CCR Overview for Educators
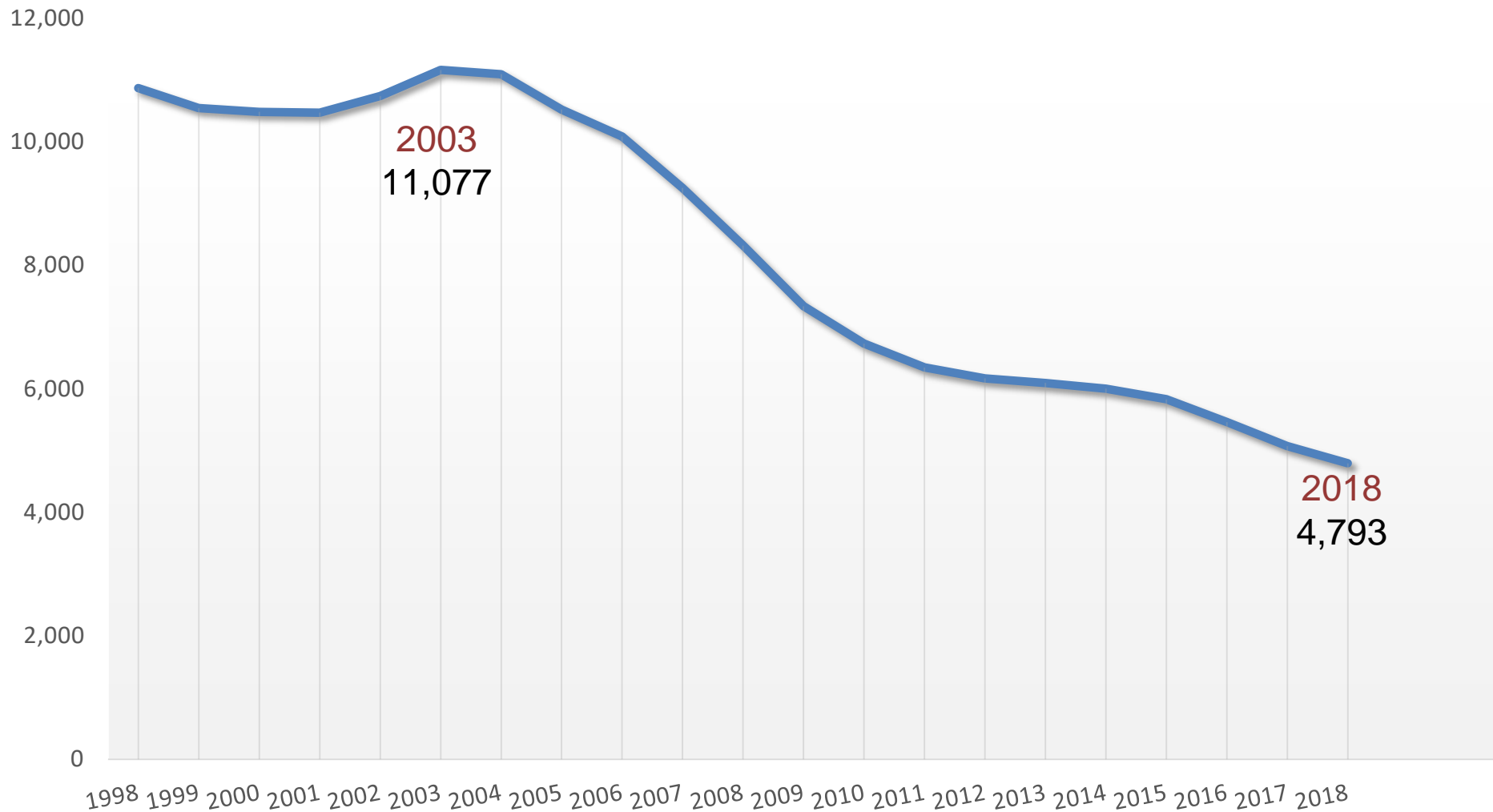
Carroll Schroeder

