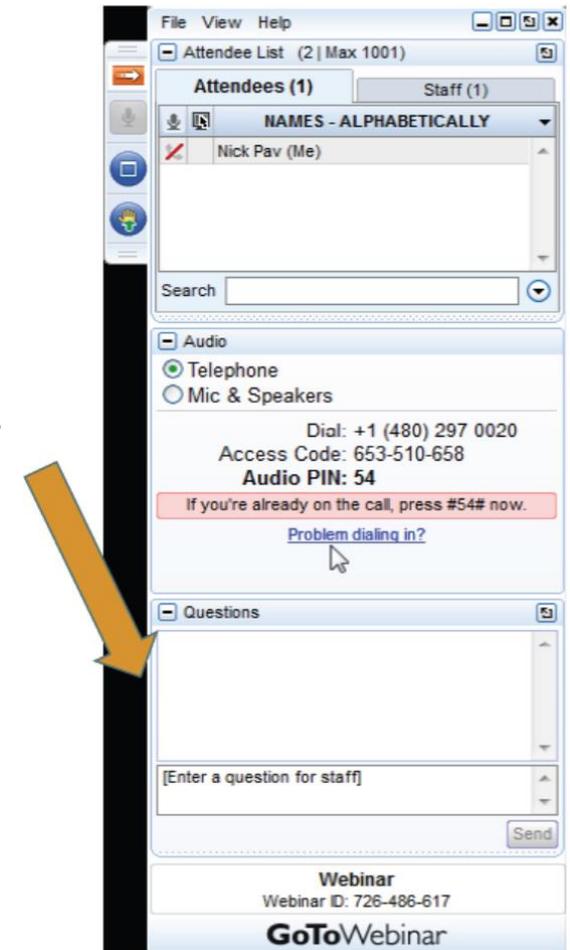


Latest Updates to the Continuum of Care Reform (CCR)

Logistics

- Webinars are recorded and archived at <http://kids-alliance.org/webinars/>
- PowerPoint slides and certificate of participation will also be posted at <http://kids-alliance.org/webinars/>
- Please submit questions using the “Questions” function on your GotoWebinar dashboard
- If you experience technical difficulties email Shanti Ezrine at s.ezrine@kids-alliance.org
- All attendees are muted



Today's Speakers

- **Susan Abrams**, Children's Law Center of California
- **Dr. Denise Goodman**, Foster Care Expert
- **Lesia Knudsen**, Resource Parent
- **Sara Rogers**, California Department of Social Services
- **Jordan Sosa**, California Youth Connection
- **Gail Johnson Vaughan**, Permanency Consultant
- **Kim Wrigley**, California Department of Social Services

Agenda

Understanding the Legal Framework for Permanency

Overview of CCR & Success So Far

Caregiver Story

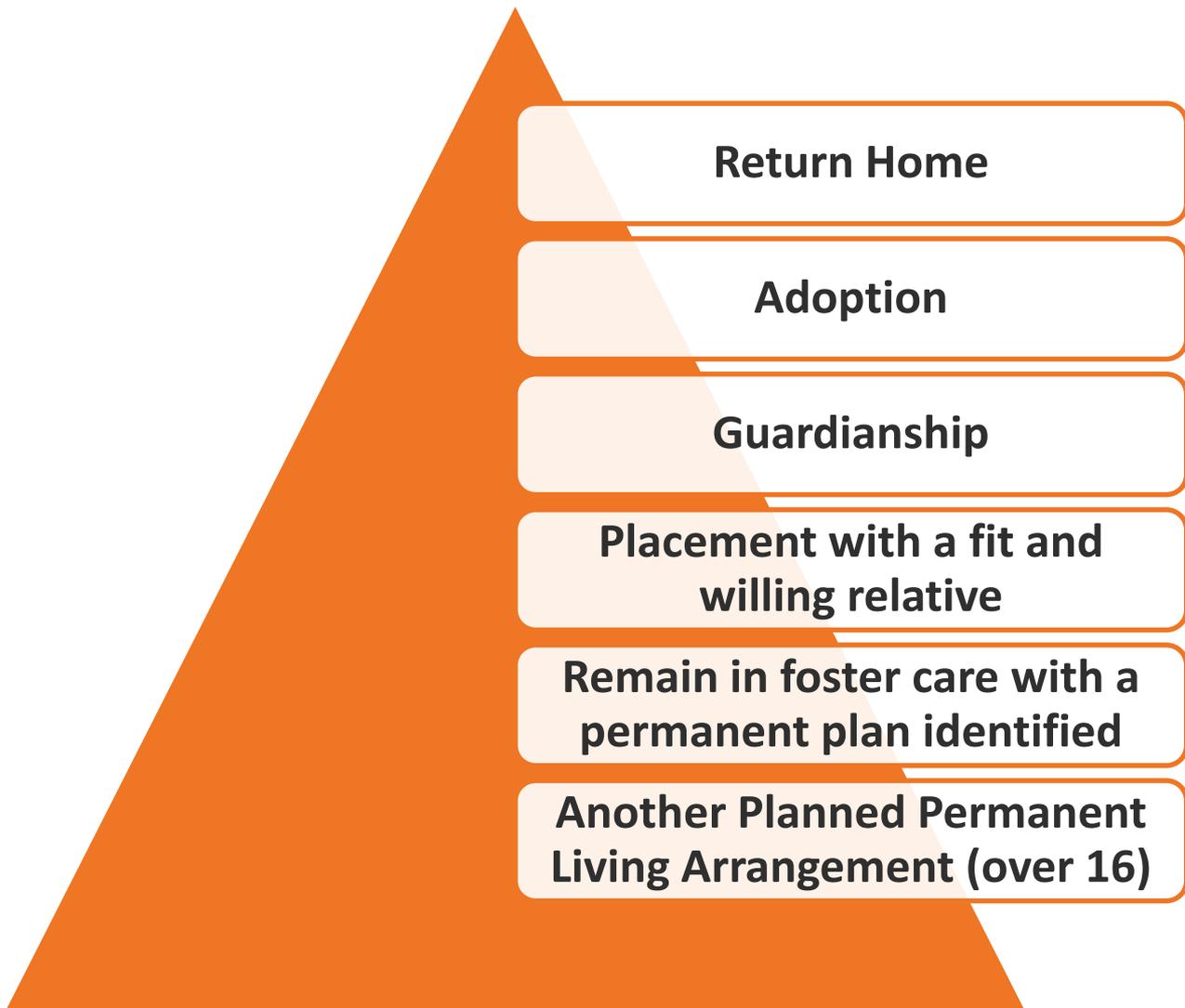
CCR – Moving from Vision to Practice

Q&A

UNDERSTANDING THE LEGAL FRAMEWORK FOR PERMANENCY

Requirements in state and federal law

The Federal and State Framework: Permanency Preferences



Return Home

Adoption

Guardianship

**Placement with a fit and
willing relative**

**Remain in foster care with a
permanent plan identified**

**Another Planned Permanent
Living Arrangement (over 16)**

The Least Restrictive Setting and Reasonable Efforts

Federal law requires that:

- Each child has a case plan that provides the least Restrictive/Most Family Like Setting. **42 U.S.C.A. § 675 (5)(A)**
- The court must make findings at each permanency review hearing that reasonable efforts are being made to finalize the child's permanency plan.
 - The finding must be case and child specific.
 - A negative, late, or insufficient finding means the agency is not eligible for IV-E funds.
 - **45 CFR § 1356.21 (b)(2)(i)**

****The least restrictive and reasonable efforts requirements** apply throughout the life of the case until the child achieves permanency or ages out.**

More From the Strengthening Families Act...

- Pre-2015, child not in guardianship or adoption placed in “long-term foster care.”
- Strengthening Families Act/SB 794...
 - Removed “long-term foster care” as a permanency option.
 - Added “another permanent planned living arrangement” as an option, but **only for youth ages 16+**.
 - For youth **under age 16**, the court must order that the child “remain in foster care with a permanent plan of return home, adoption, legal guardianship, or placement with a fit and willing relative, as appropriate.”
 - Requires case plans **for youth ages 14+** be done in consultation with the youth. Youth can choose up to two members of case planning team. Plan must include a description of specified rights & youth’s signature that s/he is provided with the information.
 - There are new requirements for court report and judicial findings for these two permanency options.

