California Alliance STRTP Plan of Operations & Program Statement Guidance

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Housekeeping

- All attendees will be on mute. Please type any questions you have in the question box and we will answer at the end if there's time remaining.

- The webinar is being recorded. We will send you the PowerPoint following the webinar and we will send you a link to the recording once it is posted.

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What Will Be Covered Today

- Review of the CCR Vision: It Matters

- The Review Process: Timelines and Approach

- Overarching Guidance: An Integrated Whole; The How; Accountability

- Policy & Procedure Issues: Themes

- Revision Requests: Specific Sections

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The Review Process (1)

- Submission to your LPA; LPA to CCR Branch; send cover email
- General timeline: two to three week turnaround
  - By LPA and CCR Branch which each may produce revision notes
  - CCR revision notes sent to LPA; LPA sends both to Provider
  - Technical Assistance call scheduled for 2-3 weeks out to include CCR and LPA, host county (child welfare, behavioral health, probation)
  - TA call: opportunity to clarify revision notes and discuss revisions; deadline to submit revisions set by agreement with Provider; suggest being ready with proposed revisions; deadline to submit revisions will be set
  - Alert: "Notice of Incomplete Application" sets a "final" deadline
  - Deadline is "soft" (but see below); request is made to LPA
- What matters in addition to the concrete process?
  - Communicating an understanding of the CCR vision in how you interact with the reviewing team (avoiding "but we don't serve…!")
  - Demonstrating a commitment to moving the process forward by meeting agreed upon deadlines or communicating the reason you need to change them
  - Openly sharing concerns or confusion and asking for guidance

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The Review Process (2)

- Interim Licensing Standards Version 3 apply no matter where you are in the process
- The Review Tool dated 5/2/2018 has not yet been updated
  - Refer to it, nevertheless; pay attention to the specific subtopics that must be addressed; references to the regulations can be helpful as they, too, may list specific details
  - Do watch the CDSS webinar that was broadcast on 9/27/2019 (link is on the CDSS website)

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CCR Vision

– All children live with a committed, **permanent** and **nurturing family** with strong **community** connections

– Services and supports are **individualized** and coordinated across systems and **children don't need to change placements** to receive services

– Congregate care, when needed, is short-term, high quality intensive **intervention** that is just one part of a continuum of care

– Effective accountability and transparency drives **continuous quality improvement** for state, counties and providers

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Vision becomes Reality

- **Permanent and nurturing family**
  - A means and not an end; permanency planning begins on Day #1; Admission; CFT; NSP; youth and family engagement; visitation; discharge/transfer

- **Community connections**
  - Admissions ("no reject"); CFT; NSP; activities; discharge/transfer; transition

- **Individualized; NO CATEGORICAL REJECTION**
  - Population to be served; admissions; trauma informed care/intervention/treatment model; youth engagement; CFT; NSP; emergency intervention; transition; staff training

- **Children don't need to change placements**
  - Beyond the treatment model; CFT; placement preservation plan; NSP; discharge/transfer

- **Continuous Quality Improvement (CQI)**
  - Beyond data collection: what data in what format; what do you do with it?; indicators linked to outcomes: staff training; treatment model; youth engagement; family engagement; feedback loop

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Vision, Mission, Purpose, Goals and Philosophies

- Do you "get it"?

- The STRTP goal is to provide intensive mental health services for the purpose of stabilizing a child/youth and transitioning them into a less restrictive environment, ideally family/home based care

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General Guidance

- The Plan of Operations (**POps**) and the Program Statement (**PS**) are an integrated whole reflecting operations and programs that are themselves an integrated whole
  - Policies must be directly stated
  - Sections must:
    - be specific
    - reflect the policies
    - be consistent with each other because the reviewer will cross reference even as <u>each must stand alone</u>

- The **HOW**
  - Is task level
  - Reference the review tool and the code sections that are referenced for details
  - Be specific: numbers, bullets, charts
  - Are you already doing it? Then write it!

