Continuum of Care Reform (CCR)

Summary of Changes & Joint Efforts for a Smooth Transition

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Children’s Network Conference 2016
CCR is considered to be an expansion of the recent statewide implementation of the Core Practice Model (CPM) which was developed in the Katie A. Settlement.

CCR reinforces the need for individualized help with family voice and choice being a key principle.
Core Practice Model provided some structure, but mostly focused on quality of interactions, inclusion of Child and Family Teams, and ensuring values and principles were present in service provision.

CCR has more impact on structural changes and placement than the CPM. Structural changes are intended to strengthen the role of CFTs and multi-agency collaboration.
Quick Break for Abbreviations

CPM: Core Practice Model
CCR: Continuum of Care Reform
CFT: Child and Family Team
FFA: Foster Family Agency
RFA: Resource Family Approval
STRTP: Short Term Residential Therapeutic Program

State Agencies:
CDSS: Calif. Dept. of Social Services
CPOC: Chief Probation Officers of Calif.
DHCS: Dept. of Health Care Services
Goals of the Continuum of Care Reform (CCR)

- Increase number of foster children living with families
- Strengthen role of Child and Family Teams (CFTs) and child and family voice
- Provide personalized mental health supports when necessary, including intensive services, for children in all levels of placement to enable children with high emotional and behavioral needs to succeed in family homes
Goals of the Continuum of Care Reform (CCR)

- Ensure that services transition with children to avoid current gaps in care
  - Services continue for at least 30 days to give time to set up new services

- Targeted use residential care
  - Redesign group homes to Short Term Residential Therapeutic Programs (STRTP)s
  - Acute, intense, personalized services with step down in mind from day of entry
  - Designed for child to step down in 6 months or less
Ensure children’s needs are well understood from an initial assessment

Payment will be tied to child’s needs, not child’s age

Level of Care (LOC) assessments will be conducted at initial placement and adjusted as needed
Ensure all resource families receive the same treatment and support.

Implement Resource Family Approval (RFA)
- Same approval process for relatives, fictive-kin, foster, and adoptive families
  1. same criminal clearance
  2. same environmental study
  3. same psycho-social
  4. same training requirements

Still an immediate preliminary approval process to keep children with relatives
Currently placements with a family are divided into two categories:

- **Relative Placements**
  - County Licensed Foster Family Homes (FFH)
  - Resource Families (RFs)

CCR requires more support for all “Resource Families”
Ensure Foster Family Agencies have Core Services that are trauma-informed and culturally relevant, including:

- Specialty Mental Health Services
- Transition Services
- Education, Physical, Behavioral, Mental Health, Extracurricular Supports
- Transition to Adulthood Services
- Permanency Support Services
- Indian Child Services
Comparing Current Placement Options to CCR

Foster Family Agencies continue to be Foster Family Agencies, but they are not the same.

- National Accreditation
- Culturally Relevant & Trauma Informed Care
- Variety of Services (e.g., transition services)
- FFA also use the Resource Family Approval process

CCR requires FFA’s to do more:
How to Have More Family Placements that Last

- Access residential care only when needed and utilize the CFT knowledge to plan placements
- Have multi-agency review for placements requested (i.e., IPC)
- Ensure residential care provide focused services so that youth may return to a family home.
- Replace current group home levels with a single rate for STRTPs by 12/31/2018
- New License: “Short Term Residential Therapeutic Program (STRTP)”
Short Term Residential Therapeutic Program

- Nationally Accredited
- Medi-Cal Certified (i.e., provides specialty mental health services for residents)
  - Contracted with County Mental Health
- “Short Term” by requiring 6 months authorization periods.
- Monitor Usage via:
  - Child & Family Team (CFT) must recommend
  - Interagency Placement Council (IPC) must approve
Currently Group Homes have different levels intended to indicate level of children and youth to be served.

CCR Establishes one type of congregate care: Short Term Residential Therapeutic Program (STRTP)
The boxes below represent a continuum, children are expected to transition smoothly up and down this continuum. 

**Note:** Percentages are approximate.

### Placements Now:
- Relative Placements: 35-45%
- County Licensed Foster Family Homes (FFH): 5-10%
- Foster Family Agencies (FFAs): 30-40%
- Group Homes: 5-10%

### Goal of Placements after CCR:
- Resource Families (RFs)
- FFAs
All FFA’s and group homes preparing for change, collaborating with county and state

Resource Family Approval (RFA) goes into effect for all new applicants on January 1st

As homes come up for renewal over the next two years, CFS will facilitate the change to RFA
Probationary youth may now be placed with an FFA, so Probation is:

- Working with FFAs and other community-based organizations to develop strategies to recruit, retain, and support specialized foster homes for probation youth.

- Working with CDSS on strategies to identify, engage, and support relative caregivers.
Changes begin for FFA’s and group homes

- Must be accredited by the end of 2018
- “FFA’s must develop ability to provide MediCal certified MH services or enter into a relationship with a MH provider to provide services to children who need it.” – Being revisited
- GH’s must be transformed to STRTP’s or receive extensions from their county of business to continue. Transformation must be complete by end of 2018
- MH services must transition with child
CCR Efforts in San Bernardino County

- Increased partnership between CFS, DBH, and Probation
  - Importance of Child and Family Team
    - child and family voice at center
    - identifying and engaging people the child and family say are important to the child
    - getting involved, staying involved, following through with important decisions in the child’s life
      - placement
      - treatment
      - school
      - future
  - Importance of MH screening, assessment and treatment
  - Interagency Placement Council role in approving placements
DBH, CFS, & Probation collaborated to develop new programs to provide specialty mental health services to children in group homes and placed with FFA's

- Children's Residential Intensive Services (ChRIS) for group homes
- Foster Family Agency - Mental Health Services for FFA's
ChRIS Program – Focused on group homes for Wards and Dependents

STRTPs – Structure seems more focused on Dependents

Probation is now working with group home providers to develop STRTPs that meet the treatment needs of probation supervised youth in foster care.
Increased efforts to recruit and support resource families

- Faith in Motion
- higher respite rates
- increased use of Spanish translators
- Resource Parent Partner program
- use of Family Finders to locate and engage relatives and other important people in child’s life
Many elements of CCR still under development

- Still expanding the use of CFTs
- What will Therapeutic Foster Care look like?
- How will children in relative care get the same MH service supports?
- How will we assess the level of care that each child requires?
- What type of outcomes will indicate success for Dependents? For Wards?
Beginning January 1, 2018 - CDSS and CPOC shall assess the capacity and quality of placement options for probation youth in foster care, including home-based family care and STRTP, including:

- The number and type of placement options.
- Whether STRTP have developed programming tailored to address the propensity of probation youth to run away.
- The degree to which foster family agencies, community-based service providers, and county probation departments have developed the programs and services necessary to recruit, retain, and support foster families and relative caregivers serving foster youth supervised by probation departments.
- Any need for additional training and technical assistance to be provided to short-term residential treatment centers or foster family agency providers.
Summary of Some Changes from CCR

- Level of Care Assessment and potentially other new assessments for placement youth
- Increased requirements of CFTs for placement
- Increased requirements of IPC for placement
- Resource Family Approvals
- Group homes transitioning to STRTPs
- Recruitment efforts to find, train, and retain FFAs and resource families who can serve youth in least-restrictive, family-based settings
- FFAs to now serve probation youth
- New documentation and outcome tracking requirements
Continuum of Care Reform & CCR Resources

http://www.childsworld.ca.gov/PG2976.htm
http://cdss.ca.gov/cdssweb/PG4869.htm
Thoughts and Questions