California's Child Welfare

Continuum of Care Reform (CCR)

Overview For Contra Costa County

THE CONTINUUM OF CARE REFORM

CCR is mandated by AB 403 and is a comprehensive framework that supports children, youth and families across placement settings in achieving permanency.

CCR includes:

- Increased engagement with children, youth and families
- Increased capacity for home-based family care
- Limited use of group home care
- Changes in rates, training, accreditation, mental health services and accountability & performance

Vision of CCR

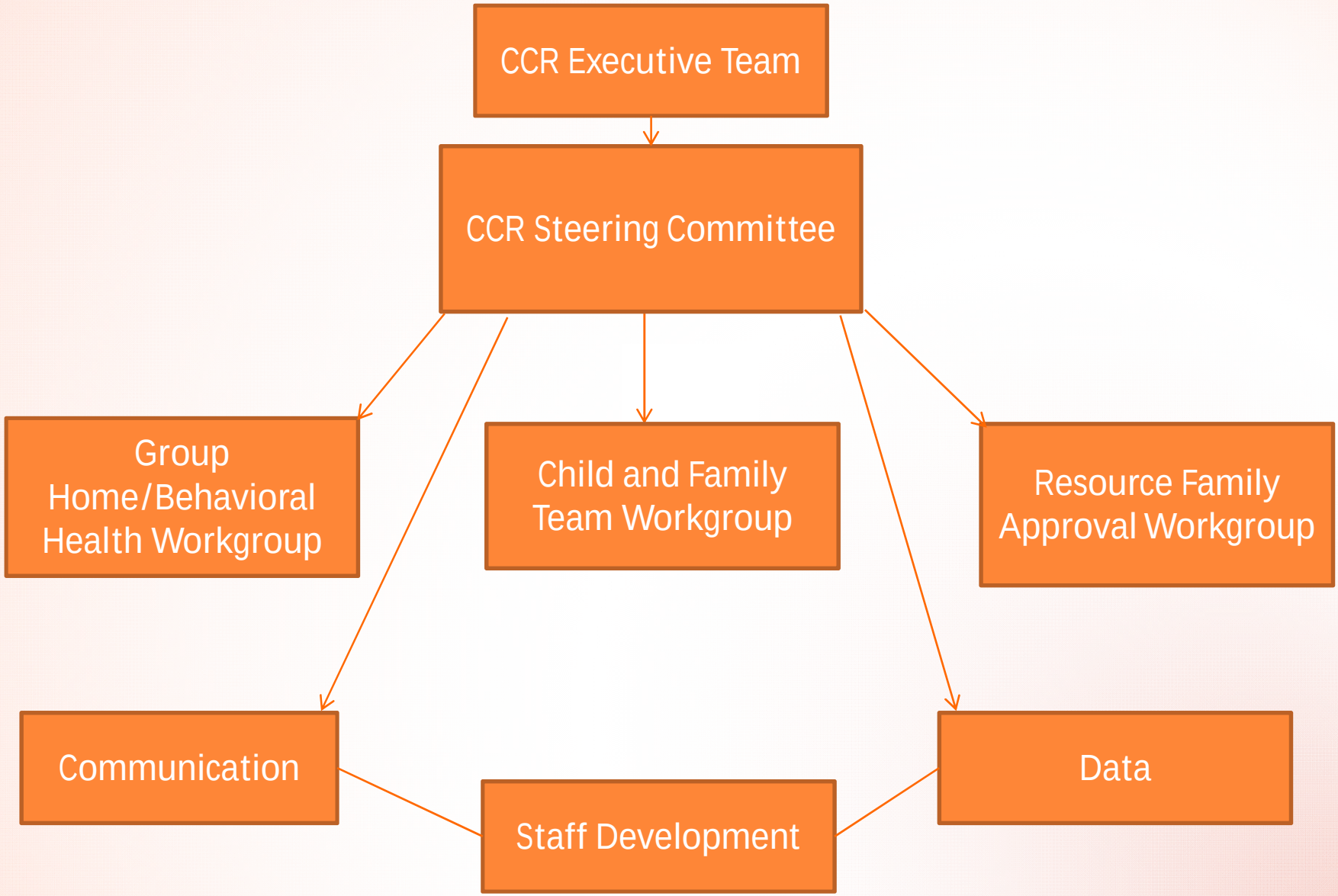
All children live with a committed, permanent and nurturing family

Individualized and coordinated services and supports

Focus on permanent family and preparation for successful adulthood

Group Home care, when needed, 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

CCR Implementation Structure



The Paradigm Shift

Group Home → *Short Term Residential Treatment Program (STRTP)*

Children who cannot be safely placed in a family setting, and who meet the specific criteria can receive short-term, residential care with intensive therapeutic interventions and services to support their transition to home based family care.

