CCR/FFA Workgroup Meeting
Agenda and Minutes

Date: 12-15-15	**Time:** 10:30 am to 2:30 pm	**Location:** 1321 Garden Highway, Sacramento, CA 95833

In-person attendees:

Agencies Representatives:

Molly Dunn (Alliance for Children's Rights); Jackie Rutheiser, Jerry Johnson, Carroll Schroeder (CA Alliance of Child and Family Services); Jabri West, Joy Anderson (CYC); Gordon Richardson, Robert Favela (EMQ/Families First); Laura Richardson, Rob Getty (Koinonia Family Services); Michelle Sagehorn (Redwood Community Services 4Kids); Lisa Molinar (Shared Vision Consultants); Stuart Oppenheim, Danna Fabella (CFPI); Barry Harwell, Bob Herne (Sierra Child and Family Services); Kim Chilvers (Youth Homes); Gail Johnson Vaughan (Families Now); Lynn Noble, Carrie Ontiveros, Jeannie Imelio (Aspiranet); Alyssum Maguire, Payton Hensley (YEP-CFPI); Ana Eykel (Crittentonsocal); Angie Schwartz (Alliance for Children's Rights); Danielle Zappia (Foster Hope); Donna Kuonen (Children and Family Services); Linda Giusti (Families for Children); LaVerne Ishibashi (A Brighter Childhood); Nena Penza (RFL); Stephanie Ivler (Bienvenidos); (Stanford Youth Solutions); Jay Berlin (Alternative Family Services); Jim Vanderzwan (Kern Bridges); Kim Lewis (HR Dowden and Associates)

Child Welfare County Representatives:

Diana Boyer (CWDA), Bridgette Hernandez, Janell Ross (Riverside County); ; Karen Richardson (LA County); Maria Bermudez (Kern County);

Probation County Representatives:

Rosie McCool (CPOA); Ed Miller (Shasta County Probation)

State Representatives:

Karen Gunderson (CDSS CCR); Sara Rogers (CDSS CCR); Irma Munoz (CDSS CCR); Theresa Thurmond (CDSS CCR); Richard Teran (CDSS CCR); Wendy Cook (CDSS CCR); Ahmed Nemr (CDSS CCR); Rebecca Buckmiller (CDSS CCR); Happy Stewart (CDSS CCR); Michelle (Shanie) Humbert-Rico (CDSS CCR); Joti Bolina (CDSS CCL); Mai Yer Vang (CDSS CCR); Emerita Godlesky (CDSS CCR); Cheryl Treadwell (CDSS FCARB); Fernando Sandoval (CDSS CCL); John Sanfillipo (CDSS FCARB); Teresa Owensby (CDSS CCR); Loretta Miller (CDSS CCR); Tracy Urban (CDSS CCR)

Attendees on the phone:

Holly Benton (San Bernardino Probation); Penny Caryl-Davis (CDSS LGL); Jean Chen (CDSS); Felicia Davis (LA Probation); Ann Mizoguch (CDSS Adoptions); Rami Chand (CDSS CCR); Jim Roberts (Family Care Network); Sara Dodge (CDSS CCL); Samuel Gibson (Sonoma County Probation); Pamela Hansen (Center for Children); Lila Hollman-Dowty (CDSS LGL); Vida Khava (CW Consultant)r; Jodi Kurata (Ass of Community Services Agency); Theresa Peleska (Riverside County CW); Theresa Rea-Martinez (CDSS); Shamra Tripp (Aspirant); Erin Ellis (Rosemary Children); Ayantu Negash (Riverside CW); Becki DeBont (San Diego CW); Brad Michnevich (Sonoma County Probation); Debbie Pell, Elena Cacace (BWC); Natasha Bourbonnais (San Mateo CW); Teresa Castillo (DHCS)

Presenter(s)	Agenda Items and Discussion (Major Points)	Action item	Responsible Person	Timeframe
Stuart Oppenheim	A. Welcome and Introductions	None	None	N/A
Stuart Oppenheim	B. Review the agenda and any additions to the agenda	None	None	N/A
Sara Rogers and Richard Teran	C. Discuss Plans: • Program Statement • Assessment • Short-Term Residential Treatment Center • Dual Providers • Readiness Assessment	Questions will be reviewed by specific CCR Units. However, majority of the questions are unknown at this time until further CCR implementation occurs.		N/A