Dani Mole

SELPA Directors

July 12, 2018
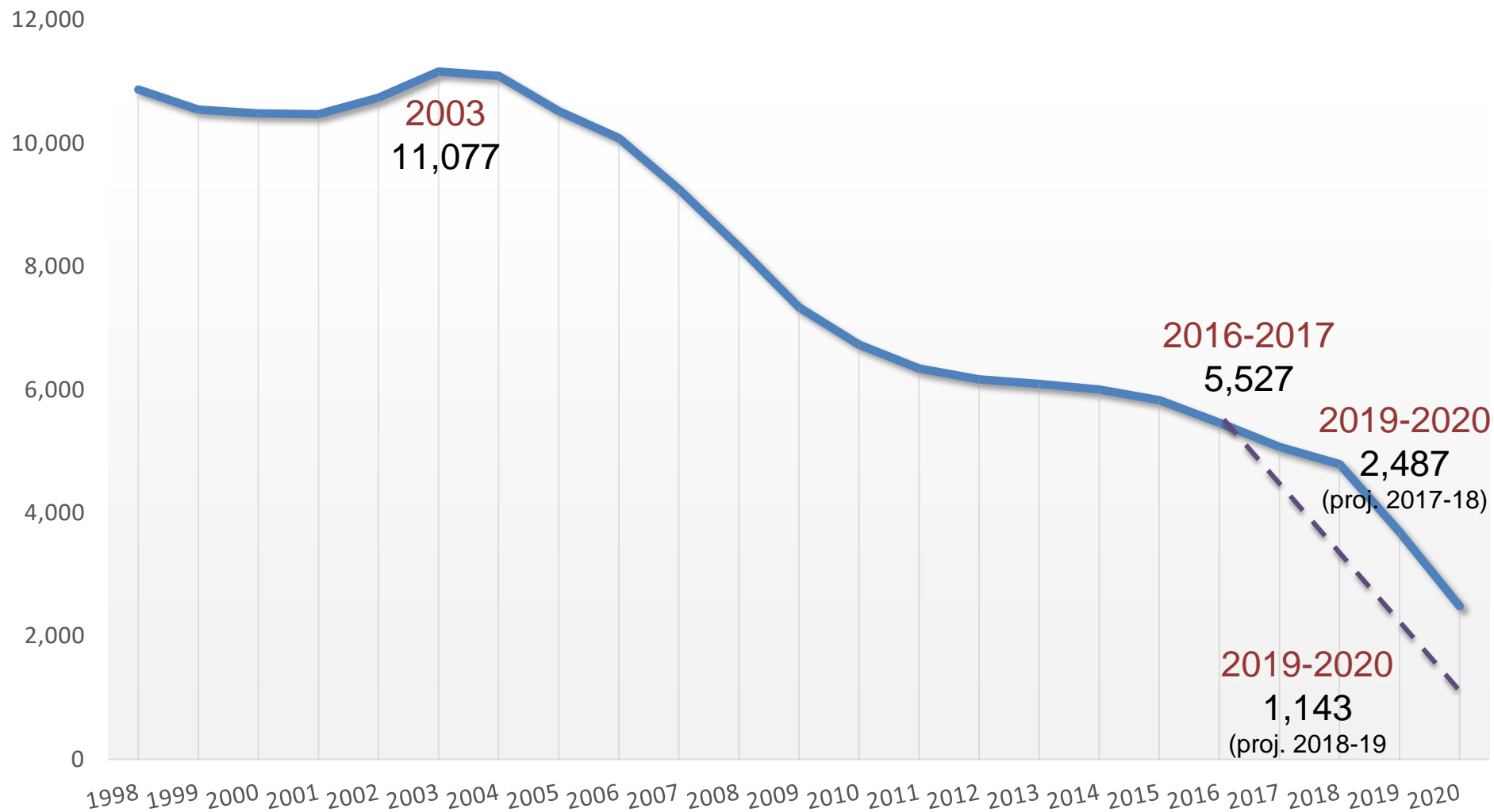
California
Alliance

Empowering lives. Enriching futures.

