatment care to the children and youth placed in a residential cottage. This change in hiring practices brought some positive program outcomes to various RBS providers. For additional information about the RBS project, contact Vince Richardson at Vincent.Richardson@dss.ca.gov.

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 FACT SHEETS:

The fact sheets are short documents on key areas such as: Home Based Family Care, Assessment, Probation, and more, that provide basic information on CCR related topics available on the CCR internet.
<http://www.cdss.ca.gov/cdssweb/PG4921.htm>

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>

CCR Updates Continued

Integrated Services: A joint Child and Family Team (CFT) All County Letter (ACL) and Mental Health Substance Use Disorder Services (MHSUDS) Information Notice was released October 7, 2016, by the CDSS and the DHCS. The ACL and MHSUDS Information Notice provides counties with information and guidance regarding the use of the CFT to deliver child welfare services, the composition of the CFT, eligibility criteria, meeting frequency, and other pertinent information. An attachment to the letter contains helpful Frequently Asked Questions (FAQ's). These FAQ's are addressed to child welfare, probation, and behavioral health, and provide very specific information for the CFT process. The CDSS also released CFL 16-17-22 http://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/cfl/2016-17/16-17_22.pdf on October 11, 2016, to provide claiming instructions to counties for allowable CFT activities and CFL 16-17-24 to inform County Welfare Departments and County Probation Departments of the Fiscal Year (FY) 2016-17 CFT allocations. For more information, please contact the Integrated Services Unit of the Child Protection and Family Support Branch at 916-651-6600, Lupe.Grimaldi@dss.ca.gov or CWScoordination@dss.ca.gov.

The California Wraparound Advisory Committee (CWAC) met on Tuesday, October 25, 2016. The CWAC is a multi-disciplinary stakeholder group focused on promoting and improving high-quality Wraparound services and meets twice per year. The CWAC follows a collaborative process for gathering and sharing feedback from Wraparound service providers, parent and youth partners, and county administrators from both child welfare, probation and mental health departments to identify strategies and strengths, promote best practice and fidelity to the Wraparound Model, and to make recommendations for statewide policy and practice changes. The group had a thoughtful discussion regarding some of the Wraparound statutes in Assembly Bill 1997 pertaining to eligibility and the Wraparound rate, and made recommendations. Also during the meeting, the CWAC re-convened its three currently active workgroups: the Adoption Assistance Program (AAP) Workgroup; the Early Childhood Wraparound Workgroup; and the Wraparound Training Standards Workgroup. These three workgroups addressed and discussed emerging needs within the Wraparound statewide network specific to families receiving AAP funds, children ages 0-5 in need of and receiving Wraparound, and the development of the Wraparound Training Standards. For more information, please contact the Integrated Services Unit of the Child Protection and Family Support Branch at 916-651-6600 Lupe.Grimaldi@dss.ca.gov or CalWrapCommittee@DSS.ca.gov.

The CDSS and the DHCS are currently drafting a second joint letter regarding Therapeutic Family Care (TFC) services, formerly known as Therapeutic Foster Care services. The joint All County Information Notice (ACIN) and MHSUDS Information Notice will provide counties, Mental Health Plans, Child Welfare Departments, and provider's additional information and guidance on the TFC service model and TFC parent qualifications. This ACIN/IN also provides information on the name change for the TFC service model, which is changing from Therapeutic Foster Care Services to Therapeutic Family Care Services. The DHCS will release a third version of the Medi-Cal Manual to include information specific to TFC services prior to January 1, 2017. For more information, please contact the Integrated Services Unit of the Child Protection and Family Support Branch at 916-651-6600, Lupe.Grimaldi@dss.ca.gov or CWScoordination@dss.ca.gov.

CCR Policy: Version 1 of the Interim Licensing Standards (Standards) for Short-Term Residential Therapeutic Programs (STRTPs) has been released. These Standards implement the CCR provisions of Assembly Bill 403 (Chapter 773, Statutes of 2015) and Assembly Bill 1997 (Chapter 612, Statutes of 2016) governing STRTPs effective January 1, 2017. *Please note: CDSS anticipates releasing a subsequent version to clarify additional provisions as necessary.* The Standards are provided in PDF format and are posted on the CCR website at <http://www.cdss.ca.gov/cdssweb/PG4869.htm> under section "Short-Term Residential Therapeutic Program." Additional information to become an STRTP is also posted on the CCR website. Please send questions or comments to Teresa.Owensby@dss.ca.gov and Marisa.Sanchez@dss.ca.gov.