Sara and Richard started the conversation by addressing our next workgroup we will be talking about Program Statements on 1/19/2016. They mentioned that CCR will be working closely with Stakeholders to get feedback on the Program Statement. And will address any concerns with its content. The rest of this presentation was fielding questions from the providers. The questions are as follows:

1) Has CDSS made a decision on what Assessment Tool will be used?
   - No assessment tool has been determined at this time. Options being explored include TOPS or CANS.
2) Pathways to Wellness are a huge core aspect for the providers and they would like all feedback to be considered.
3) The STRTC will have a name change in the future.
4) Will there be reconsideration on a name change for FFA's since there will no longer be called Foster Families?
5) Is there a timeframe on the Readiness Tool?
6) You might want to look at the Readiness Tool around Permanency.
7) Probation has unique needs; will this be included in the Assessment Tool?
8) What is the timeframe on getting Program Statements Approved? What happens during the waiting period?
9) Will there be a process for a provisional license?
10) On 1/1/17, if the license is not up-to-date will the rate change? What about when an extension is needed?
11) Is there a way to have an automatic extension so that there is less disruption for the children?
12) County has concerns that they are not comfortable with the Mental Health Certification requirements.
13) Are the RFA Counties coming out with their own Trainings? Currently Counties all train differently, provide different material, there is a lot of inconsistencies, and will there be standardization?
14) There are concerns about the multiple trainings involving RFA.
15) Would the Assessment Tool need to be done prior to everything rolling out?
16) Do kids need to be reassessed prior to 1/1/17 to determine rate setting if they require a higher level of care based on their assessment?
17) Local mental health and counties need to start engaging in conversation. How do they go about starting the process with mental health?
18) It was mentioned that former youth representative that youth don't like having a rate attached to them. The assessment should be used as a check system, use CFT to make sure providers isn't being paid more for children or youth that don't require the services.

	19) Youth as are being assessed, but not asked to assess themselves, they would like this to be considered. CYC was asked to join in those conversations when Assessments happen.			

Mai Yer Vang	**D. Update from the Core Services subgroup**
	Mai Yer provided an update on revisions to the Core Services document. There was also a discussion about the definition for "Culturally Relevant and Trauma-Informed." The subgroup worked to get each defined. The CCR FFA workgroup was given the opportunity to review the Core Services document and to provide any necessary feedback to Ma Yer Vang for consideration. A couple of comments and concerns were asked during this time.
	    1) A provider felt that the Core Services weren't necessarily services but actual expectations. He was advised to send his feedback via track changes on the Core Services document to the CCR mailbox by 12/29/15.
	    2) Another provider asked what the Stakeholder process would look like, would it be the usual players and why is the judicial counsel and Education never involved?
	    3) Are these services being reviewed in compliance with State/Federal law?
	        ▪ Yes, the CCR Policy unit will be reviewing compliance with State/Federal Law.
	    4) Should Mental Health have an opportunity to look at these even though they aren't on board as of yet?
	Everyone was informed to provide feedback via track changes to the Core Services document and submit it to the CCR mailbox by 12/29/15.
		Providers will respond with any feedback via track changes.	Mai Yer	12/29/15

Karen Gunderson	**E. Placement Continuum for Probation Youth Discussion**
	   • **Breakout into groups**
	      ○ Dual Providers
	      ○ Probation
	      ○ Behavioral Health
	      ○ NMD/Young Adults
	Below is the probation data that Karen Gunderson presented during the CCR FFA workgroup meeting on 12/15/15. The numbers/percentages of the data source's website are listed below.
	    ▪ 3,939 (100%) Probation Youth are in foster care in CA.
	    ▪ 2,083 (52.9%) of the Probation Youth are in group homes.
	    ▪ 339 (8.6%) of Probation Youth are in Supervised Independent Living Placements (SILP) in CA.
	    ▪ 451 (11.4%) of Probation Youth are Runaway in CA.
	    ▪ 119 (3.0%) of Probation Youth are in Kinship placements in CA.
	    ▪ 27 (0.7%) of Probation Youth are in Foster Family Agencies in CA.
		To take information back and review internally.	CCR group	N/A