Context: Foster care utilization in California
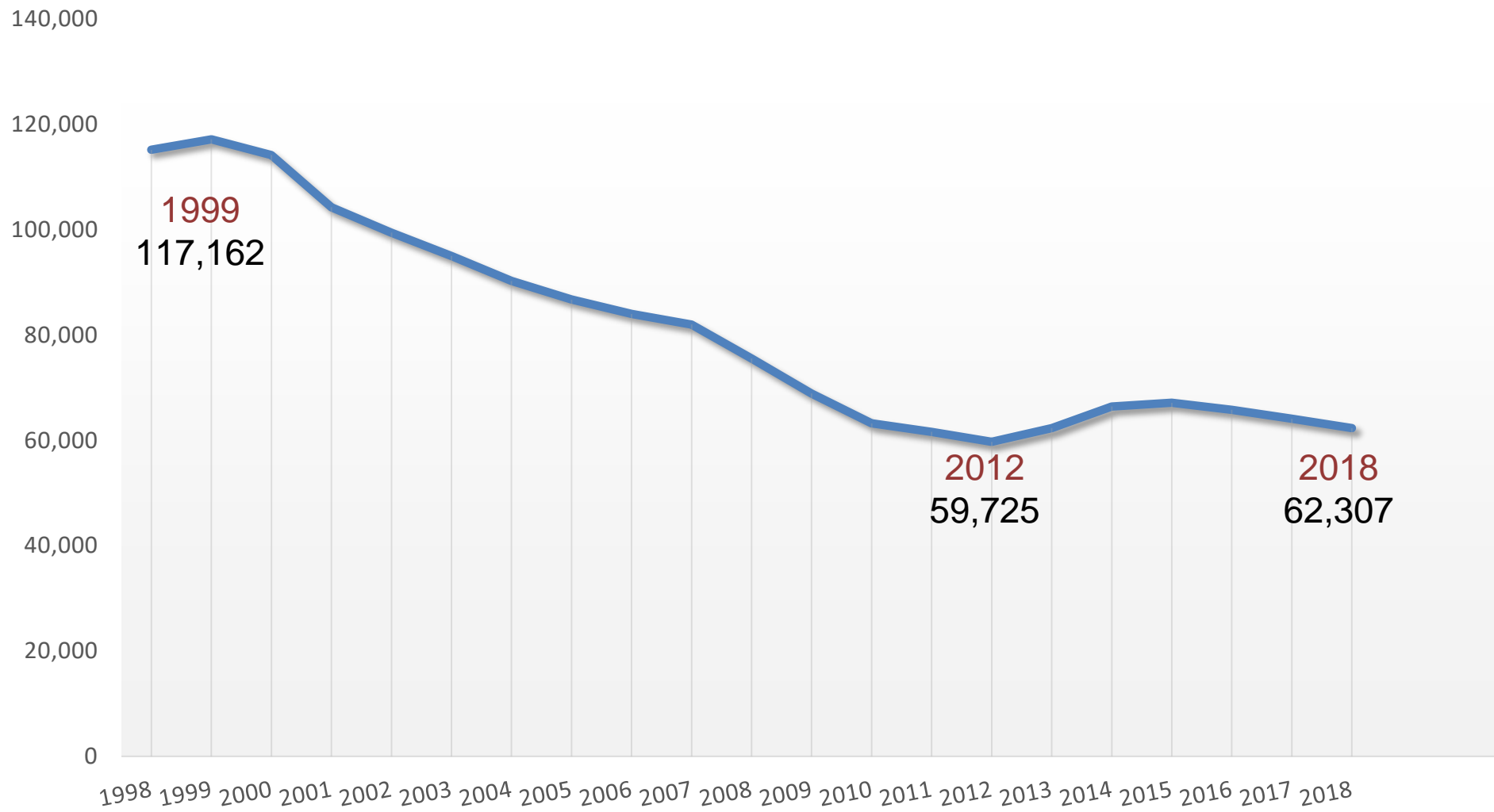
Context: Residential care utilization for foster care in California

2003
11,077

2018
4,793

12,000																					
10,000																					
8,000																					
6,000																					
4,000																					
2,000																					
0																					

1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018

Residential care utilization for foster care after CCR (projected)

What is CCR?