Group Home/Behavioral Health Workgroup

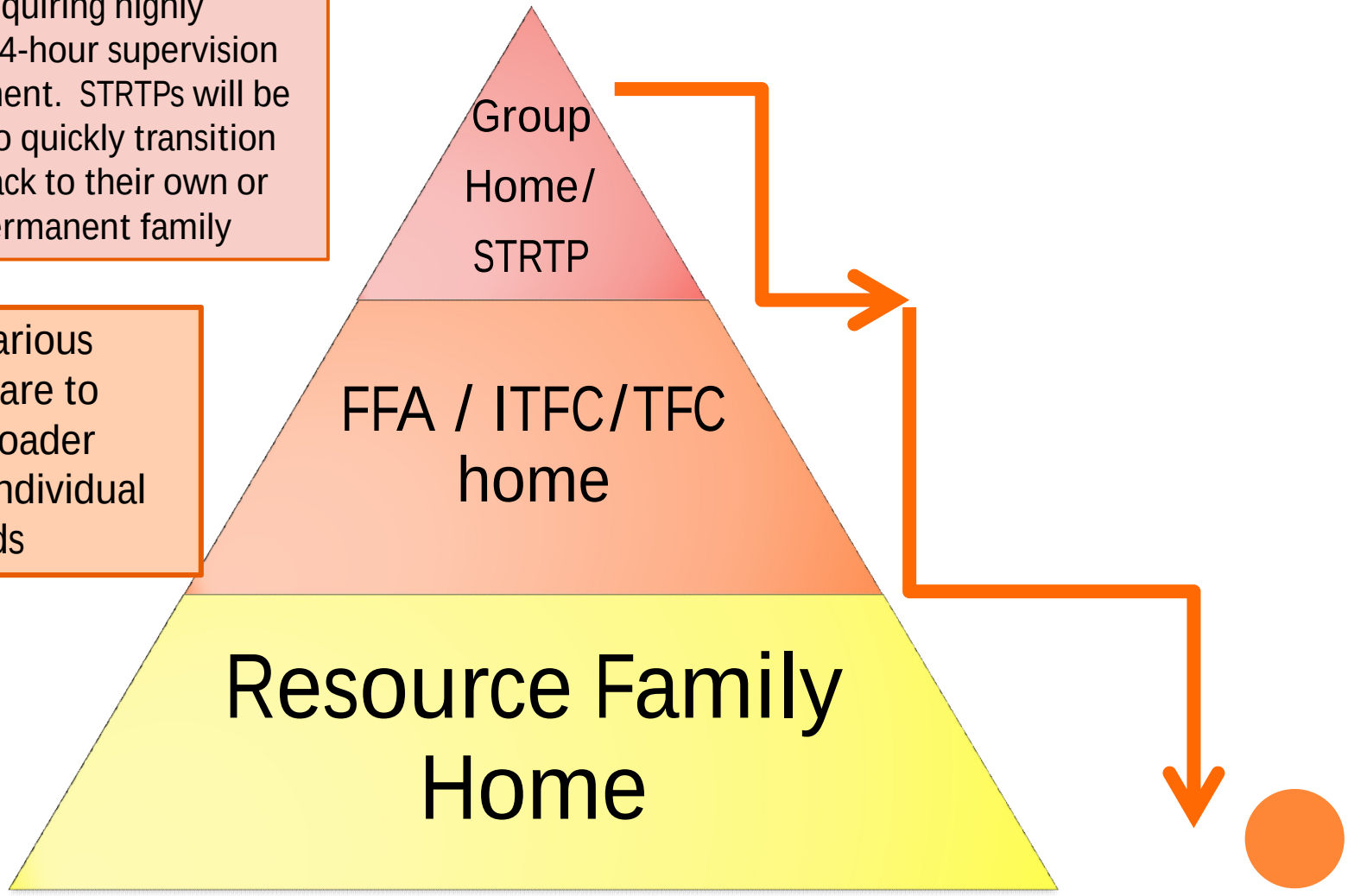
Meeting regularly since early 2016 to plan for transition of youth from congregate care to Home Based Family Care

