June XX, 2016

REASON FOR THIS TRANSMITTAL

S[X] State Law Change

[ ] Federal Law or Regulation

Change

[ ] Court Order

[ ] Clarification Requested by

One or More Counties

[ ] Initiated by CDSS

INFORMATION RELEASE NO 2016-XX

ALL COUNTY INFORMATION NOTICE NO. I-XX-16

TO: ALL COUNTY WELFARE DIRECTORS

ALL CHILD WELFARE SERVICES PROGRAM MANAGERS

ALL CHIEF PROBATION OFFICERS

ALL TITLE IV-E TRIBES

FOSTER FAMILY AGENCIES

GROUP HOME PROVIDERS

OUT-OF-STATE GROUP HOME PROVIDERS

ALL MENTAL HEATH DIRECTORS

ALL ADMINISTRATIVE LAW JUDGES

ALL JUVENILE COURT JUDGES

SUBJECT: CONTINUUM OF CARE REFORM

REFERENCE: [SENATE BILL (SB) 1013 (CHAPTER 35, STATUTES OF 2012)](http://leginfo.ca.gov/pub/11-12/bill/sen/sb_1001-1050/sb_1013_bill_20120627_chaptered.pdf); [ASSEMBLY BILL (AB) 403](http://leginfo.ca.gov/pub/15-16/bill/asm/ab_0401-0450/ab_403_bill_20151011_chaptered.pdf) (STONE, CHAPTER 773, STATUTES OF 2015); FAMILY CODE (FC) SECTIONS 7911, 7911.1, AND 7912; GOVERNMENT CODE (GC) SECTION 6276.38; HEALTH AND SAFETY CODE (H&S) SECTIONS 1502, 1502.4, 1502.45, 1506, 1506.1, 1507.25, 1517, 1520.1, 1520.5, 1522.2, 1522.4, 1522.41, 1522.43, 1524, 1524.6, 1525.5, 1529.2, 1530.7, 1530.8, 1531.1, 1531.15, 1534, 1536, 1538.3, 1538.5, 1538.6, 1538.7, 1548, 1562, 1562.01, 1562.35, 1563, AND 1567.4; PENAL CODE (PC) SECTIONS 11105.08, 11105.2, 11105.3, AND 11170; WELFARE AND INSTITUTIONS CODE (W&IC) SECTIONS 319.3, 706.6, 727, 727.1, 831, 832, 4094.2, 4096.1, 4096.55, 5600.3, 10553.12, 11253.2, 11400, 11402.01, 11403.2, 11460, 11461.2, 11462.001, 11462.015, 11462.021, 11462.022, 11462.041, 11463.01, 11463.1, 11465, 11466, 11466.21, 11466.22, 11466.25, 11466.3, 11466.31, 11466.32, 11466.33, 11466.34, 11466.35, 11466.36, 11466.5, 11466.6, 11468, 16000, 16003, 16003.5, 16501, 16501.1, 16514, 16519.5, 16519.52, 16519.53, 16519.54, 16519.55, 16519.6, 18251, AND 18987.72; ALL COUNTY LETTER

The purpose of this joint Community Care Licensing Division (CCLD) Information Release and Children and Family Services Division (CFSD) All County Information Notice (ACIN) is to communicate changes to state law due to continued implementation of the Continuum of Care Reform (CCR) through passage of AB 403 and proposed amendments to law in furtherance of the CCR via AB 1997, as amended May 27, 2016. Subsequent to chaptering of AB 1997, further clarification via ACIN will follow.

# CONTINUUM OF CARE REFORM

The CCR seeks to further improve California’s child welfare system and its outcomes by using comprehensive initial child assessments, expanding the use of child and family teams (CFT), increasing the availability of services and supports in home-based family care settings, reducing the use of congregate care placement settings, and creating faster paths to permanency resulting in shorter durations of involvement in the child welfare and juvenile justice systems.

Pursuant to a legislative mandate of SB 1013, the California Department of Social Services (CDSS) developed a broad framework to shift practice in a manner to improve supports to children[[1]](#footnote-2) placed in congregate care and foster family agency (FFA) settings. Using a robust stakeholder process, CDSS worked in collaboration with other state departments, county welfare and probation departments, county behavioral health plans, FFAs, group homes (GHs), children, parent partners, advocates, and others to develop a set series of recommendations that are reflected in [*California’s Child Welfare Continuum of Care Reform*](http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwj7mK-Fp9zJAhUL4WMKHZAYCJ0QFgghMAA&url=http%3A%2F%2Fwww.cdss.ca.gov%2Fcdssweb%2Fentres%2Fpdf%2FCCR_LegislativeReport.pdf&usg=AFQjCNFE7sXzRpCeG8Y6AWeMlbf5lRNf3Q&sig2=twxmlJjFlRKl0-Zn-7OXcQ&bvm=bv.109910813,d.cGc)report to the Legislature released January 2015.

