

*CONTINUUM OF CARE REFORM
RESOURCE FAMILY APPROVAL
CHILD AND FAMILY TEAMS
SYSTEM OF CARE INSTALLATION*



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CONTINUUM OF CARE REFORM

A comprehensive framework that supports children, youth and families across placement settings (from relatives to congregate care) in achieving permanency. Includes:

- The child, youth and family's experience and voice is important in assessment, placement, and service planning
- Increased engagement with children, youth and families through the child and family team process
- Increased capacity for home-based family care
- Limited use of congregate care
- Systemic and infrastructure changes: rates, training, accreditation, accountability and performance, mental health services
- Strengthening of cross-agency networks of services and supports

LEGISLATIVE BACKGROUND

Legislative mandate*:

- Reform Group Homes and Foster Family Agencies (FFA) with robust and diverse stakeholder input
- Legislative report with recommendations
- Builds on previous reform efforts

* Senate Bill 1013 (Chapter 35, Statutes of 2012)

AB 403 (Chapter 77, Statutes of 2015) enacted major components of the CCR effort.

AB 1997 (Chapter 612, Statutes of 2016 2016) adopts changes to further facilitate the implementation of the CCR recommendations adopted by AB 403.

AB 404 (Chapter 732, Statutes of 2017) changes to further facilitate the implementation of the CCR recommendations adopted by CCR.

VISION

- All children live with a committed, permanent and nurturing family with strong community connections
- Services and supports should be individualized and coordinated across systems and children shouldn't need to change placements to get services
- When needed, congregate care is a short-term, high quality, intensive intervention that is just one part of a continuum of care available for children, youth and young adults
- Effective accountability and transparency drives continuous quality improvement for state, county and providers

KEY STRATEGIES

- Child and family teams drive case planning, placement decisions, and care coordination
- New licensing requirements:
 - Limit use of residential care to circumstances when a placement committee finds the child requires short-term intensive services, as defined.
 - Ensures STRTPs and FFAs have an identified ability to meet the varied needs of children (i.e. "core services") including mental health services
 - Ensures STRTPs and FFAs are nationally accredited and have engaged placing agencies in program development
- Rate system for foster care payments has been restructured based on a "level of care" protocol
- Improve the skills/qualifications of caregivers (Resource Families)
- Local collaboration between Child Welfare, Mental Health, Juvenile Probation, and Education to provide integrated services

GUIDING PRINCIPLES

- The child, youth and family's experience and voice is valued in:
 - The CANS Assessment
 - Case Plans
 - Decisions related to services, supports, and placements (out of home and out of county)
- Children shouldn't change placements to get services
- Cross-system and cross-agency collaboration to improve access to services and outcomes
- Recognizing the differences in the juvenile probation system and among other groups of youth

THE GOAL:



Children in
Resource
Families



Permanent
Family



Children in
Congregate
Care



THE "PARADIGM SHIFT"

Group Home



Short-term Residential Therapeutic
Program
(STRTP)

Children who cannot be safely placed in a family can receive short-term, residential care with specific care plans and intensive therapeutic interventions and services to support transition to a family.

*See ACL 16-65 for more information

CORE SERVICES

FFAs and STRTPs must provide core services either directly or through secured agreements:

- Access to specialty mental health services
- Transitional support services for placement changes, permanency; aftercare
- Education, physical, behavioral and mental health supports
- Activities to support youth achieving a successful adulthood
- Services to achieve permanency & maintain/establish family connections
- Active efforts for ICWA-Eligible children

Myth Busting

All group homes are closing!

All kids have to be out of group homes by January 1st!

Many relatives will not be able to meet new approval standards!

Congregate care placement is strictly capped at 6 months!

Nothing will actually change!

There will be no longer be emergency placements with relatives!

FOSTER FAMILIES → RESOURCE FAMILIES

Resource Family Approval:

- Related and non-related families, including those providing a foster placement for a probation child
- Training for all families
- Resource Families still choose the role they play in the system: temporary or permanent
- Prepared for permanency-no additional approvals necessary

RFA Process:

- Single, consistent, unified RFA process will be used for all caregiver families: kin, NREFM, county foster families, FFA foster families

* TAHs are exempt from the RFA process

RFA LEGISLATIVE INTENT *

To develop a unified, family friendly, and child centered resource family approval process that:

- Eliminated duplication
- Increased approval standards
- Incorporated a comprehensive assessment of all families
- Included approval for: foster care, adoption, guardianship

*Authorized by Assembly Bill 340 Chapter 464, Statutes of 2007) and reauthorized by Senate Bill 1013, (Chapter 35, Statutes of 2012)

RFA Key Messages

Focuses on Lifelong Relationships & Quality Parenting

- No additional assessment of the family for adoption or guardianship.
- Considers family's ability to meet the needs of vulnerable children.