- Workgroup Highlights:
  - *Support Group Homes in their transition to STRTPs*
  - *Identify youth who will require STRTP level placement*
  - *Support Foster Family Agencies (FFAs) in expanding their capacity to accommodate High Needs Youth*
  - *Work with Mental Health to identify and arrange necessary supports in place for those placements accepting High Needs Youth*
  - *Preparation for Step Downs…*

Stepping down to Home Based Care

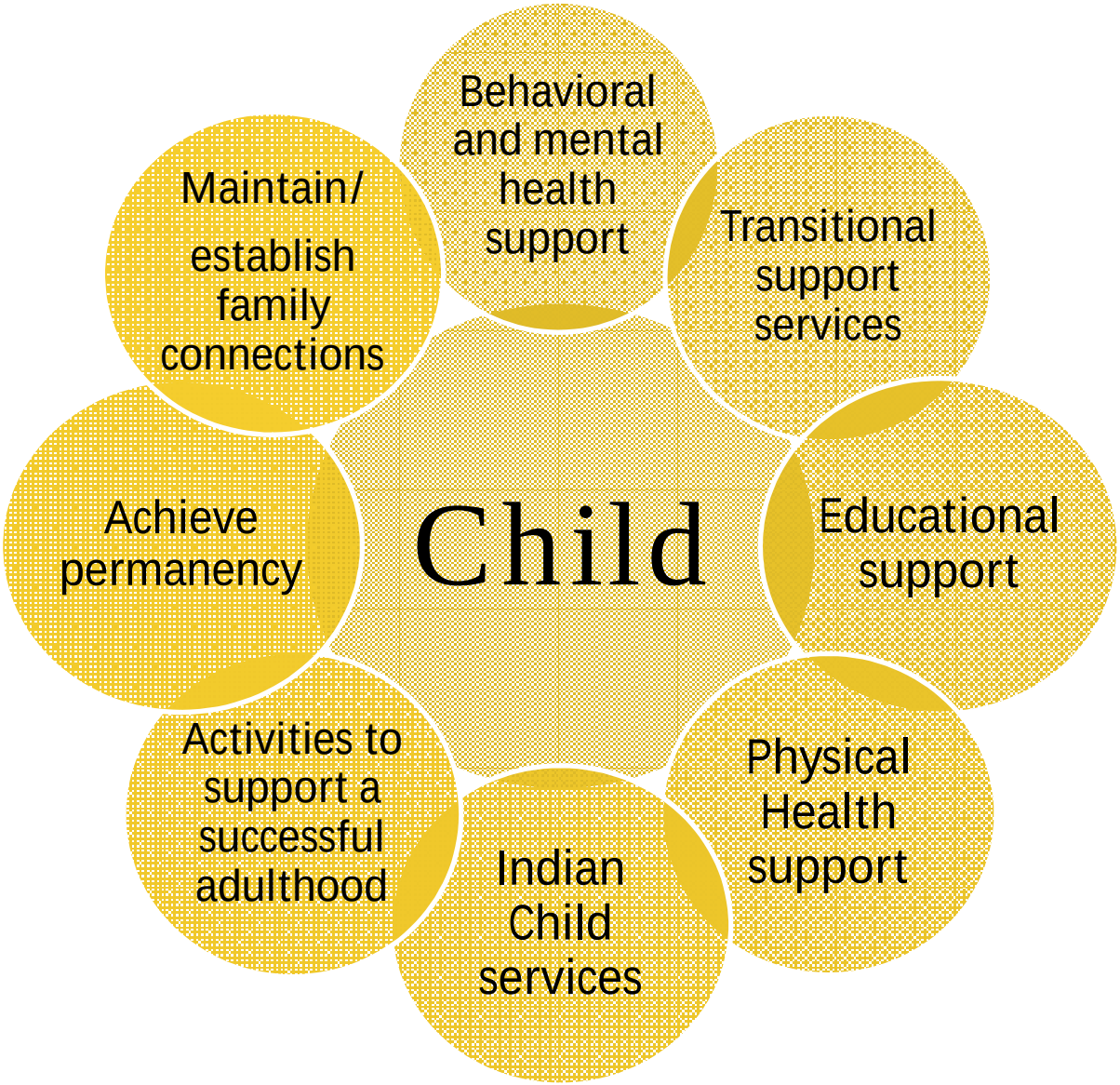
Children requiring highly intensive 24-hour supervision and treatment. STRTPs will be designed to quickly transition children back to their own or another permanent family

Provide various levels of care to meet a broader range of individual child needs



CORE SERVICES:

All placement types will be held to higher standards and be accountable to coordinated care among all service providers.



