STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
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REASON FOR THIS TRANSMITTAL

[X] State Law Change
[ ] Federal Law or Regulation Change
[ ] Court Order
[ ] Clarification Requested by One or More Counties
[ ] Initiated by CDSS

ALL COUNTY INFORMATION NOTICE NO. I-50-16

TO: ALL COUNTY WELFARE DIRECTORS
ALL CHILD WELFARE SERVICES PROGRAM MANAGERS
ALL CHIEF PROBATION OFFICERS
ALL TITLE IV-E TRIBES
ALL FOSTER FAMILY AGENCIES
ALL GROUP HOME PROVIDERS
ALL COUNTY MENTAL HEATH DIRECTORS
ALL ADMINISTRATIVE LAW JUDGES
ALL JUDICIAL COUNCIL STAFF

SUBJECT: CONTINUUM OF CARE REFORM (CCR)
(ASSEMBLY BILL (AB) 403 GENERAL INFORMATION)

REFERENCE: AB 403 (STONE, CHAPTER 773, STATUTES OF 2015); WELFARE AND INSTITUTIONS CODE (WIC); HEALTH AND SAFETY CODE (H&S).

On October 11, 2015, AB 403, which allows California to implement provisions of the CCR beginning January 1, 2017, was signed into law. The main goals of the CCR are to further improve California's child welfare system and its outcomes by reducing the use of congregate care placement settings, increasing the use of home-based family care and decreasing the length of time to achieve permanency. This will be accomplished through a variety of efforts such as using comprehensive initial child assessments, expanding the use of Child and Family Teams (CFT) and, increasing the availability of services and supports in home-based family care settings.

This notice is to provide general information about the initial implementation of CCR and is not intended to instruct counties and providers on how to implement CCR. The California Department of Social Services (CDSS) recognizes that there are many questions regarding the implementation and is in the process of developing additional processes, policies, and procedures to provide further clarification. The CDSS has convened a variety of workgroups that include counties, stakeholders, providers, and

other government agencies to collaborate and provide input into the initial and ongoing implementation efforts.

CDSS will be releasing multiple All County Letters (ACLs), provider letters, interim licensing standards, and other materials providing instruction, guidance, and best practices.

Several questions have been raised about the new rate structure. A County Fiscal Letter (CFL) regarding the new rate structures is currently under review and will be released shortly.

OVERVIEW OF AB 403

AB 403 implements a series of new reforms and accountability measures designed to improve outcomes for children in foster care. These changes include:

- Additional state funding for counties to recruit, retain and support families to meet the needs of children.
- Develops and defines the functions of the Child and Family Team (CFT).
- Emphasizes the importance of a comprehensive initial assessment to provide for appropriate placement and services.
- Requires statewide implementation of the Resource Family Approval (RFA) Program beginning January 1, 2017.
- Requires probation departments, in consultation with CDSS, to assess the capacity and quality of placement options for probation youth in foster care.
- Creates two new children's residential licensing categories: Short-Term Residential Therapeutic Program (STRTP)[1] and Temporary Shelter Care Facility (TSCF).
- Reforms the rate structures for licensed providers and caregivers.
- Requires out-of-state group homes meet STRTP licensure standards, as specified.
- Requires the development of a new rate system, including the discontinuation of the Rate Classification Level (RCL) system for Group Homes, unless CDSS grants an exception.

[1] Note: In light of feedback from stakeholders and anticipation of statutory changes, the "short-term residential treatment center" (STRTC) is referred to as a "short-term therapeutic program" (STRTP) throughout the document.

- Requires CDSS to develop an integrated oversight system, in coordination with the Department of Health Care Services (DHCS), as well as additional performance and outcome measures.
- Enhances training requirements.

INFORMATION FOR COUNTY CHILD WELFARE AND PROBATION DEPARTMENTS

Child and Family Team

The CFT is defined as a group of individuals who are convened and engaged by the placing agency to identify the strengths and needs of the child and his or her family, and to help achieve positive outcomes for safety, permanency, and well-being. The child and his or her family may request specific persons to be included on the team. When developing the case plan and during the child assessment processes, the placing agency must consider any recommendations of the CFT and document the rationale for any inconsistencies between the case plan and CFT recommendations (WIC sections 706.6 and 16501.1). An ACL is currently being developed to provide instruction and guidance around the specific functions of the CFT.

Assessments

A comprehensive initial child assessment is essential to ensuring that the first out-of-home placement is the right one and appropriate mental health services and supports are received. Periodic assessments ensure continued appropriateness of placements and services. At this time, counties are encouraged to continue using their current assessment processes, but to improve upon those processes by working collaboratively with the CFT. The assessment is intended to ensure the child is placed in the right placement and has the appropriate services to meet his or her needs as identified in the assessment. Working with the CFT during the assessment process promotes engagement and understanding for all involved in the case, which can lead to better outcomes for children and families. In an effort to strengthen the assessment process, CDSS will be piloting a tool within a few counties to inform a decision regarding the use of a statewide assessment tool.

