California Department of Social Services

CONTINUUM OF CARE REFORM UPDATE: JUNE 2017

"All children deserve to live with a committed, nurturing and permanent family that prepares youth for a successful transition into adulthood."

The Continuum of Care Reform (CCR) draws together a series of existing and new reforms to our child welfare services program and was designed based on the understanding that children who must live apart from their biological parents do best when they are cared for in committed and nurturing family homes.

HIGHLIGHTS FROM THIS REPORT

- A new section for "Engagement and Technical Assistance" has been added to the beginning of the report. As the title implies, this section focuses on outreach and assistance provided to stakeholders by the California Department of Social Services (CDSS), the Department of Health Care Services (DHCS), and county agencies.
- The Treatment Outcome Package (TOP) assessment tool pilot has been extended through July 31, 2017.
- The evaluation for the TOP and Child and Adolescent Needs and Strengths (CANS) assessment tools has also been extended through the end of July.
- DHCS has chosen CANS as one of two tools they will use to measure child and youth functional outcomes.
- The number of Resource Family Approval (RFA) surveys received since the last updated has increased from 76 to 208. See the survey results starting on page four of this report.
- CDSS will soon begin working with counties, the Child Welfare Directors Association (CWDA), and Chief Probation Officers of California (CPOC) to capture outcomes achieved through the use of Foster parent Recruitment Retention and Support (FPRRS) funding. See page six for a list of the data that will be collected.
- The most recent quarterly report produced by a joint effort between CDSS and DHCS on the Capacity to Provide Mental Health Services can be found beginning on page seven.

IMPLEMENTATION PROGRESS AND GUIDANCE TO STAKEHOLDERS

ENGAGEMENT AND TECHNICAL ASSISTANCE

Medi-Cal 101:

From December 2016 through May 2017, DHCS conducted a series of eight regional trainings on the Medi-Cal Specialty Mental Health Services (SMHS) program for group homes and Foster Family Agencies (FFAs). Coordinated by the California Institute for Behavioral Health Solutions (CIBHS), and in partnership with CDSS, and the County Behavioral Health Directors Association (CBHDA), these trainings reached a total of 895 participants from Redding to Riverside. Geared towards group homes, future Short-Term Residential Therapeutic Programs (STRTPs), and FFAs who are interested in becoming SMHS providers, these trainings provided an overview of the core elements of Medi-Cal SMHS; requirements group homes, STRTPs, and FFAs must meet in order to become SMHS providers; an overview of the Therapeutic Foster Care (TFC) service model; an overview of the STRTP mental health program approval; and an overview of local county contract process.

Medi-Cal Manual

On June 26, 2017, DHCS shared the draft of the third edition of the Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries for a 30-day stakeholder review and comment period. This edition includes content focused on TFC services, and removes previous lockouts regarding the provision of ICC and IHBS to children and youth residing in group homes or Short Term Residential Therapeutic Programs.

STRTP Mental Health Program Approval Protocol and Interim Regulations
On May 5, 2017, DHCS released the Information Notice on the Interim STRTP Mental Health Program Approval (IN) (MHSUDS IN #17-016). The information includes the Interim STRTP Mental Health Program Approval Protocol, the Interim STRTP Mental Health Program Approval Protocol, and the STRTP Mental Health Program Approval Application. The IN included information on a 30-day public comment period for the Interim STRTP Mental Health Program Approval Regulations. DHCS is currently reviewing stakeholder input.

Claiming for the Therapeutic Foster Care Service Model in the Short-Doyle/Medi-Cal Claims Processing System
On May 24, 2017, DHCS released the TFC Claiming IN (MHSUDS IN #17-021).

Resource Family Approval (RFA):
An RFA statewide convening was held June 13-14. This convening provided the opportunity for counties to participate in breakout sessions on topics pertaining to various aspects of RFA. There were also multiple opportunities for counties to network with each other, which is something they identified as wanting after a convening held last year.

CDSS hosts bi-weekly statewide technical assistance calls. Counties, including child welfare and probation, are able to call in and ask questions related to RFA policy. These have proven beneficial and participation has remained steady with approximately 50 people calling each time.

RFA staff manage the RFA email box for technical assistance. Counties, Foster Family Agencies and the public send questions, suggestions or requests for policy interpretations to this email box.

Technical Assistance Resource Family Approval (TARFA):
Supported by the Department and the Child Welfare Directors Association (CWDA), the TARFA meetings began in January 2017. They are to be held bi-monthly in six regional areas for all 58 counties. Attendees include CWS and Probation staff responsible for approving and monitoring Resource Families. The Department's County Liaisons and other pertinent staff provide technical assistance and training including: review of the RFA standards, guidance on the RFA (psycho-social) Written Report for permanency, the legal consultation process, and assist counties convert licensed foster homes and relative families to meet the RFA standards. Counties also use these meetings to discuss issues and concerns and provide support for each other.

Pathways to Well Being (formerly known as Katie A.):
The Pathways to Well Being County Learning Conversation is designed to inform the California Department of Social Services (CDSS) and the Department of Health Care Services (DHCS) about how counties plan and deliver integrated and collaborative services for children, youth, and families. The Learning Conversation is also an opportunity for state and local leaders to work together to improve the provision of services, and it is county-specific. These on-site county visits include CDSS and DHCS Program staff and County Child Welfare, County Probation, and County Behavioral Health Staff. CDSS and DHCS are in the process of creating a one-year calendar Learning Conversation site visit schedule, which includes regularly scheduled Technical Assistance calls.

Regional Information Transformation Exchange (RITE) Meetings:
The California Department of Social Services, Department of Health Care Services, County Welfare Directors Association of California, County Behavioral Health Directors Association, Chief Probation Officers of California, California Institute for Behavioral Health Services, the Regional Training Academies, and Casey Family Programs are sponsoring the second set of Continuum of Care Reform (CCR) meetings in the Northern, Bay, Central, Southern regions, as well as Los Angeles, in order to provide robust technical assistance at the local level. Initially these meeting were limited to state and county staff and now open to broader participation. Stakeholders are selected by the counties.

Bay Area RITE: June 23, 2017, San Francisco
Northern Area RITE: July 26, 2017, location pending

Topics include Therapeutic Foster Care, Level Of Care Protocol, Child and Family Teaming (CFT), Youth With Complex Needs, Assembly Bill 1299, Interagency Collaboration and Communication.

Claiming instructions for CFTs
DHCS has drafted an MHSUDS IN regarding claiming for CFTs. The IN is internal review and DHCS expects to issue the IN by the end of July 2017.

Assembly Bill 1299

DHCS and CDSS are in the final stages of completing the joint Mental Health and Substance Use Disorder Services (MHSUDS) IN/ACIN providing initial policy guidance on AB 1299 implementation. The current draft includes feedback from the Sponsor, CBHDA, CWDA, CPOC, and other key stakeholders. The draft IN/ACIN is currently under control agency review and DHCS and CDSS expect to issue the IN/ACIN on or about July 1, 2017. DHCS will issue subsequent additional policy guidance regarding AB 1299 implementation prior to December 31, 2017.

THE CHILD AND FAMILY TEAMING (CFT) PROCESS

CDSS is writing an All County Letter (ACL) that will provide formal step-by-step instructions on how to record CFT's in Child Welfare Services/Case Management System (CWS/CMS) and will be presented in the context of the policy outlined in ACL 16-84. CDSS has found this approach to be an effective way to ensure consistency in policy, social work and probation practices, and data entry and reporting practices by counties. Anticipated release is Summer 2017. Until its release, CFT's are being tracked using claims data. Counties have nine months to submit supplemental CFT claims.

CDSS is writing a second Child and Family Team (CFT) Frequently Asked Questions (FAQ) letter, which provides answers to FAQ's submitted by counties since the release of ACL 16-84 (October 2016). Questions and answers cover a range of CFT topics, including but not limited to, meeting timing and frequency, team roles, team-based case planning, and information sharing and confidentiality. Anticipated release is Spring 2017.

CDSS is leading a project with CFT specialists to develop a State approved CFT curriculum that has fidelity to the Core Practice Model. The CFT workgroup is comprised of CDSS representatives and CFT specialists, and the workgroup will meet regularly in 2017 to develop and refine curriculum.

CDSS and the Resource Center for Family-Focused Practice at UC Davis are leading a CFT workgroup to develop curriculum for the 0-5 age group and will meet regularly in 2017.

Three different brochures are being developed within CDSS to inform youth, parents, and professionals about the CFT process. All three brochures align with CFT requirements and guidelines and will provide guidance specific to the needs of each group. These brochures will be posted to the state departments' web sites and will also be published and disseminated statewide. CDSS is working closely with youth partners at the Youth Engagement Project and California Youth Connection, Parent Partners, and other stakeholders throughout this process.

In partnership with the Resource Center for Family-Focused Practice at UC Davis, CDSS is conducting 11 trainings statewide, delivering CFT orientation trainings to social workers, probation officers, behavioral health staff, educators, and community partners. Orientation trainings include the historical context of Wraparound, Pathways to Well-Being, and the CCR as well as the requirements in CCR, including the purpose, target population, timelines, CFT roles, specific components, and other elements identified in statute. These trainings began in March and will end on May 12.

Also with the Resource Center for Family-Focused Practice, CDSS is delivering Child and Family Team Overview trainings to counties upon county request. These trainings are intended to reach probation, child welfare, and behavioral health staff who already have experience and knowledge of teaming processes. These trainings are county-specific and skills-based and will be scheduled throughout 2017.

ASSESSMENT TOOLS

- Harder + Company Community Researchers have been selected to conduct a qualitative and user-experience evaluation of the TOP and Child and Adolescent Needs and Strengths (CANS) assessment tools. They will be conducting interviews, focus groups, and surveys of child welfare staff, youth, and caregivers in counties piloting/using the assessment tools. The evaluation period has been extended by an additional 30 days and will be completed by the end of July with a final report and recommendation by early August.
- The TOP pilot has been extended through July 31st to allow for the completion of the evaluation. It is being piloted in five counties: Los Angeles (Child Welfare and Probation), Tuolumne (CW), San Diego (CW), and Merced (Mental Health).
- CANS data, including user experience, from Shasta, Humboldt, San Francisco, and San Bernardino (Behavioral Health and Child Welfare) Counties, as well as Uplift Family Services, will be used for the purposes of the evaluation.