APPLA (Another Planned Permanent Living Arrangement)

- To select or maintain the plan of APPLA, the court:
 - Must determine whether the agency has documented the intensive, ongoing, unsuccessful efforts to achieve reunification, adoption, guardianship, or placement with a fit and willing relative;
 - Must find that APPLA is the best permanency plan for the child; and
 - Must find that that there is a compelling reason that it is not in the best interest of the youth to return home, be placed for adoption, enter a guardianship arrangement, or be placed with a fit and willing relative.

42 U.S.C. 675(a)(2)(A) & (a)(3)



OVERVIEW OF CCR & SUCCESSSES SO FAR

Stats/Data from CWS/CMS and CCR Dashboard

Vision of CCR

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

Prioritize youth and family voice to drive placement decisions, case planning and care coordination

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, counties and providers

Improving Family Placements

- Since CCR's implementation there has been an increase in the percentage of kids in relative Resource Family Home placements.
- This number, about 20% total, has risen every quarter since CCR's implementation.



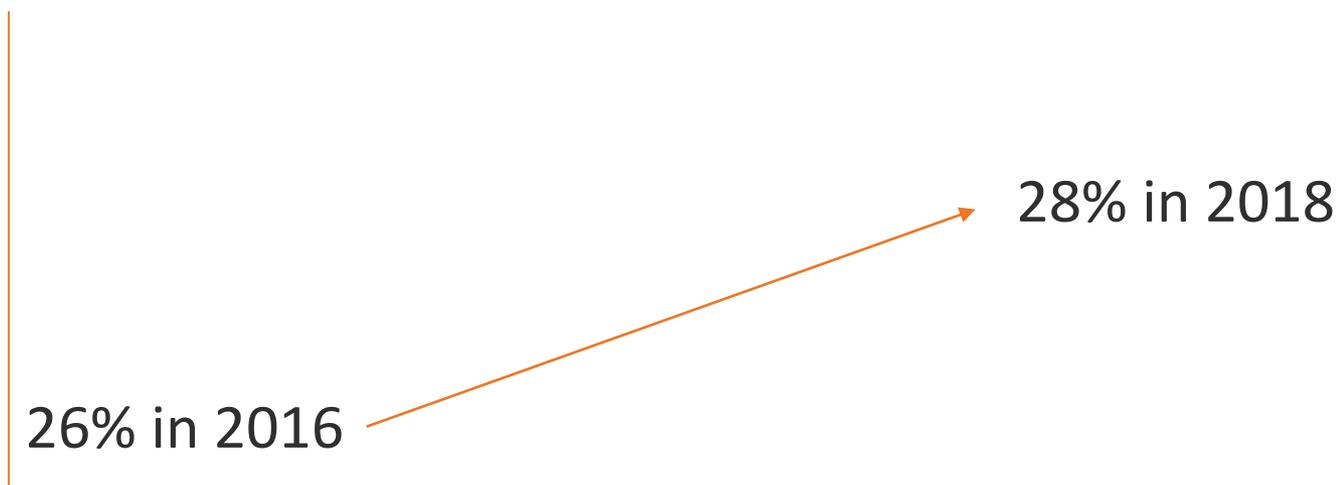
Improving Placement Stability

- Placement Stability: The rate of placement moves amongst youths placed during 2018 compared to placement moves amongst youths in 2016 (pre CCR)¹.
- Placement stability has remained fairly consistent for child welfare, with an average number of **3.8** moves for every 1,000 days in care.
- Placement stability has improved slightly for probation youth, with a reduction of .3 placement moves for every 1,000 days. For probation youth, this brings the average number of moves down from 1.83 to **1.56** for every 1,000 days in care.
- Stability for TAY is increasing:
 - For 13 – 17 year olds who had a first entry into a relative placement, the % still with that same relative 12 months later has risen from 45.7% in 2012 (before CCR) to 61% for 2017.
 - All TAY placements (not limiting it to relatives), the % of TAY that are in their first placement 12 months later has risen from 15% in 2012 to 32% now.

1. This measure reflects data at the end of a 12-month period and does not necessarily represent a client's entire placement episode.

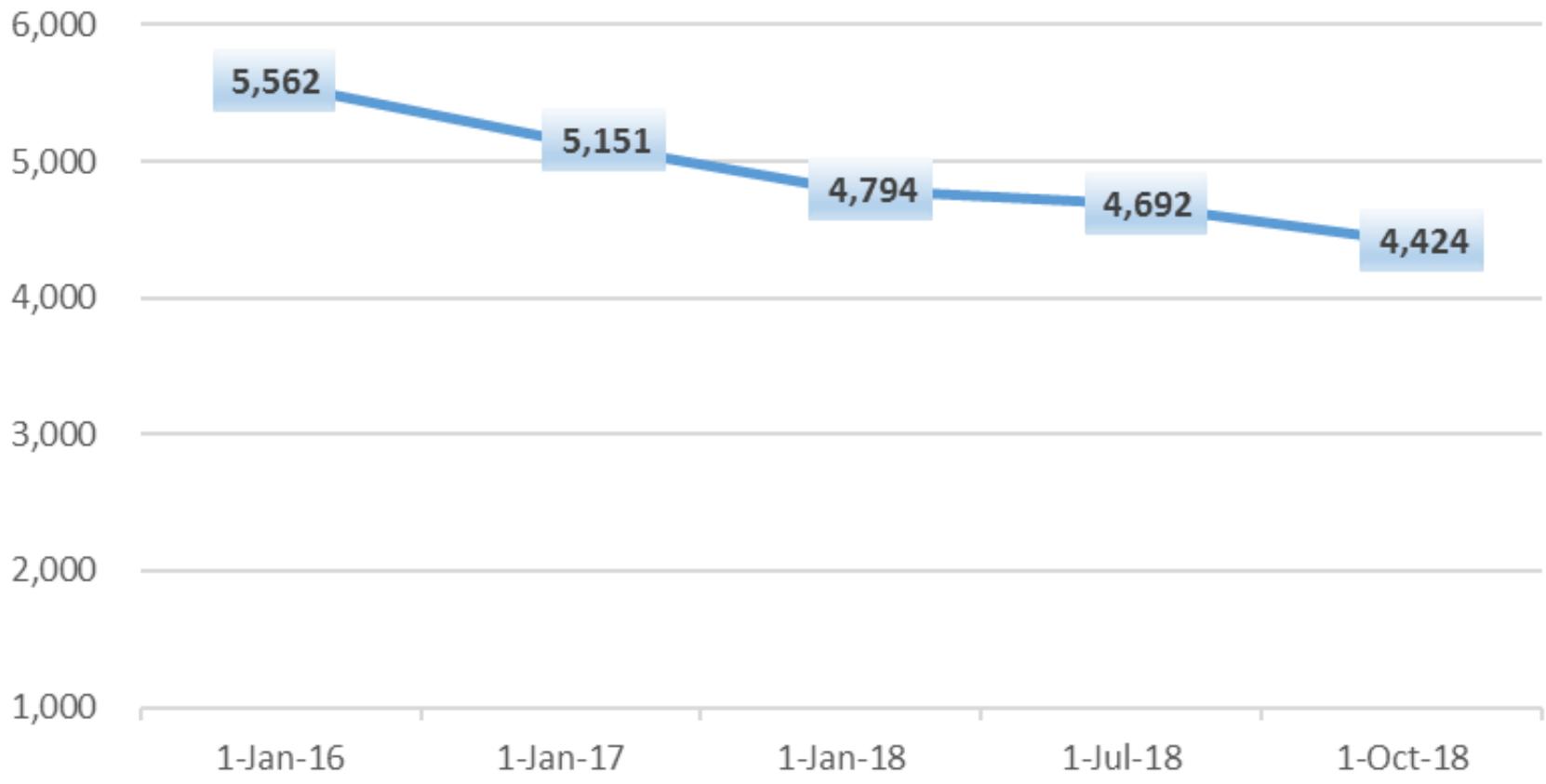
Stepping Down from Congregate Care

- The percentage of youths going from their first placement in congregate care¹ to stepping down into home-based care increased from **26%** in 2016 to **28%** in 2018².