RFA: Statewide Implementation

- Beginning January 1, 2017 all county child welfare and probation departments must approve all non-related and related caregivers pursuant to the RFA process. Refer to ACL 16-10 for key information regarding the approval process for RFA and maintaining resource family homes.

- Foster Family Agencies (FFAs) will be required to approve families pursuant to the RFA process. Interim standards are currently being developed which will address FFA approval of resource families.
- All existing licensed and approved homes, by December 31, 2019, will need to be converted to a resource family and meet the requirements outlined for conversion, if the home intends to continue to provide care.
- See newly released ACL 16-58 that contains more detailed instructions for the requirements for implementation of RFA. The ACL includes instruction on the following:
  - Submission of Implementation Plans
  - Funding for RFA Implementation
  - Conversion of Licensed Foster Family Homes, Approved Relatives and Nonrelative Extended Family Members (NREFMs)
  - RFA Staff Competencies
  - Staff Training

Questions regarding the RFA program can be sent to RFA@dss.ca.gov

Probation Specific Provisions

In addition to the general CCR requirements, county Probation Departments, in consultation with CDSS, are required to develop strategies to identify, engage, and support relative caregivers. Beginning January 1, 2018, CDSS and Chief Probation Officers of California (CPOC) will assess the capacity and quality of placement options for probation youth in foster care, including home-based family care and STRTPs.

Additionally, CPOC, CDSS and other stakeholders will collaborate to define probation specific measures to be collected and analyzed to measure outcomes for probation youth. These measures will be in addition to our current federal measures, but also relevant to the unique needs of probation youth.

Respite Care

Respite care, previously limited to no more than 72-hours in one month, may be extended to 14-days in any one month. CDSS will consult with county placing agencies and stakeholders to develop policies and regulations related to 14-day extensions for respite care.

Optional County Implementation Guide

An **optional** County Implementation Guide was developed specifically for county agencies to begin transitioning children/youth in lower rate classification level group homes to home-based family care. This guide is not a mandatory tool for submission to CDSS, but rather seeks to support county-specific planning and implementation efforts. County child welfare, mental health, and probation agencies are encouraged to develop a collaborative and integrated team that will work together to prepare for CCR implementation. Counties are further encouraged to include current and/or former foster youth in each of the planned activities. The guide is intended to apply collectively to the child welfare, mental health, and probation agencies to complete together. The guide is attached to this ACIN.

INFORMATION FOR PROVIDERS AND CAREGIVERS

Short-Term Residential Therapeutic Programs

AB 403 established a new community care facility category called a STRTPs, as defined in H&S section 1502. STRTPs are residential facilities licensed by the department that provide short-term, specialized, and intensive treatment (nonmedical, except as permitted), and 24-hour care and supervision to children. The following is general information regarding the STRTPs; more detailed information will be released in a subsequent ACL.

An STRTP will be licensed pursuant to H&S section 1562.01 and the applicable provisions of the Community Care Facility Act. An STRTP is required, to:

- Obtain accreditation from an agency identified by CDSS. If and when signed into law, AB 1997 will clarify that a licensed STRTP has up to 24 months from the date of licensure to obtain accreditation, as specified. Additional information will be forthcoming via interim licensing standards.

- Obtain and have in good standing a mental certification, as specified. If and when signed into law, AB 1997 will clarify that a STRTP has up to 12 months from the date of licensure to obtain a mental health program approval that includes a Medi-Cal mental health certification, as specified. The WIC section 11462.01(a)&(e) will further clarify a contract with a county Mental Health Plan will be required to obtain the mental health certification to meet the therapeutic needs of children.
- Prepare and maintain a current, written plan of operation, which includes a program statement that describes:
    - The population or populations to be served.

  - The STRTP's ability to support the differing needs of children and their families with short-term, specialized, and intensive treatment.
  - The core services to be offered to children and their families, as appropriate or necessary.
  - The procedures for the development, implementation, and periodic updating of the needs and services plan for children.
  - The procedures for collaborating with the CFT, including description of services to be provided to meet the treatment needs of the child as assessed, the anticipated duration of the treatment, and the timeframe and plan for transitioning the child to a less-restrictive family environment.
  - Any other information that may be prescribed by the department for the proper administration of the program.
- If the STRTP is operated a by county, it shall describe its conflict of interest mitigation plan in the plan of operation (H&S section 1562.01).
- Have facility managers and staff members providing direct care and supervision to children and youth residing in a STRTP who are at least 21 years of age (except as provided).
- Have a qualified and certified administrator, as set forth in H&S section 1522.4.
- A new rate will be established for STRTPs to be effective January 1, 2017. The ACL regarding the new rate system is expected to be released shortly.
- STRTP facility managers and staff providing care and supervision or having regular, direct contact with children must obtain education, qualification, and training consistent with the role of their facility and the populations served. Instructions regarding the specifics of training, including topics and time frames for completion are forthcoming.