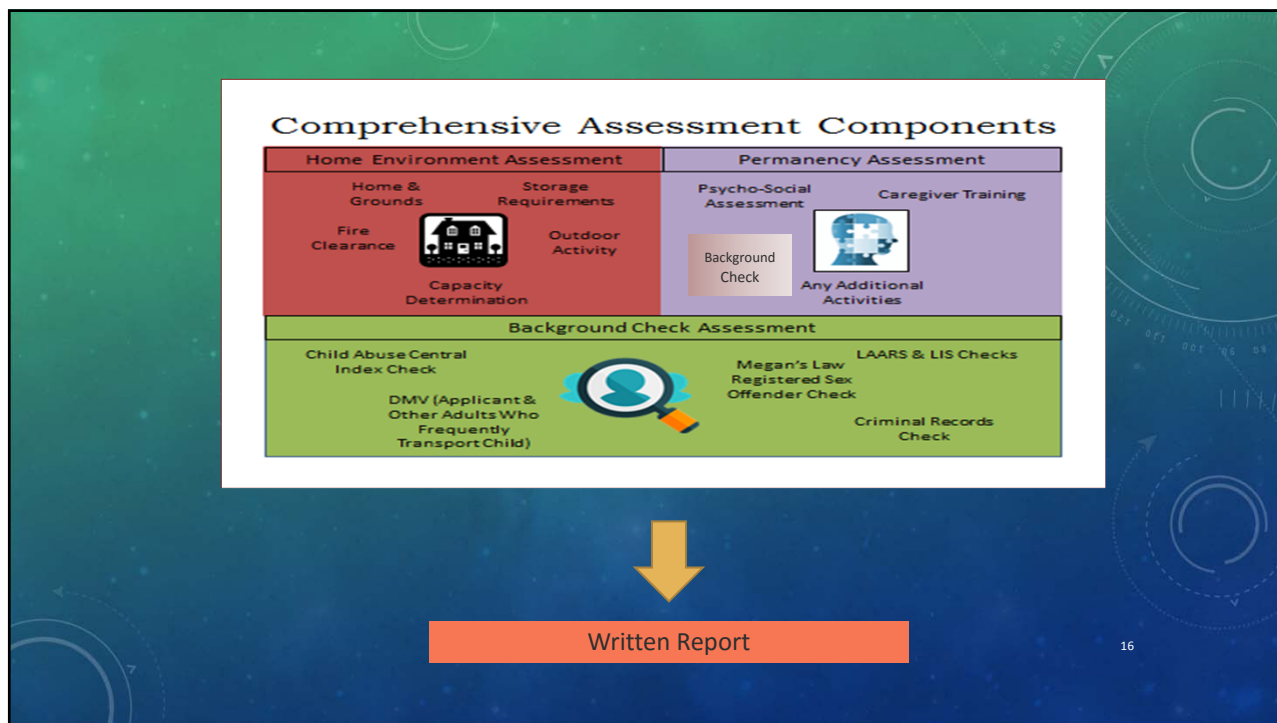
Achieves Results for Children and Families

- Families are better prepared and supported
- Less intrusive to family
- Training and support for all families → more stability, fewer moves.

Improves Efficiency

- Eliminates redundant processes

Approval Standards	Adoption (Existing)	Relative/NREF M (Existing)	Foster Home (Existing)	RFA
Criminal Records/Child Abuse Review	✓	✓	✓	✓
Standardized Criteria for Criminal Record Exemptions		✓	✓	✓
Homes and Ground Safety Evaluation	✓	✓	✓	✓
Training Required			✓	✓
Psychosocial Assessment	✓			✓
Applicant References	✓			✓
Annual Review of all families		✓		✓