- The accountability
  - Do not "cut and paste"
  - Screen a consultant carefully
  - Remember that CCL will monitor fidelity

Policies & Procedures & Sections

- Policies & Procedures
    - Permanency
    - Admissions
    - Cultural Humility/Cultural Relevance
    - Trauma Informed Care
    - CFT
    - Specialized Populations : SOGIE, Transgender, Native American, CSEC/CSEY
- Sections
    - Staff Plan
    - Admission/Population to be Served
    - Removal and Transfer
    - Core Services
    - CFT
    - Community Engagement
    - Mental Health Program Approval
    - Emergency Intervention/Runaway Plan
    - CQI

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Policies & Procedures: Permanency

- Permanency planning begins from Day #1; goal is transition out

- **WHERE**
  - **POps**: Vision, Mission, Purpose Goals and Philosophies; admissions; removal or transfer; consultants & community resources; **PS**: core services; NSP; activities; services during placement; CFT; ID of home based care; visitation; emergency intervention; youth engagement

- **HOW**
  - Directly stated in Vision, Mission, Purpose, Goals and Philosophies
  - Internal processes: youth voice; NSP goals; planned activities; family engagement
  - External collaboration: CFT participants/topic; placing agency family finding
  - Post permanency services are NOT required; transition support IS
    - Some counties are separately funding post-permanency services by separate contract

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Policies & Procedures: Admissions

- Is a philosophy

- Is a policy

- Is a procedure (process)

- Is interwoven throughout specific sections that relate back to, or begin with the process

- Will be addressed below

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Policies & Procedures: Cultural Competence/Cultural Humility

- Two different concepts

    - Cultural competence
        - 3 components: cultural awareness, cultural knowledge, cross-cultural skills
        - Focus on knowledge
        - "Cultural competence requires social workers to examine their own cultural backgrounds and identities while seeking out the necessary knowledge, skills, and values that can enhance the delivery of services to people with varying cultural experiences associated with their race, ethnicity, gender, class, sexual orientation, religion, age or disability, [or other cultural factors]". NASW 2015

    - Cultural humility
        - An on-going process of self-exploration and willingness to learn from others
        - Clients are the experts in their own lives
        - Clients are capable and staff work to understand the client's world view

- **WHERE**
    - **POps**: staff plan; admissions; consultants and community resources; **PS**: core services; TIC intervention & treatment model; NSP; activities; CFT; visitation; discipline; food & cloting; emergency intervention; youth engagement

- **HOW**

    - normalize not knowing for staff
    - develop a culture-based client self-assessment tool or other mechanism by which they can be seen and heard
    - make it an in-service topic where staff self-report on how they differ from the cultural stereotypes others may believe about them

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Policies & Procedures: Trauma Informed Care

- What IS It?
  - cause versus symptom: not "what's wrong with you?" but "what happened to you?"
    - Processes for identifying sources of trauma and triggers
    - Proactively creating individualized plans for avoiding triggers and/or mitigating the resultant behaviors
- Interventions and Treatment Practices
  - evidence-based, culturally informed, specialized populations
  - processes for identifying and responding to observable behaviors
- **WHERE**: Programmatic
  - **POps**: staff plan; admissions p's & p's; removal or transfer; consultants and community resources; **PS**: core services; TI intervention and treatment model; NSP; activities; services during placement; CFT; visitation; house rules; discipline; emergency intervention; safety plans; staff self-care
- **WHERE**: Operational
  - physical environment; staff training; board of directors; literature

- **HOW**: Resources
  - Dr. Lynn Thull's upcoming STRTP DHCS Mental Health Program Application Trainings: 5/9 Oakland, 5/22 Fresno, 6/5 Los Angeles
  - CDSS STRTP Technical Assistance webinar 4/8/2019 will be posted; watch for the CCR Newsletter on the CDSS website

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Policies & Procedures: CFT

- The key to CCR success

- Are you proactive?

- Outreach process

- Advocacy

- Effectiveness

- Will be addressed below

Policies & Procedures: Specialized Populations

- Is a philosophy
- Is a policy
- Is a procedure (process)
- Is interwoven throughout specific sections
  - how are you identifying
  - how are you meeting the needs
- Will be addressed below

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SOGIE and Transgender Children/Youth: Inclusive Agency

- A SOGIE inclusive agency – What are the reviewers looking for?
  - Just like with "trauma informed care", SOGIE should be embedded in the program statement.
  - Each section of your program statement should reflect how LGBTQ+-GE children's needs will be met.
  - Think about what a SOGIE inclusive agency means.

