

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY **DEPARTMENT OF SOCIAL SERVICES**

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



One or More Counties

1 Initiated by CDSS

February 3, 2017	REASON FOR THIS TRANSMITTAL
ALL COUNTY LETTER (ACL) No. 17-14	[X] State Law Change[] Federal Law or RegulationChange[] Court Order
	[] Clarification Requested by

TO: ALL COUNTY WELFARE DIRECTORS

ALL CHILD WELFARE SERVICES PROGRAM MANAGERS

ALL CHIEF PROBATION OFFICERS
ALL TITLE IV-E AGREEMENT TRIBES

ALL FOSTER FAMILY AGENCY DIRECTORS

ALL GROUP HOME PROVIDERS

ALL OUT-OF-STATE GROUP HOME PROVIDERS ALL COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: OPTIONAL COUNTY REVIEW OF PROVIDER PROGRAM

STATEMENTS AND LETTER OF RECOMMENDATION

REFERENCE: ASSEMBLY BILL (AB) 1997 (CHAPTER 612, STATUTES OF

2016); ASSEMBLY BILL (AB) 403 (CHAPTER 773, STATUTES OF 2015); SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM

INTERIM LICENSING STANDARDS (ILS) VERSION 2

The purpose of this ACL is to provide county placing agencies and county Mental Health Plans (MHPs), when applicable, information and guidance to review Short-Term Residential Therapeutic Program (STRTP) and Foster Family Agency (FFA) program statements and submit a letter of recommendation, at their option, as provided for under AB 1997. This optional county review process for STRTP and FFA applicants is intended to provide county agencies with a timely opportunity to engage licensees in the development of program models and to develop shared understanding and expectations regarding the provision of essential core services, program goals and strategies, coordination with external service partners, intended outcomes and mechanisms of continuous quality improvement.

BACKGROUND

The Continuum of Care Reform (CCR) makes sweeping changes to California's child welfare system (CWS), with implementation planned to occur in stages between now and 2021. The main goals of the CCR are to further improve California's CWS and outcomes for foster youth by reducing the use of congregate care placement settings, increasing the number of foster youth served in home-based family care settings and decreasing the length of time for foster youth to achieve permanency.

AB 403 and AB 1997 establish a new community care facility category called Short-Term Residential Therapeutic Programs, defined in Health and Safety Code (HSC), section 1502. A STRTP is a residential facility operated by a public agency or private organization and licensed by the Department pursuant to HSC, section 1562.01, that provides an integrated program of specialized and intensive care and supervision, services and supports, treatment and short-term 24-hour care and supervision to children (nonmedical, except as permitted).

Section 87022.1 of the STRTP ILS requires STRTP applicants to maintain a current program statement that is culturally relevant, trauma-informed, and age and developmentally appropriate for the population(s) being served. The program statement is required to describe:

- The population or populations to be served;
- The STRTP's ability to support the differing needs of children and their families with short-term, specialized, and intensive treatment;
- The core services to be offered to children and their families, as appropriate or necessary;
- The procedures for the development, implementation, and periodic updating of the needs and services plan for children served by the STRTP;
- The procedures for collaborating with the Child and Family Team, including
 description of services to be provided to meet the treatment needs of the child as
 assessed, the anticipated duration of the treatment, and the timeframe and plan
 for transitioning the child to a less-restrictive family environment; and
- Any other information that may be prescribed by the department for the proper administration of the program.

To read more about the changes via CCR, see All County Information Notice (ACIN) I-50-16.

Requirement for New Applicant to Obtain Letter of Recommendation

AB 1997 requires **new** FFA and STRTP applicants to submit a letter of recommendation in support of its program from at least one county placing agency with its application for a license to the California Department of Social Services (CDSS). Without this letter. the Community Care Licensing Division (CCLD) of CDSS will cease review of the facility's application.

Additionally, a STRTP applicant is required to a provide a copy of its program statement to all county placing agencies from which the STRTP accepts placements, including the county in which the facility is located, for optional review when the STRTP updates its program statement.