PLACEMENT PRIOR TO APPROVAL

1. Emergency Basis:

- Must be with relative or nonrelative extended family member
- Requires WIC 361.4 assessment *Effect. 1/1/18 (Previously requirements found under WIC 309 and 361.45)
- RFA application must be submitted and Home Environment assessment initiated within 5 business days (Includes background checks and home health and safety assessment)
- Comprehensive assessment to be completed within 90 days

2. Compelling Reason:

- Based on needs of the child
- After home environment assessment completed
- Permanency assessment to be completed within 90 days (Includes pre-approval training and psychosocial assessment)

AFDC-FC funding is not available to families until full approval has been achieved BUT counties can use expedited CalWORKs, Foster Parent Recruitment and Retention Funds, and/or Emergency Assistance to bridge the gap!! At a minimum, counties must provide relatives with the Expedited CalWORKs application.

BUILDING FAMILY CARE; RFA IN 2017

- All 58 counties and all FFAs implemented
- Work continues to evolve
 - AB 404
 - Written Directives Vs. 5
 - Review of Counties and FFAs
- CDSS Recruitment & Retention Strategies
 - Dr. Denise Goodman
 - Lightbox Collaborative
 - Assessments
 - Foster Parent and Relative Caregiver Retention, Recruitment & Support (FRRS)
 - Emergency Childcare Bridge Program
 - ARC



RESOURCES

- CDSS RFA Website:
<http://www.cdss.ca.gov/inforesources/Resource-Family-Approval-Program>
 - For more RFA information or questions email rfa@dss.ca.gov
- CDSS CCR Website:
<http://www.cdss.ca.gov/inforesources/continuum-of-Care-Reform>
 - For more CCR information, questions or to subscribe to CCR newsletter, email ccr@dss.ca.gov

CHILD AND FAMILY TEAMS

WHAT IS A CHILD AND FAMILY TEAM?

A group of individuals who are convened by the placing agency and who are engaged through a variety of team-based processes to identify the strengths and needs of the child or youth and his or her family, and to help achieve positive outcomes for safety, permanency, and well-being.

Per Welfare & Institutions Code, Section 16501(a)(4)

Research suggests... **when families are engaged** and supported to have a **significant role** in case planning, they are **more motivated** to actively commit to achieving the case plan. Additionally, families are more likely to recognize and agree with the identified problems to be resolved, perceive goals as relevant and attainable, and be satisfied with the planning and decision-making process.

• Antle, Christensen, van Zyl, & Barbee, 2012; Healy, Darlington, & Yellowlees, 2011; Dawson & Berry, 2001; Jones, McGura, & Shyne, 1981).

WELFARE AND INSTITUTIONS CODE 16501.1

Child Welfare and/or Juvenile Probation Departments are required to provide a CFT to all children, youth, and nonminor dependents in foster care

MANY POSITIVES WHEN PARTNERING WITH FAMILIES

- **Families are their own experts and achieve success if given the supports to do so**
- **Practice is changing**
- **Improved outcomes for children, youth, and families**
- **Promotes collaboration, communication and shared decisions**
- **Services are most effective when delivered in the context of a single, integrated plan (CANS)**

CONTEXT: TEAMING IS NOT NEW TO CALIFORNIA

- **SYSTEMS OF CARE (1985)**
- **CALIFORNIA WRAPAROUND (1997)**
- **FUNCTIONAL FAMILY THERAPY**
- **SAFETY ORGANIZED PRACTICE**
- **TEAM DECISION MAKING**
- **KATIE A. VERSUS BONTA (PATHWAYS TO WELL-BEING)**

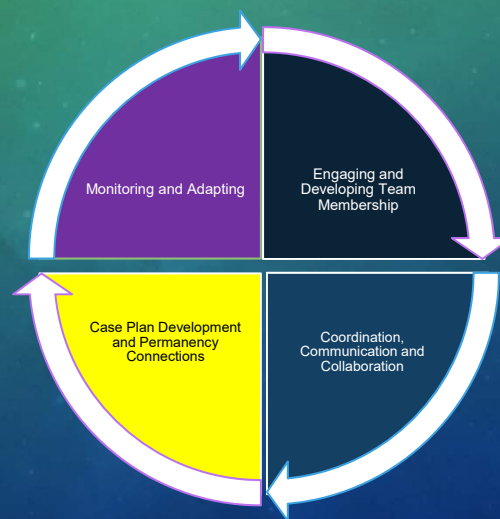
THE CHILD AND FAMILY TEAM MODEL OVERVIEW