SOGIE and Transgender Children/Youth: The Totality

- Non-discrimination policy that includes sexual orientation, gender identity and expression
- Affirming culture where ALL employees have been trained on SOGIE and being affirming
- Inclusive environment (pictures, brochure, welcoming all signs)
- Affirming admission protocols & paperwork
- LGBTQ+ competent services (mental & medical health, resources, community peer interaction)
- Staff training
- Community Collaboration
- Resources
- Support for non affirming families
- Do you have a staff advocate who offers to go to CFTs with the child?
- Are families asseses for risk factors for family rejection. Does the family have the capacity to accept and embrace a child regardless of their SOGIE?

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SOGIE and Transgender Children/Youth: Personal Rights

- To have **private or personal information**, including any medical condition or treatment, psychiatric diagnosis or treatment, history of abuse, educational records, **sexual orientation and gender identity,** and information relating to the biological family of the child, **maintained in confidence**

- .

1. **Do you have conversations with children and youth about their SOGIE and who they may feel comfortable coming out to. This is a long process that is different for each child.**

2. **If a child wants to come out, do you must support their decision and help them prepare for the coming out process.**

3. **Do you always ask permission from the youth before divulging any information about their SOGIE.**

- **4. Do you ask the youth under which circumstances you may share the information.**

- **5. Is the information need to know? What are the safety risks to sharing it?**

- **6. Do you come up with safety plans with the youth around sharing their information**

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SOGIE and Transgender Children/Youth: Health

- Addressing the medical needs of transgender children?

- AB2119 mandates that LGBTQ+ children have access to affirming medical and mental health services

- **How you ensure that the youth gets to a medical professional who can create a case plan.**

- **2. How do you advocate for the youth's right to access transgender related medical care.**

- **3. How do you educate others to see transgender medical care as a medical necessity.**

- **4. How do you challenge policies that create barriers to access to care.**

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SOGIE and Transgender Children/Youth: Bedrooms

SB731 mandates that children be asked whether they would like to be placed according to their gender identity.

- How do you implement this regulation?
- Do you ensure children's privacy? (not telling roommates about SOGIE)
- Do you offer to support trans children if they want to tell their roommates or anyone else?

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SOGIE and Transgender Children/Youth: LGBTQ Competent Services

- What <u>LGBTQ competent services</u> are offered in your agency?

- ❑ Mental Health
- ❑ Resources
- ❑ Support groups
- ❑ What support do non-affirming   families receive?

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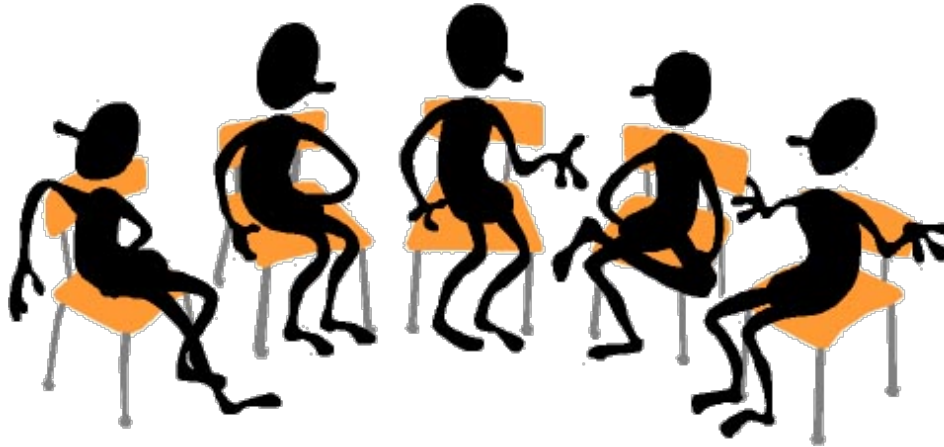
SOGIE and Transgender Children/Youth: Resources