- The Department of Health Care Services (DHCS) contracted with the UCLA Center for Health Policy Research to review 10 different child functional assessment tools used throughout the state, including TOP and CANS, for a more in depth summary. Based on the resulting report, DHSC chose CANS as one of two tools they will use to measure child and youth functional outcomes.

LEVEL OF CARE PROTOCOL

- The Foster Care Audits and Rates Branch has engaged UC Davis, Resource Center for Family Focused Practice, to design and conduct an evaluation of the rates LOC tool with counties piloting the tool. The piloting counties are: Fresno, Glenn, Los Angeles, Mariposa, Riverside, Santa Clara, San Diego, and Solano.
- The purpose of the pilot is to test the acceptability and practicality of using the LOC tool as well as obtaining preliminary information on how well the LOC tool differentiates the care and supervision needs of children/youth.
- County training for the pilot was held on May 23, 2017.
- UC Davis will also tailor the use of the tool for Probation and Advocates during the same window.
- The pilots (Phase I and Phase II) began taking place in June of 2017 and will wrap-up by early July, 2017. -
  - **Phase 1 (6/1/2017 – 6/15/2017):** Inter-rater reliability with the purpose of testing the reliability of the LOC rate determination tool.
  - **Phase 2 (6/19/2017 – 7/3/2017):** Acceptability and practicality with the purpose of testing the usability of the LOC rate determination tool.

RESOURCE FAMILY APPROVAL (RFA)

- Version 4.1 of the Written Directives is projected to be released by the end of April and Version 2.2 of the Interim Licensing Standards will be released 30 days after, both of which will provide some necessary clarifying language.
- An ACIN is being drafted for county child welfare departments to inform them of the out of county protocol CWDA agreed to abide by. County probation departments shall follow one of three options outlined in the Written Directives.
- The RFA team has completed all five annual reviews of the Cohort 1 counties. This was the second round of reviews for Cohort 1. Two out of eight case reviews for Cohort 2 counties have been completed. The remaining reviews have been tentatively scheduled and shall be completed by the end of summer. Randomly generated sample case lists for each county are being utilized. The random samples have yielded a majority of cases reviewed belonging to relatives with placements of children. This is a positive indicator that relatives are being considered at the forefront in the RFA process.
- CWS/CMS instructions for entering application and approval information have been posted to the RFA website.
- An ACL will be developed to inform counties about the survey process for all families who complete the RFA process regardless of the outcome of their application.
- ACL 17-39 regarding the use of LAARS for RFA was released in early June.
- The RFA team is still participating in regional CWDA meetings across the state to discuss implementation; what is working and what has been challenging. The meetings have changed to quarterly instead of monthly. The RFA team is also facilitating Technical Assistance for Resource Family Approval (TARFA) meetings on a monthly basis with counties. These meetings are designed for the field staff and managers to attend.
- The RFA team is holding statewide Technical Assistance calls every two weeks. Attendance appears to be on average 50 participants. The purpose of the calls is to address frequently asked questions and give counties an opportunity to ask additional clarifying questions.
- More time is needed after statewide implementation to allow for counties to enter data and have enough days passed for approval. Application data will be included in the next update.
- The RFA Team reviewed and approved Foster Family Agency program statements and provided feedback to the agencies on their plans for implementation of RFA.

RFA Survey Results

Once a family has completed the RFA process resulting in either approval, denial or a withdrawal, the county has been asked to send the department the family's email address or provide them with a paper copy of the survey to mail in. Counties provide email address to the department on a quarterly basis and the families are emailed a unique link to the survey via Survey Monkey.

Since the department began offering an incentive for the RFA survey in August 2016, we have received 208 surveys. The incentive has resulted in an increase in the number of surveys returned. The survey results are only reflective of early implementing counties. An ACL has been developed to inform counties about the availability of the survey statewide. This ACL is expected to be released in Summer 2017.

Of the 208 respondents the majority (84%) had been approved. Only 2% had been denied and 14% had withdrawn from the process. Just over two-thirds of the respondents started the process to care for a child they already knew and one-half of the respondents had taken a child in as an emergency placement. Note: surveys have only been received from families in 6 of the 13 early implementing counties. Not all counties are providing emails to the department.

Breakdown of surveys received by county:

Total number of responses: 208

Butte	9%
Kings	22%
Orange	40%
San Luis Obispo	23%
Stanislaus	6%
Ventura	1%

Generally, respondents were satisfied with the RFA process. Respondents were asked seven questions related to their experience going through the process and asked to rate their agreement with the statement on a scale of 1-6. Strongly disagree was rated 1 and strongly agree was rated 6.

The area respondents were most dissatisfied with was the length of the RFA process. Twenty-seven percent of respondents agreed or strongly agreed that "based on information I was told by staff, the RFA process took longer than expected." Although some respondents believe that the process is taking longer than expected, 18% state the RFA process is easy with only 6% stating it is difficult. This indicates that even though the process may take a long time, it is not necessarily a cumbersome process for the applicant. Additionally, 67% agreed or strongly agreed they would recommend the RFA process to other people who wanted to be caregivers. Even though respondents were most dissatisfied with the length of the process, the willingness to recommend the process to others indicates that they have an understanding or respect for the value of what the process requires. It is possible that more communication at the start of the process could help to mitigate dissatisfaction with the length of the process.

Sixty-nine percent of respondents agreed or strongly agreed that the orientation prepared them for the RFA process. In regards to pre-approval training, 60% of respondents agreed or strongly agreed that the training helped prepare them to care for children. An additional 16% felt that the training somewhat prepared them.

County RFA staff where rated the highest in the area of respect. Sixty-two percent of respondents strongly agreed they were treated with respect and an additional 21% agreed. Additionally, 74% of respondents strongly agreed or agreed that staff "listened to my concerns" and staff were also rated 74% for "clearly stating what needed to be done to continue" the process.

RFA Relative Placements

There has been concern reported from advocates that the increased requirements of the RFA process compared to the old relative approval process could result in a loss of relative placements. There has been anectodal evidence from county case reviews that this is not happening. With the recent changes made to CWS/CMS to include the Resource Family Home facility type we are able to identify relative placements within Resources Families. This does not include Non-Related Extended Family Members (NREFM) placements as those are unable to be identified in CWS/CMS. The next release will include a status to identify a caregiver as a NREFM.

The chart below shows that approximately 67% of the children placed in Resource Family Homes on the corresponding date are placed with relatives. This data primarily consists of the early implementing counties and only county foster homes (not foster family agencies).

Point in Time placements in Resource Family Homes:

SCP Relationship	January 1, 2015		January 1, 2016		January 1, 2017	
	Child Welfare	Probation	Child Welfare	Probation	Child Welfare	Probation
RFA Relative	112	1	438	2	1,173	3
RFA Non-Relative	57	0	211	0	571	0

Only a small portion of this data includes non-early implementing counties due to the statewide implementation date of January 1, 2017

FOSTER PARENT RECRUITMENT RETENTION AND SUPPORT

There have been no updates regarding the activities of counties since the SRL report of February 2017. Per WIC 16003.5 counties will begin reporting on the activities of FY 16-17 at the end of the fiscal year. CDSS will work with the counties, CWDA, and CPOC to ensure we are able to capture the outcomes achieved through the use of the funding and the activities that contributed to those outcomes.

Data collected will include, but not be limited to:

1. List the specific goal or goals related to increasing the capacity and use of home-based family care.
2. What provision of services and supports did the county use?
3. What strategy or strategies did the county use to pursue to address the goal or goals identified in their prior year report?
   What was the impact of each strategy?
4. What is the baseline data of the counties for FY 2015-16?
   a. Number of foster homes?
   b. Number of relative homes?
   c. Number of group home placements?
   d. Estimated number of additional resource homes needed for full CCR implementation, including relatives/Non Relative Extended Family Members (NREFM).
5. Number of additional staffing hired/contracted to provide and improve direct services and supports to:
   a. licensed foster family homes, approved resource families,
   b. relative caregivers,
   c. specific reasons for staffing
6. Any costs/services associated with child needs to stabilize the placement, or enhance the child's well-being.
7. Any cost expended for child care for licensed foster parents, approved resource families, and relative caregivers.
8. Cost for staff, contracts, or technology for family-finding purposes.
9. Emerging technological, evidence-informed, or other nontraditional approaches to outreach to potential foster family homes, resource families, and relatives.

In addition to statistical data, counties will be encouraged to report anecdotal and qualitative data they believe to be illuminating, including any barriers faced, unexpected consequences or lessons learned from implementing particular strategies which can be shared with other counties.

CDSS intends to compile FPRRS strategies which appear to be potentially promising and disseminate them to counties statewide. These strategies will not be presented as requirements, but as possible methods of enhancing FPRRS efforts with which counties are free to experiment. CDSS will also work with CPOC and CWDA to support counties in implementing promising practices through various avenues including but not limited to discussion of practices at Association meetings. Finally, regional and statewide gatherings of county child welfare staff also provide opportunities for counties to share promising practices among themselves.

CAPACITY TO PROVIDE MENTAL HEALTH SERVICES
Quarterly Report on
Mental Health Services Utilization for Children/Youth
in the Child Welfare System
Reporting Period: January 1, 2015 to December 31, 2015
Produced in April 2017

Section I: Background
To inform efforts to improve mental health service delivery to children in the Child Welfare System (CWS), CDSS is working with the DHCS to produce reports on Specialty Mental Health Services (SMHS) utilization on a quarterly basis. DHCS currently uses matched data from the CDSS Child Welfare Services/Case Management System (CWS/CMS) and the DHCS Short-Doyle Medi-Cal (SDMC) claiming system. The SDMC and CWS/CMS are used to produce annual Performance Outcomes System (POS) reports summarizing SMHS Medi-Cal claims data for children in the CWS.[1] CDSS' quarterly reports not only increase reporting frequency using the matched data, but also expand upon DHCS' POS reports to include additional relevant information (e.g., CDSS' race/ethnicity data, more granular age groupings, SMHS utilization by length of time in the CWS system, psychotropic medication in conjunction with SMHS). The mental health services data in this report include only SMHS paid claims. Thus utilization rates do not reflect mental health services received through other programs such as school based counseling, Mental Health Services Act programs, and other grant funded services.