1. In 2018 there were a total of 3,640 youth whose first placements were in congregate care.
2. Placement data will become more complete over time, as a significant percentage of the 3,640 youth are still in their first placement. Over time the data will continue to reflect what their next placement becomes.

Congregate Care Placement Counts over Time, Point in time, 1/1/16 to 10/1/18



CAREGIVER STORY

Experiences with CCR



CCR – FROM VISION TO PRACTICE

What is needed to achieve the vision of CCR

CHILD-SPECIFIC RECRUITMENT AND RETENTION

Youth Specific Recruitment—Why it works!

- Engages and involves the youth at every step along the way
- Customized for the youth
- Uses the youth's resources and relationships
- Considers the youth's strengths and needs
- Builds a team to support the youth and family before, during and after placement
- Goal is permanency... not just a placement!



What it Takes to be Successful...

- Focus of social workers, CASA, PO, other members of the youth's team
- Follow up and follow through all the steps
- Excellent communication between all team members
- Inclusion of youth at all steps
- Transparency with youth
- Concurrent planning: family selection and supports



Free Trainings on Child Specific Recruitment: Transitioning Youth from Congregate Care to Home-Based Family Care

- **Los Angeles, CA**

June 11, 2019

9:00AM – 4:00PM: <https://humanservices.ucdavis.edu/program-sections/2024>

- **Anaheim, CA**

June 12, 2019

9:00AM – 4:00PM: <https://humanservices.ucdavis.edu/program-sections/2024>

- **San Diego, CA**

June 13, 2019

9:00AM – 4:00PM: <https://humanservices.ucdavis.edu/program-sections/2024>

- **San Luis Obispo, CA**

June 14, 2019

9:00AM – 4:00PM: <https://www.eventbrite.com/e/transitioning-youth-from-congregate-care-to-home-based-family-care-with-denise-goodman-phd-tickets-60471428671>

For more information please contact: Marjana.Jackson@dss.ca.gov

#FOSTERINGSTABILITY 2.0 CAMPAIGN

#FosterStability

a youth-led effort to create a
youth-centered process for stability
in all aspects of our lives:



STABILITY IN
EDUCATION AND
EXTRACURRICULAR
ACTIVITIES

STABILITY IN
RELATIONSHIPS
AND LIFELONG
CONNECTIONS

Every Kid is
one caring adult
away from being a
Success Story
#IBDnc #CYC
#IBDnc #CYC-SanDiego



STABILITY IN
A PLACE TO
CALL "HOME"

STABILITY IN
HEALTH AND
WELLNESS

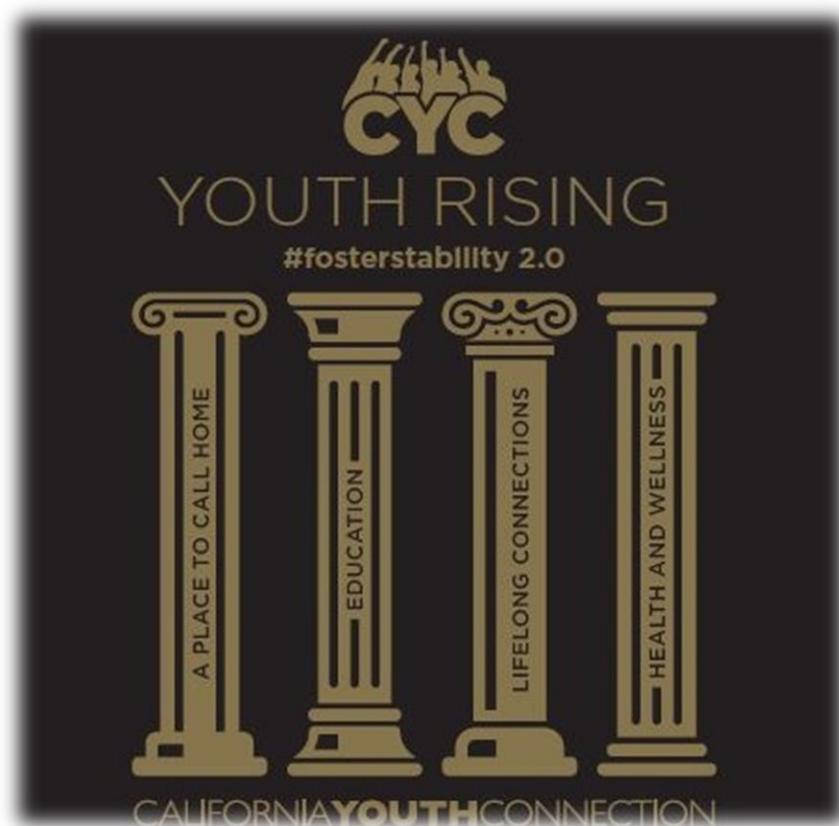


We will create a system that honors and nourishes
the mind, body, and soul
of every child and youth
impacted by California's foster care system.



Four Pillars of Stability

- Creating systems that honors and nourishes the mind, body, and soul of every young person impacted by California's foster care system.
- Four pillars of stability
 - **A Place to Call Home**
 - **Health & Wellness**
 - **Lifelong Connections**
 - **Education**



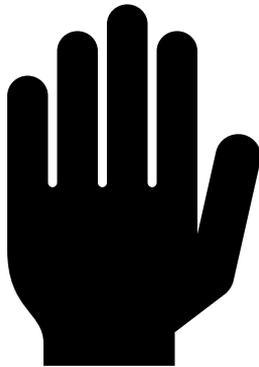
Stability for ALL Youth in Care

- Our vision is that all foster youth will be equal partners in contributing to all policies and decisions made in their lives. All youth in foster care will have their needs met and the support to grow into healthy and vibrant adults.
- How to implement a youth-centered CCR:
 - Collaborate with CYC Chapters
 - Youth Engagement
 - Youth Voice in the ICPM
 - **Integrating the Four Pillars of Stability**



STREAMLINING RESOURCE FAMILY APPROVAL (RFA)