- Vida Khavar: vkhavar@familybuilders.org   Tel: 818-458-4050
- Alliance webinar: https://www.youtube.com/watch?v=XjRXnO27_3Q&t=5s
- Tools:

    "Components of a SOGIE Inclusive Agency";

    "Checklist to Assess Organizations' SOGIE Capacity & Competency"

Both tools and more can be founds at: http://www.familybuilders.org/getREAL/resources.html

- Join the getrealca list serve for 24/7 TA support: www.freelists.org/list/getrealca

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Native American Children and Youth

- ICWA stands on its own as a matter of law

- **WHERE**
  - revisit your descriptions that reflect cultural competency/humility
  - **POps**: staff plan; admissions; consultants & community resources; **PS**: core services; NSP; planned activities; services during placement; CFT; family visitation; personal rights; discipline; food and nutritional plan; youth engagement
  - be specific as to when, how and with whom you will collaborate to demonstrate that you are, or will be engaging outside resources and/or knowledgeable collaborative partners
    - Tribal authorities
    - Native American cbo's
    - LGBTQ cbo's
  - reflect "active efforts" as defined in ICWA

- **HOW**
  - explain the outreach/collaboration process
  - name the organizations
  - describe the (sample) activities

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CSEC and CSEY

- SB 855 (2014) and AB 1760 (2016): child who has been sexually trafficked is a victim, not perpetrator; response is to be one of protection, care and treatment

- **NO CATEGORICAL REJECTION**

- Challenge translating policy into practice
  - recovery/healing does not occur immediately nor consistently and is not fully within the control of even the most capable and committed caregiver

- **WHERE**
  - **POps**: staff plan; admissions p's & p's; removal or transfer; consultants & community resources; **PS**: population to be served; core services; TI intervention & treatment; NSP; activities; services during placement; visitation; personal rights; house rules; discipline p's & p's; clothing & incidentals; safety plans; emergency intervention plans; youth engagement

- **HOW**
  - CDSS Child Trafficking Response Unit has embraced a Harm Reduction approach
    - Harm Reduction Guidance Series - 2018 Introduction (CDSS website)
      - Background, benefits, limitations
      - Practical strategies and examples for incorporating its principles into policies and practices

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Staff Plan

- Simplify the presentation: 8, 16, 40
- Include the mandated topic, number of hours for each topic, qualifications of the trainer; frequency
- Facility manager; direct staff; volunteers
- Specialty populations
- Staff well-being/resilience

- **WHERE**
  - **POps**: staffing plan; **PS**: treatment model; all programmatic components should reflect qualified staff; CQI

- **HOW**
  - bullet list
  - matrix

Admissions/Population to be Served

- **NO CATEGORICAL REJECTION**
  - state level recognition of specialized programs; not all placing agencies on board yet
  - avoid "we do not accept…"; use positive language
    - "Agency is licensed for girls between the ages of 0 – 7…"
    - "Each child referred is screened and assessed through an individualized process by…the program is staffed and the facilities are equipped to support ambulatory children…"
  - expectation to consider "commonality of needs"
  - must include outreach to community resources/collaborative partners
- **WHERE**
  - **POps**: Mission, Vision and Values; admissions policies & procedures; removal or transfer procedures; **PS**: Population to be served
  - consistency with sections addressing trauma informed care; NSP; CFT; emergency intervention; positive discipline; planned activities
- **HOW**
  - enumerate the steps, timeline, staff
    - individualized and comprehensive screening, admissions and intake processes by qualified staff
      - demonstrated outreach to placing agency and external sources of information
      - reasoned decision: a fire set at age 7 by a now-14 year old with no further history of fire setting should not be characterized and refused as a "fire setter"

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Removal and Transfer

- Begins upon entry
- No surprises
- **WHERE**
  - **POps**: staff plan; admission; removal or transfer; consultants and community resources; **PS**: TI intervention and treatment model; NSP; services during placement; CFT; discipline; emergency intervention/runaway plan
- **HOW**
  - youth engagement
  - ongoing clinical/behavioral evalution to inform treatment plan/NSP
  - timely request for CFT
  - Placement preservation strategy (WIC 16010.7)
    - Incorporate language of the WIC section (avoid cut & paste)
    - Demonstrate understanding of the requirements
      - Placing agency must convene a CFT to develop and implement a placement preservation strategy
      - If and when the strategy is not successful, placing agency must give 14-days notice to the parties listed in the code section before the child/youth is moved
      - Provider requests the CFT but there is no timeline within which the placing agency must convene the CFT
      - CDSS had not yet issued an ACL with instructions to the counties and counties and there is confusion
      - CCL is waiting for the ACL before it issues a PIN with instructions to providers