Section II: Methodology
This quarterly report provides SMHS utilization for: 1) children with an open child welfare case; and 2) the subset of children with an open child welfare case in foster care (those who resided in out-of-home care during the time period). Data in this report were extracted from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) data warehouse on March 17, 2017, and reflect SMHS utilization for these two groups that occurred from January 1, 2015, through December 31, 2015. Throughout this report, "penetration rates," defined as one or more days of SMHS, and "engagement rates," defined as five or more days of SMHS, are provided to reflect SMHS utilization for the various subgroups.[2] These rates are calculated by obtaining the percent of the total number of children that received services.

Section III: Overall SMHS Utilization
SMHS Utilization by Population Groupings
Table 1 shows that during this period, 131,964 children had an open child welfare case. Of these children, **42.5 percent** (56,053) had one or more days of SMHS claims and **31.4 percent** (41,437) had **five or more** days of SMHS claims. Of the 131,964 children with an open child welfare case, 85,601 were in foster care at some point during the reporting period. Of these children in foster care, **48.3 percent** (41,347) had one or more SMHS claims and **36.3 percent** (31,054) had **five or more** days of SMHS claims during their time in foster care.

Table 1: Specialty Mental Health Service Utilization – Calendar Year (CY) 2015[1,2]

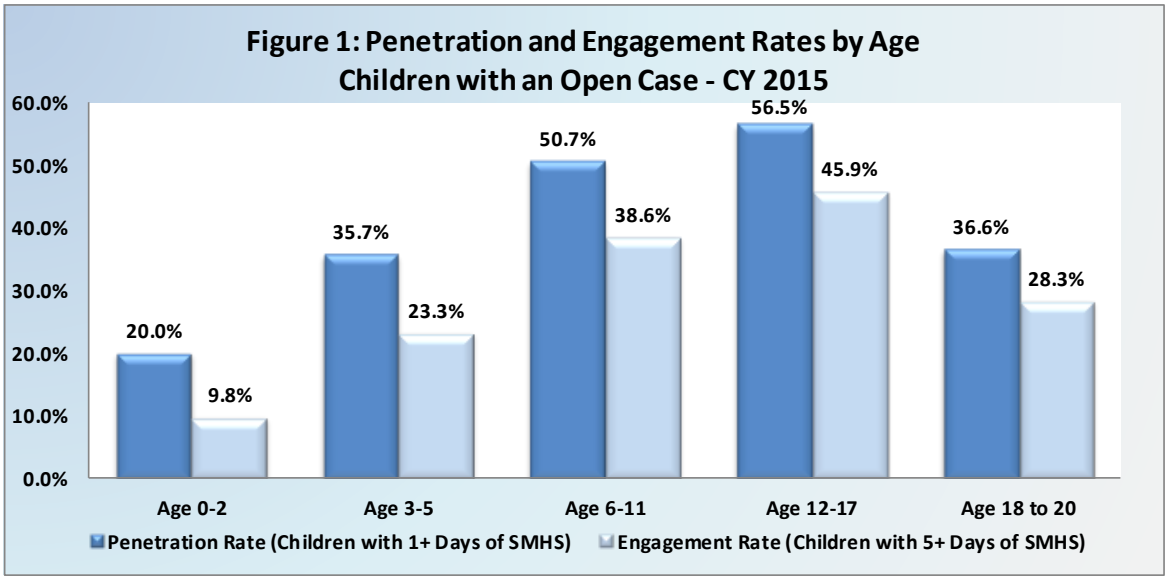
	Unique Count of Children	Children with 1+ Days of SMHS	Penetration Rate	Children with 5+ Days of SMHS	Engagement Rate
Children with Open Cases	131,964	56,053	42.5%	41,437	31.4%
Children in Foster Care	85,601	41,347	48.3%	31,054	36.3%

[1] Data Source: CWS/CMS and MIS/DSS extracted on March 17, 2017.
[2] Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

[1] SDMC data are extracted from the DHCS MIS/DSS. The most recent POS report includes data extracted on August 3, 2016, for State Fiscal Years (SFY) 2011-2012 through 2014-2015.
[2] The definitions for "penetration" and "engagement" were established by DHCS with feedback from subject matter experts who have contributed to the development of the DHCS POS.

Section IV: Children/Youth with an Open Child Welfare Case - SMHS Utilization
This section presents SMHS data on the overall population of children with an open child welfare case during CY 2015.

Children/Youth with an Open Child Welfare Case: Penetration and Engagement Rates by Age Group
Figure 1 and Table 2 present SMHS data for children by age group. This report includes an additional age breakout compared to POS reports – 0-5 year olds were split into 0-2 and 3-5 year olds. This additional group was added to reflect clinical practice patterns that initiate psychotherapy at age 3. While some SMHS may be provided prior to age 3, many treatments begin at age 3. Thus, the additional breakout was included to illustrate the increase in access to care that begins at age 3.
Children/youth between the ages of 12 and 17 had the highest engagement rate (45.9 percent) while children age 0 to 2 had the lowest engagement rate (9.8 percent). Of the 56,053 children who had a claim for SMHS, **73.9 percent** (41,437) had **five or more** days of SMHS claims.



Data Source: CWS/CMS and MIS/DSS extracted on March 17, 2017.
Age is calculated as of the last day of the reporting period.
Non-SMHS provided through non-Medi-Cal funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

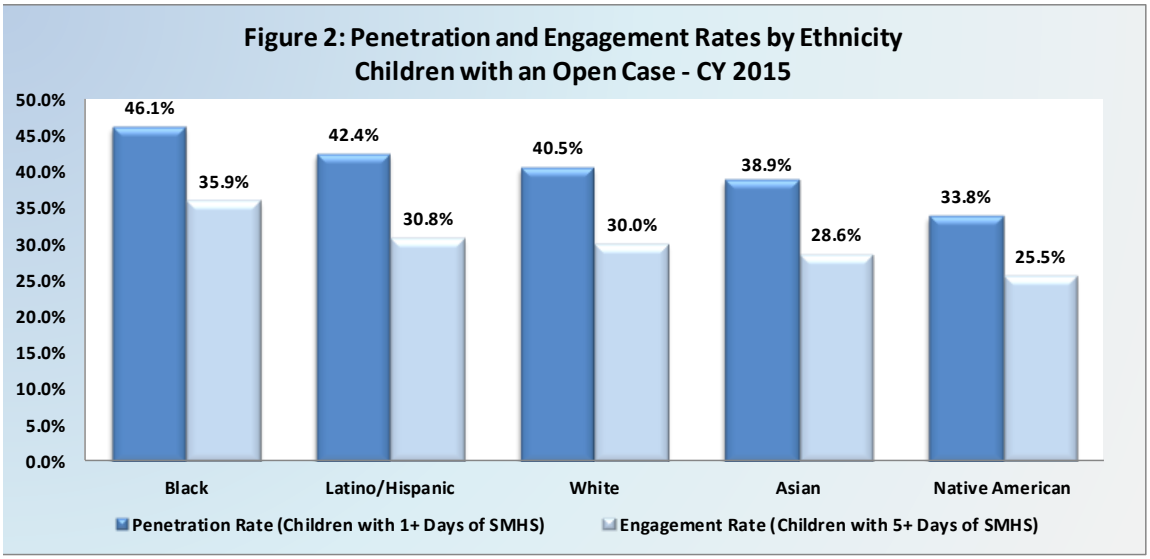
Table 2: Specialty Mental Health Services by Age Group for Children in an Open Child Welfare Case – CY 2015[1,2]

Child Age[3]	Total # of Children	Percent by Age	Children with 1+ Days of SMHS	Penetration Rate	Children with 5+ Days of SMHS	Engagement Rate
0-2	24,159	18.3%	4,831	20.0%	2,356	9.8%
3-5	23,491	17.8%	8,398	35.7%	5,468	23.3%
6-11	37,612	28.5%	19,066	50.7%	14,518	38.6%
12-17	33,413	25.3%	18,894	56.5%	15,337	45.9%
18 to 20	13,289	10.1%	4,864	36.6%	3,758	28.3%
Total	131,964	100%	56,053	42.5%	41,437	31.4%

[1] Data Source: CWS/CMS and MIS/DSS extracted on March 17, 2017.
[2] Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.
[3] Age is calculated as of the last day of the reporting period.

Children/Youth with an Open Child Welfare Case: Penetration and Engagement Rates by CDSS Race/Ethnicity
As illustrated in Figure 2 and Table 3 below, the percentage of children with an open child welfare case who received five or more days of SMHS did not differ greatly by ethnicity. A slightly higher proportion of Black and Latino children received five or more days of services: 35.9 percent of Black and 30.8 percent of Latino children. A lower proportion of Native American and Asian children received five or more days of services (25.5 percent of Native American children and 28.6 percent of Asian children). Thirty percent of White children had five or more days of SMHS claims during the time period. Differences must be interpreted with caution as statistical tests were not conducted to determine whether these differences reflect true population differences or random statistical variation.

Note: The race/ethnicity estimates below differ from those in the POS reports due to differences in collection methods for race/ethnicity used by CDSS as compared to DHCS.



Data Source: CWS/CMS and MIS/DSS extracted on March 17, 2017.
Race/Ethnicity is based on CWS/CMS. Child Race/ethnicity is collapsed based on 31 codes from two CWS/CMS variables, one indicating "Race" and the other a "Hispanic Indicator." For children with a positive "Hispanic Indicator" race/ethnicity was categorized as "Latino/Hispanic" regardless of "Race" category.
Non-SMHS provided through non-Medi-Cal funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

Table 3: Specialty Mental Health Services by Race/Ethnicity for Children in an Open Child Welfare Case – CY 2015[1, 2]

Race/Ethnicity[3]	Total # of Children	Percent by Race/Ethnicity	Children with 1+ Days of SMHS	Penetration Rate	Children with 5+ Days of SMHS	Engagement Rate
Black	25,327	19.2%	11,685	46.1%	9,080	35.9%
Latino/Hispanic	74,198	56.2%	31,469	42.4%	22,831	30.8%
White	27,308	20.7%	11,068	40.5%	8,184	30.0%
Asian	3,139	2.4%	1,220	38.9%	897	28.6%
Native American	1,558	1.2%	527	33.8%	398	25.5%
Missing	434	0.3%	84	19.4%	47	10.8%
Total	131,964	100%	56,053	42.5%	41,437	31.4%

[1] Data Source: CWS/CMS and MIS/DSS extracted on March 17, 2017.
[2] Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.
[3] Race/Ethnicity is based on CWS/CMS. Child Race/ethnicity is collapsed based on 31 codes from two CWS/CMS variables, one indicating "Race" and the other a "Hispanic Indicator." For children with a positive "Hispanic Indicator" race/ethnicity was categorized as "Latino/Hispanic" regardless of "Race" category.

