



Newsflash #7

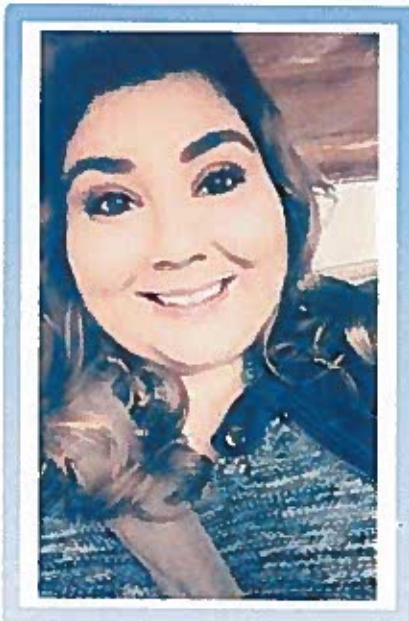
CCR Messaging

This is the seventh edition of the CCR Newsflash brought to you by the Continuum of Care Reform Branch. This newsletter is published monthly and sent to a wide array of stakeholders. We welcome your suggestions and questions, which may be sent by email to ccr@dss.ca.gov.

Please help us ensure that up to date information regarding CCR implementation is passed on to stakeholders at the local level by widely forwarding this communication to staff, colleagues, care providers, social workers, probation officers, youth and any other interested stakeholders. Consider providing a copy of the newsletter at any meetings that include child welfare stakeholders. In addition, if you were forwarded this newsletter, you may have your name added to our email list by emailing the CCR inbox.

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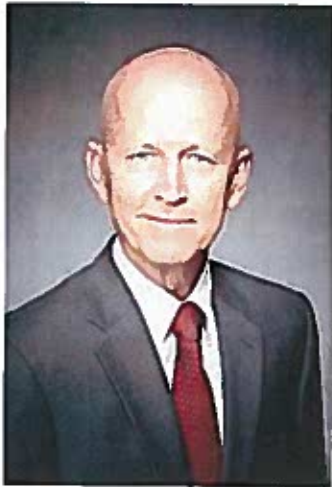
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“The time I spent in the system was mostly lengthy stays in group homes and a few short term foster homes. Looking back I see the importance of permanency and lifelong connections in a stable home, which is a goal of RFA. CCR has given me this newfound hope that children and youth in the system will be able to experience what I did not- a stable, supportive, permanent home.”

Lauren Mendez, Youth Engagement Project Ambassador

CCR Agent for Change



“Richard has been instrumental in the continued development of integrated models and policies to support the well-being of children, youth, and families in the child welfare, probation, and behavioral health systems. He brings a unique and open perspective with a great deal of experience and knowledge, and we are so very thankful to have him as part of our CDSS team!”

- Lupe Grimaldi, CDSS Manager, Integrated Services

Richard Knecht

Richard Knecht has been serving as the Pathways to Well-being Transformation Manager, since August of 2015. In this capacity, he's provided technical and process supports to the construction of the Katie A. mandated Shared Management Structure and its monthly Community Team, where parents and youth are pursuing additional leadership voices on behalf of children and youth. He's also delivered technical assistance to the early design and development of CCR and Therapeutic Foster Care (TFC) reforms.

Richard has spent the last decade as the Director of Placer County's Children's System of Care. Prior to Placer, he served as Sr. Vice President at the River Oak Center for Children, where he shared responsibility for nearly a decade, for a host of services and outcomes including program management and quality improvement, and where he led that multi-site agency's first successful Joint Commission accreditation. Richard previously worked at United Behavioral Healthcare, and Community Psychiatric Centers, serving as Chief Operating Officer at a large free-standing behavioral health hospital in Salt Lake City.

Richard is a published children's book author, and also serves as Chair of the Board of Director's at ifoster, the country's online resource portal for Foster and Kinship care youth. He has a B.S. in Psychology from Brigham Young University, and an M.S. from CSU Sacramento. Richard and his wife of 35 years, Katherine, are parents of three and grandparents of three other "short legged wonders." In his spare time, he gardens, golfs and cycles the hills of Placer and Nevada Counties.