Progress with RFA Implementation

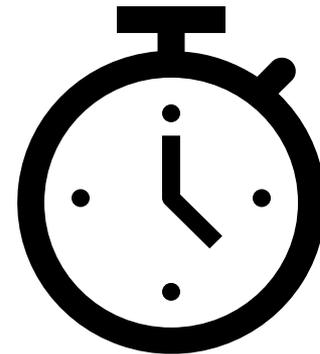


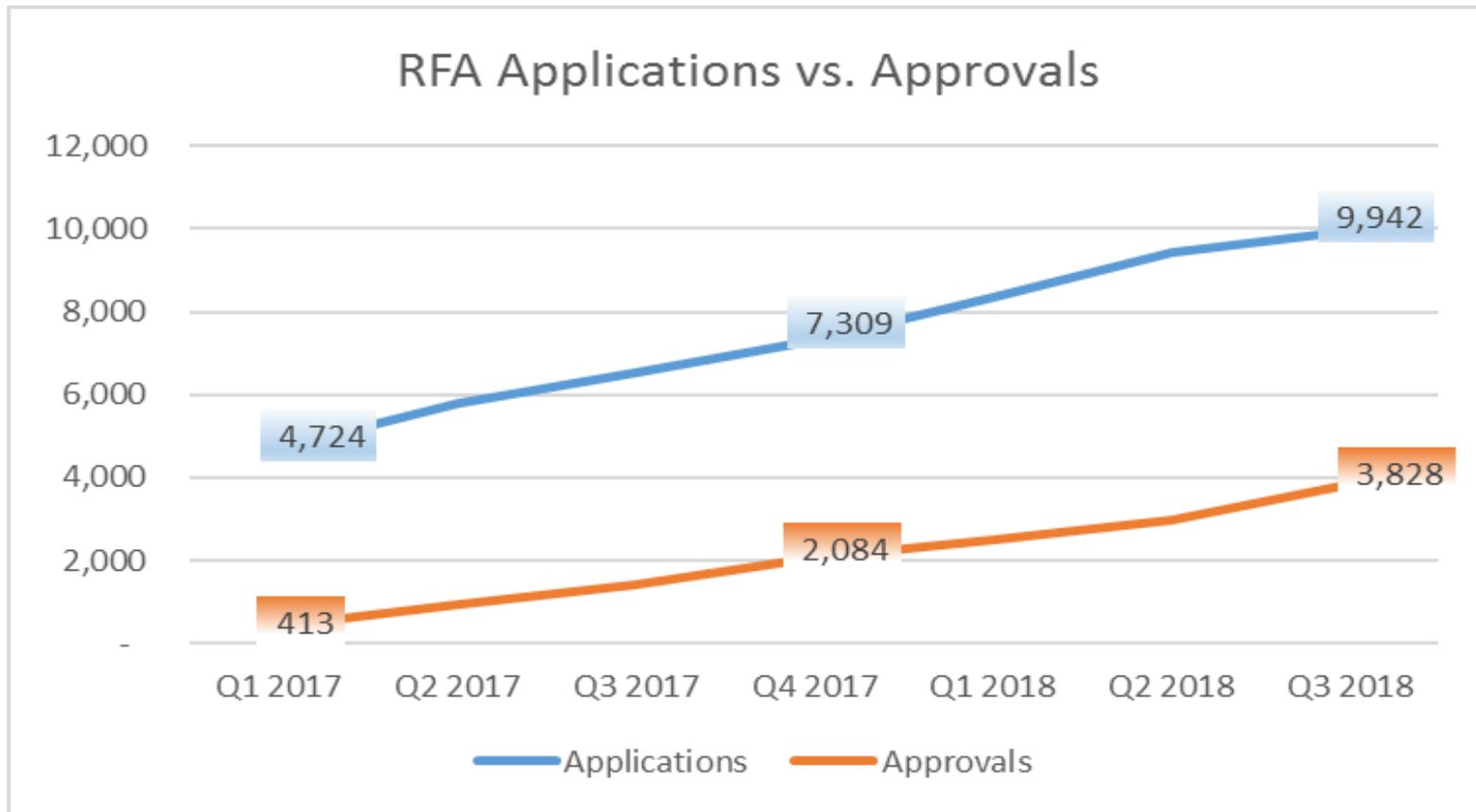
Backlog of RFA Applications is Reducing

- Prospective families continue to be served through either the county or an FFA
- Counties are changing their practices to better support recruitment and retention

Approval Timelines

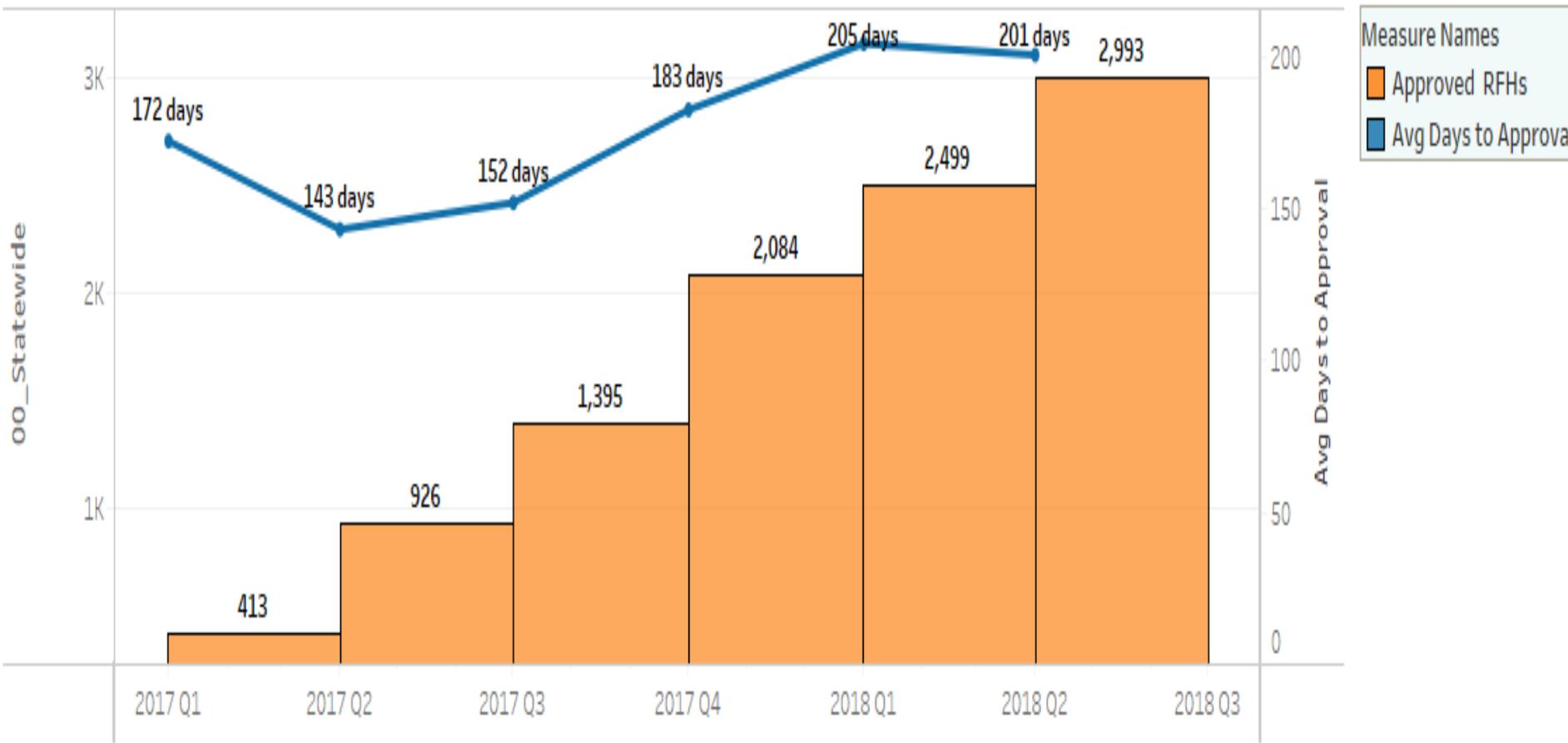
- Statewide average to RFA-approvals has decreased from an average of 181 days in Q1 2018 to 155 days in Q4 2018
- Approximately 73% of resource family placements are with relatives and NREFMs
- Improvements in data are likely reflective of county changes in practice and amendments to Version 5 and 6 of the Written Directives





