

FOR YOUR INFORMATION

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Issue 16-42

Date: 12/19/16

Child and Family Teams and the Continuum of Care Reform New Requirements for Convening Child and Family Teams

Effective January 1, 2017, California's Continuum Care Reform (CCR) or Assembly Bill 403 calls for a comprehensive approach to improving the experience and outcomes for children and youth in foster care by reducing use of congregate care placement settings, increasing use of home-based family care, and decreasing the length of time to achieve permanency (see attached flyers). The goal of CCR is ultimately to provide all children with safe, nurturing, permanent homes. This new State law requires Child and Family Team meetings be held for:

- All children residing in group homes
- All children going into out of home care after January 1, 2017, including probation youth in foster care and non-minor dependents (NMDs)

CCR requirements include:

- The formation of a CFT as soon as possible after the placement begins
- Convening a CFT meeting to address placement changes and service needs for children in out-of-home care
- Convening follow-up CFT meetings within 90 days of the initial CFT meeting

What do CSWs need to do to comply with State law?

- Initiate the formation of a Child and Family Team within 30 days.
- Convene a CFT meeting, or participate in a MAT, WRAP or IFCC CFT meeting on the child's behalf, within 45 days, but no later than 60 days, of the child being placed in out-of-home care. This applies to new placements after 01/01/2017. In the instance that staff are not yet certified to conduct CFTs, the workers must consult with the office ARA to explore alternative strategies and determine appropriate next steps.
- The composition of the team must include the child, family members, the current caregiver, a DCFS representative and other individuals identified by the family as being important. These other individuals could include a friend, coach, pastor or trusted community leader.
- Team members who are invited to participate in the family meeting are determined by the youth and family.*
- Convene follow-up CFT meetings within 90 days after the initial CFT meeting.
- To help staff comply with these new mandates, the Department is actively pursuing various ways to continue building capacity to support the child and family team process.

***Troubleshooting – What if a child or family does not want a CFT or doesn't want to include one of the required participants?**

- If a child or family declines to invite the current caregiver, the CSW/SCSW may explore alternative ways

to include the caregiver, including limiting their participation in the CFT meeting. For example, the caregiver may be invited to participate in the meeting during discussions around visitation or the child's medical or educational needs, but may be excused during conversations around the parent's personal story.

- Staff, relatives, caregivers and others actively working with the child and family on action steps that are part of the team's plan shall be engaged as part of the family's team, even if the family or child decline to have them participate in the meeting with the family.

ENGAGE! Continual engagement with children and the family will help overcome any potential reluctance to invite the current caregiver and/or other family members to join their Child and Family Team.

ENGAGE! All efforts to engage the child or family and follow the four-step CFT process must be pursued and documented. Youth who are old enough are encouraged to lead their own meetings. CSWs/SCSWs must summarize and document:

1. Efforts in engaging the child, youth or family in the CFT process
2. The CFT meeting
3. CFT outcomes (in the case plan and the court report – exact location to be determined)

ENGAGE! Parent(s) may also decline to participate in a CFT meeting. Pending the parent(s)' participation, the CSW/SCSW must move forward and hold a child-centered CFT meeting to ensure the child's underlying needs and safety are adequately addressed and appropriate services are set in place. Other teaming meetings that may occur include the MAT Summary of Findings, Wraparound CFTs, or other team meetings to ensure the child or youth's needs are met.

Confidentiality

In addition, to ensure confidentiality, the CSW/SCSW must obtain a signed release of confidentiality by the child or youth and parent(s), or NMD, prior to conducting the CFT.. All CFT meeting participants must sign the CFTM Understanding of Confidentiality form.

Thank you for your hard work for children and families

Thank you for your daily efforts in working with the families and communities we serve and your ongoing collaboration with service providers. Forming a team that is child or youth and family centered is fundamental to the comprehensive and effective delivery of services, and is a centerpiece of our social work practice in Los Angeles County. The Department continues its commitment to providing all regional offices the necessary support during the continued transition of the CFT process implementation.

If you have any questions, please contact your supervisor or Regional Administrator.



If you have any questions regarding this release, please e-mail your question to:

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WHAT IS CCR?



California's Continuum Care Reform (CCR) or Assembly Bill 403 calls for a comprehensive approach to improving the experience and outcomes for children and youth in foster care by reducing use of congregate care placement settings; increasing use of home-based family care; and decreasing the length of time to achieve permanency.

OUR PRINCIPAL TENETS:

- Prioritizing home based delivery of services
- Redefining the purpose of group home care to short-term residential treatment
- Teaming service providers with children and families in a manner that ensures that families' voices are heard
- Ensuring children's early access to specialized mental health services irrespective of their placement setting

OUR GOALS:

- Decrease the number of children in care, particularly in congregate care
- Decrease children's length of stay in care
- Increase placements of children among relatives and family friends
- Increase timely reunification of children with their biological parents



WHERE DO WE START?