- **Child, youth, or nonminor dependent and family**
- **Skilled and trained CFT Facilitator**
- **INFORMAL SUPPORTS:** Natural supports so the family's support system will continue to exist after formal services are completed
- **FORMAL SUPPORTS:** Placing Agency Worker (Child Welfare and/or Juvenile Probation)
- **SUPPORT SERVICES PROVIDERS, as needed**

THE CFT IS A PROCESS

- Engaging and Developing Team Membership
- Monitoring and Adapting
- Case Plan Development and Permanency Connections
- Coordination, Communication and Collaboration

THE CFT IS A PROCESS



MEANINGFUL ENGAGEMENT

- Having a skilled and trained CFT facilitator is key
- It's not about me persuading the family members to see issues and needs as I see them
- It is about persuading myself to see issues and needs from the family member's perspective, while ***limiting risk, enhancing safety to child and/or public***
- Responsible parental behavior is far more likely when parent's voice and choice are embraced by the professionals on the team
- Resistance is the sign of an unmet need

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WHAT IS A CFT MEETING?

- A CFT meeting is distinct from the team itself
- Provides meaningful opportunities for children, youth, or nonminor dependents, and families to participate in the completion of the CANS
- An opportunity for engaging the family and their service teams in thoughtful and effective planning, goal setting, and monitoring progress toward achieving family goals
- Can be requested by the child, youth, or nonminor dependent and family, placing agency, or formal and informal supports, etc.

WHAT EVENTS COULD TRIGGER A CFT MEETING?

- **Placement disruption;**
- **Change in service needs;**
- **Planning for respite care;**
- **Addressing barriers which affect the coordination of regular sibling and/or family visits; and/or**
- **Difficulties in coordinating Independent Living Skills Programs, including logistics , transportation, etc.**

THE CFT AND THE CANS (CHILD AND ADOLESCENT NEEDS AND STRENGTHS ASSESSMENT) TOOL

- The CANS is a multi-purpose tool developed to assess child safety and well-being, support care coordination and collaborative decision making, and allows for monitoring of individual, provider and system-wide outcomes
- The CANS will be used as the formal initial and continuous assessment tool within the CFT to inform the case plan goals and placement decisions for the child, youth, or nonminor dependent, and family

CFT MEETING FREQUENCY

- **The placing agency will convene a CFT meeting no less than once every six months***
- **Meetings should occur as frequently as needed to address emerging issues, provide integrated and coordinated interventions, and refine the plan as needed**
- **Frequency and timing of meetings should be discussed and decided by all members of the CFT**

THE CFT PROCESS IS...

- **Family Voice and Choice**
- **Team-Based**
- **Natural Supports**
- **Culturally Competent**
- **Individualized**
- **Strengths-Based**
- **Outcomes-Focused**

CONFIDENTIALITY

- Confidentiality and information sharing practices are key elements throughout the CFT process, and they must be designed to protect children, youth, nonminor dependents, and families' rights to privacy without creating barriers to receiving services
- Section 832 of the Welfare and Institutions Code was added to promote sharing of information between CFT members relevant to case planning and providing necessary services and supports to the child, youth, or nonminor dependent and family

AVAILABLE RESOURCES

- **Core Practice Model**
- **Medi-Cal Billing Manuals, 1st and 2nd Editions**
- **ACL 16-84/MHSUDS IN 16-049**
- **County Fiscal Letter (CFL) No. 16/17-22**
- **CFL No. 17/18-09**

FORTHCOMING RESOURCES

- **Integrated Core Practice Model**
- **3rd edition, Medi-Cal Billing Manual**
- **ACL for CFT Documentation Instructions in CWS/CMS**
- **Policy letters and Resources: Requirements, best practices, and guidelines**

FOR CFT QUESTIONS, PLEASE CONTACT
CWSCoordination@dss.ca.gov



HOW JUVENILE COURT PARTNERS CAN SUPPORT FOSTER CARE REFORMS AND SYSTEM OF CARE INSTALLATION



MOST IMPORTANT TAKEAWAY...

- **Technical** elements of CCR and its related reforms must be supported by **adaptational** elements and process.
- Once successful, these reforms will install seamless and coordinated county Systems of Care.
- Court Partners play a critical role in leadership and accountability.