# OVERVIEW OF [ASSEMBLY BILL (AB) 403](http://leginfo.ca.gov/pub/15-16/bill/asm/ab_0401-0450/ab_403_bill_20151011_chaptered.pdf)

AB 403, which became law on October 11, 2015, incorporates authority to implement CCR in order to advance California’s long-standing goal to prevent the use of long-term GH care by using comprehensive initial child assessments, and increasing the use of home-based family care. AB 403 builds upon an existing body of policy and practice changes and implements a series of new reforms and accountability measures designed to improve outcomes for child in foster care.

AB 403 changes include:

* Develops and defines CFTs as the primary vehicle for collaboration on the assessment, case planning, and placement decisions, so that the first out-of-home placement is the right one
* Establishes a new children’s residential licensure category, short-term residential therapeutic program (STRTPSTRTP) [[2]](#footnote-3), to redefine congregate care to mean short-term, specialized, and intensive residential care used only for children whose needs cannot be safely met initially in a home-based family care
* Authorizes CDSS to license a temporary shelter care facility (TSCF) operated by a county or on behalf of a county, and requires CDSS to consult with counties operating shelters to develop a transition plan
* Reforms requirements for providers, including a requirement to obtain an accreditation from an approved entity, new program statement criteria, and requires the provision of core services and supports for children
* Permits FFAs, at county request, to provide supports and services to children placed in county-approved resource families
* Discontinues the Rate Classification Level (RCL) system for GH, unless CDSS grants an exception
* Defines considerations for the required development of a new provider rate structure
* Continues implementation of the Resource Family Approval (RFA) Program – with statewide implementation beginning January 1, 2017
* Increases efforts to recruit, retain and train families to meet needs of children and provides new resources to counties for this purpose
* Requires CDSS to develop an integrated system of governmental monitoring and oversight, in coordination with the Department of Health Care Services (DHCS), as well as performance and outcome measures for determining the effectiveness of the care and supervision
* Enhances training requirements

# COUNTY WELFARE AGENCIES AND PROBATION DEPARTMENTS

Funding For Recruitment and Retention of Resource Families

Counties receiving Foster Parent Recruitment, Retention and Support funding must use the funding to increase the capacity and use of home-based family care and the provision of services and supports to such caregivers [W&IC 16003.5]. Formal guidance will be provided by the Department regarding the development of county applications and other instructions in a separate All County Letter.

## Child and Family Team

AB 403 provided for the development of a Child and Family Team (CFT) to inform the process of placement determinations, identification of needed services and case plan development for foster children and children at risk of foster care placement. A CFT is defined as a group of individuals who are convened by the placing agency and who are engaged through a variety of team-based processes to identify the strengths and needs of the child and his or her family, and to help achieve positive outcomes for safety, permanency, and well-being. The child and his or her family may request specific persons to be included on the child and family team. Nothing shall preclude another agency serving the child from convening a team in collaboration with the placing agency [W&IC 16501(a)(4).]

Each CFT participant with legal power to consent must sign an authorization to release information to identified CFT members, including the child. For a child without the legal power to consent, the child’s attorney or other authorized individual must consent on behalf of the child. If there are any changes to the CFT members, including service providers, a new authorization must be executed that reflects the current constitution of the CTF membership. As provided by law, if the disclosure of information presents a reasonable risk of a significant adverse or detrimental effect on the child’s psychological or physical safety, the information must not be released.

CFT members may receive and disclose relevant information and records, subject to the confidentiality requirements in law. Information and records communicated or provided to the CFT are private, confidential, and protected from discovery and disclosure by applicable law. Testimony concerning any CFT meeting discussion is not admissible in any criminal or civil proceeding except as specifically indicated [W&IC § 830]. Civil and criminal penalties may apply to the inappropriate disclosure of information held by the CFT. The authorization cannot include release of adoption records.