Increased Behavioral Health Services

Intensive Care Coordinators (ICC): assigned to children who meet medical neccesity criteria to facilitate teaming and coordinate mental health care

From 01/2017 – 07/2017

216 ICC eligibility screenings complete	62 clients closed out of ICC services	389 referrals
71 were eligible and referred to ICC services	Based on meeting goals and no longer needing additional services	made to Care Managed Unit for outpatient therapy referrals for children with mild to moderate symptoms

Total open ICC cases as of 07/2017: 326

CCR Core Element: Increased Engagement

- Child & Family Team(CFT)
  - Up-front and continuing assessment that includes youth, family members, and their formal and informal support network collaborating in regards to support, services, and placement needs of the youth and family

CFT WORKGROUP

A Child and Family Team workgroup meets regularly to work towards:

- *Holding CFT meetings for all open cases within 60 days*
- *Holding a CFT meeting not less than once every 6 months for all open cases*
- *Holding a CFT meeting once every 90 days for youth who are placed in an STRTP (and/or meet special mental health criteria)*
- *Inviting appropriate resources, i.e., Domestic Violence Liaisons, Public Health Nurses, etc.*
- *Ensuring a voice for families and the child*

Child and Family Team (CFT)

- CCC has hired 4 Full Time CFT Facilitators and contracted out assistance from another agency for the 6 month review CFTs and Youth Transition Meetings (YTM).

When and how do the members of the CFT communicate?

- The CFT members can communicate in many ways: phone calls, conference calls, emails, and in-person meetings
- The CFT meets at key times during an open case to get feed-back on child/youth/family progress and update the action steps to well-being
- The length of meetings will be based on need but typically will not last more than 1.5 hours
- CFT communication may include certain CFT members at some times and all members at other times.
- The children/youth and/or parent may call a CFT meeting by calling their Children and Family Services worker

Our CFT Members

NAME	PHONE NUMBER

Your next CFT meeting is:

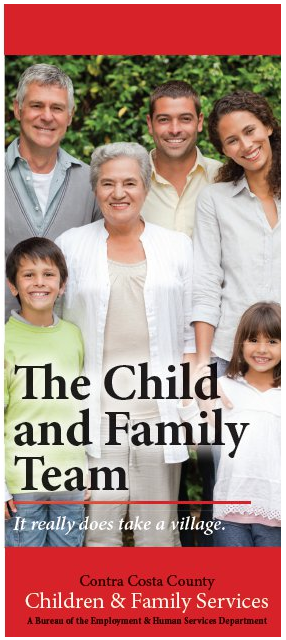
Date: _____

Time: _____

Location: _____

Contra Costa County
Children & Family Services
A Bureau of the Employment & Human Services Department
www.ehsd.org

Contra Costa County
Employment & Human Services



What is a Child and Family Team?

A child and family team (CFT) is comprised of the family, their natural supports, and all of the individuals who are working with them towards successful transition out of the child welfare system.

What is the role of CFT members?

- Support hope, healing, and resilience
- Share strengths, concerns, and ideas to support the family
- Develop and implement steps to support the family's well-being
- Communicate regularly with the CFT

Who participates in a CFT?

Together, the children/youth and family and Children and Family Services worker will identify CFT members. Typically, the core CFT members are:

- The child/youth
- Family (parents, legal guardians, etc)
- Social worker/any CFS support involved
- Extended family
- Caregivers
- Service providers
- Youth/Parent Partners
- Mental Health Partners
- Coaches/teachers
- Neighbors
- Others who support the family

Guidelines for effective communication

- All participants must actively contribute by being direct, honest, and respectful
- Everyone's voice is important and each participant will have the opportunity to be heard.
- All action steps will be mutually agreed upon and assigned based on strengths of each CFT member
- Participants ability to commit to support decisions made and assist one another in completing actions steps

CFT principles

- Teaming promotes decisions that rely on the voice of the children/youth and family
- It embraces and requires family participation in creation action steps
- It values children/youth and families as equal partners
- It recognizes and appreciates the family's culture and devises action steps that draw on it

How is a CFT meeting structured?