If a letter of recommendation is obtained from a county other than the host county, the provider must notify the host county that a letter of recommendation has been obtained and the provider must include a statement affirming it provided the host county with an opportunity to review the program statement. Further, a program statement and letter of recommendation is required for each sub office¹ for which a FFA is submitting an application for licensure. If a county is applying to operate its own FFA and/or STRTP, then a letter of recommendation from the county itself is sufficient to include in the licensing application to CCLD.

Mental Health Components of the Program Statement

AB 1997 provides that a STRTP shall have up to 12 months from the date of licensure to obtain in good standing a mental health program approval that includes a Medi-Cal mental health certification, as set forth in sections 4096.5 and 11462.01 of the Welfare and Institutions Code, to provide Medi-Cal Specialty Mental Health Services. AB 1997 further requires a STRTP program statement to include a description of compliance with the mental health program approval requirement and to demonstrate the ability to meet the mental health service needs of children. FFAs are required to demonstrate the ability to meet the mental health service needs of children in the program statement.

The CDSS recommends counties review program statements to ensure planned services, including mental health services, are trauma-informed, preferably evidence-based or promising practices² and to ensure that the program statement reflects an understanding of mental health rights of foster children and adhere to those rights and responsibilities.³ As a best practice, many counties have established

¹ Version 1, Foster Family Agency ILS, Chapter 8.8, Articles 9 and Subchapter 1, Section 88201 (s) (4): "Suboffice" means any additional, independently licensed office set up by the foster family agency to supplement the services provided by the administrative office.

² CDSS suggests referring to the California Evidence Based Clearinghouse for trauma-informed services that can be

offered through STRTPs.

cross-agency partnerships involving child welfare, probation, and mental health to review program statements and engage providers in a coordinated manner, significantly enhancing care coordination, quality and provider capacity.

At a minimum, the CDSS recommends STRTP applicants consult with each MHP in the county they anticipate receiving placements from, to coordinate which services will be provided by the STRTP and which will be provided by the MHP, which will inform the mental health components of their program statements. Importantly, the MHP's review of the program statement **does not guarantee a subsequent mental health contract.**

Sample Letter and Recommended Process

Attachment I to this ACL provides a recommended sample letter to be sent from a FFA or STRTP applicant to the county placing agency to request review of their program statement. Counties may, at their option, require use of this format. A list of CWS, Probation and county Mental Health points of contact can be found on the CCR website at http://www.cdss.ca.gov/cdssweb/PG4869.htm.

It is recommended that during the review of the program statement, counties consult with their local educational agencies and regional centers if children with developmental disabilities and/or seriously emotionally disturbed children may also be placed into these facilities. Additionally, CDSS encourages the development of strong, cooperative relationships between counties and tribes with the common goal of meeting Indian Child Welfare Act (ICWA) requirements and attaining outcomes that are in the best interest of the child. To enhance the provision of culturally relevant, trauma informed services CWS agencies and Probation Departments should form relationships with tribes located within the county, as well as with tribes whose children reside in the county, including consulting with these tribes during the review process. By engaging tribes it is much more likely that services and activities will comply with the ICWA Active Efforts requirement to provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family.

It is at the county placing agency's discretion to review an applicant's program statement to determine if a letter of recommendation will be provided to the applicant however, counties are encouraged to respond to an applicant's request within 30-45 days, when feasible, to ensure timely submission of a complete licensing application to CDSS.

³ For additional information, see: http://www.childsworld.ca.gov/PG4840.htm where the Foster Youth Mental Health Rights are posted.

County placing agencies are encouraged, in collaboration with the child's county MHP, to review program statements thoroughly and to engage providers collaboratively regarding the content of the program statement, to ensure that the provider has the capacity to directly provide necessary services and supports or has clearly identified pathways to external services and supports necessary to meet the needs of the child and the goals of CCR. As an example, STRTPs are required to identify transition plans for stepping down children into less-intensive home-based settings. This may require the county to assist the provider to identify and coordinate step-down transitional services. (i.e. coordinate with the MHP, a Wraparound provider and/or FFA). Importantly, this review process should serve as a means of aligning expectations and responsibilities among placing agencies, MHPs and providers in meeting the needs of children in placement.