Children/Youth with an Open Child Welfare Case: SMHS Utilization by Type of Service

According to claims data, 97.2 percent of the 56,053 children who received SMHS received a Mental Health Services service type. A large percentage of children received Case Management services (40.7 percent) and Medication Support services (23.5 percent; see Table 4).

Table 4: Specialty Mental Health Service by Type for Children in an Open Child Welfare Case – CY 2015[1, 2]

SMHS Types[3]	# of Children with One or More SMHS[4] (56,053)	% of Children with One or More SMHS
Mental Health (MH) Services	54,458	97.2%
Case Management	22,809	40.7%
Medication Support	13,194	23.5%
Intensive Case Coordination (ICC)	9,909	17.7%
Intensive Home Based Services (IHBS)	7,560	13.5%
Crisis Intervention	3,511	6.3%
Therapeutic Behavioral Services (TBS)	3,019	5.4%
Inpatient	2,082	3.7%
Crisis Stabilization	1,909	3.4%
Day Rehabilitation	689	1.2%
Day Treatment	343	0.6%
Psychiatric Health Facility (PHF)	164	0.3%
Crisis Residential	49	0.1%
Adult Residential	*	*

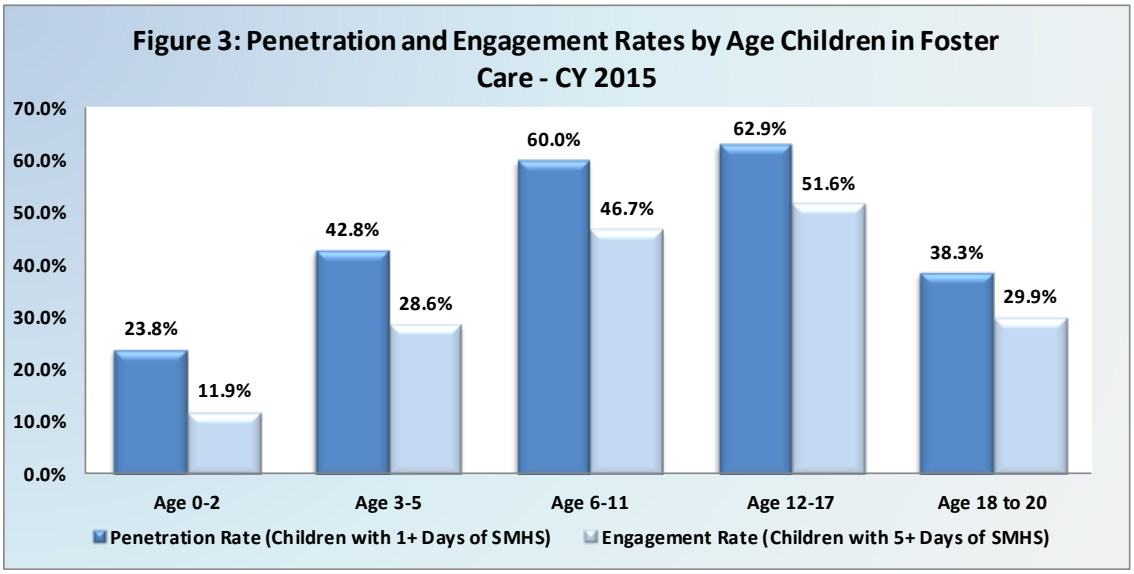
[1] Data Source: CWS/CMS and MIS/DSS extracted on March 17, 2017.
[2] Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.
[3] For description of SMHS Types see the Medi-Cal SMHS Supplement Document.
[4] Child count is unduplicated within each service type but may be duplicated across service types. A child may be counted in several different service types. Values of 10 or under are suppressed.

Section V: Children/Youth in Foster Care - SMHS Utilization

This section presents SMHS data on the subset of children and youth with an open child welfare case who also resided in an out-of-home placement (in foster care) at some point during the time period under review. *Note: In this section, the penetration rates (41,347) and engagement rates (31,054) exclude children who were in foster care at some point during the time period but did not receive a SMHS while in care and instead received a SMHS while at home. These children represent a relatively small portion of children in foster care: 1,757 children received their SMHS while they were in their homes.*

Children/Youth in Foster Care: Penetration and Engagement Rates by Age Groups

As noted above, an additional age breakout category was added in this report (compared to POS reports) to capture variation in claims for children ages 0-2 and 3-5. As shown in Figure 3 and Table 5, a greater proportion of school age and adolescent children (age 6-11 and 12-17) received five or more days of SMHS (engagement rates are 46.7 percent and 51.6 percent, respectively) when compared to children ages 0-2 (11.9 percent), 3-5 (28.6 percent), and 18-20 (29.9 percent). Of the 41,347 children who had a claim for SMHS, **75.1 percent** (31,054) had **five or more** days of SMHS claims.



Data Source: CWS/CMS and MIS/DSS extracted on March 17, 2017.
Age is calculated as of the last day of the reporting period.
Non-SMHS provided through non-Medi-Cal funded school services, grant-funded, or Mental Health Services Act funded services are excluded .

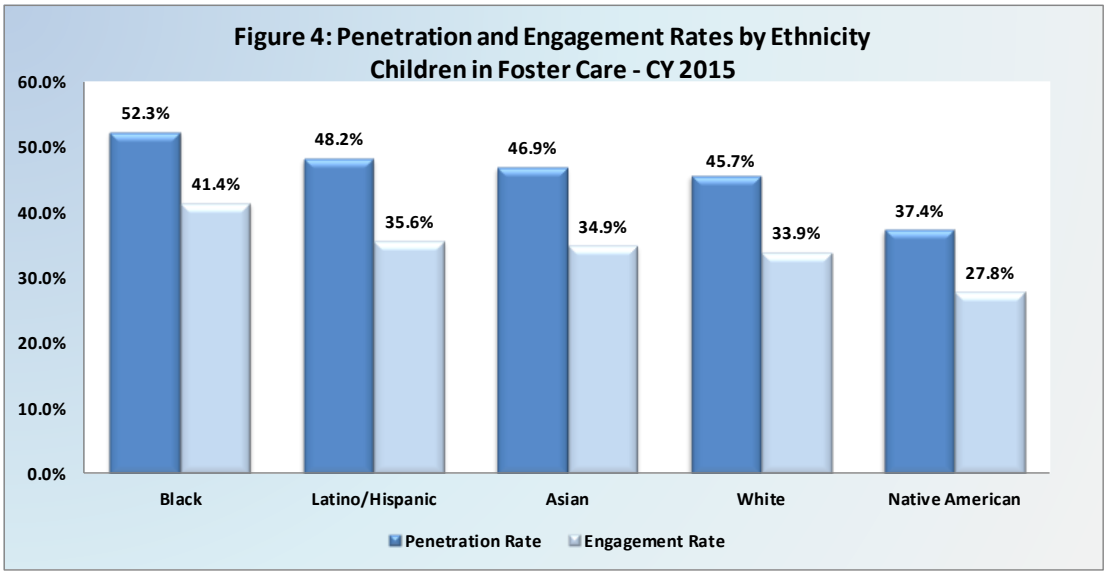
Table 5: Specialty Mental Health Services by Age Group for Children in Foster Care – CY 2015[1, 2]

Child Age[3]	Total # of Children	Percent by Age	Children with 1+ Days of SMHS	Penetration Rate	Children with 5+ Days of SMHS	Engagement Rate
0-2	15,976	18.7%	3,797	23.8%	1,906	11.9%
3-5	14,386	16.8%	6,152	42.8%	4,117	28.6%
6-11	21,793	25.5%	13,073	60.0%	10,170	46.7%
12-17	22,408	26.2%	14,093	62.9%	11,557	51.6%
18 to 20	11,038	12.9%	4,232	38.3%	3,304	29.9%
Total	85,601	100%	41,347	48.3%	31,054	36.3%

[1] Data Source: CWS/CMS and MIS/DSS extracted on March 17, 2017.
[2] Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.
[3] Age is calculated as of the last day of the reporting period.

Children/Youth in Foster Care: Penetration and Engagement Rates by CDSS Race/Ethnicity
Similar to the findings for the larger group of children with an open child welfare case, children in foster care with SMHS claims did not differ greatly by ethnicity.

Note: the race/ethnicity estimates below differ from those in the POS reports due to differences in collection methods for race/ethnicity used by CDSS as compared to DHCS.



Data Source: CWS/CMS and MIS/DSS extracted on March 17, 2017.
Race/Ethnicity is based on CWS/CMS. Child Race/ethnicity is collapsed based on 31 codes from two CWS/CMS variables, one indicating "Race" and the other a "Hispanic Indicator." For children with a positive "Hispanic Indicator" race/ethnicity was categorized as "Latino/Hispanic" regardless of "Race" category.
Non-SMHS provided through non-Medi-Cal funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

Table 6: Specialty Mental Health Services by Race/Ethnicity for Children in Foster Care – CY 2015[1, 2]

Race/Ethnicity[3]	Total # of Children	Percent by Race/Ethnicity	Children with 1+ Days of SMHS	Penetration Rate	Children with 5+ Days of SMHS	Engagement Rate
Black	17,914	20.9%	9,371	52.3%	7,408	41.4%
Latino/Hispanic	44,999	52.6%	21,710	48.2%	16,030	35.6%
Asian	1,833	2.1%	860	46.9%	639	34.9%
White	19,532	22.8%	8,920	45.7%	6,624	33.9%
Native American	1,143	1.3%	427	37.4%	318	27.8%
Missing	180	0.2%	59	32.8%	35	19.4%
Total	85,601	100%	41,347	48.3%	31,054	36.3%

[1] Data Source: CWS/CMS and MIS/DSS extracted on March 17, 2017.
[2] Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.
[3] Race/ethnicity is based on CWS/CMS. Child Race/ethnicity is collapsed based on 31 codes from two CWS/CMS variables, one indicating "Race" and the other a "Hispanic Indicator." For children with a positive "Hispanic Indicator" race/ethnicity was categorized as "Latino/Hispanic" regardless of "Race" category.