SYSTEM ENHANCEMENTS **BEFORE** CONTINUUM OF CARE

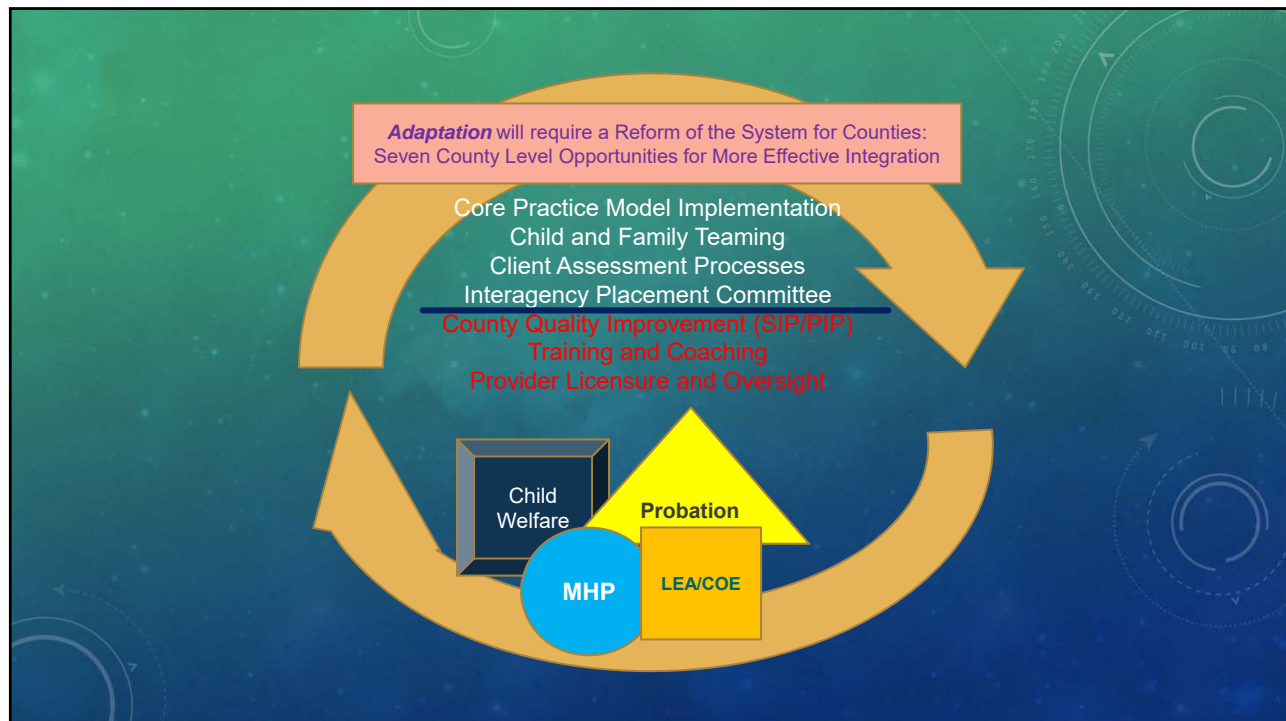
- SYSTEMS OF CARE (1985)
- WRAPAROUND (1997)
- CHILD WELFARE REDESIGN--2002
- SYSTEM IMPROVEMENT (AB 636)—
2003
- MENTAL HEALTH SERVICES ACT (2004)
- LOCAL CONTROL FUNDING/LCAP
(2012)
- KATIE A. VERSUS BONTA (PATHWAYS TO
WELLBEING)
- /EVIDENCED BASED PRACTICES
- PROP 64—Adult Use of Marijuana Act
(2017)

“INTEGRATED CARE” IS NOT A NEW SUGGESTION...

- Little Hoover Commissions (1975+)
- Administrative Office of the Courts (2006)
- Federal President’s Commission
- Child Welfare Council

STATEWIDE PROGRESS TOWARD COLLABORATIVE FOSTER CARE PRACTICE (2012-16)

- Initial Core Practice Model authored in 2013
- Data and Info Sharing agreement and early reporting
- CWS Case Reviews have Mental Health and Family Voice Measures (Elements 13 and 18)
- External Quality Review (EQRO) has “Pathways” Compliance Assessment
- CDSS/DHCS Memorandum of Agreement (March 2016)
- Pathways to MH--Integrated Care Technical Assistance Calls (January 2016)