	▪ 9 (0.2%) of Probation Youth are in County Foster Homes in CA. ▪ 1(0%) of Probation Youth is in Pre-Adoptive Placement in CA. Data Source: CWS/CMS 2015 Quarterly 2 Extract. Children in Foster Care, Agency Type=Probation July 1, 2015, CA http://cssr.berkeley.edu/ucb_childwelfare/			

Next Meeting: 1/19/2016, 10:30am -2:30pm, at UC Davis, Activities and Recreation Center (ARC) building, 232 ARC, One Shields Avenue, Davis, CA 95616
        Topic: Plan Of Operation/Program Statement

Dual Agency (Breakout Group)

1. **Unique Needs**
   - Mental Health Services.
   - Need specialized staff training.
   - Combining Program Statements that are separate organizations, i.e., licensed as GH, FFA, and AA.
   - Probation children are different (level 12), i.e., drug addiction, gangs/behavioral issues.
   - Finding parent resources for children.
   - Individualized needs for Mental Health Kids such as Wraparound Services.
   - Group home staffing is highly complicated.
   - Behavioral Supports can be achieved through Mental Health.
   - ITFC predominantly serves the dependency side v. probation.
   - Probation youth should keep some connections when going back into the community (fiscal limitations).
   - Social Worker/Child Ratio.
   - Group home social workers do not do permanency assessments.
   - Probation funding stops when the youth ages out.
   - There needs to be pre-placement agreements and procedures.
   - Transportation issues between FFAs and counties. (should be covered in Core Services.)
   - Licenses per facility or license per all facilities.
   - Out-of-county placements – there needs to be a team crossover with guidelines.
   - Transition – the rate needs to accommodate the activity.
   - We need to be trauma informed/prepared when the child's placement changes. Often a child will act out during a placement change due to loss of familial setting, emotional detachment, outbursts, etc.
   - There needs to be provisions for extended respite care beyond 72 hours.

2. **Successes**
   - Consistent staffing.
   - Mental Health Services.
   - Providing services in an Individualized way.
   - Transitional Services.
   - Flexible funding for services.

3. **Tools Needed for Training**
   - Funds
   - Trauma-Informed system for CCL (when dealing with new placements and complaints occur)

Behavior Management Issues (Breakout Group)

1. **Unique Needs**
   - One on one coaching/counseling relationships
   - Creative venting/express
   - Relationship adverse
   - Need to find out from youth, who is important to them
   - Parent role adverse, often has not had a reason to trust adults/parents
   - Tendency to run because has no support to handle stresses they are experiencing
   - Caregiver needs to understanding the underline issue
   - Youth must be involved in the process.
   - Youth need to feel needed/important
   - Behavior is the communication
   - Share power and feel safe

2. **Successful Practices**
   - List of Practices for working with behavior management with Youth: (Carroll Schroeder)
     - Doesn't feel hear : Active Listening
     - Doesn't understand course of action: Explain course of action and find agreement
     - Not in agreement on course of action: Re-negotiate course of action and find agreement
     - Lacks capacity to follow course of action: Change expectations to reflect capacity or rectify capacity issue if possible

     - Fears for safety: Find out how person believes s/he may be harmed by changing behavior. Address safety concern, real or imagined
     - Doesn't have permission: Find out who person believes must give him/her permission. Address permission as appropriate.
     - Doesn't know how: a. If s/he has never learned how, provide training b. If s/he once learned but is out of practice, provide coaching
     - Lacks resources: Change expectations, or arrange for or provide needed resources
     - Isn't motivated: Provide reinforcement
   - Training for the provider
   - Training on crisis intervention
   - Managing expectations
   - Trauma informed care
   - Exercise and diet
   - Encouraging youth to connect with other peers (CYC), YEP)
   - Role play (youth, staff, caregiver)
   - Youth advocates
   - Respite (youth and caregiver)
   - Volunteering activities to build worth and skills
   - A reason to care

3. Barriers

- Rates doesn't support the services/support needed, for example, keep bed open when child runs; currently can't do that since rate can't be paid
- Finding Families who will take population – Fear of chaos
- Elements that we have no control over that impact child/family/agency (i.e.: counties and court)
- Attorney to support placement
- Lack of transparency for youth; not always sure of what to expect or what is going on

4. Specialized Supports

- Teaching parent self-care
- Mentoring families
- Ice breaker for bio families and resource families
- Training and working of empathy for families
- Continuum of care for adoptive family
- In depth adoption services for family that want to continue on
- Support to the bio family by experienced families
- Services for bio families that help to reach permanency back in the home (reunification)