Core Services

Core services, made available to children and nonminor dependents, by a STRTP are to be trauma informed and culturally relevant. Core services can be provided directly by the STRTP or through formal agreements with other agencies. Core services include, but are not limited to: access to specialty mental health services for children who meet the specified criteria, educational supports, services for achieving permanency, and services to support transition-age youth and nonminor dependents in achieving a successful adulthood.

More information about STRTPs and core services will be released in a subsequent ACL.

Temporary Shelter Care Facility (TSCF)

A TSCF license may be issued only to a county, or to an agency on behalf of a county, that is operating a licensed GH as of January 1, 2016. A TSCF is a 24-hour facility that provides no more than 10 calendar days of residential care and supervision for children under 18 years of age who have been removed from their homes as a result of abuse or neglect, as defined in section 300 of the Welfare and Institutions Code, or both. CDSS is in the process of consulting with these counties to develop transition plans to convert these shelters licensed as group homes to TSCFs to address the unique circumstances and needs of the populations they serve, while remaining consistent with the principles of CCR (H&S section 1530.8 and WIC section 11462.022).

Group Home – Extensions

Unless a rate extension is granted, the existing GH RCL system sunsets on January 1, 2017. A GH may request a rate extension for up to two years, through December 31, 2018 upon a county placing agency submitting a request and documentation which states that without the extension there is a material risk to the safety of the youth of the public, due to an inadequate supply of STRTPs or home based placements necessary to meet the specific needs of the youth. An additional extension may be granted to a GH beyond December 31, 2018, upon a county Probation Department submitting a written request and providing documentation stating that without the extension, there is a significant risk to the safety of the youth or the public, due to an inadequate supply of STRTPs or resource families necessary to meet the specific needs of probation youth.

Out-of-State – Group Homes (OOS GHs)

On and after January 1, 2017, the licensure standards applicable to out-of-state group homes certified by the department shall be those required of STRTPs, as specified. A placement in an OOS GH that meets STRTP licensing requirements may be funded at the STRTP or host state rate, whichever is lower. If and when signed into law, AB 1997 will clarify that OOS GHs may also be granted a rate extension, under limited circumstances.

Community Treatment Facilities (CFTs)

The foster care rate for CTFs is that of a STRTP, if they have obtained a national accreditation; otherwise, the rate it is that of a GH if they have been granted a rate extension.

Residentially Based Services

All residentially based services (RBS) programs shall terminate on or before January 1, 2017, unless an extension through January 1, 2019 is granted.

Foster Family Agencies

Effective January 1, 2017, a FFA shall:

- Update its plan of operation to include the following additional program statement requirements:
  - A description of the population or populations to be served.
  - The core services and supports, which are trauma informed and culturally relevant, to be offered to children and their families, as appropriate or as necessary.
  - The treatment practices that will be used in serving children and families.
  - The procedures for the development, implementation, and periodic updating of the needs and services plan for children placed with the FFA or served by the FFA.
  - The procedures for collaborating with the child and family team that include a description of the services to be provided to meet the treatment needs of children assessed pursuant to section 11462.01 of the WIC.
  - How the FFA will comply with the resource family approval standards and requirements. If and when AB 1997 is signed this will also include a plan to transition its existing certified family homes to obtain resource family approval.
  - Any other information that may be prescribed by the department for the proper administration of the program.
- Describe its conflict of interest mitigation plan in the plan of operation, if county operated.
- Obtain national accreditation from an agency identified by CDSS. If and when signed into law, AB 1997 will clarify that an FFA licensed before January 1, 2017, has until December 31, 2018, to obtain accreditation, and an FFA licensed on or after January 1, 2017 has up to 24 months from the date of licensure to obtain accreditation. Additional information will be forthcoming.
- Be permitted, at county request, to provide supports and services to children placed in county-approved homes or resource families.

- Required to approve families according to the Resource Family Approval process. Refer to ACL 16-10 for key information regarding the approval process for RFA and maintaining resource family homes.
- In addition to the foster parent training provided by community colleges, FFAs must provide a program of training for their resource families.

Core Services

Core services, made available to children and nonminor dependents, by a FFA are to be trauma informed and culturally relevant. Core services can be provided directly by the FFA or through formal agreements with other agencies. Core services include, but are not limited to: specialty mental health services for children who meet the specified criteria, educational supports, services for achieving permanency, and activities designed to support transition-age youth and non-minor dependents in achieving a successful adulthood.

Note: FFAs are encouraged to seek a contract from the county mental health plan to directly provide specialty mental health services.

More information about cores services, including specialty mental health services will be released in a subsequent ACL.

Rates

As stated previously, existing GH, FFA and CTF rates will sunset on January 1, 2017, and new rate structures have been developed. The ACL regarding the new rate structures is anticipated to be released shortly.

An administrative review process for rate determinations, including denials, reductions, and terminations that includes a departmental review, corrective action, and a protest to CDSS will be disseminated by written directive until regulations are adopted.