## Assessments

AB 403 seeks to ensure there is a comprehensive initial child assessment, so that the first out-of-home placement is the right one. Any assessment process identified pursuant to AB 403 is in reference to a child welfare assessment for case planning and placement purposes; additional assessment requirements exist for children placed in a facility with a mental health certification; the commonality of needs of the child with the other children in the care of the facility and consideration of the CTF recommendations in the assessment process [W&IC 706.6, 4096, 4096.5, 11462.01, 16501.1, and 16514]. The Department will provide subsequent guidance regarding implementation of the county child welfare assessment provisions of AB 403 and, jointly with the Department of Health Care Services, clarify additional assessment requirements as they relate to AB 403 implementation.

## Placement Priority

AB 403 clarifies placement priorities, to include an STRTP, in sections 361.2, 706.6, 727, and 16501.1 of the W&IC. Although placement options must be considered in the preferential order, the placement of a child may be with the most appropriate placement settings in order to meet the child’s safety, best interests, and individual needs and services.

If a child is placed in an STRTP there must be a case plan that indicates the placement is for purposes of providing short-term, specialized, and intensive treatment. The case plan must specify the need for, nature of, and anticipated duration of this treatment, and, the case plan must include transition for the child to a less restrictive environment and the projected timeline by which the minor will be transitioned to that less restrictive environment.

## Comingling Wards and Dependents

AB 403 adds specified foster care provider categories that include resource family homes, certified family homes, approved resource families, FFAs, and beginning January 1, 2017, STRTPs to the section 16514 of W&IC, which identifies prohibited comingling of foster children based on a consideration of commonality of needs.

## Case Plans

AB 403 revises foster care case plan development and documentation requirements, including substantial collaboration with CFTs and specific requirements regarding children. In its development of the case plan, the placing agency must consider any recommendations of the CFT and document the rationale for any inconsistencies between the case plan and CFT recommendations [W&IC §§ 706.6 and 16501.1].

## Continued Placement Approval

STRTPs were added to the placement options listed under W&IC 361.2 and 727. Existing law requiring additional approvals from a Probation Chief or Child Welfare Director for GH placements longer than six months was carried over for STRTP placements; except that for a ward 13 years of age and older, the STRTP placement shall be approved by the chief probation officer of the county probation department, or his or her designee, only if the placement is longer than 12 months*.*

Staff Education

In addition to existing requirements, AB 403 requires that counties participating in the RFA program will be responsible for ensuring staff have the education and experience necessary to complete the home environment and psychosocial assessments competently, as well as taking the following actions, added by AB 403, as applicable [W&IC § 16519.5]:

* Excluding a resource family parent or other individual from presence in a resource family home, consistent with the established standard
* Providing a resource family parent, applicant, or excluded individual requesting review of that decision with due process pursuant to statutes, regulations, and written directives issued by CDSS
* Notifying CDSS of any decisions to exclude an individual, or take other administrative action
* Issuing temporary suspension order suspending the resource family approval prior to a hearing when urgent action is needed to protect child or NMD, who is or may be placed in home, from physical or mental abuse, abandonment, or other substantial threat to health or safety
* Ensuring resource family applicants and resource families have necessary knowledge, skills, and abilities to support children in foster care by completing caregiver training; training should include curriculum supporting role of resource family in parenting vulnerable children and should be ongoing to provide resource families with information on trauma-informed practices and requirements, as well as other topics within the foster care system
* Ensuring that a resource family applicant completes a minimum of 12 hours of preapproval training and a minimum of eight training hours annually

AB 1997 seeks to clarify that

## Optional County Implementation Guide

A County Implementation Guide was developed specifically for county agencies to begin transitioning children/youth in lower rate classification level group homes to home-based family care. This guide is not a mandatory tool for submission to CDSS, but rather seeks to support county-specific planning and implementation efforts. County child welfare, mental health, and probation agencies are encouraged to develop a collaborative and integrated team that will work together to prepare for CCR implementation.   Counties are further encouraged to include current and/or former foster youth in each of the planned activities.  The guide is intended to apply collectively to the child welfare, mental health, and probation agencies to complete together.

## Probation Specific Provisions

CDSS is consulting with county probation departments for strategies to identify, engage, and support relative caregivers, and to define probation youth outcome measures to be collected and analyzed to assess implementation of AB 403 [W&IC § 11462.041]. To meet these capacity needs, county probation departments must do all of the following:

* Work with GH providers to develop STRTP programs that meet treatment needs of probation-supervised youth in foster care
* Work with FFAs and other community-based organizations to develop strategies to recruit, approve, retain, and support foster homes for probation youth
* Work with CDSS on strategies to identify, engage, and support relative and kinship caregivers
* Work with CDSS to define probation-supervised youth outcome measures to be collected and analyzed to assess implementation of the CCR

Beginning January 1, 2018, CDSS and CPOC will assess the capacity and quality of placement options for probation youth in foster care, including home-based family care and STRTPs. CDSS, in consultation with CPOC and counties, will provide an interim report to the Legislature which will include the number of youth served in home-based family care, in STRTPs, and in GHs; characteristics of youth in these placement types; and, whether there is a continued need for probation placement in GHs. The report will also provide recommendations on any further technical assistance and training, if needed, to facilitate county probation departments, county child welfare departments, CDSS, and providers in strengthening the continuum of care for justice-involved youth [W&IC § 11462.041].