5.   Key elements for successful families for this population/ what do they look like?

- Families that have experience with trauma
- Trainable families that understand how to resolve issues
- Families that don't take things personal
- It is a "Calling"
- Large support system
- Resourceful/proactive
- Street wise
- Relative/NRFM who have a relationship and commitment to the youth
- People involved with youth (special education teachers) so have experience with this population

*CCR/RFA Responses (Breakout group, on-the-phone group)

1. **Unique Needs: Behavioral, Mental Health Concerns:**
   a. Youth have a lot of placement changes
   b. Youth have a lot of therapy and interventions and often become resistant to these services
   c. Youth demonstrate numerous attachment issues and/or problems which repeat the above mentioned cycles.
       i. Underlying needs for programs/RFAs
       ii. Behavioral support and/or modification
       iii. Mental health services
       iv. Medication
   d. Training and support:
       i. For foster parents
       ii. Staff
       iii. Out of home care investigators and CCL investigators (allowing youth to act out their issues without the assumption that the behaviors are related to the foster parent but rather an off-shoot of the trauma)
   e. School problems: Need for a foster parent to be home (non-working) to be available for suspensions, school meetings, …
   f. Finding unique foster parents to meet the needs of these youth
   g. Youth specific: Understanding their dynamics of being in the foster care system with inconsistent caregivers and developing tools to cope

2. **Successful practices:**
   a. CFT meeting process increase the youth and family voice and increased the cross discipline communication
   b. Trauma-Informed training (lens)
   c. Mental Health services available immediately upon placement
   d. Behavioral Support/In-Home Support counselors/ Skills Training
   e. Services in the home and the community
   f. TFCO programs
   g. Level of support that foster parents receive: for social worker, program supervisor and access to additional services (WRAP and respite)
       i. We would like to advocate for this level of respite in regular foster care

3. **Needs:**
   a. Professional foster families who are able to willing to foster these youth
   b. Increased rates to provide for all of the service provision as well as the foster parent stipend (recruitment, social work services…)
   c. Mental health certification and availability (new contracts and providers)
   d. Training partnerships with counties
   e. Families willing to take in teens and boys

f. Families able to have a flexible work schedule as the youth's needs might change

4. **Barriers:**
    a. Repeat of #1 and #3
    b. Youth needing to restart therapy relationships
    c. Change in language and philosophy with CCR

5. **Specialized supports:**
    a. Transitional Group homes to assist with the transition from Residential care to a group home with a 24 hour fully staffed family type environment to FFA (or ITFC)
    b. Evidence-based parenting programs that foster attachment
    c. Permanency Roundtables
    d. Slow, methodical process toward family finding or reunification which utilizes the youth's voice in the placement change-a focus on the big picture of permanency rather than a quick fix or placement.
    e. Darla Henry's 357 Model: Helping the youth to understand where they come from and advocating for the youth voice
    f. Keeping parents in the game: Looking at foster parent needs as well as foster child needs
        i.   Supports
        ii. Training
        iii. Respites
    g. QPI: Respectful and appreciative relationships between the county and foster parents (especially with regard to investigation)
Trauma-Informed County investigators understand both the trauma that may have led to the investigation and the trauma of the investigation as well.

Probation Youth (Breakout Group)
Preliminary Discussion • 4,000 probation youth in foster care • 52% in group homes • 11% run-away status • 9% SILPs • 119 kin placement • 27 FFA • 9 County Foster Home • 1 Pre-adoptive home (adoptive placement signed) • 7 youth in the past year have been adopted (statewide) • 90% of 602 youth return to their families • CWS youth that cross over to probation don't generally reunify with their family
1. What are some of the unique needs of probation youth? Probation sub-groups • Sex offenders (longer placement) • Gang affiliated • CSEC • Run-away • Intensive supervision (not necessarily intensive treatment) • Mental health diagnosis (varying types/levels) • Undiagnosed mental health issues • Extreme high risk behaviors • Substance abuse • High risk to self, community, etc.   (assaultive, violent behavior) • Educational struggles • English language learner • Drug exposed infant • Eating disorder Overall today's probation youth population: • High need • High risk

- More attention & services
- Extra level of court involvement with treatment modification
- No boundaries