CDSS ADDITIONAL ACTIVITIES

Oversight

CDSS is in the process of developing a system of monitoring and oversight in coordination with DHCS. Oversight responsibilities will include ensuring conformity with federal and state law, including program, fiscal, and health and safety audits and reviews. One goal of the coordinated efforts is to minimize duplicative processes to reduce the administrative burden on providers and counties.

In consultation with stakeholders, CDSS will also be developing consumer surveys and outcomes and performance measures.

Enhanced Training

AB 403 included provisions to strengthen training requirements and expand training curriculum including new topics for caregivers, providers, administrators, and staff. As training requirements vary depending on roles and responsibilities (e.g. RFA, STRTPs), this information will be incorporated into additional ACLs as appropriate by subject matter. There will also be an additional ACL regarding the changes made to training curriculums including the additional topics.

Approved Relative Caregiver (ARC) Funding Option

For information regarding the ARC program please go to the website below which includes, ACLs, CFLs and frequently asked questions:

http://www.childsworld.ca.gov/PG4756.htm

NEXT STEPS

Due to the major changes being implemented through CCR and the comprehensive nature of AB 403 and AB 1997, CDSS will be releasing instruction for counties and providers in multiple ACLs that are geared toward specific topic areas to make it easier for counties and providers to obtain the information that is appropriate for their roles. For example, interim licensing standards and letters will be released shortly on the new rates system, Resource Family Approval, children and family team, etc.

For Additional Information:

Information regarding CCR
http://www.cdss.ca.gov/ccr/
http://calswec.berkeley.edu/continuum-care-reform

The entire text of AB 403 is at:
http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160AB403

The entire text of AB 1997 is at:
http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160AB1997

For questions, please contact the Continuum of Care Reform Project Implementation Branch at ccr@dss.ca.gov or (916) 651-5242.

Sincerely,

Original Document Signed By:

SARA ROGERS
Acting Chief, Continuum of Care Reform Project Implementation Branch
Children and Family Services Division

Attachment

Continuum of Care Reform (CCR)
Multi-Agency County Implementation Guide

Building a continuum of home-based services to support permanent and nurturing families

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
- Transparency and accountability drives continuous quality

Background

The Continuum of Care Reform (CCR) draws together a series of existing and new reforms to child welfare services, probation and mental health programs designed out of an understanding that children who must live apart from their parents have better outcomes when cared for in committed nurturing family homes. AB 403 (Chapter 773, Statutes of 2015)[2] and AB 1997 (Stone, 2016) provide the statutory and policy framework to strengthen cross-agency networks of services and supports, coordinated through an effective child and family team process, which support the ultimate goal of finding and maintaining a stable, permanent family. Reliance on congregate care must be limited to short-term, therapeutic interventions and provide upfront and ongoing planning for timely transition to home based care with adequate supports and services.

[22] County child welfare, probation and mental health plan leaders responsible for implementation are encouraged to review the requirements of AB 403, which can be found here: http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160AB403

Short-Term Residential Therapeutic Programs (STRTP) will be designed to only accept children who have an urgent need for a therapeutic level of care and who require a high degree of supervision that cannot be met in a home based environment. STRTP programs will transition children back to their own family or another permanent family as quickly and safely as possible, according to their assessed needs and with consideration of the youth and family's voice and choice, elicited in part through the Child and Family Team (CFT). STRTPs will be required to demonstrate the ability to provide "core services" as defined in statute and regulation and to obtain, from a county Mental Health Plan, a mental health program approval that includes a Medi-Cal certification and a contract to provide specialty mental health services. Furthermore, STRTPs will be required to provide a host county, and all county placing agencies that place children in the facility, with an opportunity to review its program statement and to receive a letter of recommendation from a county placing agency.

It is anticipated that most children who are currently cared for in Group Homes with lower Rate Classification Levels (RCL) such as RCL 1-9 and at least half of those cared for in an RCL 10-12 will not meet the level of need warranting placement in an STRTP. Further it is expected that the majority of children who are placed in an STRTP will transition to a home placement in less than 12 months. This guide is intended to assist county agencies in multi-agency planning efforts to ensure that the needed placements, services and processes are in place to effectively implement CCR.

Importantly, the CCR reform effort seeks to expand upon the Katie A/Pathways to Wellness reform infrastructure, including the Core Practice Model, expansion of child and family teaming and increased home based mental health services. Counties are encouraged to review their recently completed Katie A implementation actions, documents and reports, as a starting point for CCR implementation as they may contain valuable perspective and guidance to counties about how to complete this guide and otherwise implement CCR reforms.