California Youth Connection (CYC)

<http://www.calyouthconn.org/> and CDSS are excited to announce the release of the CYC CCR Toolkit! Conversations with youth about CCR are taking place and this helpful tool can be used to supplement conversations and answer questions. Feel free to print, share and use this tool with your local communities. The Toolkit is located on the CDSS CCR website at: <http://www.cdss.ca.gov/cdssweb/PG4869.htm>.

Guidance and Helpful Information for County Implementation Efforts

Richard Knecht, CDSS Transformation Manager



As counties move forward in early 2017, with implementation of the Continuum of Care Reform, Resource Family Approval and Therapeutic Foster Care enhancements, it's likely that challenges and "speed bumps" will materialize. You may already be aware of what some of these may be, and in some early cases, have already encountered some issues in implementation.

Two key guiding documents—an Integrated Training Plan (ITP) and an Integrated Core Practice Model (ICPM), are in their final development and revision processes, and will hopefully provide consistent guidance and helpful information to county implementation efforts in the months and years to come.

As we await final release of these integrated guides, it may be useful to remember that much of the Integrated Core Practice Model content is already well known and available, as prior releases of both the California Welfare Core Practice Model and Pathways to Well Being Core Practice Model, have been in various forms or stages for some time. As county collaboratives meet in the coming weeks and months, and contemplate sometimes challenging implementation steps, here is a list of questions that might be helpful to your collaborative (Adapted from American Public Human Services Association (APHS) Implementation Training):

- ✓ Is your child serving collaborative prepared or structured to communicate key elements of the Integrated Core Practice Model to all levels of the agency- stakeholders, Chief Executive Officers or Board of Supervisors, the community? What existing public relations or communication vehicles can be used to do so?
- ✓ Is your agency committed to providing the resources needed for implementation, including significant staff time, funding for training and resource allocation that will allow for providing the staff capacity to implement the Integrated Core Practice Model? If not, what is the plan for obtaining the resources?
- ✓ What does your agency or department need to maintain supervision that both develops workforce capacity and supports the practices that achieve the standards within the practice model? How can your Wraparound and Safety Organized Practice service sectors assist in broadening necessary learning about effective family engagement to all team members?
- ✓ Is your agency capable of enforcing individual development plans for front line staff that support development of the knowledge, skills, abilities, and values needed to implement the Practice Model?
- ✓ Is your agency willing to allow community partners to participate in implementation of the Practice Model? What adjustments to their contracts or scope of service documents are needed to effectively connect them to your change efforts?
- ✓ Is your collaborative committed to ongoing evaluation and monitoring of the model and implementation to allow for continuous improvement of services based on practice outcomes? What do you need to put in place to achieve this?
- ✓ Are you ready to begin revising internal documents, assessment and planning tools and templates, and forms for data collection in order to align to the Integrated Core Practice Model? Do you have identified team members to do this work?
- ✓ Is your agency anchored sufficiently in the community to allow for appropriate levels of participation from: family and youth representatives, community leaders, provider agencies, the court system, other public human service agencies, law enforcement, the educational community, the medical community, tribes, advocacy groups, and the media? If not, how can you take steps to achieve this participation?
- ✓ Is your agency prepared for commitment to the Practice Model, so that it serves as an anchor for practice and services even during leadership changes and economic difficulties?
- ✓ Will monitoring and evaluation occur through the use of continuous improvement processes that will allow for ongoing Practice Model implementation innovation and successful practice improvements? How will your existing Quality Improvement and Oversight teams adapt their work to perform this monitoring?

About the Author

Richard Knecht has been serving as the Pathways to Well-being Transformation Manager for CDSS and DHCS, since August of 2015. In this capacity, he's provided technical and process supports to the construction of the Katie A. mandated Shared Management Structure and its monthly Community Team. He has also delivered technical assistance to the early design and development of CCR and TFC reforms.

The Key to Collaboration: CCR Workgroups!

Committed stakeholders from across California join state staff to develop the essential elements of CCR.