Continuum of Care Reform:

"A comprehensive approach to improving the experience and outcomes of children and youth in foster care."

California's history of foster care reform

1998	SB 933 (Thompson) Foster Care Reform	2012-2014	CDSS led stakeholder workgroups
2003	Child Welfare Redesign	2014	Internal CDSS process
2004	Alliance convenes stakeholder group on roles for residential care	Jan. 2015	Governor's 2015-16 Budget Proposal: *California's Child Welfare Continuum of Care Reform* report
2007	California Alliance vs. Allenby and Ault (Wagner)	Oct. 2015	AB 403 (Stone; statutes of 2015): CCR implementation
2007	AB 1453 (Soto): Residentially-Based Services (RBS) Reform	Oct. 2016	AB 1997 (Stone; statutes of 2016): CCR clean-up
2010	Budget TBL: "Congregate Care Reform"	Oct. 2017	AB 404 (Stone; statutes of 2017): CCR clean-up
2012	SB 1013: "Continuum of Care Reform"	Feb. 2018	AB 1930 (Stone): CCR clean-up

Important consideration

- Education placements per IEPs were never considered during CCR planning

- Education was invited to and did participate to some degree in CCR planning. Education is much more involved in CCR implementation.

California **Alliance**
Empowering lives. Enriching futures.

CCR's 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 placement 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 and nonminor dependents

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

California **Alliance**
Empowering lives. Enriching futures.

To accomplish this…

- **Group homes**, as *placements*, go away
- **Short Term Residential Therapeutic Programs**, as *interventions*, are created

- **Foster families**, pre-adoptive and kin care families with separate and duplicative licensing and certification processes, go away
- **Resource families** are created using a single RFA approval process

Theoretically, needed individualized Social Services & Support and Behavioral Health Treatment and Therapies are available to all foster children and youth independent of where and with whom they live

California **Alliance**
Empowering lives. Enriching futures.

CCR creates 2 levels of care

1. **Home-based family care**
   - Kin care
   - NREFM care
   - County licensed foster family homes
   - FFA certified foster homes
   - Pre-adoptive families

   } Resource families

2. **Short-Term Residential Therapeutic Program**

   } STRTPs

Goal: Home-based family care for all children and youth in foster care; permanent families for children exiting foster care.

California **Alliance**
Empowering lives. Enriching futures.