Prior to completing this tool, counties should examine their current structures in order to build off of existing best practices. Some of the practices that will further the efforts of CCR include:

- Safety Organized Practice (SOP) - Practice strategies and concrete tools for child welfare workers, supervisors and managers that enhance family participation and equitable decision making.
- Wraparound - A practice of partnering with families to provide intensive services to children and families with complex needs using a team-based approach.
- Pathways to Well-Being (formerly Katie A) - A compilation of best practices and transformative initiatives such as the Mental Health Services Act, Children's System of Care, Wraparound and others to further the principles of teaming, transparency and child centered and family focused systems for children in child welfare and needing behavioral health services.

County child welfare, mental health, and probation agencies are strongly encouraged to develop a collaborative and integrated team that will work together to prepare for CCR implementation. Counties are further encouraged to include current and/or former foster youth and families in each of the planned activities. Each county's multi-agency team should complete this implementation guide together and should seek input and guidance from additional partners including tribes, education, the Juvenile Court, providers and child advocates. Developing a shared vision and commitment to innovation and problem solving between local partners is crucial to the placement stability and well-being of children in foster care and to the success of CCR implementation.

This guide is organized into a series of worksheets, each of which consists of a table, where each row represents a recommended activity. Each row includes a column to record statuses for "Who is Responsible", "Needs to Start", "Started to Prepare", and "Fully Prepared" for each item. County's multi-agency team will discuss each task and then agree to assign responsibility for that task.

The implementation guide consists of 10 domains:

1. County Leadership – Multi-Agency Team
2. Data Collection and Analysis
3. Child and Family Team (CFT) Processes
4. Assessments
5. Resource Family Recruitment and Retention
6. Communication with Providers
7. Systems Capacity
8. Trauma Informed Services
9. Cultural Relevance
10. After Care and Transition Services

The status for each activity or task is defined as follows:

Who is Responsible	Who in the agency or what agency will be responsible for implementing this item?
Need to Start	Preparations have not begun in any of the agencies.
Started to Prepare	Item is planned or is currently present in a low or moderate level in any of the agencies.
Fully Prepared	Item currently has a strong presence throughout one or more of the agencies.

County Leadership – Multi-Agency Team (Child Welfare Services, Probation, and Mental Health Agencies) This section relates to leadership's oversight of the Implementation of Continuum of Care Reform	**Who is Responsible**	**Need to Start**	**Started to Prepare**	**Fully Prepared**
1. Identify lead staff for consistent participation in multi-agency team and ensure team members have common understanding of CCR statute and vision.				
2. Review existing reports and information regarding Katie A implementation, California Core Practice Model, Pathways to Mental Health Practice Model and other local reform initiatives to identify where practice integration may occur.				
3. Ensure sufficient and qualified child welfare, mental health, probation staff, and youth are available to serve on workgroups and implement AB 403 objectives.				
4. Develop a communication strategy to ensure all involved local agencies, Multi-Agency Team and partners (Tribes, Courts, District Attorneys, Public Defenders, Minors' Attorneys, providers and caregivers) have a clear understanding of CCR implementation timelines, key steps, and each agency's progress.				
5. Develop a training plan with the Regional Training Academy and/or Resource Center for Family-Focused Practice (RCFFP) for AB 403 training needs.				
6. Identify strategies from implementation science for agency-wide integration of the California Child Welfare Core Practice Model and Katie A Core Practice Model.				
7. Use the coaching and supervisory plan for staff developed to support implementation of the above practice models and an integrated systems approach to assure fidelity to these models and CCR vision.				
8. Review the CDSS Resource Family Approval implementation guide and begin development of the Resource Family Approval (RFA) plan for submission to CDSS				

by October of 2016.				
9. Provide an RFA orientation to all agency supervisors/managers.				
10. Implement RFA training for staff using the statewide RFA and CCR curricula.				
11. Participate in development of Regional Collaborative meetings coordinated by state and county agency associations and ensure broad staff participation.				

* Data sent quarterly by CDSS and any additional local data available to the counties

Data Collection and Analysis RCL 5-11 This section relates to how county teams may use data* to identify children/youth who are expected to transition from congregate care to home-based family care	Who is Responsible	Need to Start	Started to Prepare	Fully Prepared
1. Identify the number of children/youth placed in RCL 5-11 facilities and evaluate the reasons for placement in that RCL *(See CDSS provided quarterly county data profiles)*. Note whether there are therapeutic and other supports only available in residential settings that necessitate RCL placement vs a lack of available foster homes.				
2. Evaluate case plans and other available GH data to identify the reasons for placement disruptions prior to placement in RCL 5-11 facilities and to determine barriers for placement stability.				
3. Create a visual map of the needed network of Child Welfare, Specialty Mental Health, Managed Care mental health, and Education provided services, among others and identify access points and eligibility criteria for each.				
4. Perform a gap analysis to identify what services and supports will be needed in a home-based setting to enable children currently placed in RCL 5-11 to transition to a home-based setting.				
5. Identify barriers to the development of needed home based services and supports (i.e. regulatory, fiscal, rural, provider shortage).				
6. Analyze populations of youth (i.e. age/RCL/Race) in congregate care to determine the recruitment needs of the county, including needs to address populations that are disproportionately represented.				
7. If applicable, ensure that county Continuous Quality Improvement (CQI) processes will include reviews of the children/youth who are transitioning from congregate care to home based family care.				
8. Develop plan, including a timeline and identified services, for children/youth that will not immediately transition to a home-based family care.				