- Clearly defined purpose, goal, and agenda
- Focused meetings
- Agreed-upon decision-making process
- Identification of family strengths and needs
- Brainstorming all options available to support the family
- Specific action steps and timelines developed for the team members
- Focus on times of transition

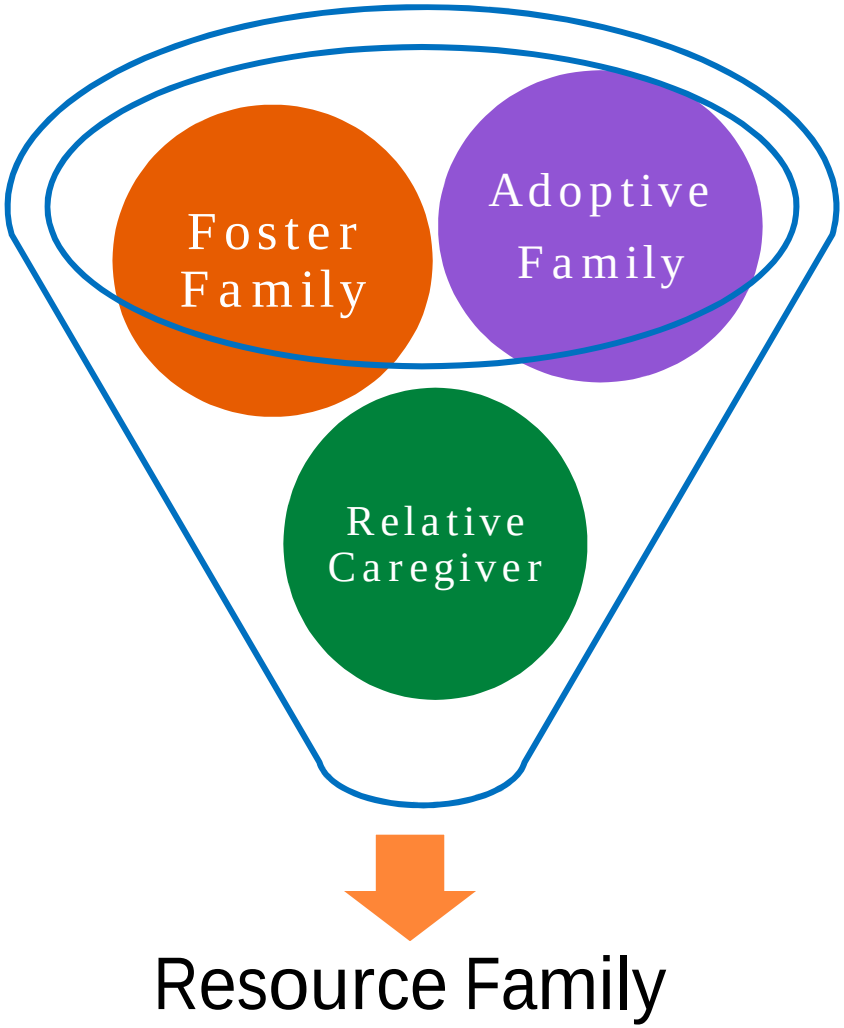
SINCE JANUARY 1…

CCC CFS has completed 302 CFT meetings between 01/2017 and 07/2017

- 164 Team Decision Making/CFT meetings (referral)
- 21 Court CFTs
- 35 Continuing/Intensive Family Services meetings
- 20 placement disruption
- 62 Youth Transition Meetings

CCR also includes another big shift from:

Foster Families/Relatives → Resource Families



Resource Family Approval:

- A new single, unified process for approving all caregivers, including: Kin, Non Related Extended Family Members (NREFM), licensed foster families, and FFA foster families

Resource Family Approval Workgroup

Meeting monthly since late 2015 to:

