



**CCR State/County Implementation Team
Meeting Notes
April 21, 2016**

AGENDA ITEM	WHO	NOTES	FOLLOW UP/ AGREEMENTS
I. Welcome, Agenda, and Introductions	Stuart Oppenheim, CFPIC		
II. Medi-Cal Certification	Karen Baylor, DHCS	Item postponed due to Karen's appearance at Legislative Hearing	
III. Treatment Authorizations	Sara	Item postponed due to Karen's appearance at Legislative Hearing	
IV. Child and Family Team	Sara	<p>Discussion about Child and Family Team (CFT) began with the question of who does what?</p> <ul style="list-style-type: none"> • Who convenes? • Who does what? • Who attends? • How frequently do they meet? • What is the expected role of private agencies in convening, staffing, etc.? • What makes a quality CFT? <p>The Core Practice Model Guide covers CFT; talks about how frequent,</p>	<p>AGREEMENT: Small workgroup preparing scenarios and information</p>

	<p>the quality, the time, the preparation.</p> <p>The goal is to empower the family and have them define who should be on the team.</p> <p>With AB 403 the CFT is initiated by Child Welfare Services (CWS), MH as formal support.</p> <p>Confusion for caregivers, youth, etc. because of the number of meetings with similar names.</p> <p>Discussion that CWS might call a CFT for placement but the youth might be eligible for Katie A. services and so the needs for a CFT would intersect. Ideally there are not multiple separate CFTs- rather one CFT is established with participants changing depending on the issues to be discussed.</p> <p>CWDA/CBHDA held a call to discuss what is an AB 403 CFT and what is a Katie A. CFT. For CWS, Mental Health is seen as a support for the CFT since AB 403 CFT is about forming the case plan and making placement decisions. Potentially there might be some re-purposing of the Katie A. CFT.</p> <p>What is the vision for CFT for how it will be used? For all youth? The CFT is envisioned to be part of the initial case planning work and a way to monitor the youth. If a youth is in crisis it can be held ad hoc.</p> <p>Currently there are meetings already in existence within the counties where the AB 403 CFT could replace. Potentially, a CFT may be multi-purpose and not just focus on one area.</p> <p>Should also not just be a one-time event. How are we going to measure success of the CFT? How to make sure that the different plans that a family/youth might have (including IEP) are identified? How they are integrated?</p>	<p>FOLLOW UP Probation Questions:</p> <ul style="list-style-type: none"> • Haven't been included in Katie A., should they now? • Not involved in the CPM (teams and facilitation), should they now? • Money for probation to convene CFT? (know more after the May revise)
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	<p>Suggestion to consider the idea of having a “master team” that other team meetings can flow from. For example, other types of meetings might follow (CSEC, Katie A.) but are coordinated through the “master team”. However, there are other situations where the youth might be already known to the mental health system.</p> <p>Madera took a TDM model and built off of that and included what is needed by the family and what services would be required (MH, Education). The team travels to where the youth is located and will bring the family as well.</p> <p>Response: While TDM fits, there are a lot of models that work as well. So need to hold ourselves back from dictating local solutions.</p> <p>Discussion regarding the “fluidity” of the team.</p> <p>Consider developing training tools to think about how existing teams may be used. What else might they need?</p> <p>What is the role of Inter-Agency Placement Committee (IAPC)? It is in statute and the committee has to approve higher level placements. San Mateo uses it more broadly for discussion regarding high end youth in MH, Education, Probation and/or CWS. They are fundamentally different and only for particular populations. Unable to fulfill the function of a CFT since some of the parties will not be at a CFT (supervisory, managers). CFT doesn’t have a high enough level to make those kinds of resource decisions. (Richard K.)</p> <p>You can have a CFT meeting and the team might recommend a high level placement, then they would present to the IAPC. There was agreement.</p> <p>In AB 403 (since no RCL 13-14), do you still need to go to an IAPC for placement into a STRTP?</p>	<p>FOLLOW UP Create a series of scenarios and a flow chart for the utilization of CFTs. Danna Fabella, CFPIC to facilitate with a sub-group of members.</p> <p><u>Workgroup volunteers:</u> LA, Robert Byrd Sonoma, Nick Honey Shasta, Diana Wagner San Diego, Teresa Pulaski Santa Clara, Cathy Martinez CDSS/DHCS, Richard Knecht</p>
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		<p>This question was addressed prior to AB 403 and generally counties felt that there is still a role for IAPC as oversight. CFT should make a preliminary decision about the placement level but could then go to IAPC for final decision. (Diana B.)</p> <p>A clinician decides medical necessity and not a team. The parallel language had to be in AB403 since the schools need it for Individuals with Disabilities Education Act (IDEA) but won't need a CFT. Probation uses lower level placements for behavior/conduct or danger to others and now will only have a STRTP. Legislation allows for a longer transition time for probation to work on these issues so we can extend the Group Home license.</p>	<p>AGREEMENT After 6 months youth must receive an additional assessment to confirm that the placement is still appropriate. If deemed necessary, placement can exceed 6 months. On the other hand, it doesn't mean that a youth should stay 6 months if less time is in the youth's best interest.</p>
<p>IV. Updates Mental Health Workgroup</p> <p>County Review Process for the Program Statement</p>	<p>Sara DHCS</p> <p>CDSS</p>	<p>Mental Health Workgroup DHCS</p> <ul style="list-style-type: none"> • Item postponed due to Karen's appearance at Legislative Hearing • County Review Process for the Program Statement CDSS <p>AB 403 provides for counties' option to review and approve the program statements for STRTP's and FFA's. Sara and Greg wanted this group to weigh in on whether the counties' approval (by placing agencies and MH) should be a requirement of licensure.</p> <p>MH raised concerns that this would conflict with some counties' RFP processes and wondered whether it was duplicative of the required MH certification for programs. Program statement should not imply a contract will be granted.</p> <p>One consideration is that it would be helpful to providers to have county support, before going through the whole licensing process.</p> <p>Placing agencies (CWS, Probation) seemed to have consensus that they</p>	<p>AGREEMENT CDSS will bring back a written proposal of what this might look like at the next meeting. (Sara)</p>

Implementation Guide	CDSS	<p>would like the county sign off prior to licensing. More for MH to consider.</p> <ul style="list-style-type: none"> • Implementation Guide <p>These have been updated---please review and provide comments</p>	
VI. Next Steps		Next meeting: May 19, 3:00-5:00 PM, CBHDA	