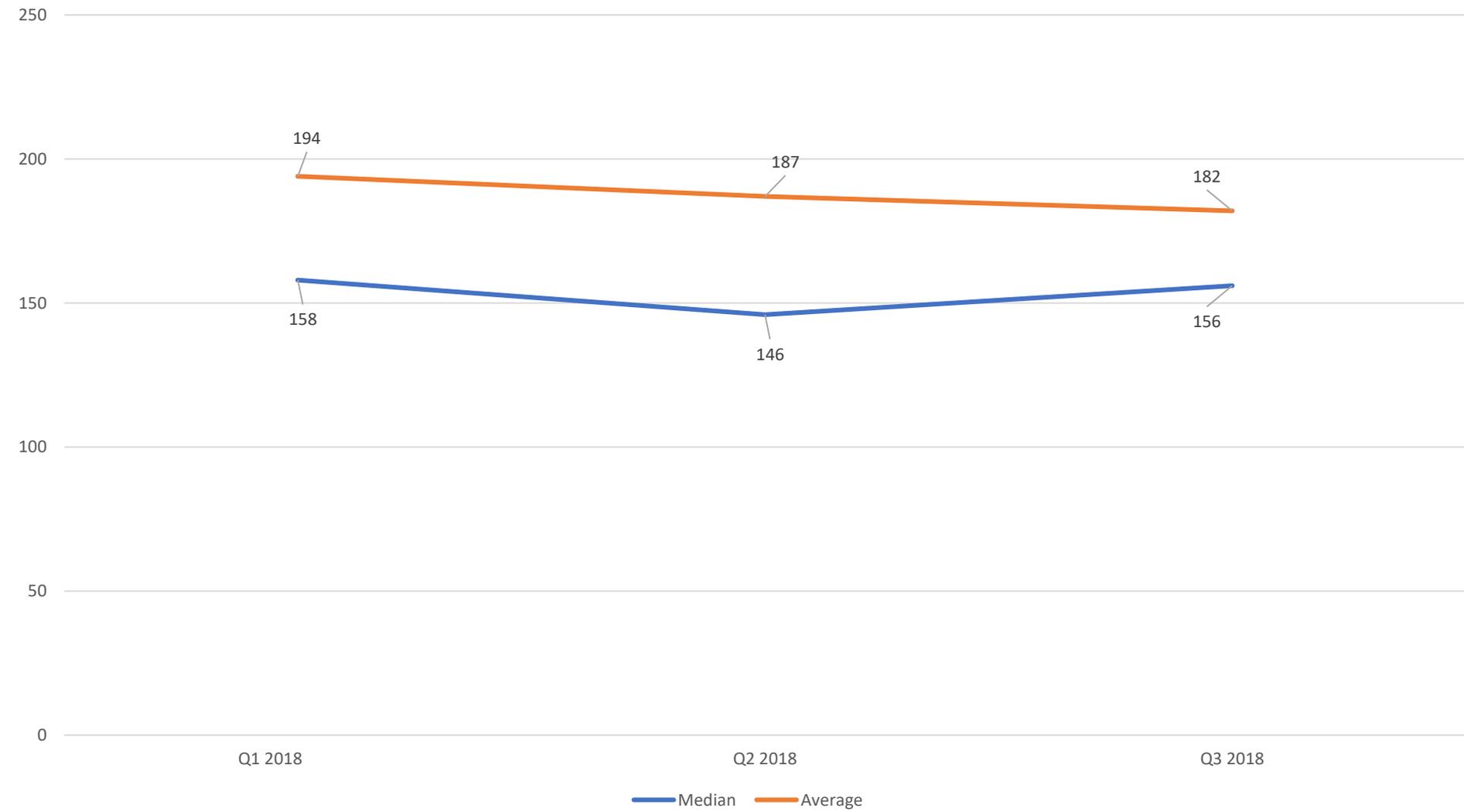
From Q1 2017 to Q3 2018, RFA applications increased from 4,724 to 9,942 while RFA approvals increased from 413 to 3,828. RFA applications have increased by roughly 110% while approvals have increased by roughly 826% during the same period.

Number of RFHs Approved During Quarter and Average Days to Approval, 2017-2018 (00_Statewide)

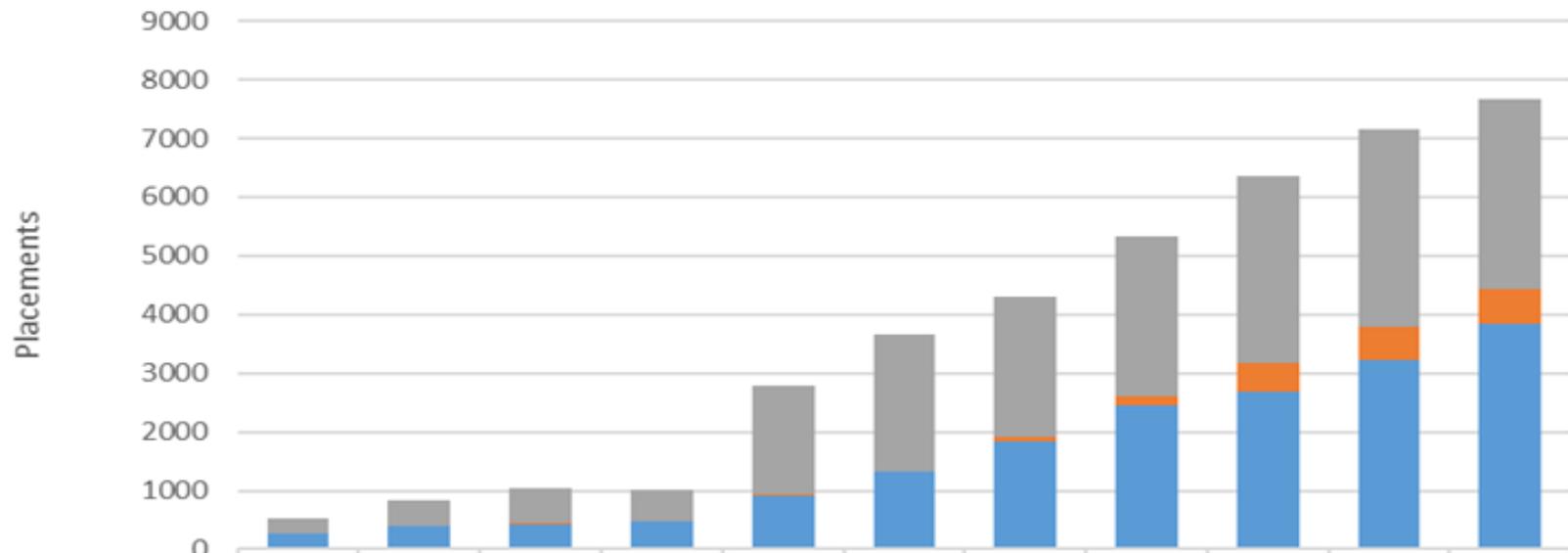


The trends of Approved RFHs and Avg Days to Approval for Date Quarter broken down by County. Color shows details about Approved RFHs and Avg Days to Approval. The data is filtered on County (Combined_Children_LOS (CCRIP_master_data)), which keeps 00_Statewide.

Days to Approval for Placements Prior to Approval



Child Welfare RFA Placements, Ages 0-17, By Quarter and Substitute Care Provider (SCP) Type



	2016Q1	2016Q2	2016Q3	2016Q4	2017Q1	2017Q2	2017Q3	2017Q4	2018Q1	2018Q2	2018Q3
Relative	264	450	591	517	1865	2339	2399	2724	3197	3363	3235
NREFM	2	2	8	7	10	21	63	141	486	573	591
Non-Relative	267	393	434	479	922	1311	1846	2454	2681	3216	3845

Streamlining Resource Family Approval



RFA Application Withdrawals

- Applicants who withdraw their RFA application may resubmit their previous application, within 12 months of the date of withdrawal



Cease Review of RFA Applications

- County may cease review of the application if after 30 days the applicant does not make good faith effort to complete the outstanding application items
- ***County shall not cease processing an application if a child or NMD is placed in the home of the applicant on an emergency basis or based on a compelling reason



RFA Conversion

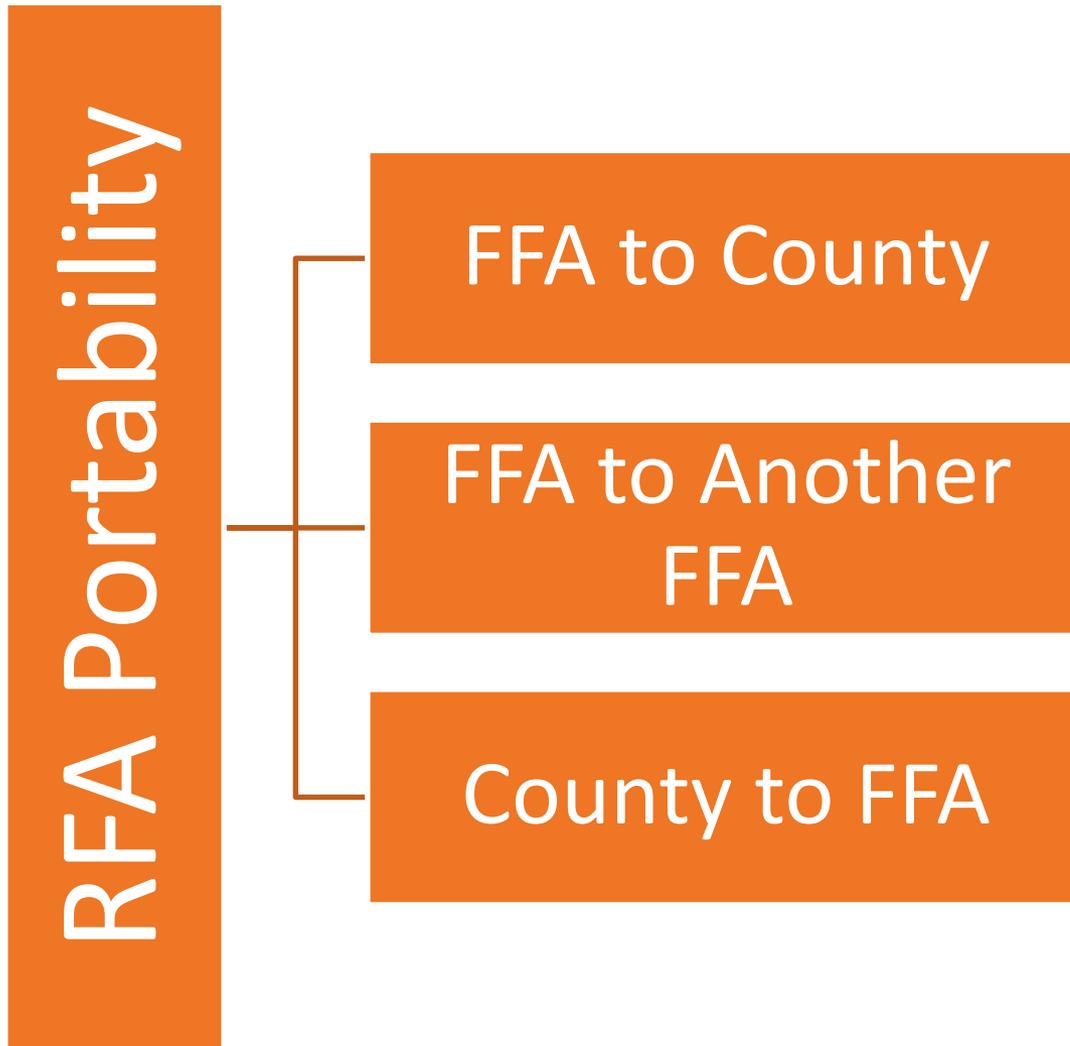
- RFA conversion deadline extended until December 31, 2020