SMHS Utilization by CWS Placement Type

As noted previously, 85,601 children with an open child welfare case were in foster care during this time period and of these children, 41,347 received a SMHS. Penetration rates differed by placement type for children in foster care. A higher proportion of children in group homes and county shelters/receiving homes received SMHS (71.5 and 73.2 percent, respectively) than children in other placements (see Table 7). More than half of children placed in foster family homes received one or more SMHS during this time period.

Table 7: Specialty Mental Health Services by Placement Type for Children in Foster Care – CY 2015[1, 2]

Last Placement Type[3]	Total # of Children	Children with 1+ Days of SMHS	Penetration Rate
County Shelter/Receiving Home	328	240	73.2%
Group Home	9,240	6,606	71.5%
Foster Family Agency Certified Home	22,481	12,095	53.8%
Foster Family Home	7,535	4,045	53.7%
Relative/NREFM Home	29,907	14,478	48.4%
Other[4]	1,370	597	43.6%
Court Specified Home	285	91	31.9%
Guardian Home	2,559	799	31.2%
Supervised Independent Living Placement	3,697	754	20.4%
Pre-Adoptive	5,678	1,021	18.0%
Missing	764	621	81.3%
Received SMHS while in Foster Care at Some Point During Time Period	83,844	41,347	
In Foster Care at Some Point During Time Period but Served While In Home	1,757		
Total	**85,601**	**41,347**	**48.3%**

[1] Data Source: CWS/CMS and MIS/DSS extracted on March 17, 2017.
[2] Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.
[3] Placement Type was determined by identifying the child's placement as of the last date of service for those with a SMHS claim, and the child's last placement during the time period for those without a SMHS claim.
[4] Includes children whose placement was in an 'Other' facility (ex. hospital, juvenile hall).

To further characterize mental health utilization for children residing in group homes, penetration rates were examined by group home Rate Classification Level (RCL). RCLs are funding categories which reflect the intensity of services provided at the group home. Group homes are categorized from a level 5 (at the lowest level of service intensity) to a level 14, reflecting the highest intensity of services provided. Thus, children and youth residing in higher level RCLs generally need a higher level of care and supervision than children in lower level RCLs. Analysis of claims data suggests that penetration rates are generally higher for children and youth in higher RCL homes than for those in lower RCL homes (see Table 8). Penetration rates were highest in RCL 14 homes: 96.1 percent of child welfare supervised and 96.5 percent of probation supervised children and youth in these homes had one or more days of SMHS.

Table 8: Specialty Mental Health Services by Group Home RCLs for Children in Foster Care – CY 2015[1, 2]

Group Home RCL	Total # of Children	Percent by RCL	Children with 1+ Days of SMHS	Penetration Rate
Child Welfare Supervised Group Home RCL				
5 to 9	401	7.4%	303	75.6%
10	632	11.7%	474	75.0%
11	682	12.6%	497	72.9%
12	2,735	50.6%	2,333	85.3%
14	432	8.0%	415	96.1%
Unknown or No RCL[3]	522	9.7%	416	79.7%
Total	**5,404**	**100%**	**4,438**	**82.1%**
Probation Supervised Group Home RCL				
5 to 9	55	1.4%	23	41.8%
10	768	20.0%	234	30.5%
11	240	6.3%	67	27.9%
12	2,378	62.0%	1,690	71.1%
14	113	2.9%	109	96.5%
Unknown or No RCL[3]	282	7.4%	45	16.0%
Total	**3,836**	**100%**	**2,168**	**56.5%**

[1] Data Source: CWS/CMS and MIS/DSS extracted on March 17, 2017.
[2] Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.
[3] Group homes with unknown or no RCLs are located out of state or do not receive a federal AFDC-FC payment (examples include regional center homes and county-run facilities).

Children/Youth in Foster Care: SMHS Utilization by Type of Service

According to claims data, 96.7 percent of the 41,347 children in foster care who received SMHS received a Mental Health Services service type. A large percentage of children received Case Management services (41.0 percent) and Medication Support services (26.3 percent; see Table 9).

Table 9: Specialty Mental Health Service by Types for Children in Foster Care – CY 2015[1, 2]

SMHS Types[3]	# of Children with One or More SMHS while in Foster Care[4] (41,347)	% of Children with One or More SMHS
Mental Health (MH) Services	39,992	96.7%
Case Management	16,938	41.0%
Medication Support	10,871	26.3%
Intensive Case Coordination (ICC)	7,405	17.9%
Intensive Home Based Services	5,302	12.8%
Crisis Intervention	2,687	6.5%
Therapeutic Behavioral Services (TBS)	2,490	6.0%
Inpatient	1,562	3.8%
Crisis Stabilization	1,514	3.7%
Day Rehabilitation	668	1.6%
Day Treatment	314	0.8%
Psychiatric Health Facility (PHF)	148	0.4%
Crisis Residential	35	0.1%
Adult Residential	*	*

[1] Data Source: CWS/CMS and MIS/DSS extracted on March 17, 2017.
[2] Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.
[3] For description of SMHS Types see the Medi-Cal SMHS Supplement Document.
[4] Child count is unduplicated within each service type but may be duplicated across service types. A child may be counted in several different service types. Values of 10 or under are suppressed.

Children/Youth in Foster Care: SMHS Utilization for Children/Youth Who Have a Paid Claim for a Psychotropic Medication

Statewide efforts have focused on examining the use of psychotropic medications to treat children in foster care. This report provides data regarding the utilization of SMHS by children ages 0-17 in foster care who had Medi-Cal paid claims for psychotropic medications. It should be noted that SMHS claims data include the various types of services listed in Tables 4 and 9.

As illustrated in Table 10 below, psychotropic medication claims were paid for 10,449 children and youth in foster care. Of these children, 8,670 (83.0 percent) also had a claim for at least one SMHS during the same time period, while 8,018 (76.7 percent) had five or more days of SMHS.

Of all the children who received a paid claim for a psychotropic medication, 3,850 children received at least one paid claim for an antipsychotic medication, while the remaining received a paid claim for other drug classes of psychotropic other than antipsychotic. Of the children for whom a claim for antipsychotic was paid, 84.8 percent (3,266) received at least one corresponding SMHS, while 79.4 percent received five or more days of SMHS. The penetration and engagement rates for children with a claim for antipsychotic medications were slightly higher than children on other psychotropic medications.

Table 10: Utilization of Specialty Mental Health Services for Children[1] in Foster Care with a Paid Claim for Psychotropic Medication[2] – CY 2015[3]

Medication Type	Children in Foster Care with a Paid Claim for Psychotropic Medication[4]	Children with 1+ Days of SMHS	Penetration Rate	Children with 5+ Days of SMHS	Engagement Rate
All Psychotropic	**10,449**	**8,670**	**83.0%**	**8,018**	**76.7%**
Antipsychotic[5]	3,850	3,266	84.8%	3,056	79.4%
Other Psychotropic[6]	6,599	5,404	81.9%	4,962	75.2%

[1] Unduplicated children ages 0-17 were included.
[2] Data source: CWS/CMS 2016 Q3 Extract and MIS/DSS November 2016 Extract
[3] Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.
[4] Data for children in foster care with a Medi-Cal paid claim for psychotropic medication (Measure 5a) was matched to children with a paid claim for a SMHS during an open foster care episode.
[5] Children who received at least one paid claim for an antipsychotic medication.
[6] Number of children who received a paid claim for other drug classes of psychotropic medications exclusive of antipsychotic medications.

Children/Youth in Foster Care: Timeliness of SMHS Utilization for Children/Youth Who Have a Paid Claim for a Psychotropic Medication

The length of time between a paid claim for medication and a SMHS claim was calculated to explore the extent to which children received SMHS in conjunction with their receipt of psychotropic medication. The majority of children (97.0 percent) had a SMHS claim submitted within 30 days of their psychotropic medication claim (see Table 11).

Table 11: Number of days between a Paid Claim for Psychotropic Medication and a Specialty Mental Health Service[1, 2] – CY 2015[3]

Number of Days	# of Children[4] with a Paid Claim for Psychotropic Medication with 1+ Days of SMHS	Percent
30 days or less	8,409	97.0%
31-60 days	88	1.0%
61-90 days	49	0.6%
91-120 days	34	0.4%
121-365 days	90	1.0%
Total	**8,670**	**100.0%**

[1] Data source: CWS/CMS 2016 Q3 Extract and MIS/DSS November 2016 Extract
[2] Data for children in foster care with a Medi-Cal paid claim for psychotropic medication (Measure 5a) was matched to children with a paid claim for a SMHS during an open foster care episode.
[3] Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.
[4] Unduplicated children ages 0-17 were included.

Children/Youth in Foster Care: SMHS Utilization Excluding Medication Support for Children/Youth Who Have a Paid Claim for a Psychotropic Medication

To further characterize mental health service utilization for children in foster care receiving psychotropic medications, SMHS claims were analyzed excluding medication support. The intent of this analysis was to determine whether there were children receiving psychotropic medication who only received medication support and did not receive other SMHS. The resulting penetration rates did not differ substantially from penetration rates that included medication support: 83.0 percent of children with a psychotropic medication claim received an SMHS including medication support, 80.9 percent received concurrent SMHS excluding medication support. This suggests most children who are prescribed psychotropic medication receive SMHS, with only a small portion of those youth only receiving medication support. Engagement rates and timeliness of services for children with psychotropic medications also were similar when excluding medication support (see Tables 12 and 13).

