



CONTINUUM OF CARE REFORM

California's Child Welfare Continuum of Care Reform (CCR) *Overview*

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
- Effective accountability and transparency drives continuous quality improvement for state, county and providers



Key Strategies

- Child and Family Teams (CFTs) drive case planning, placement decisions and care coordination (\$37.4 million TF for CW and MHPs)
- New licensing requirements:
 - Limit use of residential care to circumstances when an Interagency Placement Committee finds the child requires short-term intensive services, as defined.
 - Ensures STRTPs and FFAs have an identified ability to meet the varied needs of children (i.e. “core services”) including mental health services
 - Ensures STRTPs and FFAs are nationally accredited and have engaged placing agencies in program development
- Restructured rate system provides for a single residential rate and a varied “level of care” home-based rate
- Local collaboration between Child Welfare, Mental Health, Probation, and Education to provide integrated services



What Happens on January 1, 2017?

- Group Homes must transition to become Short Term Residential Therapeutic Programs or have an extension
- All new families must be approved as Resource Families. (Existing homes have until 12/31/19 to convert)
- Phase 1 of new rate structure will implement:
 - All licensed and certified foster homes, NREFM and relative caregivers will be receive \$889 Basic Level unless already receiving a higher rate.
 - FFA agency rate will be raised to Basic Level Agency rate
 - STRTP rate will be in effect for licensed facilities
- Foster Family Agencies must submit updated Plan of Operation and revised Program Statement
- Counties must implement Child and Family Teams



What happens afterward?

- STRTPs must have a Mental Health Program Approval/ Medi-Cal Certification to provide on-site Specialty Mental Health Services no later than 12 months after licensure.
- STRTPs and FFAs must become nationally accredited no later than 24 months after licensure and must provide statute updates to CDSS at 12 and 18 month intervals post-licensure.
- All existing foster homes must be approved as Resource Families by 12/31/19.
- A statewide Child Welfare Assessment tool will be selected following completion of a 9 month pilot.
- Implementation of a new Performance and Oversight framework for providers and counties by 1/1/19.



Increasing Capacity for Home-Based Family Care

- Statewide Implementation of RFA (ACL No. 16-58)
- Foster Parent Retention, Recruitment and Support (FPRRS) to Resource Families (\$54.7 million TF for CW and PDs - ACL No. 16-52)
- New rate structure for home-based care based on Level of Care protocol to be informed by the CFT process.
- Child Welfare, Mental Health, Probation and Education must work together to re-envision the existing patchwork of services into an integrated family-friendly continuum of care and maximize FFP. (Wrap around, SMHS, Foster Youth Services. etc.)
- Updated and expanded training for county, providers and caregivers



Statewide Placement Data

Point in Time: 6/11/2015
 Youth Ages 0-17 in Group Home Placements; Rate
 Classification Levels (RCL) 5-9

Child Welfare	320
Probation	20
Total	345

Calendar Year: 2015
 Youth Ages 0-17 in Group Home Placements; RCL 5-9

Child Welfare	604
Probation	63
Total	667

Point in Time: 6/11/2015
 Youth Ages 0-17 in Group Home Placements; RCL 10-11

Child Welfare	954
Probation	508
Total	1462

Calendar Year: 2015
 Youth Ages 0-17 in Group Home Placements; RCL 10-11

Child Welfare	2,488
Probation	1,298
Total	3,786

Point in Time: 6/11/2015
 Youth Ages 0-17 in Group Home Placement Greater than One
 Year; RCL 12-14

Child Welfare	728
Probation	143
Total	871

Total Programs

RCL 5-9	36 Programs (Capacity: 554)
RCL 10-12	262 Programs (Capacity: 5690)
RCL 14	23 Programs (Capacity: 590)



Home Based Family Care Rates Structure



New Foster Care Rate Structure

- A single care and supervision rate for STRTPs (does not supplant needed mental health service contracts).
- A Resource Family rate structure based on level of care and tied to the needs of the child/youth. Age is no longer sole factor for rate increases.
- New rates will be paid to all Resource Families and is no longer distinguished by funding source or family types.
- Intensive Treatment Foster Care expands to Intensive Services Foster Care. The ISFC rate will support special health care populations, MTFC, Therapeutic Foster Care, probation, step down alternative from and prevention to higher needs placement.
- Services Only Rate County Option to support non-FFA families.



Home Based Family Care Rate Structure

The HBFC Rate paid to the Resource Family is based on the amount of care and supervision the child needs from the family. A Level of Care (LOC) Protocol tool is being developed to guide the county LOC determination.



Home Based Family Care Agency Rate

Paid to the FFA is a rate that correlates to each LOC. The services and supports are not limited to IV-E allowable activities.

Agency	Basic Level	Basic LOC -2	Basic LOC-3	Basic LOC-4
Social Worker	\$340	\$340	\$340	\$340
Services and Supports	\$156	\$200	\$244	\$323
Admin	\$672	\$672	\$672	\$672
RFA Activities	\$48	\$48	\$48	\$48
Resource Family	\$889	\$989	\$1089	\$1189



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	\$2,321
Administration	\$3,482
Services & Supports	\$200
Total	\$6,003



Services Only Rate

- Counties can contract with an FFA or a community based organization, including an STRTP, to provide the services and supports components to non-FFA Resource Families.
- This item is not limited to IV-E allowable activities and may be used to provide transition support services for children stepping down from residential care or otherwise changing placements.



Level of Care Protocol

- The LOC Protocol will be based on Five Domains: Physical, Health, Education, Behavioral/Emotional, and Permanency/Family Support. Additionally, Static Factors are established that identify an automatic LOC 4 designation.
- The Protocol is designed to interact with other existing county child welfare assessment tools and to interpret the various assessment tool scores used by counties currently.
- There will be a testing period before a final release and then training will be offered. This will be finalized prior to 1/1/17.



Implementation Plan of Rate Structure

The new rate structure is planned to implement in two phases.

Phase 1 (implements 1/1/17)

- FFHs (includes ARC) NRLGs, NREFM , NMDs in SILP paid less than \$889 will get rate increase to that amount.
- FFA Agency rate will be increased to Basic Level plus the foster care age-based payment
- Existing Kin Gap and AAP will remain the same (new cases will receive Basic)
- STRTP – Interim Rate of \$12,030 if licensed as a STRTP
- Wraparound – Single Rate of \$8,573
- Intensive Treatment Foster Care – stays the same

Phase 2 (implementation following automation)

- Level of Care 2-4 and Intensive Services Foster Care will be implemented following further state guidance and are available on a prospective basis following full implementation.



Questions and Contact Info

- Questions can be sent to: ccr@dss.ca.gov
- Additional information on the CDSS website at:
<http://www.cdss.ca.gov/cdssweb/default.htm>





SPECIALTY MENTAL HEALTH SERVICES

- MH Workgroup meetings
 - Medical Necessity Criteria
 - Child and Family Teams
 - Relationship with the FFAs
 - Mild to Moderate: Most children in foster care obtain mental health services from the Mental Health Plans. Remainder of children are in Fee-For-Service as there is not a requirement that they be enrolled in a Managed Care Plan.



SMHS

- Combined the Medi-Cal certification with the Mental Health Program Approval Process
- Comparing the draft with CCL Interim Licensing Standards to eliminate duplication
- Therapeutic Foster Care:
 - Name change
 - Effective January 1, 2017
- Mental Health 101 Training