Here are the highlights of our recent work:

CCR Education Sub-Workgroup: This group meets as a sub-workgroup of the CCR State/County Implementation Team assembled to discuss how the Special Education Local Plan Area (SELPA) system interplays with the Child Welfare, Probation and Mental Health systems in the implementation of CCR. Recent meetings have discussed the implication of new STRTP requirements on the availability of Special Education placements in residential care. A smaller workgroup of this sub-workgroup was formed to specifically collaborate on a document clarifying the roles and responsibilities of the educational system in Child and Family Teams (CFT) and the interactions with Individualized Education Plans (IEP), the small group is done with the first phase of the CFT/IEP matrix and will turn over their work to the large group to add other related and similar meetings to the matrix. The next CCR Education Sub-Workgroup meeting is scheduled for Tuesday, February 28, 2017. This meeting is by invitation only. For more information, please contact Ahmed Nemr at Ahmed.Nemr@dss.ca.gov.

CCR Stakeholder Implementation Advisory Committee: The committee meets quarterly to provide updates to stakeholders regarding CCR implementation, provide educational opportunities and to obtain input and recommendations on policy, best practices, and other aspects of CCR implementation. The last meeting was held in November and included CCR implementation updates as well as a presentation and subsequent discussion on the interplay between Interagency Placement Committees (IPC) and Child and Family Teams (CFT). The next meeting is scheduled for March 22, 2017, and is open to all stakeholders. For more information, please contact Loretta Miller at Loretta.Miller@dss.ca.gov.

Probation Workgroup: This workgroup was last held on January 10, 2017. Agenda topics included working with providers, reducing out of state placements, and expanding transition and aftercare services for probation foster youth. The next workgroup is scheduled for February 15, 2017, and will focus on building capacity and supports for home based family care specific to Probation youth. This workgroup is open to state/county/stakeholders through invitation only. For more information please contact Marjana Jackson at Marjana.Jackson@dss.ca.gov.

Resource Family Approval (RFA): An All County Letter (ACL) on conversion will be released the beginning of February with an All County Information Notice (ACIN) to follow later in February regarding technical assistance being provided to counties to assist with RFA implementation and ongoing activities. Beginning February 15, 2017, from 1:30-2:30 pm, CDSS will host bi-weekly calls for RFA technical assistance. Child Welfare Services and Probation Departments will be able to call in and ask questions pertaining to RFA. If your county has revised its implementation based on feedback from CDSS, please send a copy to rfa@dss.ca.gov. All implementation plans will be posted on the RFA Website by the end of February. Any county that is interested or intends to request that CDSS perform any of the three potential RFA components (Legal Services, Psychosocial Assessments, Complaint investigations) will need to execute a MOU for services to be provided this fiscal year, and will need an executed contract in place by July of this year. Contact Sara.Rogers@dss.ca.gov for more information.

Performance and Outcomes: The Youth Satisfaction Survey Workgroup continues to meet and is close to finalizing a draft survey. The most recent quarterly update for the county group home Rates Classification Level (RCL) profiles was emailed to county Child Welfare Directors and Chief Probation Officers. The profiles provide counties with information on the number of youth placed in group homes and are aggregated by agency, RCL level, age, and ethnicity. The Supplemental Report to the legislature which describes the progress of CCR implementation was submitted in December and will continue to be updated quarterly. The Provider Performance and Outcomes workgroup will be starting in late February. If you already expressed interest in this workgroup, you will be provided information about the date and time for that meeting when it is established. For more information, please email the CCR Oversight Unit mailbox at ccroversight@dss.ca.gov.

CCR Policy: The Version 2 of the Interim Licensing Standards (ILS) for STRTP was released on January 27, 2017. For ease of use, changes are both underlined and highlighted. Version 2 of the ILS for STRTP will be posted to the Continuum of Care Reform website soon. Version 2 of the Interim Licensing Standards for Foster Family Agency (FFA) has been released on January 6, 2017. These Standards implement the CCR provisions of Assembly Bill 403 (Chapter 773, Statutes of 2015) and Assembly Bill 1997 (Chapter 612, Statutes of 2016) governing FFAs effective January 1, 2017. The Standards are provided in PDF format and are posted on the CCR website at FFA Interim Licensing Standards, Version 2 (01/06/17) under section "Foster Family Agencies." The changes in this version are both underlined and highlighted. FFA implementation of RFA has begun for both county placing agencies and licensed FFAs. The CDSS has received many updated program statements from FFAs that include RFA implementation plans as required. The CDSS is conducting an expedited review of RFA components for each FFA program statement. The FFAs will be notified by Licensing Program Analysts of their RFA implementation plans. For more information, please visit the CCR website and if you have any questions or comments, please contact Teresa.Owensby@dss.ca.gov.