The child and family team, including extended family and community or tribe, is the primary vehicle for collaboration on the assessment, case planning, and placement decisions that are made by placing agencies. Use of these teams is based upon the wraparound model of care and is intended to support social work, practice, and decision-making. AB 403, SECTION 1 (c)(5).

Child and Family Team (CFT) This section addresses agency's ability to collaborate with the child/youth, family, caregiver(s) and others, on assessments, case planning and placement decisions	Who is Responsible	Need to Start	Started to Prepare	Fully Prepared
1. Identify existing CFT activities of each agency and evaluate fidelity to teaming components of Child Welfare Core Practice Model and Pathways to Mental Health Practice Model. State guidance will be provided related to CFT requirements pursuant to 2016-17 state budget allocation.				
2. Identify capacity building needs related to CFT such as Intensive Care Coordination, additional facilitators, social workers, paths for education participation or staff in a particular service area.				
3. Integrate family teaming models across agencies and articulate relationship between CFT participants and interagency placement committee.				
4. Develop or revise plan to include information sharing in child and family teaming practice/protocols. Identify barriers to information sharing (i.e. confidentiality provisions, child consent to release of information).				
5. Use the CFT training curriculum for staff, as necessary, to implement child and family teaming protocols.				
6. Review procedure/protocol on including extended family, resource families, the community or tribes and an individual versed on local CSEC programs, as necessary in the assessment, case-planning, and placement decisions that are made by placing agencies.				
7. Revise, as necessary, your county's Continuous Quality Improvement (CQI) system to include review and tracking of CFT activities to evaluate and improve the use of CFT for all youth in child welfare and probation systems.				
8. Ensure CFT provides information to help participants navigate Child Welfare, Specialty Mental Health, Managed Care (including medical and mental health), Education (enrollment, IEP, etc.), and Court systems and services.				

California's Child Welfare Continuum of Care Reform Report recommends, "All placing agencies will utilize tools with common domains and will utilize Child and Family Teams in assessing the child and family's needs and strengths and use that assessment for case planning and to match a child to the most appropriate placement setting." AB 403 establishes the intent of the Legislature that Child welfare and mental health agencies work together in the provision of coordinated services to these children and youth, and the child's or youth's family's voice and choice are taken into account as demonstrated through the Core Practice Model.

Assessments This section relates to the assessment tool for Child Welfare and Probation which determines the level of needs and services for children/youth	Who is Responsible	Need to Start	Started to Prepare	Fully Prepared
1. Identify existing child assessment processes of each agency and identify how each informs the case plans (CW) and/or client plan (MHP). Evaluate how each tool/practice contributes to building a culturally-relevant, trauma-informed, and coordinated service plan for the child.				
2. Based on existing child welfare assessment tools and processes, determine appropriate interim Level of Care (LOC) assessment process for your county and align the assessment process with LOC guides and rate table to be provided by CDSS.				
3. Identify training needs necessary to implement new LOC rates and establish training plan that ensures involvement of the CFT.				
4. Ensure interagency placement committee procedures and assessments reflect CCR policy changes as implemented under AB 403 and AB 1997.				
5. Establish common understanding of assessment criteria for eligibility into an STRTP placement, including Serious and Emotional Disturbed, medical necessity, and commonality of need determinations.				
6. Review and update case plan instructions to ensure CCR requirements for the provision of individualized services and supports, including “core services” are reflected in all case plans. Instructions should include clear direction that services reflect the child’s individual needs, and trauma informed and culturally relevant.				

Resource Family Recruitment and Retention This section focuses on increasing the county's capacity for resource families to care for children/youth in foster care.	Who is Responsible	Need to Start	Started to Prepare	Fully Prepared
1. Using CDSS provided quarterly county data profiles or similar data compiled by the county, estimate the number of resource families needed to enable children currently placed in RCL 5-11 to transition to a home-based setting.				
2. Based on the network map/gap analysis of child welfare, specialty mental health, managed care mental health, and education-provided services establish concrete goals for the development of an adequate network of services to meet the needs of children and families stepping down from residential placement.				
3. Align expectations for the availability of child welfare and specialty mental health services including specific services/interventions, quantity, duration, wait times, geographic availability, and eligibility standards that are needed to meet the needs of children in STRTP placements and across all LOCs of home based placements.				
4. Review or develop the Recruitment, Retention, and Support Plans (FPPRS) for funding to help support the implementation of legislation enacted in AB 403 to improve California's child welfare system.				
5. Develop a multi-agency strategy for foster parent retention, recruitment and support activities including collaboration with local providers, community organizations and consumer.				
6. Review and revise county processes, procedures and forms to ensure approval process is user friendly, avoids duplication and provides clear instructions and responsive assistance for prospective foster parents.				
7. Establish multi-agency strategy for recruitment and support of ITFC and/or Therapeutic Foster Care homes. Ensure models support the recruitment of relative and NREFM caregivers.				
8. Develop or review your county's plan for family finding and ensure the plan utilizes child-specific/upfront recruitment techniques for children transitioning from congregate care.				
9. Evaluate county's participation in Quality Parenting Initiative (QPI) and engage with other participating counties to identify best practices. Review online resources available from numerous counties/states regarding learned best				