Letter of Recommendation

When a county determines they will provide the applicant with a letter of recommendation, the letter **must** include a statement that the county placing agency reviewed the applicant's program statement and list the local agencies (CWS, Probation and the MHP) who participated in the review of the program statement for a STRTP licensing application. In addition, and as described in the STRTP ILS, Version 2, if the county who is providing the applicant a letter of recommendation is **not** the host county, then the letter of recommendation shall also include the following:

- A copy of the correspondence sent by the supporting county to the Child Welfare Director, Chief Probation Officer, and Director of the Mental Health Plan of the host county, notifying them of the supporting county's decision and request for a return response within 10 business days, to include:
 - A summary of issues raised by the host county, if any;
 - If concerns were noted, include details on whether and how those concerns were resolved; and
 - If the concerns raised by the host county were not satisfactorily resolved, provide details on the factors that prevented resolution of those issues.

A host county may request an extension from the supporting county so long as the host county agency is working in good faith to review the program statement and resolve any issues. The host county shall notify the supporting county of the time needed to complete their review.

This process is intended to encourage and facilitate the communication of any concerns directly to providers as well as other county agencies associated with the facility, and to coordinate efforts to address the concerns of a particular county placing agency and their partner departments. Providers are strongly encouraged to work closely with the

All County Letter No. 17-14 Page Six

county placing agencies that have communicated concerns in order to address the issues raised, regardless of whether another county has provided a letter of recommendation.

Updates to Program Statements

A new letter of recommendation is **not** required when a licensed FFA or STRTP updates its program statement. Effective January 1, 2017, the program statement for existing FFAs must include the information described in the FFA ILS, section 88222.1(b) and submit a copy of its program statement to all county placing agencies with which placements are coordinated or for which services are provided, including the host county, for optional review.

When a STRTP updates its program statement, it must submit a copy of its program statement to all county placing agencies from which it accepts placements, including the host county, for optional review.

It is strongly recommended that county placing agencies review any updates the provider has made to the program to ensure the agency or facility continues to meet the service and treatment needs of youth in their local community.

If you have any questions or need technical assistance regarding the guidance in this ACL, please contact the Continuum of Care Reform Branch at (916) 651-5240 or ccr@dss.ca.gov.

Sincerely,

Original Document Signed By:

GREGORY E. ROSE Deputy Director Children and Family Services Division

Attachment

Attachment I

To: (Enter County) Child Welfare	e Services (CWS), Probation Depart	tment, or Both
From: (Applicant/Licensee)		
RE: Request to Review Program	Statement and Request for Letter	of Recommendation
To Whom It May Concern:		
to the California Department of out-of-home services for childre and/or the Probation Departme pursuant to Health and Safety C	Social Services, Community Care L	dents under the supervision of CWS art of the licensing requirements, have the option of reviewing the
your county: □Yes or □No; □Me If yes, select below as applicable □STRTP (Mental Health Organiza	ental Health Contract Technical A	ed for all STRTPs)
Other agencies provided an opp	ortunity for Program Statement re	eview: (List all counties, ID host)
	County Response Section	
□Host County □Supporting/Pla	acing County	
(Enter) County □CWS □Probat Statement.	ion □Mental Health Plan (if applio	cable) elects to review the Program
□We have reviewed the program your response within <i>(enter tim</i> □We do not support this program)	eframe).	e questions/concerns. We request
	ion does not guarantee a county r ts by CWS and/or Probation, or lic	mental health organizational provider censure.
We certify, by signature, agreen	nent with the above statements:	
CWS Director/Designee (Enter contact information)	Chief Probation Officer/Designee (Enter contact information)	MHP Director/Designee (if applicable) (Enter contact information)