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CCR Frequently Asked Questions (FAQs)

Short-Term Residential Therapeutic Program

Q1: Do GH providers who have not yet transitioned to STRTP need to comply with the STRTP Interim Licensing Standards hiring qualifications?

Response: No; a licensed group home is governed by the regulation provisions contained in Title 22, Div 6, Chap 5 – Group Homes.

Q2: Does a currently licensed group home need to show three months running costs to become an STRTP?

Response: Pursuant to Section 87018 of the Interim Licensing Standards for STRTP, an STRTP applicant shall submit an application and supporting documents that contain a financial plan of operation that includes “start-up funds for the first three months of operation.” The department may issue a waiver or an exception, as specified in Section 80024, for an existing licensed group home transitioning to an STRTP.

Q3: Does a group home that is already accredited have to re-do the process of accreditation after receiving an STRTP license?

Response: A group home accredited by one of the three nationally recognized accreditation agencies that have been identified by the CDSS should contact its accrediting body to verify that they met the standards to be accredited as an STRTP.

Foster Family Agencies

Q1: Is a background check required for Non-Minor Dependents (NMD) if the foster home is also licensed for child care?

Response: If the NMD is living in a home that is also licensed as a family child care home, then the NMD and all other adult children or adults in the home would be required to be fingerprinted. However, a NMD shall not be the subject of a background check for purposes of Resource Family Approval.

Q2: Some FFAs utilize the Structured Analysis Family Evaluation (SAFE) home study as part of the certification of prospective foster families (not for adoption purpose). What is the difference between a SAFE home study and a psychosocial assessment?

Response: A psychosocial assessment is a component of the permanency assessment which includes a thorough evaluation of an applicant or Resource Family, his or her family system, dynamics, and strengths, and areas where more support or resources may be needed for more effective and quality parenting skills. CDSS and Consortium for Children (who has the copyright for SAFE) have been working together to ensure that SAFE meets the standards of the RFA comprehensive assessment. The SAFE template has been revised to reflect the approval of a Resource Family and is close to being finalized. Please contact the Consortium for Children for more information
<http://www.safehomestudy.org/Home.aspx>.

The Child Welfare Core Practice Model: Supporting the Goals of CCR

Danna Fabella, Senior Project Director Child and Family Policy Institute of California (CFPIC)



Child Welfare Leadership, with the support of CWDA, CaISWEC, Regional Training Academies, and the Child & Family Policy Institute of California, has developed a Child Welfare Core Practice Model (CPM)* to guide the casework practice of staff working with vulnerable families. To find out more about the California CPM go to <http://calswec.berkeley.edu/background-materials-related-practice-model>.

The CPM's values are consistent with the values of the Continuum Care Reform (CCR):

- Children and youth are safe, have a loving and permanent family, and are supported to achieve their full developmental potential.
- Work in partnership with families, youth, foster parents, communities, tribes, and service providers.
- Children and youth maintain attachments with family members, friends, community, culture, and tribe.
- Transparent and open in work with children, youth, families, tribes, communities and service providers.
- System and interactions are grounded in cultural humility.
- We believe in the potential for change in families and in ourselves.
- Services and supports are available to meet family needs.

The values stated above, when operationalized in the practice model, reflect the goals of CCR. For example, when we “work in partnership with families, youth, foster parents, communities, tribes, and service providers” we seek to engage them in the case planning and identification of needed services that are transparent and open. What better way to engage youth, families and others than participation in the Child & Family Teams (CFT’s) mandated in the CCR? Working collaboratively can mean that it is important, whenever possible, to work towards integrating services so that children, youth and families do not have to navigate through complex systems to receive needed services. Rather, services should be accessible and coordinated among service providers.