practices.				
10. For QPI counties, develop a process to measure the QPI effectiveness by collecting data before starting the QPI process and comparing data after implementing QPI.				
11. Identify community based partners and providers who may be helpful in delivery of support and placement resources.				
12. Review and complete the RFA County Readiness Assessment (available in toolkit).				
13. Review the CDSS Resource Family Approval implementation guide and begin development of the RFA plan for submission to CDSS by October of 2016.				

Communication with Providers This section focuses on effective engagement with providers regarding CCR implementation	Who is Responsible	Need to Start	Started to Prepare	Fully Prepared
1. Develop a communication strategy with local providers to ensure they have knowledge about CCR requirements and implementation timelines including mental health program certification requirements.				
2. Engage providers that are essential to meeting the placement needs of the county to understand their implementation/transition plan, and to identify any perceived barriers for their transition/implementation.				
3. Establish and align clear expectations for the availability of placements and services to ensure providers can meet the anticipated needs and to identify resource gaps. Identify providers that may require a rate extension and establish clear expectations for how long a rate extension will be needed. Ensure request for rate extensions are received by CDSS prior to 1/1/17.				
4. Engage providers to align expectations for the development of new program statements including the delivery of "core services", trauma informed care, culturally relevant services and other anticipated expectations the county review process may include.				
5. Engage providers in the development of a plan to transition children from residential care – including the identification of needed network of services, supports and placements – and in the development and execution of the county Foster Parent Retention, Recruitment and Support plans.				
6. Inform providers about your CFT process and align expectations regarding their role in CFTs.				
7. Engage providers (including prospective STRTPs and FFAs) regarding county Mental Health Program Approval and Medi-Cal Certification and contracting processes and requirements.				
8. Establish information sharing agreements to enable sharing of child welfare case plan, needs and services plans, client plans with caregivers and the child and family team for most appropriate placement of children and youth.				
9. Encourage providers to formalize relationships with law enforcement and keep providers apprised of related activity.				

Systems Capacity This section addresses workforce capacity, staff skills, abilities, and service resources for Child Welfare, Probation, and Mental Health	Who is Responsible	Need to Start	Started to Prepare	Fully Prepared
1. Evaluate need for and ensure that there is sufficient and qualified child welfare, mental health, and probation staff available to serve on workgroups and accomplish AB 403 objectives.				
2. Develop staff training to ensure understanding of AB 403/AB 1997 requirements and policies, effective referral processes, and the services network in multiple systems.				
3. Continue to inform and promptly update your organization, providers and community based organizations about AB 403 planning and projects to ensure their involvement in meetings to identify needs and services.				
4. Create or update a list of providers that identifies available key services, including mental health services available through the provider, and any specialized programs available through the provider.				
5. Develop a system to collaborate with foster family agencies for recruitment and placement purposes, including child-specific recruitment for children transitioning from congregate care.				
6. Ensure capacity for transition related services that ensure continuity of care for youth stepping down from STRTP placement including Wrap contracts, "Services Only" contracts, relevant specialty mental health services, and others.				
7. Ensure that each child/youth upon entry into the child welfare and/or probation system receives complete mental health screenings and receives mental health services in a timely manner.				
8. Ensure that county staff has knowledge of how to assist youth and families and providers to access non specialty mental health services through the county's Managed Care Organization or fee for service Medi-Cal providers.				
9. Engage in multi-agency conversation regarding the availability of adoption/permanency competent, trauma-informed, culturally relevant mental health services for youth in whatever setting the child is placed.				

Trauma Informed Services This section addresses the structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma.	Who is Responsible	Need to Start	Started to Prepare	Fully Prepared
1. Incorporate trauma informed practices and awareness into county agencies' mission, vision and core values.				
2. Develop trauma-informed policies, principles and standards of practice.				
3. Review and modify policies that may contribute to re-traumatization of youth/children.				
4. Develop or revise policies that reflect the understanding of the intersection between trauma and culture, ethnicity and disparity.				
5. Identify funding and resources for trauma-informed trainings and initiatives.				
6. Ensure trauma informed practices and training is provided to stakeholders including approved resource families, service providers, community members, faith-based organizations, etc.				
7. Ensure services preparing children/youth for any transition address history of trauma, separation and loss to increase child/youth's capacity to consider risking being part of a permanent family.				
8. Use existing onboarding and ongoing training for staff to have an understanding of trauma informed practices, including Commercially Sexually Exploited Youth.				
9. Develop or revise your county's outcomes and evaluation tracking to ensure trauma informed services are individually tailored to the needs of children/youth and their caregivers, regardless of the placement setting.				
10. Identify service providers in the county who are utilizing evidence based trauma informed practices. Ensure all providers have a plan to build capacity for trauma informed, evidence based practice.				