Your work around an integrated practice model is important for the field. As a result of your work, CA is in a leadership position in moving the field forward. While keeping all 58 counties going in the same direction is not easy, the state has come a long way in relative short period of time. “

• Bryan Samuels, Chapin Hall, Former ACF Chief

FOUR DOCUMENTS TO ANCHOR CALIFORNIA'S REFORM

- *Interagency Memorandum of Understanding*
- *Integrated Core Practice Model*
- *Integrated Training Guide*
- **Medi Cal Documentation and Billing Guide**

INTERAGENCY MEMORANDUM OF AGREEMENT

- “This MOU seeks to ensure that the systems partners' programs and polices reflect a coordinated, integrated and effective delivery of services for children, youth and families.
- The goal of this MOU is to address systemic barriers to the traditional provision of interagency services. It is the intent of the agency partners to create a single service plan and maintain an administrative team with collaborative authority over the interrelated child welfare, juvenile justice, education, and mental health children's services.”

(And the Juvenile Courts that bind them together)

INTERAGENCY MEMORANDUM OF AGREEMENT: ELEMENTS

- Interagency Leadership Team
- Interagency Placement Committee
- Child and Family Teaming and Unified Service Planning
- Screening, Assessment and Entry to Care (CANS)
- Implementation of Integrated Core Practice Model
- Recruitment, Retention of Resource Families and TFC
- Information and Data Sharing (Client and Organization)
- Foster Care/ ESSA/Transportation Coordination
- Quality Management and Provider Oversight
- Staff Recruitment and Coaching
- Financial Resources and Management
- Dispute Resolution

TWO KEY ELEMENTS OF MOU

- *Integrated Leadership Team—(Governing Board)*
- *Interagency Placement Committee—(Interagency Council to actionize the Leadership Vision)*

INTERAGENCY MANAGEMENT COMPOSITION

Interagency Leadership/Policy Team

- Designated Superior Court Judge
- Chief Probation Officer
- Director/Assist. Director of HSA or Social Services
- County Health Officer
- Deputy Schools Superintendent/Sr COE Staff
- Children's Mental Health Lead/Deputy

Interagency Placement Committee

- Managers or Supervisors from Welfare Authority
- Manager or Supervisor from Probation Authority
- Manager or Supervisor from Mental Health Plan/BHS
- Public Health/Nursing/Medical
- School/Education/SELPA lead
- Lead Parent or Youth Partner

INTERAGENCY MANAGEMENT PROCESSES

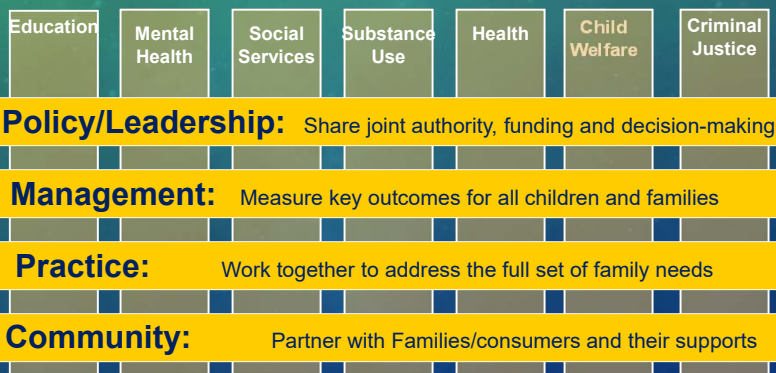
Interagency Leadership/Policy Team

- Designs and Approves Shared:
 - Policy
 - Revenue/Expenses
 - Training Resources
 - New Programs
 - Leverages Human Capital
 - Charts Mission and Vision

Interagency Placement Committee

- Reviews Challenging Care Plans
- Approving Body of CFT Recommendations for Placement (Pending Court)
- Advanced Family Engagement
- Coordinates/implements the work of the Interagency Leadership/Policy Team

SERVICE SYSTEM INTEGRATION ACROSS MULTIPLE SYSTEMS



INTEGRATED CORE PRACTICE MODEL— PURPOSE

- “The Core Practice Model (CPM)...will provide a framework which will outline how services should be developed and delivered; support consistent implementation of practice statewide”
- “It is intended to facilitate a common strategic and practical framework that integrates service planning, delivery, coordination and management among all those involved in *working with children in multiple service systems.*”

CPM EVOLUTION

- Building on Pathways to Mental Health CPM...CWDA led California’s Welfare CPM
- CWS Lead Early Implementation of Welfare Practice Elements, including development of Leadership Behaviors
- 2016--Probation and Behavioral Health Specific Workgroups

Pathways CPM → California’s Welfare PM
→ Integrated Core Practice Model (2017)

WHAT'S AN INTEGRATED CORE PRACTICE MODEL AND WHY THE BIG DEAL?