The CCR’s goal is to ensure that children and youth who cannot be reunified have the opportunity to grow up and find permanency in home based care. This is a primary goal for the CPM, which as stated above, promotes the value that “Children & youth are safe, have a loving and permanent family, and are supported to achieve their full developmental potential.” This can only be accomplished when system work together with the goal of integrating their services on behalf of the children, youth and families being served by multiple agencies.

***What is a Practice Model?**

A practice model for casework management in child welfare should be theoretically and values based, as well as capable of being fully integrated into and supported by a child welfare system. The model should clearly articulate and operationalize specific casework skills and practices that child welfare workers must perform through all stages and aspects of child welfare casework in order to optimize the safety, permanency and well-being of children who enter, move through and exit the child welfare system.

In a previous article, the CCR Newsletter Edition #6 provided information about the work taking place to create an Integrated Practice model to guide the work of the coordinating agencies who will be collaborating in the implementation of CCR—Child Welfare, Probation and Mental Health. That work, which originated with the Katie A. court settlement and has evolved into the Pathways to Permanency program, intentionally builds on the work that has resulted in the Child Welfare Core Practice Model. The allied disciplines—Probation and Mental Health—have agreed to adopt many of the essential elements of the Child Welfare model and to add to it specific elements that reflect their unique work on behalf of vulnerable children and families without detracting from the broad stakeholder-informed work that resulted in the Child Welfare Core Practice Model. Once all vetting and review is complete, the state’s welfare, probation and mental health serving agencies will have a single, unifying Integrated Core Practice Model, to guide implementation of our work.

About the Author

Danna Fabella is a Senior Project Director for the Child & Family Policy Institute of California (CFPIC) for the past 10 years. Prior to this work she held various positions in Bay Area Counties in Child Welfare from line worker to Child Welfare Director. Her current CFPIC assignments include providing consulting services to the CDSS on the CCR, the Youth Engagement Project (YEP) and the CPM.

Connections: Continuum of Care Reform (CCR) and California Wraparound

By Lupe Grimaldi, CDSS Manager, Integrated Services

Before the Continuum of Care Reform (CCR), California embraced an opportunity to develop a family-centered service alternative for children and youth with intensive needs. California Wraparound was established in 1997 through Senate Bill 163 as a service alternative to placing children in high-level group home care. The collaborative service model required a county's child welfare, probation, and mental health agencies to work together to meet the unique needs of children, youth, and families. After more than ten years, California Wraparound expanded to 47 of California's 58 counties, and forged a path toward more robust efforts to provide strengths-based, family-centered services.

Wraparound is a way of partnering with families to provide intensive services to children and families with complex needs using a team-based approach, a fundamental component of CCR. To begin, a Child and Family Team (CFT) is formed to work directly with the child and family. The team is comprised of the child and his/her selected family members, professionals, and others from the community - people chosen by the family. Teams should aim to have no more than half of its members be professionals. An identified facilitator works with the child, family, and other team members to identify strengths, discuss needs, and work together to develop the family's Wraparound Service Plan.

The Wraparound Service Plan is individualized, tailored specifically to each family. The Wraparound process and written plan reflect the values and principles of Wraparound, which include being family-centered, strengths-based, and needs driven. Wraparound team members reflect and respect the family's culture and community, and work alongside the family to reach shared goals for safety, permanency, and well-being. The plan describes all of the needs identified by the child and family, as well as strategies for meeting those needs. Written plans always include any legal mandates the family must meet. Strategies and interventions typically rely on a blend of formal and informal (or natural) services and supports that are based in the community. Over time, a shift occurs and, as formal services decrease, families place greater reliance on their own network of natural and community supports. Service plans reflect the culture and unique strengths of the child and family, and are always flexible. Plans are updated regularly to remain relevant to changes and growth experienced by the family.

The Wraparound model is not a service, per se, but a defined, holistic planning process that takes place across four phases: Engagement, Plan Development, Implementation, and Transition. The process is rooted in a set of values and principles, and is the basis for the California Wraparound Standards. These Standards serve as the foundation for Wraparound programs in California, and are a widely used resource for describing essential elements of high quality Wraparound Services. In California, local Wraparound programs developed pursuant to Welfare and Institutions Code, Sections 18250 – 18258 are expected to adhere to these Standards.