- *Plan and implement Resource Family Approval effective 01/01/2017*
  - *Train staff and caregivers to meet new RFA standards*
- *Improve emergency relative placement and overall relative placements*
- *Plan for conversion of existing licensed foster homes and approved relative homes*
- *Develop recruitment, training and support of current and prospective caregivers*

RFA Application Data

Consistently 40-45 Resource Family applications per month since 04/2017

On average, from 4/2017 – 06/2017, 2/3 of the applications are relatives/NREFMs

Resource Family Approval

Challenges

- Length of application/approval process
- Pre-Approval training requirement for all potential caregivers
- Short timelines
- Staffing
- Conversion of existing Approved Relative /Licensed Fother Homes

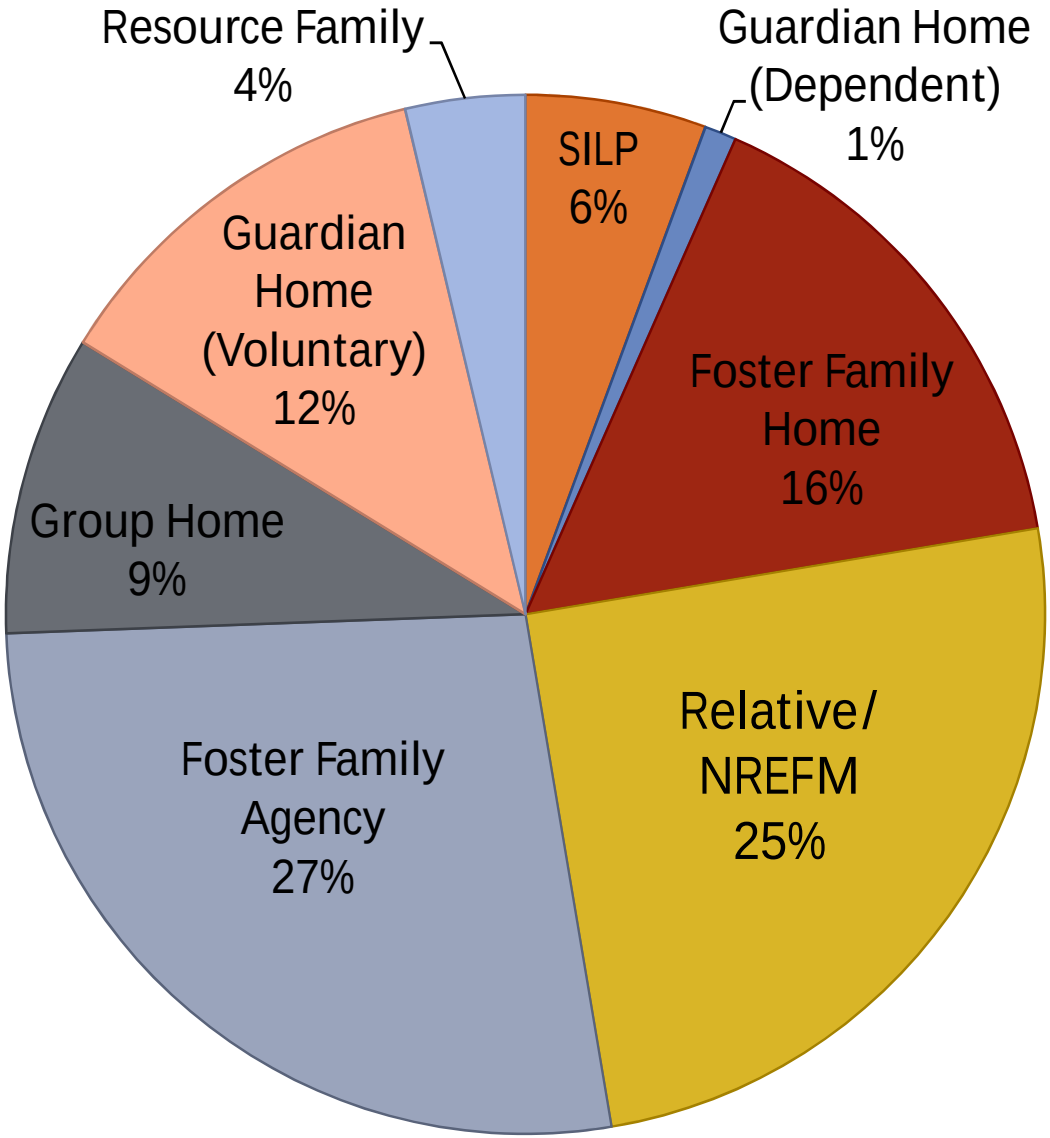
Successes

- Increased Emergency Placements
- New Resource Family Approval database
- Reorganization and restructuring of existing staff
- Increased applications
- Regional collaboration