Foster Care Audits and Rates Branch (FCARB) Update: ACL 16-65 posted on August 19, 2016, outlining the Group Home's Extension Request Process. Note: group home extension requests deadline was November 11, 2016. In the event that requests are submitted after November 11, 2016, the CDSS will work closely with counties and providers to avoid any negative impacts to the youth during this transition period. Counties should contact FCARB at 916-651-9157 for any assistance. The Home Based Family Care Rates (HBFC) Structure ACL 16-79 was released on September 23, 2016, outlining Phase I implementation for the new rate structure. Phase II implementation for the HBFC rate structure is being developed and is scheduled to be released before the end of this quarter. FCARB is working with Stakeholders in developing a LOC protocol tool designed to assist with placement decisions. An ACL is anticipated to be released in spring of 2017. The next steps will include having as many counties begin testing/piloting the tool and begin to identify Regional Training Academy Train the Trainer dates. Those interested in participating in the webinar should contact daisy.braxton@dss.ca.gov

Performance and Oversight: A Youth Satisfaction Survey Workgroup was convened in August and September. The next meeting will be on December 15, 2016. The unit continues to update and distribute the county group home RCL profiles. The profiles provide counties information on the number of youth they have placed in group homes and are aggregated by agency, RCL level, age, and ethnicity. The next quarterly update should go out by the end of the month. The unit is developing the Supplemental Reporting Language on the progress of CCR implementation and working with the CDSS Contracts to create a RFP (Request For Proposals) for a contractor to evaluate the TOP (Treatment Outcomes Package) and CANS (Child and Adolescent Needs and Strengths) assessments.

Pathways to Well Being Update: How Shared Leadership and Decision Making Support the Implementation of the Continuum of Care Reform (CCR)

By Richard Knecht, Transformation Manager

As the CCR efforts move from design to implementation, counties are beginning to concretize their early Katie A. work. This is most evident as the values, philosophy and practice requirements of CCR are aligned with the historic work on Katie A.

One key area of alignment is the assessment process. In Child Welfare Services (CWS), the word assessment has specific connotations, but may have other applications and meanings for Probation, Behavioral Health and other disciplines. Unless maximally integrated, the assessment process will result in confusion at the redundancy of questions, frustration at lost work and school time, and an accurate impression for families that multiple agencies serving their child are not effectively and completely coordinating their care.

The State's Core Practice Models require all children and youth who enter the CWS system (including those who are wards of the court) be screened for mental health needs. If mental health needs are discovered, the child/youth must be referred for a full and in-depth mental health assessment. Assessment is a critical and on-going part of planning activities that should involve all members of the Child and Family Team (CFT) and allow county staff, regardless of their role, to work with the family to make appropriate decisions about what types of services and interventions are needed. CCR strongly reinforces this process requirement.

The State is currently gathering information about which assessment tool(s) may be best suited to accomplish the welfare/probation and behavioral health assessment processes through county pilots- evaluating the Child and Adolescent Needs and Strengths tool (CANS) and the Treatment Outcomes Package (TOP). However, some counties are already effectively leveraging existing resources and learning how to use shared assessments and information for the benefit of children and their families. Thirty-six counties across the State have been using the CANS tool in one or more of their child serving agencies for many years.

Here's what some counties are doing to solve the challenge of an integrated assessment:

Humboldt County Children's Mental Health established a Child Welfare Services Behavioral Health (CWBH) unit in 2008. After the CWS Screening, the Mental Health Plan (MHP) completes the CANS using a CFT model for CWS children and youth. CWS social workers are currently piloting CANS as a mental health screening tool to replace the MHST and Humboldt is exploring how it could be expanded for case planning as well. The county collaborative intends to look at CANS not just for Mental Health (MH) assessment, but as a tool in case planning and level of care of determination, and has already engaged Chapin Hall who offered to work on an algorithm for determining level of care.

Sonoma County has an MHP clinician co-located in their Child Protective Services unit, who conducts screenings using parts of the CANS tool. In this approach, the MHP and CWS partners use CANS to screen and simultaneously assess for MH service needs. Every youth opened into dependency is assessed within days or weeks.