Old vs. CCR

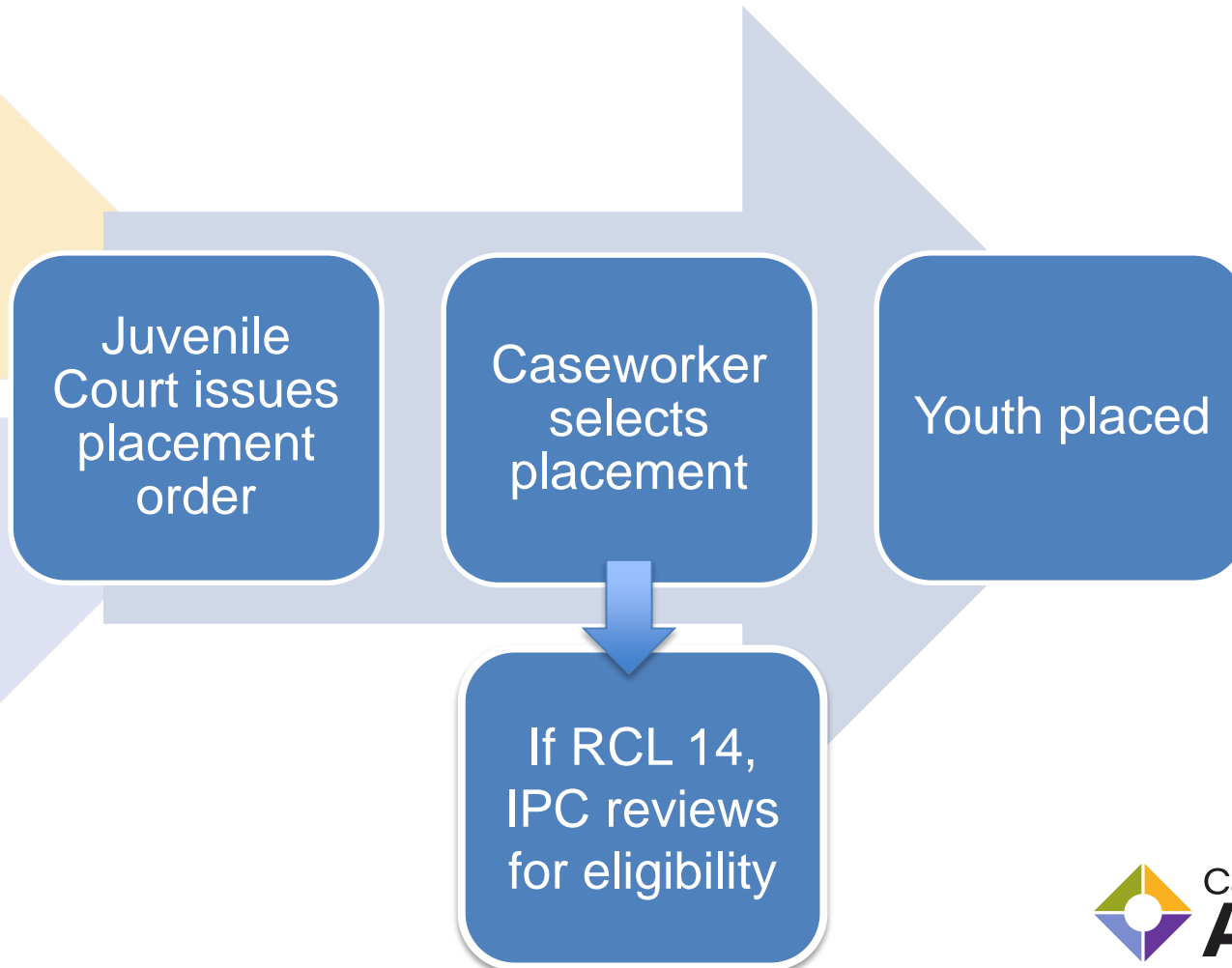|	Levels of Service	
	Old system	**CCR**
Home-based family care	• 5 foster care payment levels based on **age** of child	• 4 Levels of Care (LOC) payments based on **expectations** of resource family/needs of child
	• 3 Intensive Treatment Foster Care (ITFC) levels based on **child's care and service need** (FFA only)	• 1 Intensive Services Foster Care (ISFC) level • Therapeutic Foster Care (TFC) as mental health option
		• Access to MH services required
Residential care	• 14 group home Rate Classification Levels (RCL) based on staffing	• STRTP only • Group home licensing category remains but may not be used for foster care
	• Some group homes provided mental health services	• Provision of integrated mental health services required

Placement in STRTPs

- Children and youth will be placed in STRTPs only when they have needs and challenges that cannot safely be met in a home-based family setting

- Placement in STRTPs will be short-term, only until a youth's needs and challenges can be safely met in a home-based family setting

California **Alliance**
Empowering lives. Enriching futures.

Placement eligibility for STRTP

- The child must meet at least **<u>one</u>** of the following conditions:

  1. Has been assessed as meeting the medical necessity criteria for Medi-Cal specialty mental health services (SMHS), OR

  2. Has been assessed as seriously emotionally disturbed as defined in WIC Section 5600.3(a), OR

  3. Has been assessed as requiring the level of services provided by the STRTP program in order to meet his/her behavioral and therapeutic needs

California **Alliance**
Empowering lives. Enriching futures.