Digital Signature

- A County may use electronic document transmission and digital signatures when collecting forms and documents in which a signature is required for the purpose of RFA
- Paper copies must be made available if the individual requests not to use electronic document transmission

Supporting Approved Resource Families



- Resource Family may transfer their RFA to another approving entity
- **New form: RFA 10:** Resource Family Approval – Portability Application

Policies to Promote Reasonable and Prudent Parenting

Alternative Caregivers

- At least 18 years of age to provide alternative care for a foster child
- Criminal record exemption is no longer a requirement to be an alternative caregiver
- *If the alternative caregiver is an adult who is residing or regularly present in the Resource Family's home, then a background check is needed for the alternative caregiver



Training and RFA Updates

Pre-Approval Training

An individual may begin pre-approval training no more than 60 days prior to submitting a RFA-application

Also includes role of a Resource Family as a mandated reporter in pre-approval training

RFA Update

Approval of a Resource Family must be updated once every 12 months

No sooner than 60 calendar days prior to the 12-month anniversary date

No later than 30 calendar days after the 12-month anniversary date

Family-Centered Approval Policies

Criminal Record Exemption

- If an exemption has been denied or rescinded, the individual shall be excluded for a period of two years

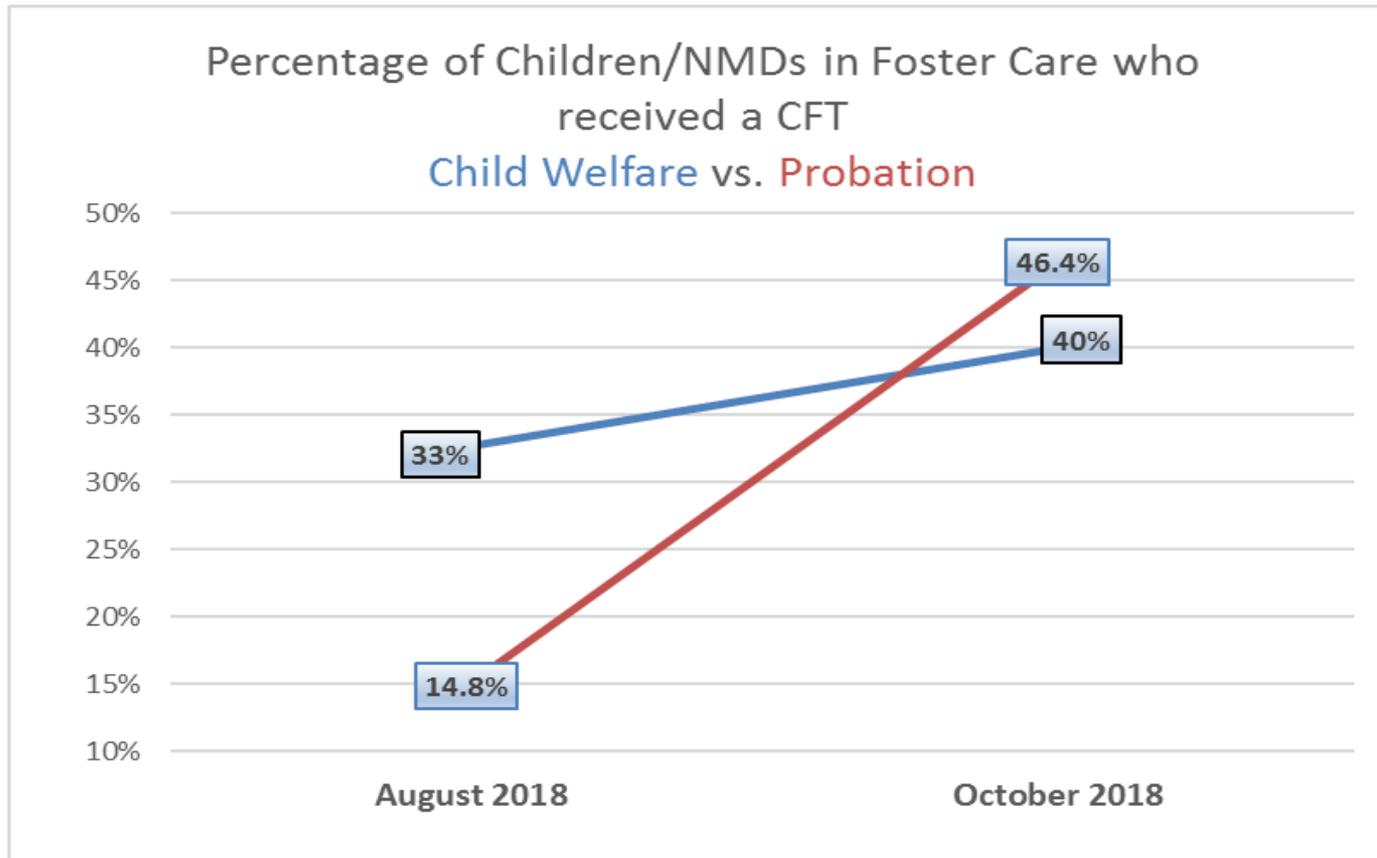
Documented Alternative Plan

- A DAP may be approved for several reasons. Examples include: a specific child to share a bedroom with a Resource Parent or an adult in the home due to special circumstances of the child which require close supervision; an adult to sleep in a common area; or more than 4 children in a room

FAMILY-CENTERED CHILD AND FAMILY TEAMS (CFTS)