Table 12: Utilization of Specialty Mental Health Services Excluding Medication Support for Children[1] in Foster Care with a Paid Claim for Psychotropic Medication[2] – CY 2015[3]

Medication Type	Children in Foster Care with a Paid Claim for Psychotropic Medication[4]	Children with 1+ Days of SMHS Excluding Medication Support	Penetration Rate	Children with 5+ Days of SMHS Excluding Medication Support	Engagement Rate
All Psychotropic	**10,449**	**8,457**	**80.9%**	**7,715**	**73.8%**
Antipsychotic[5]	3,850	3,183	82.7%	2,937	76.3%
Other Psychotropic[6]	6,599	5,274	79.9%	4,778	72.4%

[1] Unduplicated children ages 0-17 were included.
[2] Data source: CWS/CMS 2016 Q3 Extract and MIS/DSS November 2016 Extract
[3] Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.
[4] Data for children in foster care with a Medi-Cal paid claim for psychotropic medication (Measure 5a) was matched to children with a paid claim for a SMHS during an open foster care episode.
[5] Children who received at least one paid claim for an antipsychotic medication.
[6] Number of children who received a paid claim for other drug classes of psychotropic medications exclusive of antipsychotic medications.

Table 13: Number of days between a Paid Claim for Psychotropic Medication and a Specialty Mental Health Service Excluding Medication Support [1, 2] – CY 2015[3]

Number of Days	# of Children[4] with a Paid Claim for Psychotropic Medication with 1+ Days of SMHS Excluding Medication Support	Percent
30 days or less	8,125	96.1%
31-60 days	121	1.4%
61-90 days	65	0.8%
91-120 days	39	0.5%
121-365 days	107	1.3%
Total	**8,457**	**100.0%**

[1] Data source: CWS/CMS 2016 Q3 Extract and MIS/DSS November 2016 Extract
[2] Data for children in foster care with a Medi-Cal paid claim for psychotropic medication (Measure 5a) was matched to children with a paid claim for a SMHS during an open foster care episode.
[3] Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.
[4] Unduplicated children ages 0-17 were included.

Section VI: Conclusion

This report presents an analysis of SMHS utilization by children with open child welfare cases, including focused analyses on children in foster care. The results suggest that a substantial percentage of children (42.5 percent) received at least one or more days of SMHS, and the majority of these children (73.9 percent) received five or more days of SMHS. Differences in service utilization by demographic characteristics were minimal, however, a greater proportion of children ages 6-17 received SMHS. Fewer very young children and older adolescents received services. Further, a greater proportion of children in group homes received services than children in other placements. This report represents an effort to characterize services for children in the CWS.

SYSTEM CHANGES

The following chart reflects changes to the Child Welfare Services/Case Management System (CWS/CMS) and licensing systems needed to implement CCR. Changes to these systems include what is necessary for the automation of foster care payments.

System	Current Status	Next Step	Next Step Due Date
CWS/CMS	Concurrently working on the business requirements for release 7.7 on July 8, 2017 and a December 2017 release. Release 7.7 will include the addition of NREFM caregiver relationship type, ability to document IPC approval for STRTPs and the addition of Temporary Shelter Care facility type	An additional SCR was just added to include some fixes for RFA data. Currently when a licensed home converts to an RFA home, that facility type change applies to every placement that has ever been in that home. The SCR is currently being costed out to determine if it can be included in the December 8.1 release	Dec 2017
LIS/FAS	All necessary requirements as of 2/15/17, to implement AB 403 were completed by 3/1/17		Completed
FFA web app	All necessary requirements as of 2/15/17, to implement AB 403 were completed by 3/1/17		Completed
SAWS	Phase 1 has been completed and implemented in all three of the SAWS	Workgroups are ongoing to finalize the policy for Phase 2 automation and implementation. All SAWS are working to program the system changes with ability to process November 2017 payments	December 2017
LAARS	New State AA database was added on 4/25/2017 to allow DSS sister agencies to upload their respective administrative actions. And search the county and DSS AA's.	Database changes were made after executive presentations. Some modifications are still occurring. ACL 17-39 was released. Additional enhancements will be made after the go live date for counties.	August 2017
Administrator Certification System	Administrator Certification System modified to allow for training and certification of new STRTP facility types and vendor subject codes.	In production as of 01/01/2017	Completed

TRANSITION OF PROVIDERS TO THE CCR SERVICE MODEL

The first chart displays applications received for providers who have not previously had a license. The following charts represent the work toward transitioning group homes to STRTPs and FFAs preparing for RFA.

Applications for licensure by **NEW providers**

	Timeframe: December 15, 2016- June 1, 2017		January 1 – December 15, 2016	
Provider Type	**Applications for Licensure**	**Licenses Issued**	**Applications for Licensure**	**Licenses Issued**
STRTP (new, not converting)	3	0	1	1
Group Home	20	12	65	36
Foster Family Agency	16	8	25	17
Temporary Shelter Care Facility	0	0	N/A	N/A

Note: Group homes that have Developmentally Disabled clients or are for private placements are still licensed as Group Homes, not STRTPs.

Program statements/applications submitted for approval by provider type:

Regional Office	**FFA - Number of Program Statements submitted for RFA**	**Number of program statements reviewed**	**Number of FFAs approved for RFA**	**STRTP – Number of applications Received**	**STRTP – number of program statements approved**
Sacramento	37	37	31	14	0
San Jose	51	45	36	45	1
Riverside	50	50	43	3	0
Monterey Park	50	46	37	1	0
Culver City	N/A	N/A	N/A	9	0
Total	**188**	**182**	**147**	**72***	**0**
Previous report total	*186*	*48*	*11*	*36*	*1*

Note: This number also represents the total number of facilities. It does not include the 26 licensees applying for conversion.

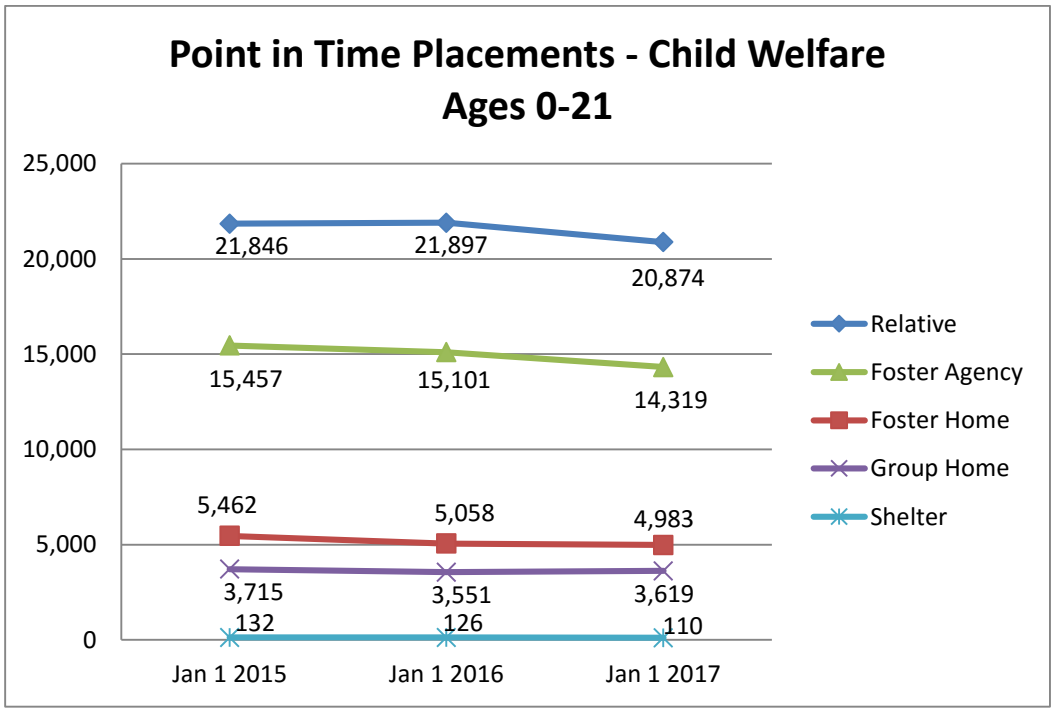
Group home license extensions

Agency Requested	**Extensions requested**	**Extensions approved**	**Capacity**	**Extension request rescinded by GH**	**Capacity**	**Primary Reasons for Extension**
Child Welfare	214	213	2,477	1	6	Transition
Probation	93	93	1,091	0	0	Transition
Total number	307	306	3,568	1	6	Transition

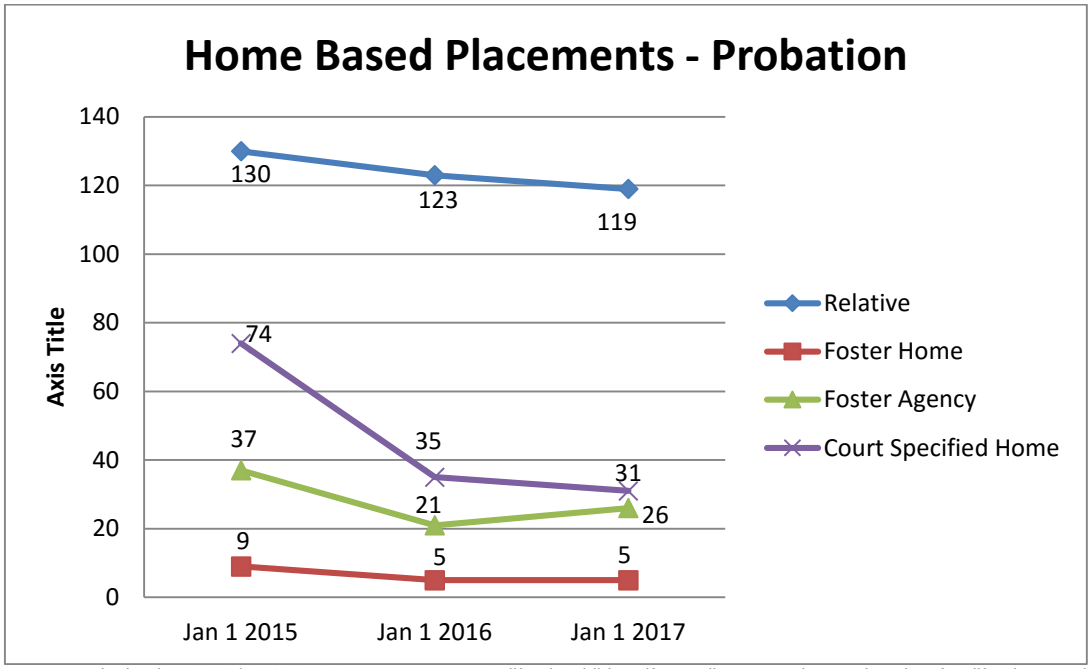
Note: this chart has not changed, all extensions have been requested.