Foster care placement decisions today

Juvenile Court issues placement order

Caseworker selects placement

Youth placed

If RCL 14, IPC reviews for eligibility

California **Alliance**

Empowering lives. Enriching futures.

How will CCR ensure youth get what they need, when they need it?
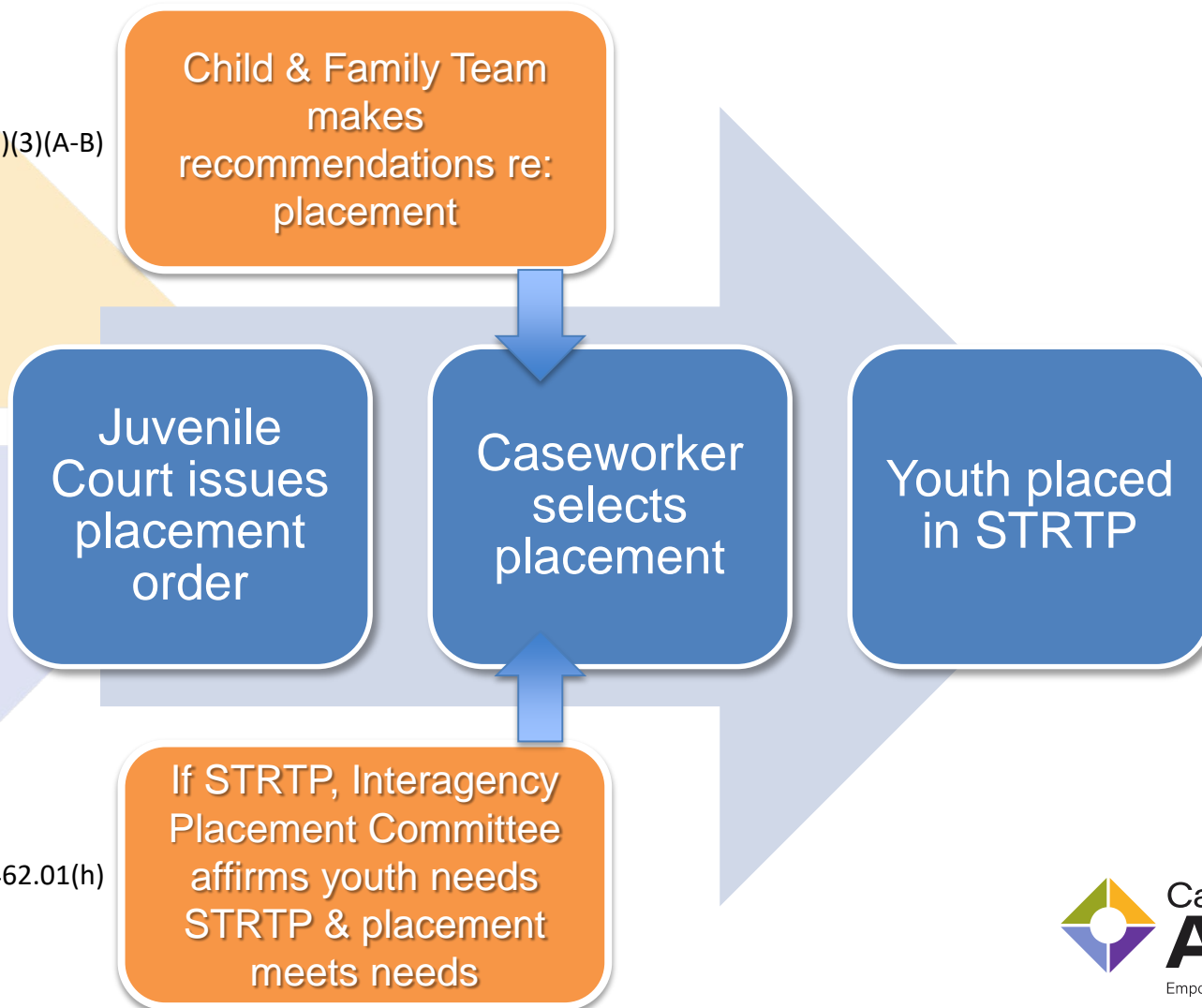
Standardized assessment - CANS

- will determine each child's need for:
  - care & supervision
  - services & support.
- CANS will be used by both CWS and MH $\Rightarrow$ 1 functional assessment per child

Child and Family Teams

- using the CANS assessment,
- will recommend to the caseworker where and with whom a child will live; and
- the services and support the child, caregiver, birth family, kin, and permanency family will receive
- in order to ensure the child's safety and well-being while achieving permanency.