Some probation youth see "probation" status as a badge of honor

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2. **If you currently service probation youth, what are some of your successful practices? If not, as a provider, what would your agency need to serve this population?**
   - Teen Peer Court for first time, non-violent offenders (diversion)
   - Multi-disciplinary teams
   - Placement with kin versus release to kin (maintains services)
   - RFA adds extra layers
     What will that mean for kin placement? Placement issues very critical
   - More specific placement to the youth's needs, more successful
   - Probation and older foster youth
   - TFCO (Treatment Foster Care Oregon)/MDFC
   - Supports to youth and families to avoid placement all together
   - CW & Probation (AB129) Dual jurisdiction model (in approximately 12 counties)

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3. **What are some barriers in transitioning Probation Youth into Resource Families?**
   - Supports go away from 300 to 600 (e.g. attorney), more supports needed
   - RFA process increases assessment so may lose relatives/kin
   - Liability issues for probation youth in homes
   - Making sure the right agencies are around the table
   - More respite
   - New RFA process huge barrier
   - Misunderstanding placing 300 and 600 youth together (funding, probation rights, etc.)
   - Services and funding for probation youth
   - Stigma of probation (behavioral) youth (family and CPS levels)
   - Intrusiveness of probation staff in homes
   - Some mental health needs are being framed as probation (untreated MH, lot of trauma)
   - Build out capacity for mental health
   - Lack of awareness. People saying, "She's a bad kid" versus "She's a kid that has experienced trauma"
   - Generational gang affiliation
   - Generational criminalized family behavior

4. **What specialized supports would Resource Families need to successfully serve probation youth (training, etc.)?**
    - Trauma informed care
    - Training and understanding of the relationship between trauma and behavior
    - Mental health supports and resources
    - Residentially based services
    - Detox support (30-45 days)
    - Recovery services support
    - 24 hour supervision (as needed)
    - Respite by specialized providers
    - Pro-social supports-mentors for caregivers and youth
    - Extra level training for oppositional youth that have broken the law
    - Youth should not be more "street-wise" than their caregiver
    - Training and support regarding criminal sophistication
    - Caregiver support and training regarding the probation system
    - Agency understanding the youth and his/her needs, then looking for the family to place them with (individualized placements)
    - Trust building- youth centered
    - Transitional broker between probation and CWS- youth centered
    - Trauma informed licensing structure
    - Mentors for caregivers and youth

NMD-Young Adults (Breakout Group)

1. **Unique Needs**
- NMD with minor child (non-dependent)
- They are adults under supervision
- Need life skills
- Transitioning to independence
- Logistical and navigating challenges (i.e. MediCal)
- Differing policies, regulations, and laws
- Doing vs. Planning (i.e. implementing ILP)
- Launching
- Reunification (personal choice)
- Voluntary program (how to motivate)
- Unique placement options (SILP, TILP etc.)
- Increased voice and choice and sense of urgency
- Can re-enter

2. **Successful Practices**
- Shared living agreements
- Educating youth and families on new definitions and expectations
- Empowering youth
- Helping resource families view youth as family member
- ILP programs specific to NMD needs
- Youth friendly programs (i.e. one stops)
- Peer to peer
- Permanent connections (i.e. NMD adoption)
- Initiating process prior to age 18
- Youth driven services
- Recognizing the special personal and developmental needs of NMD
- Alternative education programs
- Ensuring youth voice is included in reports
- Identifying and sharing community resources (emphasis on those outside the CW system)

3. **Barriers to Transitioning to RFA Homes**
- Capacity (room sharing etc.)
- Background check for re-entry
- Inconsistencies of information/interpretation, i.e. After 18
- Staff turnover
- Different parenting expectations for NMD. i.e. Personal Rights
- Shortage of RFA and THP plus homes
- Driver's license and car insurance (liability issues)
- Institutionalized youth
- Family experience with youth with exceptional needs, i.e. CSEC
- Lack of training and support
- Voluntary vs. court ordered
- Parenting NMD –needs, boundaries

4. **Specialized Support**
- Peer to Peer –outreach, training and support (youth & parents)
- Resource network hub
- Guardian scholars
- Variety of training modalities
- Family Finding
- Alternative practices for healing
- Life coach, mentor
- Including NMD's in recruitment
- Recruitment strategies
- Destination family-trial visits
- Innovative matching process
- Informing NMD of placement choices/options