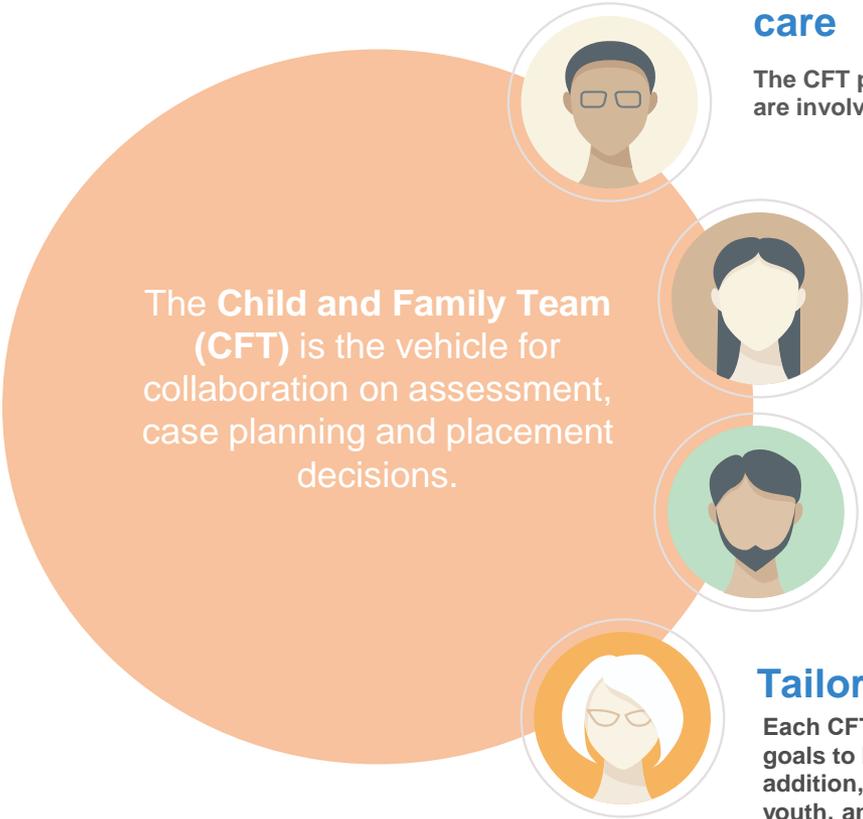
Making CFTs Work for Youth and Families





Between January 1, 2018 and September 30, 2018, 22,291 children ages 0–20 entered foster care. Of these, 9,934 children (44.6%) had a Child and Family Team (CFT) meeting entered into CWS/CMS as a delivered service on or before November 30, 2018. [ACL 16-84](#) states that a CFT meeting shall be convened within 60 days of a child or youth coming into foster care.

The Child and Family Team



The Child and Family Team (CFT) is the vehicle for collaboration on assessment, case planning and placement decisions.

Places youth and families at the center of care

The CFT process is a team-based activity that ensures that youth and families are involved in and central to their care.

Brings the youth and family's important people together

In addition to the youth, caregiver and family, the CFT team includes extended family and other natural supports, professionals and other formal supports that are identified with the family.

A meeting and a process

The CFT meeting is a place for all of those on the team to look at the child and family's needs and strengths and decide what to do to address those needs. It is a process based on collaboration and shared decision making among the team members.

Tailored to youth and families

Each CFT is unique and will build upon each youth and families' strengths, values, and goals to help achieve positive outcomes for safety, permanency and well-being. In addition, the teaming process must also reflect the culture(s) and preferences of the youth, and family.

Child and Family-Centered Process

- **Listen**
 - Don't interrupt
 - Write down feedback/comments
 - Repeat and paraphrase what was said
- **Be Genuine, Build Trust**
 - Set aside role and title
 - Make eye contact
- **Be Transparent & Up Front**
 - Talk about roles/expectations for the meeting
 - What can we do in these meetings
 - Be clear with action items
 - It's okay to not know all the answers, **BUT** not okay to ignore difficult questions or topics
- **Empathize, Maintain Cultural Humility**
 - Remember that many times, a CFTM is a meeting where a young person walks into a room of adults who have made life altering decisions both for and about them

Engaging and Developing Team Membership

Informing the youth, caregiver and family of who can be invited

- Youth or parent partners
- School personnel
- Informal supports (friends, extended family, etc.)

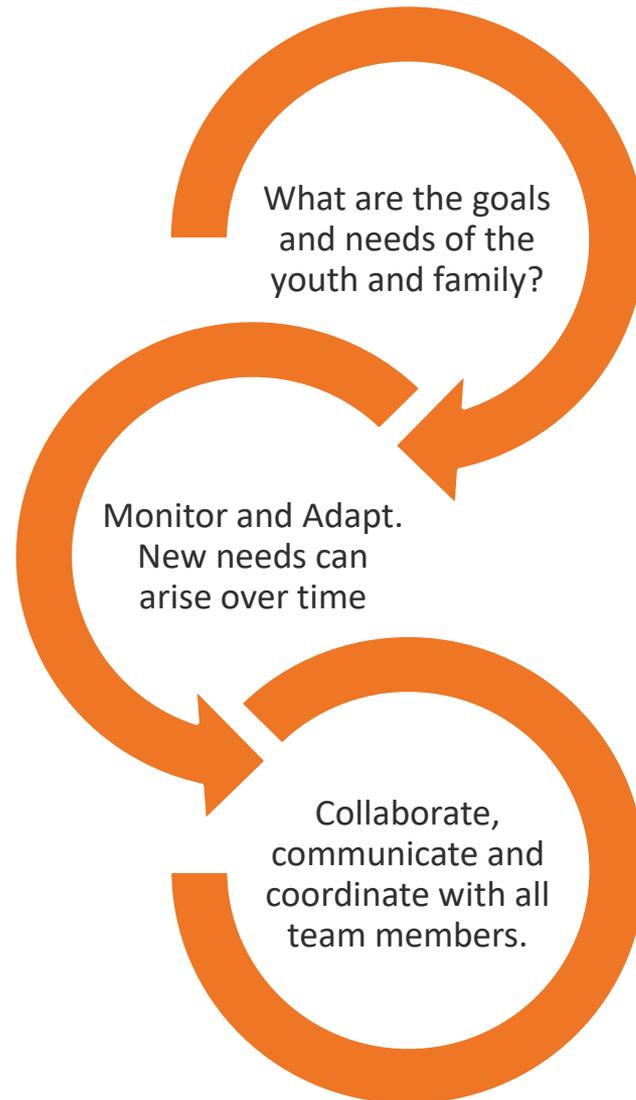
Include necessary members and professionals

- If discussing a placement change, make sure the youth's educational rights holder is present to do a BID and identify SOO transportation

Timely notification of meetings to team members

- Allow team members to organize schedules and prepare ahead of time

Addressing Needs & Promoting Strengths



Case Plan Development & Service Delivery

- Implementing Child and Adolescent Needs and Strengths (CANS) in CFT Process
- Tailor to youth and families
 - Each youth and family is unique
 - Build upon each youth and families' strengths, values and goals
- Make sure CANS tool is fully informed by CFT members to guide service delivery and case planning
- Guide communication to identify areas of emphasis and additional services needed

Ongoing Efforts to Improve CFT Process

- CFT Survey
 - Gather feedback from everyone who participates in CFT to improve process (anonymous!)
 - <http://www.cdss.ca.gov/cftsurvey>
- AB 1068 (Cooley): Improving the Efficacy of CFTs
 - Currently on Assembly Floor
 - http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB1068&firstNav=tracking
- Bi-weekly CANS Technical Assistance Calls

SUPPORTING FAMILIES FROM PLACEMENT THROUGH PERMANENCY



Funding at the Time of Placement

- Emergency Caregiver (EC) Funding provided to emergency caregivers with placement of a child in foster care prior to RFA approval
- Two phases:
 - March 30, 2018 (AB 110)
 - July 1, 2018 (AB 1811)
- Families who received EC funding under AB 110 will receive funding up to **180 days** (and in some cases up until **365 days**) OR until approval or denial, whichever occurs first
- Families with placement on or after July 1, 2018 will qualify for EC funding if they meet AB 1811 eligibility criteria

Continuing EC Funding FY 2019-20 and Beyond

- 2019-20 May Revision to Governor's Budget includes:
 - Increase of \$21.7 million in FY 2019-20 to provide emergency caregivers with up to 120 days of emergency assistance payments pending Resource Family Approval (RFA) with good cause available up to 180 days
 - Beginning FY 2020-21 and beyond, the state will only provide emergency caregivers with up to 90 days of emergency assistance payments with no good cause
- Advocates still working to ensure that there is a good cause exception to continue funding for the full 365 days
- Current statewide average to complete RFA remains 180 days

Intensive Services Foster Care

- Intensive Services Foster Care replaces ITFC and is intended to accommodate probation placements, MTFC, special health care or certain medical placements, an alternative to or step down from residential care, Therapeutic Foster Care or other special populations. The Resource Family must meet a level of specified training and competencies based on the child's needs.