California **Alliance**
Empowering lives. Enriching futures.

Placement decisions under CCR

WIC 11462.01(h)(3)(A-B)

Child & Family Team makes recommendations re: placement

Juvenile Court issues placement order

Caseworker selects placement

Youth placed in STRTP

WIC 11462.01(h)

If STRTP, Interagency Placement Committee affirms youth needs STRTP & placement meets needs

California **Alliance**
Empowering lives. Enriching futures.

STRTP components

- Child and family team-based planning
- Environmental interventions
  that establish a safe, stable, and structured living situation.
- Intensive treatment interventions
  that facilitate the rapid movement of children or youth toward connection or reconnection with home, school, and community.
- Permanency-focused parallel, pre-discharge community-based interventions
  that help youth, family and community members prepare for connection or reconnection.

Upon request of county placing agency:

- Follow-up, post-discharge support and services
  provided as needed after youth have exited the residential component and returned to family, school and community.

California **Alliance**
Empowering lives. Enriching futures.

Core Services

- STRTPs and FFAs are required to provide or provide for trauma-informed, culturally relevant Core Services:
    – Specialty mental health services
    – Transition services
    – Education, physical, behavioral, mental health, extracurricular supports
    – Transition to adulthood services
    – Permanency support services
    – Indian Child Services

California **Alliance**

Empowering lives. Enriching futures.

What are the medical necessity criteria for SMHS for children?

1. Have a qualifying diagnosis (DSM) AND
2. Have either:
   - A significant impairment in an important area of life functioning; OR
   - A significant probability of deterioration in an important area of life functioning; OR
   - A reasonable probability a child will not progress developmentally as individually appropriate. AND…
3. Must meet each of the following intervention

criteria:

A. Focus of the proposed intervention is to address the identified condition; AND,

B. Expectation is that proposed intervention will:
   - —Significantly diminish impairment; OR
   - —Prevent significant deterioration in important area of life functioning; OR
   - —Allow child to progress developmentally as individually appropriate.

California **Alliance**
Empowering lives. Enriching futures.

Specialty mental health services

Rehabilitation SMHS

- Mental Health Services
    - Assessment
    - Plan development
    - Rehabilitation
    - Collateral
    - Individual or group therapy
- Crisis intervention   ⎱ Unplanned
- Crisis stabilization   ⎰ services
- Day treatment intensive services   ⎱
- Day rehabilitation   ⎰ Day treatment
- Medication support
- Targeted case management

EPSDT SMHS

- Therapeutic Behavioral Services (TBS)

- Katie A. specialized services
    - Intensive Care Coordination (ICC)
    - Intensive Home-Based Services (IHBS)
    - Therapeutic Family Care (TFC)

California **Alliance**
Empowering lives. Enriching futures.

At a minimum, STRTPs must:

1. Be Medi-Cal Certified to provide the following SMHS as medically necessary
   a. Mental Health Services
   b. Crisis Intervention
   c. Medication Support
   d. Targeted Case Management
2. Provide or provide access to other mental health services based on individual need

California **Alliance**
Empowering lives. Enriching futures.

Bottom line

- STRTPs will maintain and have in good standing a mental health program approval, Medi-Cal certification and contract for Medi-Cal specialty mental health services (SMHS)
- STRTPs will maintain the level of care and services necessary to meet the needs of the children and youth in their care

California **Alliance**

Empowering lives. Enriching futures.