- Receiving services from different public agencies creates major obstacles and challenges for youth and caregivers.
- Approximately 50% of families will be served by parallel or secondary systems. (Mental Health)
- More than 25% of CA Foster Youth will be served by a second county at some point.
- *Closes the gaps* in access, coordination, information sharing and service delivery.

THE REAL VALUE IN INTEGRATED CORE PRACTICE MODELING

- Youth and families receiving services from more than one public agency will experience the use of same words and same approach to delivery of interventions.
- Parents, resource families and youth will experience reduced stress through the use of an integrated, coordinated service plan; satisfaction will increase because the plan will reflect their own goals and preferences.
- If youth (re)enter another system subsequently, they will already know what to expect and can build on the previous experience and learning.
- Court and law enforcement partners will have a clear and consistent understanding about how Child Welfare, Mental Health, Special Ed, and Probation work with families.
- There will be uniform processes to assess youth or child needs, with shared understanding of available services and resources that can contribute to an integrated plan.

INTEGRATED TRAINING GUIDE

- Intended to provide direction, guidance and support to delivery of training and Technical Assistance in support of CCR and Katie A.
- Supports sharing of Training Resources across agencies.
- Model recommendations for inclusion of youth and parent voice in training
- If we're implementing a unified practice model, we should be training in a unified ecology and methodology.

INTEGRATED TRAINING GUIDE

- "This Integrated Training Plan supports cross-system practice and service delivery by providing guidance and recommendations about a series of trainings that advance collaboration among child and family service agencies, affiliated human service organizations, families, tribes, and related support networks.
- The implementation of new priorities, such as collaboration and teaming, requires modification and transformation in the structure of agencies, the directives for policies and procedures, and the expectations for leaders and staff at all levels. The term "integrated training" used herein refers to training whose content crosscuts agencies and organizations that serve children, youth, and families involved in publicly administered systems.
- This Integrated Training Plan is rooted in the affirmation that social and behavioral services are more effective and humane when service providers and family members collaborate as a child and family team, with the meaningful participation of the family in formulating objectives and planning services to accomplish their goals. A child and family team is based on trust that emanates from mutual respect and a holistic view of each individual. Service agencies are responsible for creating the organizational climate that enables the development of trusting relationships."

BENCH OFFICERS UNIQUE VALUE TO INTEGRATED CARE AND SYSTEM CHANGE EFFORTS

- Informal Arbiter to hold Department Heads to Shared Vision
- Solve Conflicts between and by departments
- Help to Harness the Complexity of Integration Change
- Provide Direct Feedback to CWS and Probation regarding effectiveness of programs
- Connect System of Care to other Initiatives and Change Efforts

WHAT CAN COURT PARTNERS DO TO SUPPORT SYSTEM OF CARE DEVELOPMENT/CCR REFORMS?

- Join/attend Interagency Leadership Team meetings for Youth Serving Agencies
- Sign/enjoin the court to the Interagency MOU
- Look for and celebrate evidence of **authentic Family Engagement** on the part of Social Workers and Probation Officers
- Mirror that engagement in court proceedings—support and expect parents to be responsible and empowered decision makers. Listen to them, even when it's hard to do.
- Understand Engagement and Power Sharing in light of Child and Family Teaming
- Ask about natural supports for bio kin? Know and understand Core Practice Model Values
- See Parents as Experts/Equals, and require and support that desired behavior

ENGAGEMENT AT LEADERSHIP LEVEL

- Build Shared Understanding and Alignment of Interests/Values
- Use Wraparound Principles with Agencies and Teams
- Focus on Strengths of Partnership and “What’s Working”
- Know who the champions and “hope holders” are. Use them to hold to true north during hard times.
- Take “baby steps” and anticipate challenges
- Educate staff at all levels and all agencies about System Values/Practices
- Sharing Risk and Responsibility takes time and energy--System of Care can't be built overnight.
- *Without the Power Question being addressed, lasting transformation will not occur.*

Questions?