Paid to the Resource Family	\$2,505
Administration	\$3,482
Services & Supports	\$200
Total	\$6,187

Intensive Services Foster Care

- Counties and FFAs are authorized to operate Intensive Services Foster Care Program
- Serves children with intensive treatment and behavioral needs and specialized health care needs
- Increased training of Intensive Services Foster Care Resource Parents
 - 40 hours of preplacement training + 24 hours of ongoing training each year
 - Can accept a child or retain a child prior to completing the training – but must complete within 120 days of placement
- No more than 2 children in an ISFC placement UNLESS its to accommodate siblings when one child meets ISFC criteria (then no more than 5 children)
- Each child has individualized needs and services plan

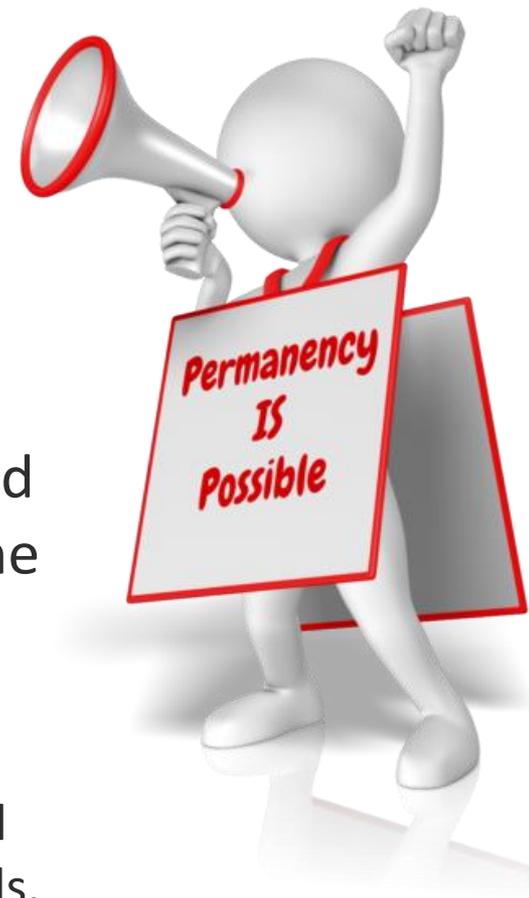
PROMOTING AND SUSTAINING PERMANENCY



Permanency is Possible

A Moral & Fiscal Imperative

- We know how to achieve permanent families for “hard-to-place” children, teens, and nonminor dependents.
- Keeping these children in foster care is very expensive and results in grim adult outcomes.
- The dollars saved by moving these children and youth into permanent families far outweigh the cost of effective child-centered specialized permanency services.
 - They can pay for themselves, often in the same fiscal year, and free up funds for other critical county needs.



Lessons Learned

- Best practices are not enough: Must address systemic barriers, shift beliefs, instill what-ever-it-takes culture throughout organization
- Programs with external partners yield best results
- Involve judiciary and attorneys early
- Make the youth “real” to potential families
- Provide pre- and post-adoption/permanency support to families
- Permanency best practices have double bottom line:
 - Improved permanency outcomes
 - Fiscal savings
- Support of “electeds” for fiscal investments key to driving high Return on Investment

Please email gail@GJV4kids.com for a lessons learned document



AB 1006 (2017)

- Defines Specialized Permanency Services. (WIC 16501(a)(8))
- Requires all members of a CFT to be provided with written or electronic information on specialized permanency services. (WIC 16501.1(d)(2)(B)(ii))
- Requires case plan documentation of the specialized permanency services used or, if not used, why not. (WIC 16501.1(g)(15)(A&B))
- Requires written information be given to prospective adoptive parents or legal guardians regarding the importance of working with mental health providers that have specialized adoption clinical training and experience & a description of what the family should look for when choosing an adoption-competent mental health professional. (WIC 371 & 16119)



Specialized Permanency Services Defined



- Services to assist a child or nonminor dependent achieve a permanent family through reunification, adoption, legal guardianship, or other lifelong connection to caring adults, including at least one adult who will provide a permanent, parent-like relationship for the child or nonminor dependent.
- For children with case plan is for permanent placement or supportive transition to adulthood.
- Services are **designed for and with** the child to address the child's history of trauma, separation, and loss.

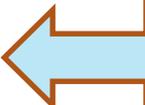
Key Components

- Ensure youth are meaningfully engaged in permanency planning. Engagement includes:
 - Make sure they know what permanency is, how to achieve it;
 - Address their fears, concerns and attitudes about building relationships and permanency, and
 - Involve them in identifying, connecting with permanency resources, including family and others they find important.

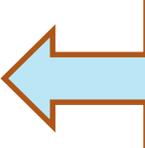


Specialized Permanency Services May Include:

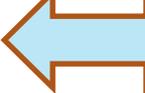
- (A) Medically necessary mental health services, as needed to ameliorate impairments in significant areas of life functioning that may reduce the likelihood of the child or nonminor dependent achieving a permanent family.
- (B) Other services designed to address the child's or nonminor dependent's history of trauma, grief, loss, stigma, and rejection that reduce the likelihood of the child or nonminor dependent achieving a permanent family.
- (C) Permanency support core services, as appropriate to achieve, stabilize, and sustain the child or nonminor dependent in a permanent family.
- (D) Services designed to prepare the identified permanent family to meet the child's or nonminor dependent's needs, set appropriate expectations before and after permanency is achieved, and stabilize the placement.



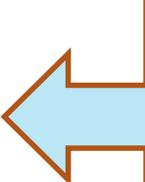
Medi-Cal &
Specialty Mental
Health Services



IV-E,
Realignment,
Realignment
Growth, ASIST



As defined in
CCR



IV-E,
Realignment,
Realignment
Growth, ASIST &
Medi-Cal where
needed

Required: Written or Electronic Info Provided to CFT Members

Why

- Most CFT members – including professionals – have little knowledge about the effectiveness of specialized permanency services.

Why

- If CFT members do not know about them they will not recommend them for the child or nonminor dependent.

How

- **WIC 16501.1** requires CDSS to develop information describing services and activities, including specialized permanency services, shown to be effective in achieving and sustaining permanency for all children, youth, and nonminor dependents.

How

- CDSS will develop and disseminate the documentation



Required Case Plan Documentation



- For children in care 3 years or more and with case plan permanency goal is adoption or legal guardianship, or APPLA.



- Case plan documentation must include:
 - Specialized Permanency Services Used, and
 - If they have not been used, documentation requires explanation of why not.



Required Information on Adoption-Competent Clinical Services

- Prospective adoptive parents and guardians must be provided written info on importance of working with mental health providers with specialized training & experience in adoption clinical issues **AND** what to look for when choosing a therapist.
- Info is to be provided at the time of application to adopt, when the court orders a dependent child or ward placed for adoption or appointed a legal guardian, and immediately prior to finalization of the adoption decree.
- CDSS has developed a brochure to give to the families:
<http://www.cdss.ca.gov/Portals/9/FMUForms/M-P/PUB511.pdf?ver=2019-05-14-110438-993>



Finding a Competent Therapist

Tips for Adoptive and
Guardianship Families

Asking for Help
Is a Strength

CDSS

CALIFORNIA
DEPARTMENT OF



Why Adoption-Competent Services?



- Mental health services is the major unmet need following adoptive placement.
- Working with a mental health professional who does not understand adoption and permanency clinical issues can result in ineffective or even damaging treatment.
- Rather than getting the help needed, many adoptive parents and guardians are misunderstood, even blamed for their child's challenges, leaving the family in more difficulty than when they arrived.

Free online training for child welfare and behavioral health professionals available

@ www.adoptionsupport.org/NTI



Specialized Permanency Services: Resources

- [Guide for the Finding a Competent Therapist](#) – Tips for Adoptive and Guardianship Families
- [Funding Youth Permanency](#) – A County Guide to Funding Child-Centered Specialized Permanency Services for Youth in Foster Care
- [Somewhere to Turn](#) – Meeting the Mental Health Needs of Adoptive and Guardianship Families

Forthcoming ACLs & ACINS

- RFA Portability FAQ
- Chaptered legislation that impacts Resource Families
- Updated CWS/CMS instructions for inputting RFA information

Questions?

- PowerPoint slides, webinar recording, and a certification of participation will be posted at www.kids-alliance.org/webinars