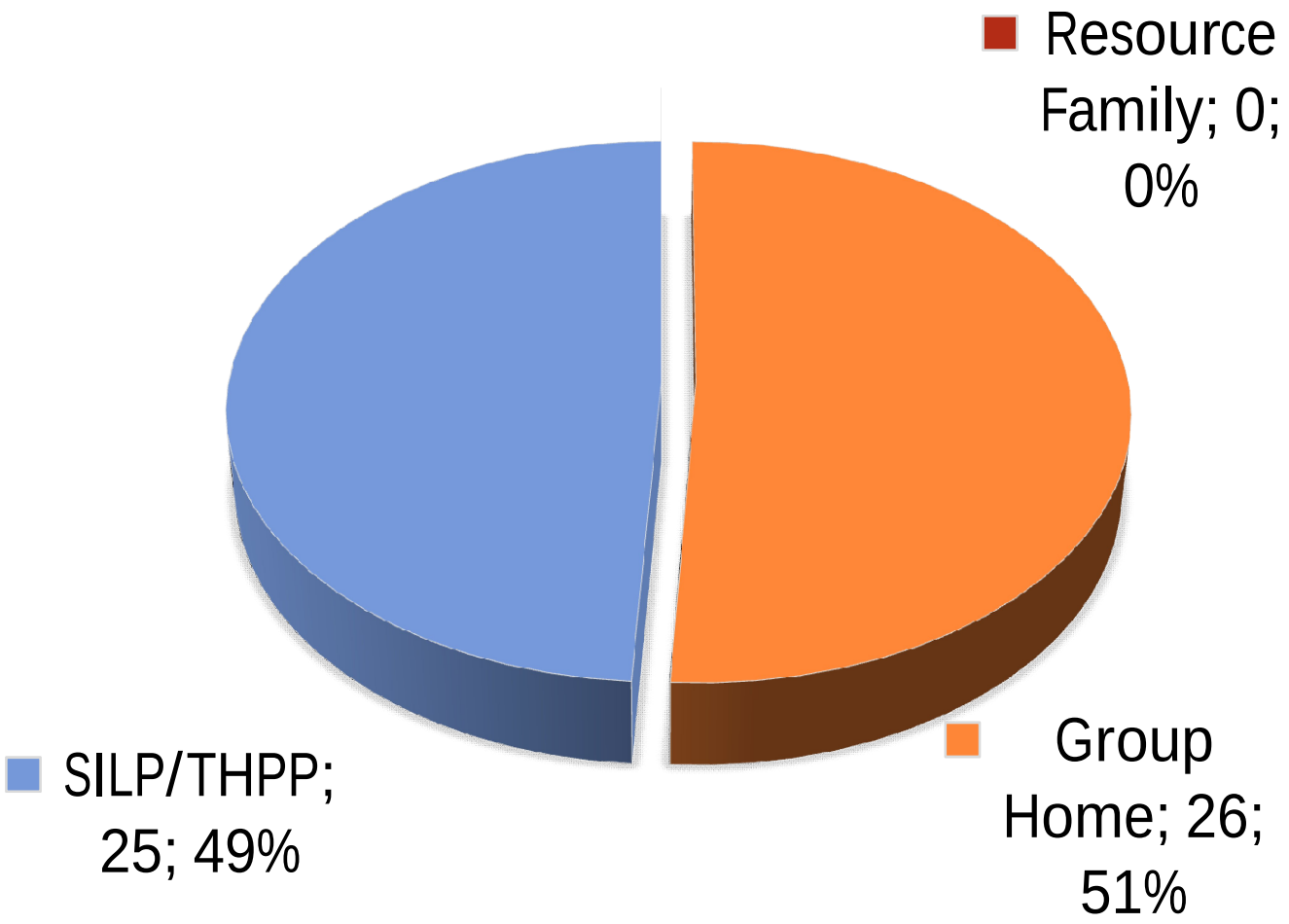
Contra Costa County Placement Resource Data