Wraparound does not follow traditional service-driven, deficit-based approaches to care, but instead takes a needs-driven, strengths-based approach that empowers children and families to be agents of their own successes. It is considered a "promising practice" by child and family professionals. Fundamental aspects of California Wraparound, such as the use of CFT's, the need to coordinate across systems and agencies, and the emphasis on reducing group home care, are likewise embedded within CCR.

California Wraparound turns 20 this year, and continues to serve as a foundation to family-centered approaches to care that helps children and families succeed. For more information about Wraparound visit <http://www.childsworld.ca.gov/pg1320.htm>.

Integrating Special Education with Continuum of Care Reform

Elizabeth Engelken
Assistant Superintendent
Sutter County SELPA

Veronica Coates
Tehama County Director-SELPA
& Special Services

Special education is rooted in the belief that all children, regardless of ability, should be provided a free and appropriate public education, in the least restrictive environment. These two foundational truths parallel the core concepts of Continuum of Care Reform (CCR). At the time of the enactment of the Individual Disabilities Education Act (IDEA) (1990, reauthorized in 1997 and 2004), one million of roughly eight million children with disabilities in the United States were excluded entirely from public education, and more than half of these children were receiving an inappropriate education. Since that time, the IDEA regulations have defined the path for appropriate assessment, program development and ongoing monitoring for ALL children with disabilities. An integration of special education practice throughout the unrolling of the CCR will be essential for those students with disabilities who transition from congregate care to their local communities.

There are two key processes where county placing agencies may interact with the special education team. First, the process of assessment, whether an initial or a re-evaluation assessment, provides guidance for special education eligibility, direction for educational goal development, and information necessary to determine the frequency and intensity of services to be provided. Screenings and assessments available through the Child and Family Team (CFT) process may inform each of these areas, and would be considered by the child's Individualized Education Program (IEP) team as appropriate. In converse, the CFT may benefit from an enhanced understanding of the child's pattern of strengths and weaknesses in an educational setting, along with the impact on the family and community settings. Secondly, the process of an IEP may provide ongoing integration between agencies serving a child with disabilities while engaged in CCR activities. IEP meetings are held at least annually, and upon the need for review, for all students with disabilities. Input relating to CCR supports outside of the educational setting may have significance for those students with mild to more severe mental health issues, and thus inform both systems as to necessary services from each agency, aligning goals to benefit the child.

Staff from the California Department of Education (CDE), the California Department of Social Services (CDSS) and the Special Education Local Plan Area (SELPA) Administrators Organization have been meeting regularly this past year to educate and inform one another on the different systems foster youth encounter. Work has been done to create resources that show the parallels, interactions, and differences between the IEP and CFT processes. Another key component stakeholders have been discussing is ensuring adequate funding for all of these services in both systems. The Governor's Budget was recently released allocating monies for the implementation for CCR. Prior to the implementation of CCR there was a budget allocation to Special Education funding related to the group home leveling system. Now that this system is obsolete, The Department of Finance (DOF) and the CDE with information provided by the SELPA Administrators Organization are working to ensure that funding remains intact for our most vulnerable students with disabilities.

The integration of general education with CCR is also an important consideration as many students without identified disabilities will be impacted by the changes brought about by the implementation of CCR. Identifying educational partners for these children will be essential in supporting their success both at home and in the educational setting. Foster youth come to all systems with very unique needs, however, one thing all the youth have in common is that they attend school and informing all educational stakeholders is imperative.

CCR COMMUNICATION TOOLS

CCR OVERVIEW:

CDSS has developed a webinar that is pre-recorded and available on the California Social Work Education Center (CalSWEC) website. The webinar provides an overview of CCR and the provisions of AB 403, and the framework for implementation.

<http://calswec.berkeley.edu/toolkits/continuum-care-reform-ccr/abcs-ccr>

CDSS INTERNET WEBPAGE:

This web-page provides a variety of information including the CCR Fact Sheets, links to Assembly Bill 403, and calendar of meetings and presentations.