RESOURCE FAMILY APPROVAL

- Streamline the resource families process;
- Pre and post approval training for all families;
- Includes procedure for the emergency placement of a child with a relative or non related extended family member prior to resource family approval;

FOSTER FAMILY AGENCIES

- All Foster Family Agencies will be required to be accredited in the next 2 years.
- New license and rate system for FFA
- FFA's will be required to be certified to provide specialty mental health services or ensure access to specialty mental health services.
- Must make Core Services available
Services include: (Transitional services, education, physical, behavioral, mental health and extracurricular support, transition to adulthood, permanency supports, active efforts for ICWA eligible children)

GROUP HOME TRANSITION TO SHORT TERM RESIDENTIAL THERAPEUTIC PROGRAMS (STRTP)

- Current group homes must be nationally accredited by 2019.
- Current group homes must have a contract with mental health and be certified to provide specialty mental health services (EPSDT) by 2019.
- Current group homes must demonstrate a capacity to meet the treatment level needs of children and make available an array of "core services".
- STRTP's will be required to directly or through organizational relationships, approve resource families in order to ensure that all children residing in the facility have a plan in place for their return to a home based family setting.
- A new rate structure has been developed for STRTP's to reflect the changes.
- Requires and Interagency Screening Committee to approve placement.

CHILDREN AND FAMILY TEAMING

- CCR formalized the practice and clarified the role of the child and family team. It requires that the child and family team, which includes the child, youth and family, and their formal and informal support network, be the foundation for ensuring these perspectives are incorporated throughout the duration of the case.
- A child and family team is defined as 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 the safety, permanency, and well-being.
- Placing agencies will utilize child and family teams for all out-of-home placement case planning purposes and in an effort to continuously assess needs.

QUESTIONS?

If you have questions regarding our project timeline or process, please contact:

LACCRinfo@dcfs.lacounty.gov



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What CSWs Should Know About the Continuum of Care Reform

What is the Continuum of Care Reform?

Effective January 1, 2017, California's Continuum Care Reform (CCR) or Assembly Bill 403 calls for a comprehensive approach to improving the experience and outcomes for children and youth in foster care by reducing use of congregate care placement settings; increasing use of home-based family care; and decreasing the length of time to achieve permanency.

Short-Term Residential Therapeutic Program

- As of January 1, 2017, all Group Homes (GH) will begin transitioning to as Short-Term Residential Therapeutic Program (STRTP).
- Children in STRTPs should transition into lower levels of care (home-based setting) within 6 months of placement, if appropriate (A request for an extension should be discussed during the Child and Family Team and approved by the Deputy Director).
- Most GHs have requested an extension of their RCL license as they transition to STRTP. Youth currently placed in non-contracted GHs may remain in their placement if the GH has received an RCL extension or STRTP license.
- STRTP referral processes are currently being updated and will likely resemble the RCL 14 and Community Treatment Facilities placement processes - Interagency Placement Committee (IPC).
 - IPC liaisons will support CSWs with the collection of Mental Health and DCFS required paperwork needed for STRTP entrance and will guide CSWs to the most appropriate STRTP that best meets the youth's mental health needs and fosters community connections.

Rates – Phase I (effective January 1, 2017)

- **The Home-Based Family Care rate of \$889 will replace the current basic foster care rate** - No additional paperwork needed.
- STRTP Rate = \$12,036 per child/per month.
- FFAs will continue age-based rates until further notice.

Resource Family Approval

- RFA establishes a new family-friendly approval process for families (related and non-related) to become caregivers for children and youth in foster care.
- All families will be referred to as "Resource Families" and are evaluated the same way.
 - To be approved all caregivers must complete 12 hours of pre-approval training and have a psychosocial assessment. **These are new requirements for relatives.** All RFA approved homes will require an annual update which includes the completion of 8 hours of training.
- DCFS has until December 31, 2019 to "convert" all existing caregivers to an approved Resource Family.
- Emergency placements can still be made with relatives and NREFM prior to RFA approval.
- The ASFA and Adoption Divisions will be reorganized to support the implementation of RFA.

Recruitment, Retention, and Support

- January 2017 - "Emergency Stipend" (\$400 per child) for relatives/NREFMs from 30 days to 90 days.
- January 2017 - Implementing an improved Respite Care Program – includes FFA families.
- Expanding "Tangible Supports" to additional regional offices, i.e. Palmdale, Vermont, Van Nuys, Compton, Covina, and Lancaster.