## CHILDREN’S RESIDENTIAL FACILITIES REFORMS

## Group Home Extensions

CDSS may grant an extension for up to two years, through December 31, 2018, except as provided, on a case-by-case basis, when a written request and supporting documentation are provided by a county placing agency, including a county welfare or probation director, that absent the granting of that exception, there is a material risk to the welfare of children due to an inadequate supply of appropriate alternative placement options to meet the needs of children. The exception may include time to meet the program accreditation requirement or the mental health certification requirement.

CDSS may grant an additional extension to a group home beyond December 31, 2018, upon a provider submitting a written request and the county probation department providing documentation stating that absent the grant of that extension, there is a significant risk to the safety of the youth or the public, due to an inadequate supply of short-term residential treatment centers or resource families necessary to meet the needs of probation youth. The extension granted to any provider through this section may be reviewed annually by the department if concerns arise regarding that provider’s facility. Pursuant to subdivision (e) of Section 11462.041, the final report submitted to the Legislature shall address whether or not the extensions are still necessary.

## Out of State – Group Home (OOS GH)

On and after January 1, 2017, an OOS GH must meet the applicable licensing required of an STRTP (including accreditation and mental health certification) and consider the recommendations of the CFT before placement. [FC 7911.1; W&IC 361.2, 706.6, 727, 727.1 and 16510.1] AB 1997 seeks to clarify the provision

STRTP

AB 403 established a new residential facility type entitled STRTPs, as defined in HSC § 1502. A STRTPs will provide short-term, specialized, and intensive treatment (nonmedical, except as permitted), and 24-hour care and supervision to children.

An STRTP will be licensed pursuant to HSC § 1562.01 and the applicable provisions of the Community Care Facility Act (CCFA). Among other things, an STRTP will be required to:

* Obtain accreditation from an accreditation agency identified by CDSS. AB 1997 seeks to clarify that a licensed STRTP has up to 24 months from the date of licensure to obtain accreditation. Subsequent to the chaptering of AB 1997, additional information will be forthcoming via ACIN.
* Obtain and maintain a mental health program approval, as required by DHCS, from that department or the designated county mental health plan. AB 1997 seeks to clarify that all STRTPs shall operate a mental health program to provide specialty mental health services and to ensure access to other mental health services. Subsequent to the chaptering of AB 1997, additional information will be forthcoming via ACIN.
* Prepare and maintain a current, written plan of operation, which includes a program statement that describes, at minimum:
* The population or populations to be served
* The ability to support the differing needs of children and their families with short-term, specialized, and intensive treatment
* The core services to be offered to children and their families, as appropriate or necessary
* The procedures for the development, implementation, and periodic updating of the needs and services plan for children served by the STRTP
* The procedures for collaborating with CFT including description of services to be provided to meet the treatment needs of the child as assessed, the anticipated duration of the treatment, and the timeframe and plan for transitioning the child to a less-restrictive family environment
* Any information that may be necessary to properly administrator the program
* Describe, in the plan of operation, its conflict of interest mitigation plan, if the STRTP is a county [H&S § 1562.01].
* Provide core services to children, which are trauma informed, culturally relevant, and include the following services:
  + Access to all mental health and substance use treatment services for children as needed
  + Transition support services for children, youth, and families upon initial entry and placement changes and for families who assume permanency through reunification, adoption, or guardianship
  + Educational and physical, behavioral, and mental health supports, including extracurricular activities and social supports
  + Activities/informal and formal supports designed to support transition-age youth and NMDs in achieving a successful adulthood
  + Services to achieve permanency, including supporting efforts to reunify or achieve adoption or guardianship and efforts to maintain or establish relationships with parents, siblings, extended family members, tribes, or others important to the child or youth, as appropriate
  + Services to Indian children that are consistent with active efforts as defined in federal statute
* Employee staff member who are at least 21 years of age (except as provided) to provide direct care and supervision to children.
* Have a qualified and certified administrator, as set forth in HSC 1522.4.