<http://www.cdss.ca.gov/cdssweb/PG4869.htm>

CCR TOOLKIT:

The toolkit is designed to help navigate various components of the CCR initiative and is available on the CalSWEC website.

<http://calswec.berkeley.edu/toolkits/continuum-care-reform-ccr>

CCR EMAIL BOX:

This e-mail portal is available for stakeholders to ask questions, request information and to be connected with CCR workgroups at ccr@dss.ca.gov.

CCR TOOLS FOR YOUTH:

Tools are available on the CalSWEC website to assist stakeholders with messaging to youth.

<http://calswec.berkeley.edu/toolkits/continuum-care-reform-ccr>

CHILDREN & FAMILY SERVICES INTEGRATED PRACTICE

TECHNICAL ASSISTANCE CALLS:

CDSS and DHCS host a monthly call that provides open and timely communication between state teams and county staff in providing updates and discussion surrounding CCR planning and implementation, continued implementation of Pathways to Well-Being (Core Practice Model, Intensive Care Coordination, and Intensive Home Based Services), and planning and implementation of Therapeutic Foster Care services. A monthly bulletin of the Integrated Practice Technical Assistance Calls, including discussion points, Q&A, and resources to support counties and their partners in these program areas, is sent out to county and partner staff each month.

Email KatieA@dhcs.ca.gov to subscribe to the TA Call list for alerts, materials, and bulletins.

CCR Updates Continued

Program and Services Implementation: An ACL regarding changes to respite care, extending respite care for up to 14 days and an ACL regarding STRTP Eligibility and the IPC process ACL will be released February 2017.

Foster Care Audits and Rates Branch (FCARB): The Phase II of Home Based Foster Care (HBFC) ACL was released on January 31, 2017. This ACL provides for implementation of Phase II rates effective December 2017 and describes the new HBFC and STRTP rate structures. The Phase II rates will not be paid retroactively to January 1, 2017. The FCARB is continuing to work with stakeholders in developing a Level of Care (LOC) Protocol Tool designed to inform rate determinations and placement decisions. The workgroup had a meeting Thursday, January 26, 2017, to review the Protocol Tool and identify counties and dates for piloting in several volunteer counties.

Treatment Outcome Package (TOP) and Child Adolescent Needs and Strengths (CANS) Assessment Tools: The CDSS is partnering with counties to pilot two assessment tools TOP and CANS. Both tools measure the well-being of youth in foster care in order to identify needed services as well as support effective case planning. The TOP pilot is underway in the following five counties; Los Angeles, San Diego, Fresno, Tuolumne and Merced. The TOP pilot counties are actively engaged in training and as of January 13, 2017, have completed 1567 assessments for over 538 youth in child welfare. The CANS is being piloted in San Francisco, Humboldt and Shasta counties. The CDSS has posted a Request for Proposal (RFP) to select an independent party to conduct an evaluation and report on the efficacy of each assessment tool.

Therapeutic Foster Care (TFC) Implementation Committee Meetings

The TFC Implementation Committee continues to meet to discuss the TFC service model and TFC parent qualifications. The committee meets bi-monthly and the next meetings are scheduled for

- March 22: 1-4 pm
- June 13: 1-4 pm
- September 13: 1-5 pm
- December 7: 1-4 pm

Medi-Cal Specialty Mental Health Services 101:

An overview for FFAs and STRTPs Supporting Continuum of Care Reform Implementation

The Department of Health Care Services (DHCS) and the California Institute for Behavioral Health Solutions (CIBHS) are providing regional trainings on the Medi-Cal Specialty Mental Health Service (SMHS) program for Foster Family Agencies (FFAs) and Short Term Residential Therapeutic Programs (STRTPs) seeking to become SMHS providers. The trainings are scheduled in February, March, and April 2017 in the county regions. Available dates and locations will be announced soon. FFAs and group homes transitioning to STRTPs will be invited via an email. Counties register via their respective contacts with CBHDA, CWDA, or CPOC. For more information, Contact: Kelly Bitz at ccr@cibhs.org.