- 80% of dependent children's placements will be affected by CCR
  - 328 total approved relative homes and Licensed Foster Homes will need to be converted to RFA homes

Children & Family Services Placements



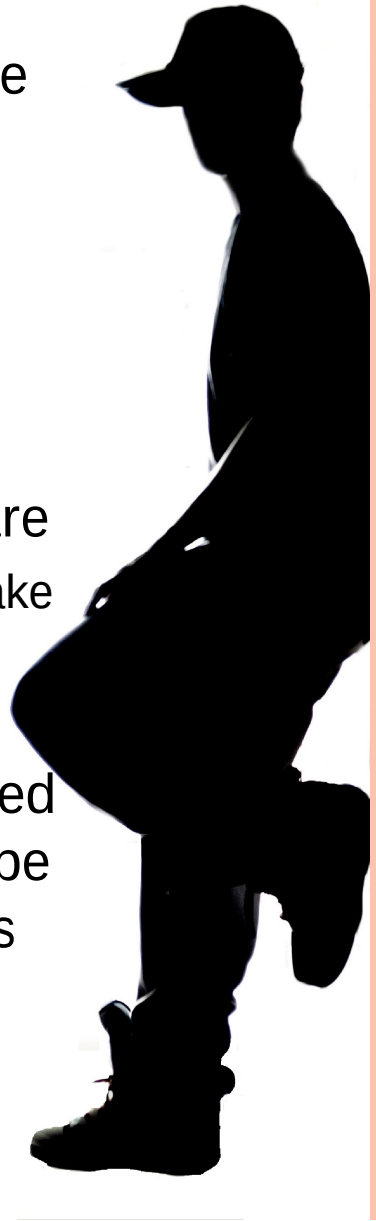
Contra Costa Probation Placements



SILP: Supervised Independent Living Placement
THPP: Transitional Housing Placement Program

PLACEMENT IMPACT – CFS CHILDREN

- 42 children will need to transition from Group Home placements to STRTPs
  - Very few group homes have successfully made this transition successfully yet
- 55 children will need to transition from a Group Home placement to a lower level of Home Based Care
  - CCC will need home based caregivers that are willing to take dependents with higher needs levels
- The most difficult 1% of dependent youth will still need specialized placement and their needs still may not be met by STRTPs. Counties are presenting these cases to the state for review.



Implications for Contra Costa County

CCC needs to actively recruit and approve more Resource Family Homes

Response:

- Increased recruitment: buses, movie theater ads
- Targeted recruitment for older youth and high needs youth

CCC needs to develop additional services to support youth formerly in Group Homes now in home based settings

Response:

- CFS has entered into a Mental Health interagency agreement to provide additional mental mealth services to support youth in home based family care
- Mental Health has begun expansion of specialty services such as Parent Partners, Emergency Foster Care Unit, ICCs

Additional Implication:
Updated Provider Rate Structure

- Phase 1 implemented 01/01/2017 and established one rate for Resource Family Homes, Licensed Foster Homes, Relatives, NREFMs, and NMDs in Supervised Independent Living Placements
  - Rate structure for FFAs includes a detailed breakdown of rate for Admin, Social Worker, the Certified Family, etc.
  - One STRTP rate for all STRTP facilities

- Phase 2 goes into effect 12/01/2017 and includes a new Home Based Foster Care LOC Protocol and Intensive Services Foster Care rates to support children in placement with more specific and/or specialized needs

Challenges Ahead

- Some Group Homes will not be able to make the conversion to STRTP resulting in few placement options for high needs youth
- Recruiting Foster Families
  - Increase Family Finding
  - Increase community awareness of need for caregivers and the specific needs of our youth
- In Home supports needed for caregivers and for children entering home based family care
  - In order for step downs to be successful, appropriate supportive services will need to be in place
  - Lack of interest in becoming TFC

Mental Health Services Challenges

Increased need of Outpatient and Crisis services that will require greater resources and Staffing

Increased need for Utilization Review, authorization, and monitoring of Service delivery and documentation

Additional resources needed to monitor and facilitate the implementation of EPSDT Specialty Mental Health Services by FFA's and Foster homes, as well as provide Mental Health Consultation and Training.

LOOKING AHEAD

and Probation will continue to collaborate as we address the challenges and implications of CCR to effectively meet the needs of the children and families we serve.