Are STRTPs "medical model" programs

- No
- STRTPs are foster care residential placements with integrated mental health services for youth with exceptional needs

If an STRTP has an affiliated NPS, it could be:

- *A residential treatment program with integrated mental health services for pupils who need that level of special education service to take advantage of their FAPE*

California **Alliance**
Empowering lives. Enriching futures.

Are STRTPs "medical model" programs

- "Medical model" mental health programs:
  - Assume that psychopathology is the result of one's biology
  - Focus on use of psychopharmacological and neurobiological interventions to arrest disease process
  - Physician is chief of service
  - Direct care staff consists primarily of nurses and other medical personnel with ancillary treatment staff

California **Alliance**
Empowering lives. Enriching futures.

No arbitrary limit on duration of placement in STRTP

- AB 403 requires:
  - "A child of any age who is placed in a community care facility licensed as a group home for children or a short-term residential treatment center…, shall have a case plan that indicates that placement is for purposes of providing short term, specialized, and intensive treatment for the child…, the case plan specifies the need for, nature of, and anticipated duration of this treatment, and the case plan includes transitioning the child to a less restrictive environment and the projected timeline by which the child will be transitioned to a less restrictive environment. If the placement is longer than six months, the placement shall be documented …and shall be approved by the deputy director or director of the county child welfare department."

California **Alliance**
Empowering lives. Enriching futures.

Discharge begins at intake

- The purpose of STRTPs is not to "cure" youth,

- Or to make them successful in residential treatment.

- The purpose is:

  – To prepare youth for their return to family and community, and

  – To prepare families and communities for the youths' return.

California **Alliance**
Empowering lives. Enriching futures.

How are STRTPs different from traditional group care?

Group home	STRTP
Goal is for youth to "finish program"	Goal for youth is to successfully transition to family and community
Discharge planning begins when youth is close to "finishing program"	Discharge planning begins before intake
Key decisions are made by caseworker and staff	Key decisions are made by caseworker in collaboration with Child and Family Team
Services focus on youth-in-residence	Services focus on youth's return to family and community
Families may visit	Families are sought out and welcomed as integral partners in decision-making and treatment
Services stop when youth leaves residence	Services and staff can move with youth into community and after d/c from residential component

How are STRTPs different from traditional group care with a NPS?

Group home	STRTP
Goal is for youth to "finish program"	Goal for youth is to successfully transition to school and community
Discharge planning begins when youth is close to "finishing program"	Discharge planning begins before intake
Key decisions are made by IEP team	Key decisions are made by the IEP team
Services focus on youth-in-residence	Services focus on youth's return to school and community
Families may visit	Families are sought out and welcomed as integral partners in decision-making and treatment
Services stop when youth leaves residence	Services and staff can move with youth into school and community and after d/c from residential component

How is STRTP different from traditional group home care?

- "Group home" as place to live, gives way to "short-term residential therapeutic program" as an intervention or means to get back to family and community.

- It's the train, not the station.

CCR implementation timeline

STRTP

- CDSS began reviewing Program Statements and Plans of Operations in January 2017.

- STRTPs must obtain a mental health program approval and a contract to provide EPSDT specialty mental health services within 1 year of licensure.

- STRTPs must obtain and maintain national accreditation within 24 months of licensure.

FFA

- FFAs began "approving resource families" Jan. 1, 2017.

- ISFC replaced ITFC Dec. 1, 2017.

- FFAs must obtain and maintain national accreditation within 24 months of licensure.

California **Alliance**
Empowering lives. Enriching futures.

Where are we now?

STRTP	Capacity
STRTP licenses issued Capacity:	• 36 providers • 107 facilities **1,852**
STRTP license applications in process Capacity:	• 62 providers **1,363**
Total capacity if all are licensed	**3,215**
Total foster youth transitioning to STRTP according to budget projections	**2,487**
Total capacity if 75% is available for foster youth	**2,411**
Total capacity for youth not in foster care	**804**

California **Alliance**
Empowering lives. Enriching futures.

Implications for schools and education?

- Thoughts, questions, discussion

California **Alliance**
Empowering lives. Enriching futures.