## Temporary Shelter Care Facility

On or after January 1, 2016, CDSS may license a “temporary shelter care facility” (TSCF). A TSCF license may be issued only to a county, or to an agency on behalf of a county, operating a licensed GH as of January 1, 2016. A TSCF is a 24-hour facility that provides no more than 10 calendar days of residential care and supervision for children under 18 years of age who have been removed from their homes as a result of abuse or neglect, as defined in Section 300 of the Welfare and Institutions Code, or both [HSC 1530.8].

A TSCF must have a plan of operation that describes services available to children that includes the following [W&IC § 11462.022]:

* Medical, developmental, behavioral, and mental health assessments based on the information obtained through required screenings
* Identification of the appropriate placement resources that meet the child’s needs based on screenings, assessments, and other information obtained about the child.
* Trauma-informed services and interventions
* Crisis intervention services
* Care and supervision provided by trauma-informed trained and qualified staff.
* Referrals to and coordination with service providers who can meet the medical, developmental, behavioral, or mental health needs of the child identified upon admission
* Educational services to ensure the child’s educational progress, including efforts to maintain the child in his or her school of origin, if practical
* Visitation services, including the ability to provide court-ordered, supervised visitation
* Structured indoor and outdoor activities, including recreational and social programs.
* Transportation and other forms of support to ensure, to the extent possible, the child’s ability to attend and participate in important milestone events
* Mentorship and peer support-type programs

A group home license issued to a county will be forfeited by operation of law upon receipt of a license to operate a temporary shelter care facility [HSC 1530.8].

CDSS will consult with counties that operate these shelters as licensed GHs to develop a transition plan for the development of TSCFs to address the unique circumstances and needs of the populations they serve, while remaining consistent with the principles of CCR. These transition plans must describe circumstances under which children will be admitted for a period in excess of 24 hours and reflect necessary staffing levels or staffing transitions [H&S § 1530.8].

# FOSTER FAMILY AGENCY REFORMS

**Rate**: Effective January 1, 2017, sunsets the existing **rate-setting system for FFAs** and establishes an interim rate system for FFAs that have been granted an extension.

Requires CDSS to develop a new payment system for **FFAs** that provide treatment, intensive treatment and therapeutic foster care programs which considers federally eligible administrative activities social work activities, social work and mental health services, as well as intensive treatment or therapeutic services, core services, staff training, licensing requirements, a process for accreditation, as specified, mental health certification, populations served, as specified.

A FFA applicant and licensee are required to have a current, written plan of operation and program statement. The program statement shall contain a description of all of the following:

* A description of the population or populations to be served.
* The core services and supports, as set forth in paragraph (5) of subdivision (b) of Section 11463 of the Welfare and Institutions Code, and as prescribed by the department, to be offered to children and their families, as appropriate or as necessary.
* Demonstrate access to mental health services, to include arranging for specialty mental health services, for children.

Note: FFAs are encouraged to seek a contract from the county mental health plan to directly provide specialty mental health services.

* The treatment practices that will be used in serving children and families.
* The procedures for the development, implementation, and periodic updating of the needs and services plan for children placed with the foster family agency or served by the foster family agency, and procedures for collaborating with the child and family team as described in paragraph (4) of subdivision (a) of Section 16501 of the Welfare and Institutions Code, that includes, but is not limited to, a description of the services to be provided to meet the treatment needs of children assessed pursuant to subdivision (d) or (e) of Section 11462.01 of the Welfare and Institutions Code.
* How the foster family agency will comply with the resource family approval standards and requirements

Note: If FFA chooses not to approve resource families, the FFA describe in the program statement the transition plan for its certified family homes to obtain resource family approval prior to December 31, 2019.

* Any other information that may be prescribed by the department for the proper administration of this section.

Note: A county licensed to operate a foster family agency shall describe, in the plan of operation, its conflict-of-interest mitigation plan, on and after January 1, 2017, as set forth in subdivision (g) of Section 11462.02 of the Welfare and Institutions Code.

A foster family agency applicant shall submit an application to the department that includes a letter of recommendation in support of its program from a county placing agency. If the department determines that the application does not contain a letter of recommendation then it shall cease review of the application. Nothing in this paragraph shall constitute a denial of the application for purposes of Section 1526 or any other law.

A foster family agency shall submit its program statement to a county placing agency for optional review each time the foster family agency updates its program statement.

A foster family agency that submits an application based on relocation shall submit its program statement to a county placing agency for optional review and shall do so only if it has updated its program statement.