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The 5 Core Services

- **WHERE**

  - **PS 4:** they are specific; must individualize
  - be sure to incorporate references to the specialized populations
  - demonstrate how the trauma informed approach is reflected in how the program delivers each
  - explain on-site/off-site delivery

- **HOW**

  - create a separate section for each one
  - enumerate or bullet the concrete ways through which the program provides these services to the children/youth
    - Ex. Educational Supports (Core Service #3):
      - Agency will assist in ensuring the child/youth is immediately enrolled in school….attends school…is issued partial credits … receives services as mandated in an IEP…**by doing…**

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CFT

- The KEY to successful CCR implementation

- ACL 16-84 instructs counties as to participants, timing and frequency
  - reality: "work in progress" at the county level

- **WHERE**
  - **POps**: staff plan; admission; removal or transfer; **PS:** core services; trauma informed intervention & treatment; NSP; activities; services during placement/post-placement; CFT (!); home based care; visitation; personal rights; positive discipline; emergency intervention

- **HOW**
  - agency will request versus "ensure"; include process for going "up the chain"; document it!
  - CFTMs (meetings) may include "sub-meetings"

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Community Engagement

- "No reject/no eject" issue; are you <u>really</u> unable to accept/continue supporting this child/youth?

- Expectation: outreach and collaboration; beyond community partners to CWDA and/or CBHDA if necessary

- **WHERE**
  - **<u>POps</u>**: admission; consultants & community resources; **<u>PS</u>**: NSP; activities; services during/postplacement; CFT; food & clothing

- **HOW**
  - name the collaborative partners/cbo's and their focus/expertise
  - identify circumstances in which agency will reach out
  - suggest types of services/activities that the agency might request
  - include specialty populations

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Mental Health Program Approval

- No contract
  - how are you ensuring services
  - what steps are you taking to receive a contract
- Contract
  - details and copy
- "Plan B"

  - identify the network of alternative providers
- Psychotropic medications
  - how are you monitoring use, impact, effectiveness
  - CQI?

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Emergency Intervention/Runaway Plan

- A trauma-informed response

- **WHERE (additionally)**
  - NSP; CFT; safety plan; removal and transfer
- **HOW**
  - assessment has identified the trauma, triggers, behaviors
  - safe and welcoming environment?
  - re-integration (youth and milieu)
  - Placement preservation strategy (WIC 16010.7)
    - Incorporate language of the WIC section (avoid cut & paste)
    - Demonstrate understanding of the requirements
      - Placing agency must convene a CFT to develop and implement a placement preservation strategy
      - If and when the strategy is not successful, placing agency must give 14-days notice to the parties listed in the code section before the child/youth is moved
      - Provider requests the CFT but there is no timeline within which the placing agency must convene the CFT
      - CDSS had not yet issued an ACL with instructions to the counties and counties and there is confusion
      - CCL is waiting for the ACL before it issues a PIN with instructions to providers
  - Law enforcement contact
    - employ trauma informed and evidence based de-escalation and intervention techniques
    - require annual staff training on protocols
    - specify as last resort and only upon supervisor approval
    - address emergency situations (immediate risk of serious harm)
    - identify and describe collaborative relationships with CBOs to prevent or as an alternative to arrest, detention and incarceration

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CQI

- AKA performance management

- **WHERE**
  - Specifically this section
  - May chose to insert references in other sections

- **HOW**
  - "3 layers"
  - mission, vision, purpose, philosophies, goals
  - outcomes
  - <u>measurable indicators</u>
  - tools for collecting the data
  - use of the data

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QUESTIONS

Please send questions via question box.

If we don't get to your question, please email Stephanie after the webinar at sivler@cacfs.org.