Cultural Relevance This section addresses the agency's ability to provide services to children and families which incorporate and embrace the unique cultural characteristics of the child/youth from diverse backgrounds such a race, national origin, ethnicity, gender identity and/or sexual orientation.	Who is Responsible	Need to Start	Started to Prepare	Fully Prepared
1. Assure that cultural responsiveness and competencies with regard to all protected classes mentioned above, are included in agency mission, vision and core values.				
2. Develop culturally responsive environments, policies, practice principles and standards of practices with respect to all protected classes mentioned above.				
3. Engage youth and parent consumers to review and modify policies that may lack cultural sensitivity for youth/children and families.				
4. Ensure staff from all county agencies receive training to understand ICWA and related law, historical trauma, federal and non-federal tribes in county, historical context of tribal-county partnerships, including the recently revised ICWA guidelines by the Bureau of Indian Affairs.				
5. Collaborate and consult with organizations that provide culturally relevant services to the populations mentioned above in order to meet the needs of children/youth in placement.				
6. Review provider program statements to ensure the provision of services that are consistent with the above identified policies and standards.				
7. Engage with youth, families, and community organizations to identify concrete accountability measures to ensure continuous improvement in these efforts.				

After Care and Transition Services* This section is focused on county capacity and ability effectively transition child/youth from congregate care to family-based home	Who is Responsible	Needs to Start	Started to Prepare	Fully Prepared
1. Ensure there is social worker training, policies and instructions that address transition plans for service planning.				
2. Develop a multi-agency plan with the goal of sufficient number of family-based homes for children/youth with more intensive needs such as Therapeutic Foster Care and culturally relevant, evidence based programs.				
3. Develop procedures to implement pre-placement visits with caregiver or resource family prior to placement.				
4. Develop policy to ensure caregivers have information about services, including specialty mental health services, available 24/7 to address crisis needs.				
5. Align expectations and process for the interagency placement committee process in making determinations related to STRTP placement.				
6. Develop systems to ensure continuity of services to child/youth following the transition in placement such as transportation to school, appointments/visits, wrap around, etc.				
7. Establish protocols for considering youth placement preferences in a transition plan, including remaining in a current residential placement.				
8. Ensure adoptive families and guardians have access to mental health providers with specialized training and experience in adoption/permanency clinical issues				

*This domain was created in collaboration with Youth Engagement Project (YEP), County Welfare Directors Association of California (CWDA), stakeholders, and AB 403, Section 1 (C)(7).

Toolkit - Additional Tools to Support Counties in Preparation for AB 403 Implementation:

1. **CCR overview: https://vimeo.com/153010504**

2. **CCR Communication Tool Kit- Fact Sheets: http://www.cdss.ca.gov/cdssweb/PG4921.htm**

3. **Resource Family Approval (RFA) Overview: http://www.childsworld.ca.gov/PG3416.htm**
   - **RFA Readiness County Assessment**
   - **RFA Written Directives & All County Letter (ACL) 16-10**
   - **CalSWEC RFA Implementation Toolkit**

3. **Quality Parenting Initiative (QPI) – California http://www.fosterfamilyhelp.ca.gov/PG2997.htm#quality**

4. **Ventura County Continuum of Care Reform (CCR) Governance Structure Charter http://vcportal.ventura.org/hsa/docs/brochures/pdf/2016/Governance%20Structure%20Charter%20v3.pdf**

5. **All County Letters & Information Notices Relevant to AB 403 http://www.dss.cahwnet.gov/lettersnotices/PG931.htm**

   a. **ACL 15-96 (December 2, 2015) Approved Relative Caregiver Funding Option Program (ARC Program): Notice-Of-Action (NA) Forms**
   b. **ACL 15-88 (November 20, 2015) Funding Opportunity For Activities To Enhance Foster Parent Recruitment, Retention, And Support (FPRRS)**
   c. **ACIN I-06-16 (January 12, 2016) Pathways to Mental Health Services Implementation & CCR Implementation Updates**
   d. **ACL 16-05 (January 21, 2016) Nationally Recognized Accreditation Agencies Identified By The California Department Of Social Services (CDSS) To Be Used For Accreditation By Foster Family Agencies And Short-Term Residential Treatment Centers (STRTCs)**
   e. **ACL 16-08 (January 25, 2016) Federal Preventing Sex Trafficking And Strengthening Families Act: Commercial Sexual Exploitation Of Children (CSEC) And Runaway-Related Implementation Requirements For Counties**

Send CCR questions to: CCR@dss.ca.gov