All licensed FFAs will be required to obtain accreditation from an accreditation agency identified by CDSS. Note: AB 1997 seeks to clarify that an FFA licensed before January 1, 2017, has until December 31, 2018, to obtain accreditation, and an FFA licensed on or after January 1, 2017 has up to 24 months from the date of licensure to obtain accreditation. CDSS may revoke an FFA’s license for failure to obtain accreditation within these timeframes. Subsequent to the chaptering of AB 1997, additional information will be forthcoming via ACIN.

**Early Implementation for FFAs – Additional Requirements**

In addition to the requirements described above, an FFA that is selected and authorized to participate in early implementation of the RFA program must require its applicants and resource families to meet the RFA standards set forth in statute, written directives, and other applicable laws prior to approval and in order to maintain approval. The FFA will be responsible for all of the following [H&S § 1517]:

* Complying with applicable RFA requirements in statute, the regulations for FFAs, and applicable written directives adopted by the California Department of Social Services (CDSS)
* Implementing RFA requirements and utilizing standardized documentation established by CDSS
* Ensuring staff have the education and experience necessary to complete the home environment and psychosocial assessments competently
* Taking the following actions, as applicable:
  + Approving or denying resource family applications
  + Rescinding approvals of resource families
  + Providing CDSS a log of resource families approved or rescinded during the month by 10th day of following month; a certified family home includes resource family approved by an FFA
  + Updating resource family approval annually
  + Monitoring resource families through all of the following:
* Ensuring that social workers take appropriate needed action upon identifying a condition in home that may not meet RFA standards, while in the course of a routine visit to children subsequently placed with a resource family
* Requiring resource families to comply with corrective action plans as necessary to correct identified deficiencies; if corrective action is not completed as specified in the plan, the FFA or CDSS may rescind the approval of the resource family in accordance with the written directives adopted by CDSS
* Requiring resource families to report to the FFA any incidents as specified in written directives adopted by CDSS
* Performing corrective action as required by CDSS
* Submitting information and data that CDSS determines is necessary to study, monitor, and prepare early implementation report required of CDSS in statute
* Ensuring resource family applicants and resource families meet mandated training requirements

Commencing January 1, 2016, CDSS may establish participation conditions, and may select and authorize FFAs that voluntarily submit implementation plans and revised plans of operation in accordance with requirements established by CDSS, to approve resource families in lieu of certifying foster homes [W&IC § 16519.5].

No later than July 1, 2017, each FFA will be required to provide the following information to all certified family homes (CFHs), and each early implementation county will be required to provide the following information to all licensed FFHs and approved R/NREFMs [H&S § 1517]:

* A detailed description of the RFA program
* Notification, in order to care for a foster child, approval as a resource family is required by December 31, 2019
* Notification an FFH license or certificate of approval of an R/NREFM or CFH will be forfeited by operation of law December 31, 2019, except for following:
  + All licensed FFHs and approved CFHs that did not have a child in placement for any length of time between January 1, 2017, and December 31, 2017, inclusive, will forfeit by operation of law its license or certificate of approval on January 1, 2018
  + For FFH licensees and approved R/NREFMs or CFHs with a pending resource family application on December 31, 2019, an FFH license or certificate of approval held by an R/NREFM or CFH must be forfeited by operation of law on the date of approval as a resource family. If approval is denied, forfeiture by operation of law will occur on the date of completion of any proceedings required by law to ensure due process

# RATE REFORMS

## Group Homes

Sunsets, effective January 1, 2017, existing RCL system pertaining to GHs, unless a rate extension is granted pursuant to W&IC 11462.04. The initial rate extension may be granted up to 24 months pursuant to W&IC 11462.04(d)(1). A GH rate extension may be further extended, beyond December 31, 2018, to meet the needs of probation youth pursuant to W&IC 11462.04(d)(2).

## Community Treatment Facilities

The foster care rate for CTF is that of a STRTP, if they have obtained a national accreditation; otherwise, the rate it is that of a GH if they have been granted a rate extension [W&IC 4094.2 & 11462.04].

## Out of State Group Homes

On and after January 1, 2017, the licensing standards applicable to out-of-state group homes certified by the department shall be those required of STRTP.

An out-of-state group homes that meets STRTP licensing requirements may be paid at the STRTP or host state rate, whichever is lower.

## STRTP

AB 403 requires CDSS to establish a new rate system for STRTPs to be effective January 1, 2017. The new rate system will be disseminated via a separate letter.