CHILD OUTCOMES

The following charts show the numbers of children, **ages 0-21**, in the identified placement type on January 1 2015, 2016 and 2017. Not all placements types are included; therefore, this does not equal the total foster care population. As CCR is targeting the reduction of congregate placements and movements to lower levels of care, those placements were included. These charts are to establish placement baseline data. Comparison of baseline data with data post CCR implementation will not be available until at least after August 2017.
There is a small decline in relative placements from 2016 – 2017; however, there is a similar increase in Resource Family Home placements from 649 to 1,744 (chart on page 3). Although RFA data is now publicly available on the Berkeley Website, it is primarily the early implementing data for Jan 1, 2017 so it is displayed separately. Currently, Child Welfare placement type usage appears fairly stable. Probation placement type usage remains fairly stable from 2016 – 2017 except for a 17% decrease in group home placements (see chart on page 24) and a significant decrease in the placement type of "other" (not displayed). This corresponds to the 19% decrease in the total population of probation youth in foster care compared to only a 1.7% decrease in the child welfare population. According to a representative from the Chief Probation Officers of California (CPOC), the decrease in the probation population, over the last several years, is largely attributed to an almost 50% reduction in all juvenile arrests since 2010, as well as the effectiveness of the recidivism reduction programs which means youth are not having subsequent arrests after successfully completing probation.



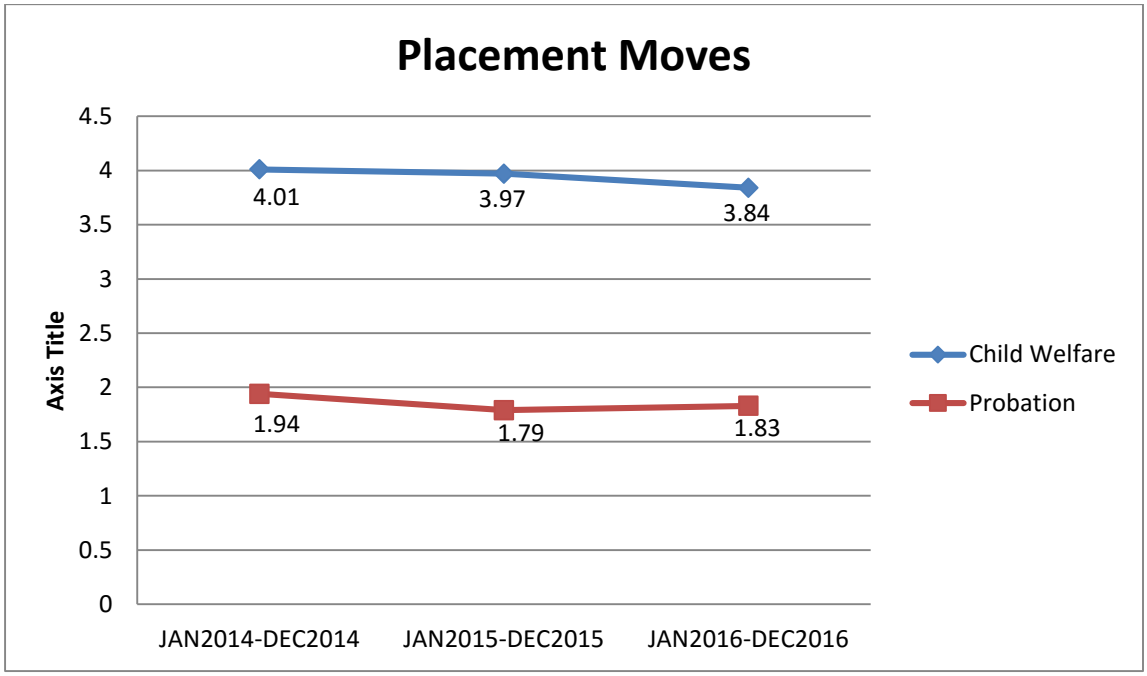
Data source: CWS/CMS 2016 Quarter 4 extract, California Child Welfare Indicators Project, University of California at Berkeley



Data source: Point in Time CWS/CMS 2016 Quarter 4 extract, California Child Welfare Indicators Project, University of California at Berkeley

Note: group home placement numbers for probation are displayed on page 24.

The following chart shows the average number of placement moves per child by agency per year. This is a federal measure. The federal compliance standard is 4.12. From calendar year 2015 to 2016 the average number of moves has remained relatively stable.



Data source: CWS/CMS 2016 Quarter 4 extract, California Child Welfare Indicators Project, University of California at Berkeley

The table below shows point in time data for STRTP placements, and group home placements by Rate Classification Level (RCL), stratified by age and race:

Point in Time: April 1, 2017												
Agency	RCL/ STRTP	Age			Total	Race						
		0-10	11-15	16-17		Asian/ PI	Black	Hispanic	Native American	White	Unknown
Child Welfare	5-9	11	84	111	**206**	2	58	87	6	53	0
	10-11	71	368	406	**845**	17	253	328	9	234	4
	12-14	220	935	775	**1,930**	33	638	758	22	474	5
	STRTP	0	0	0	**0**	0	0	0	0	0	0
CW Totals		**302**	**1,387**	**1,292**	**2,981**	**52**	**949**	**1,173**	**37**	**761**	**9**
Probation	5-9	0	3	9	**12**	0	4	3	1	4	0
	10-11	0	121	280	**401**	6	95	227	5	63	5
	12-14	1	224	548	**773**	9	176	435	5	140	8
	STRTP	0	0	0	**0**	0	0	0	0	0	0
Prob. Totals		**1**	**348**	**837**	**1,186**	**15**	**275**	**665**	**11**	**207**	**13**
Totals		**303**	**1,735**	**2,129**	**4,167**	**67**	**1224**	**1,838**	**48**	**968**	**22**

The following tables show placements for children who have been in a group home or STRTP for 365 of the last 400 days. The first three sections are group homes broken out by RCL, the last section is STRTP.

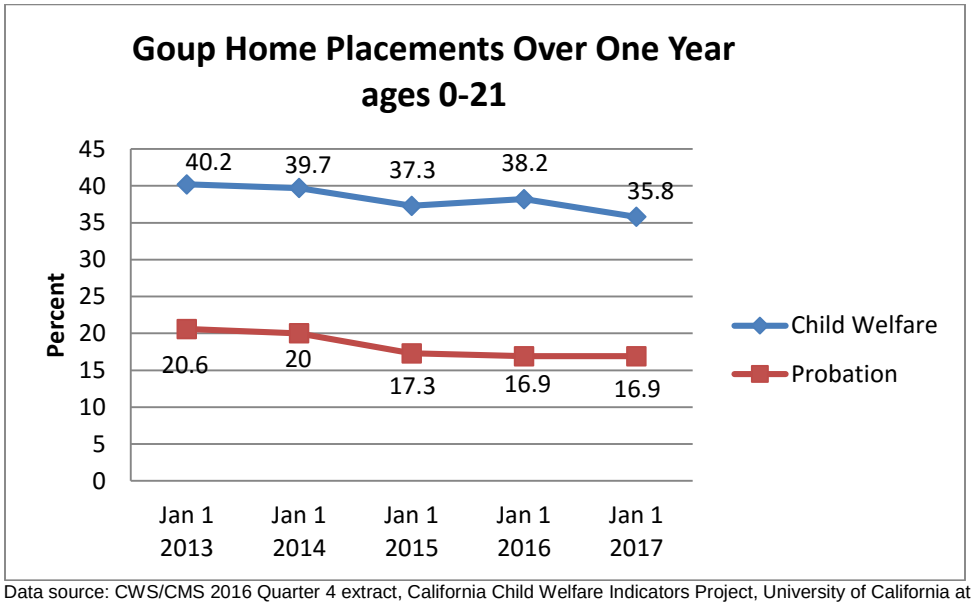
Stays Greater Than One Year, Point in Time: April 1, 2017											
RCL 5-9											
Agency	Age			Total	Race						
	0-10	11-15	16-17		Asian/ PI	Black	Hispanic	Native American	White	Unknown
Child Welfare	4	26	60	**90**	1	26	45	0	20	0
Probation	0	0	2	**2**						
Total	**4**	**26**	**62**	**92**	**1**	**26**	**45**	**0**	**20**	**0**
RCL 10-11										
Child Welfare	25	106	143	**274**	5	84	127	7	95	0
Probation	0	14	30	**44**						
Total	**25**	**120**	**173**	**318**	**5**	**84**	**127**	**7**	**95**	**0**
RCL 12-14										
Child Welfare	56	326	275	**657**	11	266	269	8	205	4
Probation	0	28	78	**106**						
Total	**56**	**354**	**353**	**763**	**11**	**266**	**269**	**8**	**205**	**4**
STRTP										
Child Welfare	0	0	0	**0**	0	0	0	0	0	0
Probation	0	0	0	**0**						
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
All Totals	**85**	**500**	**588**	**1173**	**17**	**376**	**441**	**15**	**320**	**4**

The following table shows point-in-time data of youth placed in an out-of-state group home by the state:

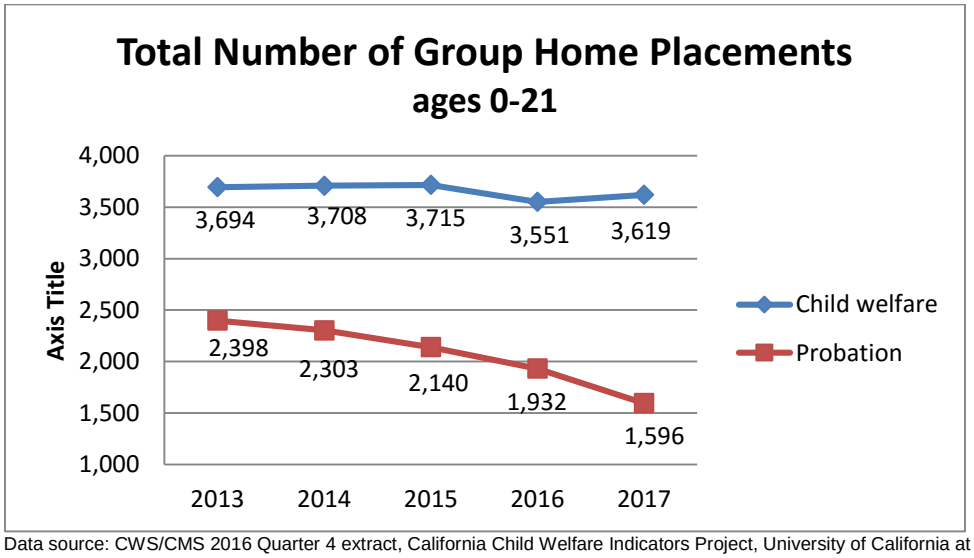
Out of State Placements by Point in Time (PIT) 4-1-17												
	AZ	**FL**	**IA**	**MI**	**NV**	**OR**	**PA**	**TX**	**UT**	**VA**	**WY**	**Total**
PIT	17	6	69	41	48	2	45	7	24	5	10	**274**

The chart below shows the percent of youth (0-21) placed in a group home on Jan 1 who had been in a group home for at least one year by child welfare and probation. Note: even though the **above** charts only include age 0-17, approximately 295 older youth are also placed in group homes and larger proportions of that age group have been in group home for over a year – 60% on Jan 1, 2017 for child welfare and 239 or 37% for probation. For both agency types, the percent of 18-21 year olds who have been in group homes longer than one year is double the percent for youth under 18. This could likely reflect the youth who turn 18 while living in a group home.