San Francisco County Behavioral Health has established a Foster Care Mental Health (FCMH) unit, paid for in part by the Family and Children's Services (FCS) Department. All children who enter care in FCS are screened and/or assessed to establish medical necessity using CANS within days or weeks. Additionally, FCMH and FCS have developed a shared CFT model to be used for all CWS families and require the development of a Shared Family Care Plan, as part of this shared assessment.

Other counties are experimenting in new and creative ways to leverage this process, and reduce demand on youth, children and families.

The use of a shared tool won't solve every issue and counties will still need to work out info sharing and privacy issues, but a single tool will facilitate a uniform integrated process, decrease caregiver strain, enhance the county and state's ability for shared outcomes, save time and money, and increase case level care coordination.

There are some great on line technical tools available to help counties. Two good ones include:

The University of Maryland Institute Technical Assistance Center supports high fidelity family engagement practices.

Their YouTube website is <https://www.youtube.com/user/TheInstituteUMDSSW>.

And our own CalSWEC website has great information as well about the Practice Model and CFT teaming:

<http://calswec.berkeley.edu/>.

Commonly Used Acronyms

Below is a list of acronyms commonly used in foster care. This will be a living document and we encourage you to build upon this work as this was presented at the Central and Southern Regional Information Transformation Exchange (RITE meetings) and expanded by circulating amongst stakeholders. The list is attached for you to copy and use as a separate document. We hope this assists you during the implementation of the Continuum of Care of Reform and beyond.

300	(Defined by WIC 300) Victims of child abuse or/and neglect		
600	(Defined by WIC 602) Juveniles become wards of the court after committing a crime		
AB	Assembly Bill	ACIN	All County Information Notice
ACL	All County Letter	ADA	Average Daily Attendance
ARC	Approved Relative Caregivers	BHS	Behavioral Health Services
CaISWEC	California Social Worker Education Center	CANS	Child and Adolescent Needs and Strengths
CASA	Court Appointed Special Advocate	CBHDA	California Behavior Health Directors Association
CIBHS	California Institute for Behavioral Health Solutions	CCL	Community Care Licensing
CCR	Continuum of Care Reform	CDSS	California Department of Social Services
CFH	Certified Family Home	CFT	Child & Family Team
CPOC	Chief Probation Officers of California	CSAC	California State Association of Counties
CSEC	Commercially Sexual Exploitation of Children	CWDA	County Welfare Directors Association
CWS	Child Welfare Services	CYC	California Youth Connection
DDS	Department of Developmental Services	DHCS	Department of Health Care Services
EBP	Evidence-Based Practice	ED	Emotionally Disturbed (Special Education Term)
EPSDT	Early Periodic Screening Diagnostic and Treatment	FAPE	Free Appropriate Public Education
FCARB	Foster Care Audits and Rates Branch	FFA	Foster Family Agency
FFS	Fee for Service	FGDM	Family Group Decision Making
FPRRS	Foster Parent Recruitment Retention and Support	HBFC	Home Based Family Care
ICC	Intensive Care Coordination	ICPC	Interstate Compact on the Placement of Children
ICWA	Indian Child Welfare Act	IEP	Individualized Education Plan
IHBS	Intensive Home Based Services	ILS	Interim Licensing Standards
IN	Information Notice	IPC	Interagency Placement Committee
ITFC	Intensive Treatment Foster Care	ISFC	Intensive Services for Foster Care
LEA	Local Education Agency	LEA MC	Local Education Agency Medi-Cal
LGBTQQ	Lesbian, gay, bisexual, transgender, questioning/queer	LOC	Levels of Care
MCP	Managed Care Plan	MOU	Memorandum of Understanding
MHP	Mental Health Plan	MHSUD	Mental Health Substance Use Disorder
NREFM	Non-Related Extended Family Member	POS	Performance Outcome System
PR	Promising Practice	QPI	Quality Parenting Initiative
RCL	Rate Classification Levels	RBS	Residentially-Based Services
RFA	Resource Family Approval	RTA	Regional Training Academy
SAWS	Statewide Automated Welfare System	SB	Senate Bill
SELPA	Special Education Local Plan Area	SMHS	Specialty Mental Health Services
SOGIE	Sexual Orientation Gender Identity Expression	SST	Student Study Team
STRTP	Short-term Residential Therapeutic Program	SUD	Substance Use Disorder
TFC	Therapeutic Family Care	TDM	Team Decision Making (placement decisions meeting)
TOP	Treatment Outcome Package (Assessment Tool)	YEP	Youth Engagement Project