## Home Based Caregivers

Eff. 1/1/17: New basic rate

* Reference to GBP
* TBL regarding ARC parity
* AB 1997 - delete AFDC-FC

## RBS

Extended 12/31/18 (must be a STRTP or FFA)

## ARC

Provides for consistency and parity for all resource families with basic rates to be developed by DSS and requires the basic rate for resource families to be annually adjusted by the change in the California Necessities Index (CNI), as specified.

## Interim, Provisional, and Probationary Rates

Provides for the establishment of **interim, provisional, and probationary rates** for STRTPs and FFAs, as specified.

## Interim, Provisional, and Probationary Rates

Provides for the establishment of interim, provisional, and probationary rates for STRTPs and FFAs, as specified.

1. **OVERSIGHT, TRANSPARENCY, PERFORMANCE, AND OUTCOMES**

## Oversight

CDSS is in the process of developing a system of governmental monitoring and oversight in coordination with DHCS. Oversight responsibilities will include ensuring conformity with federal and state law, including program, fiscal, and health and safety audits and reviews. Both agencies aim to minimize duplicative audits and reviews to reduce the administrative burden on STRTPs [W&IC § 11462].

CDSS has the authority to inspect, evaluate, or investigate a complaint or incident, initiate a disciplinary action against an FFA, or take any action it deems necessary for the health and safety of children placed with an FFA, which may include the following actions related to resource families [H&S § 1517]:

* Investigating any incidents reported about a resource family indicating that the approval standard is not being maintained; complaint investigations will be conducted in accordance with statute and written directives
* Rescinding approvals of a resource family approved by an FFA
* Excluding a resource family parent or other individual from presence in a resource family home or licensed community care facility (CCF); from being a member of the board of directors, an executive director, or an officer of a licensed CCF; or, prohibiting a licensed CCF from employing the resource family parent or other individual, if appropriate
* Issuing a temporary suspension order that suspends the resource family approval prior to a hearing when urgent action is needed to protect a child or nonminor dependent from physical or mental abuse, abandonment, or any other substantial threat to health or safety
* Entering and inspecting the home of a resource family approved by an FFA to secure compliance with RFA standards, investigate a complaint or incident, or ensure the quality of care provided

## Reporting Incidents

Through a procedure approved by CDSS for immediate response to incidents and complaints, a group home, transitional housing placement provider, community treatment facility, runaway and homeless youth shelter, or an STRTP must report to the CDSS Community Care Licensing Division (CCLD) the occurrence of any incident concerning a child in the facility involving contact with law enforcement. This procedure must include a method of ensuring the following:

* Owner, licensee, or person designated by the owner or licensee is notified of the incident or complaint
* Owner, licensee, or person designated by the owner or licensee has personally investigated the matter
* Person making the complaint or reporting the incident has received a written response, within 30 days of receiving the complaint, of action taken, or a reason why no action needs to be taken

In order to ensure the opportunity for direct complaints, an STRTP must establish a fixed time on a periodic basis when the owner, licensee, or person designated by the owner or licensee will be present. At this fixed time, information must be provided to neighborhood residents of the complaint procedures [H&S § 1524.6].

At least every six months, the facility must provide a follow-up report for each incident, including the following information:

* The type of incident
* Whether the incident involved an alleged violation of any crime described in W&IC § 602 committed by a child residing in the facility
* Whether staff, children, or both were involved
* The gender, race, ethnicity, and age of children involved
* The outcomes, including arrests, removals of children from placement, or termination or suspension of staff

If CDSS determines, based on the licensed capacity a facility has reported, a greater than average number of law enforcement contacts involving an alleged violation of any crime described in W&IC section 602 committed by a child residing in the facility, CDSS will inspect the facility at least once a year. If such inspection is required, CCLD will provide the report to the CDSS CSFD and to any other public agency that has certified the facility’s program or any component of the facility’s program, including DCHS [H&S § 1538.7].

In order to ensure the opportunity for direct complaints, an STRTP must establish a fixed time on a periodic basis when the owner, licensee, or person designated by the owner or licensee will be present. At this fixed time, information must be provided to neighborhood residents of the complaint procedures [H&S § 1524.6].

## Interviewing Children

In order to facilitate direct contact with STRTP clients, AB 403 adds STRTPs to current statute that grants CDSS the ability to interview children who are clients of GHs at any public agency or private agency at which a client may be found, including, but not limited to, a juvenile hall, recreation or vocational program, or a public or nonpublic school. The child has the right not to be interviewed and the right to have another adult present during the interview [H&S § 1534].