Both agencies show a four percent decline over time in placements longer than one year. However, the second chart shows that in Child Welfare the total number of placements in group homes have remained stable from 2013 to 2017 (2% decrease) in contrast to Probation placements which declined by 17% from 2016-2017. Probation has seen an overall decline of 33% of youth in foster care from 2013-2017. The increase in child welfare group home placements is likely just a reflection of the normal fluctuations in population as it is looking only at one day of the year.



Data source: CWS/CMS 2016 Quarter 4 extract, California Child Welfare Indicators Project, University of California at Berkeley



Data source: CWS/CMS 2016 Quarter 4 extract, California Child Welfare Indicators Project, University of California at Berkeley

FISCAL UPDATE

2017 May Revision

The 2017 May Revision was released on May 11, 2017. The costs for CCR are described in the *Continuum of Care Reform (CCR)* premise description, which is available in the Estimates Methodologies section, pages 119-128. Additional information on CCR is included in the Reference Documents section, pages 66-67.

CCR Reconciliation

With the implementation of CCR, the counties were provided upfront General Fund investments for the new Home-Based Family Care rates and administrative activities such as FPRRS, CFT and RFA. It is anticipated that over time, assistance savings will be generated through group home cases moving to more family-like home-based settings. A reconciliation process will be used to complete a thorough, by county analysis to determine if the level of savings realized will impact the level of the on-going investment amounts. The following provides updates to the reconciliation process:

- A county specific reconciliation process was developed and implemented starting in December 2016 with input from County Welfare Director's Association, and counties.
- County Fiscal Letter (CFL) No. 16-17-43 provided all counties with instructions for the reconciliation process for developing a base cost per case. It also explained that administrative expenditures will be pulled quarterly by the California Department of Social Services (CDSS) for the reconciliation process. All counties have submitted their assistance base cost per case.
- All County Letter (ACL) No. 17-07 provided the revised Aid to Families with Dependent Children Foster Care Caseload Movement and Expenditures Report instructions that will assist with the tracking of caseload movement.
- An additional CFL No. 16-17-60 provided updated reconciliation methodology for counties (typically small counties) that did not serve any cases impacted by the new CCR rates so that a fair reconciliation calculation could be performed.
- In March 2017, CDSS attended the California Probation Officers of California (CPOC) Business Manager Meeting to provide a CCR fiscal claiming and reconciliation presentation and in June 2017 provided a fiscal claiming and reconciliation workshop at the CPOC Conference to provide technical assistance and training to probation staff.
- By September/October 2018, CDSS will have enough expenditure data to reconcile the CCR assistance savings to the CCR new rates/administration costs, for each county, based on FY 2016-17 actual data.

Home Based Family Rate (HBFC) Rate Structure

The new HBFC Level of Care (LOC) rate structure was designed to support positive outcomes for children in home-based family settings. Phase I implemented on January 1, 2017, which eliminated age as a determining factor in the basic foster care rate and standardized the basic rates paid for children/youth placed in approved, certified, licensed foster family homes or relatives and Resource Families. Effective January 1, 2017, eligible cases received the LOC 1 (Basic Level) of the HBFC rate structure, see ACL No. 16-79 and ACL No. 16-19E. Phase II is scheduled to implement December 1, 2017 and will include implementation of all components of the HBFC rate structure: Basic Level Rate, LOC 2, LOC 3 and LOC 4 (see ACL No. 17-11). The Department continues to engage in bi-weekly technical assistance calls regarding Phase II implementation with consortia and county staff as well as the County Welfare Directors Association.

County Fiscal Letters (CFL)

The CFLs are letters sent to counties and provide claiming instructions and funding amounts for CCR activities.

Policy Claiming:

- CFL 15-16-48 Foster Parent Recruitment, Retention and Support Program Claiming Instructions for County Probation Departments
- CFL 15-16-37E Errata to Foster Parent Recruitment, Retention and Support Program
- CFL 16-17-60 Continuum of Care (CCR) Reconciliation Methodology for Zero Base Populations
- CFL 16-17-43 Continuum of Care Reform Assistance Reconciliation Methodology
- CFL 16-17-41 Continuum of Care Reform (CCR) Home Based Family Care Rate Phase I Claiming Instructions
- CFL 16-17-41E Errata to Continuum of Care Reform (CCR) Home Based Family Care Rate Phrase I Claiming Instructions
- CFL 16-17-41EII Errata II to Continuum of Care Reform (CCR) Home Based Family Care Rate Phase I Claiming Instructions
- CFL 16-17-22 Child and Family Team Claiming Instructions
- CFL 16-17-20 Foster Parent Recruitment, Retention and Support Funding Opportunity Child Care

Allocations:

- CFL 16-17-71 Fiscal Year 2016-17 Allocation for Continuum of Care Reform Second Level Administration Review
- CFL 15-16-58 Fiscal Year 2015-16 Foster Parent Recruitment, Retention and Support Program Allocations for County Welfare and Probation Departments
- CFL 16-17-54 Fiscal Year 2016-17 Continuum of Care Reform Foster Family Agency Social Worker Rate Increase General Fund Allocation
- CFL 16-17-45 Fiscal Year 2016-17 Continuum of Care Reform Resource Family Approval Program Allocations for County Welfare and Probation Departments
- CFL 16-17-35 Fiscal Year 2015-16 Foster Parent Recruitment, Retention and Support Program Planning Allocation
- CFL 16-17-34 Fiscal Year 2016-17 Foster Parent Recruitment, Retention and Support Program Allocations for County Welfare and Probation Departments
- CFL 16-17-05 Fiscal Year 2015-16 Continuum of Care Reform Foster Family Agency Social Work Rate Increase General Fund Allocation

TRAINING

- On March 29th, the Training Support Unit released an ACIN that summarizes recent and upcoming CCR related trainings. The ACIN covered the following topics:
  - Four-day overview trainings of RFA for child welfare services and probation staff directly involved in the RFA program
  - Probation officer training for CCR related changes
  - National Adoption Competency Mental Health Training Initiative will provide online resources to Resource Families who have children with mental health needs
  - Training related to the TOP and CANS pilots
  - Training to support the CFT model

- Foster Parent Training continues to be offered through the Foster and Kinship Care Education (FKCE) Program with the California Community Colleges Chancellor's Office

- The Training Support Unit is still working to secure a vendor to provide online training for resource families statewide. This will provide unlimited 24-hour access to training for all families and will work in conjunction with FKCE

- DHCS and CDSS are in the process of establishing an MOU in order to draw down Title IV-E funding for training activities related to children's mental health services and/or activities related to supporting the Continuum of Care Reform. An initial draft MOU is under development and review with CDSS and DHCS. DHCS expects that an updated draft of this MOU will be available by July 31, 2017.

UPCOMING MEETINGS

CCR related meetings and presentations currently scheduled for the next few months. New meetings are added regularly. For a complete list of upcoming meetings, please visit the CCR website.

Date	Location/Type of Presentation	Audience	Host	Overview
7/5/17 10:00-11:30	Conference Call	Stakeholders	CDSS & DHCS	Integrated Practice Technical Assistance Call
7/20/17 11:00-3:00	Meeting CBHDA	Committee Members	CBHDA	Children's System of Care Committee INVITATION ONLY
7/20/17 3:00-5:00	Meeting CBHDA	CDSS, DHCS, CWDA, CPOC, CBHDA, CSAC, CDE	CDSS & CBHDA	State/County Implementation Team INVITATION ONLY
8/2/17 10:00-11:30	Conference Call	Stakeholders	CDSS & DHCS	Integrated Practice Technical Assistance Call
8/11/17 1:00-3:00	Meeting	Stakeholders	CDSS	Youth Satisfaction Survey Workgroup
8/17/17 11:00-3:00	Meeting CBHDA	Committee Members	CBHDA	Children's System of Care Committee INVITATION ONLY
8/17/17 3:00-5:00	Meeting CBHDA	CDSS, DHCS, CWDA, CPOC, CBHDA, CSAC, CDE	CDSS & CBHDA	State/County Implementation Team INVITATION ONLY
9/6/17 10:00-11:30	Conference Call	Stakeholders	CDSS & DHCS	Integrated Practice Technical Assistance Call
9/13/17 1:00-5:00	Meeting	Stakeholders	CIBHS	Therapeutic Foster Care (TFC) Implementation Committee INVITATION ONLY
9/18/17	Southern CWDA Meeting	Southern CWDA Counties	Southern CWDA	RFA Southern Counties Workgroup INVITATION ONLY
9/21/17 11:00-3:00	Meeting CBHDA	Committee Members	CBHDA	Children's System of Care Committee INVITATION ONLY
9/21/17 3:00-5:00	Meeting CBHDA	CDSS, DHCS, CWDA, CPOC, CBHDA, CSAC, CDE	CDSS & CBHDA	State/County Implementation Team INVITATION ONLY