## Substantiated Complaints

A county may develop a cooperative agreement with CDSS to access disclosable, public record information from an automated system, concerning substantiated complaints for all GHs or STRTPs, as defined by department regulations, located within that county. Access to the database may be accomplished through a secure online transaction protocol.

According its oversight role, CDSS will periodically review the records of substantiated complaints against an STRTP to determine whether the nature, number, and severity of incidents upon which complaints were based constitute a basis for concern as to whether the provider is capable of effectively and efficiently operating the program. If CDSS determines that there is cause for concern, it may contact the county in which an STRTP is located, and placement agencies in other counties using the STRTP, and request their recommendations as to what action, if any, CDSS should take regarding the provider’s status as a licensed STRTP [H&S § 1538.6].

CDSS will inspect STRTPs as a new type of licensed CCF pursuant to existing law, as applicable, and as set forth in the Community Care Facilities Act (Health and Safety Code § 1500 et seq.) [H&S §§ 1502, 1534, and 1538].

## Transparency and Performance

At least annually, CDSS will publish and make available to interested persons a list(s) covering all licensed community care facilities and the services for which each facility has been licensed or issued a special permit. For an STRTP, the list will include both of the following:

* The number of licensing complaints, types of complaints, and outcomes of complaints, including citations, fines, exclusion orders, license suspensions, revocations, and surrenders
* The number, types, and outcomes of law enforcement contacts made by the facility staff or children

At least 30 days prior to the anniversary of the effective date of an STRTP license, CDSS may transmit, to specified recipients, a copy of all inspection reports given to the facility by CDSS during the past year as a result of a substantiated complaint regarding a violation of the Community Care Facilities Act (Health & Safety Code § 1500) relating to resident abuse and neglect, food, sanitation, incidental medical care, or residential supervision. Specified recipients are the board members of the licensed STRTP, parents, legal guardians, conservators, clients’ rights advocates, or placement agencies, as designated in each resident’s placement agreement.

During that one-year period the copy of the notices transmitted and the proof of the transmittal will be open for public inspection. CDSS may transmit copies of the inspection reports concerning STRTPs to the county in which the STRTP is located, if requested by that county. Additionally, an STRTP must maintain, at the facility, a copy of all licensing reports for the past three years that would be accessible to the public through CDSS for inspection by placement officials, current and prospective facility clients, and the client’s family members who visit the facility [H&S § 1538.5].

Beginning January 1, 2017, and at least semiannually after that, CDSS will publish and make available on a public internet website, STRTP and FFA provider performance indicators [W&IC § 11461.2].

Monitoring and Oversight

CDSS is in process of developing a system of governmental monitoring and oversight in coordination with DHCS. Oversight responsibilities will include ensuring conformity with federal and state law, including program, fiscal, and health and safety reviews. Both state agencies aim to minimize duplicative audits and reviews to reduce the administrative burden on FFAs [W&IC § 11463].

## County Review Process

In consultation with the County Welfare Directors Association of California, Chief Probation Officers of California, and stakeholders, CDSS is in the process of establishing procedures for a county review process, at a county’s option, for FFAs, which may include the review of an FFA’s program statement [H&S § 1506.1].

## FFA Oversight and State Hearing Procedures

CDSS has the authority to inspect, evaluate, or investigate a complaint or incident; initiate a disciplinary action against an FFA, or to take any action it may deem necessary for the health and safety of children placed with an FFA. CDSS is in the process of implementing due process procedures that will include a statewide fair hearing process for denials, rescissions, or exclusion actions, as well as amending applicable state hearing procedures and regulations or using the Administrative Procedure Act, when applicable, necessary for the administration of the program [H&S § 1517; W&IC § 16519.5]. See [*Section J – 3*](#_K_–_3:) for AB 403 state hearings and due process statutes related to resource families and FFAs.

**Transparency and Performance**

Commencing January 1, 2017, and at least semiannually after that date, CDSS will publish and make available on a public Internet Web site, FFA provider performance indicators [W&IC § 11461.2].

# OTHER FOSTER CARE SYSTEM REFORMS

## Foster Parent Training Requirements – Effective Immediately

Sunsets, effective January 1, 2017, existing foster parent training provisions and replaces statute with annual training requirement of eight hours and other revised requirements and structure.

From January 1, 2017 to January 1, 2019, licensed FFHs and the certified family homes (CFH) of licensed foster family agencies will be required to meet the transitional training requirements described below. Until that time, in addition to the foster parent training provided by community colleges, foster family agencies (FFAs) will continue to provide a program of training for their certified family homes, including new requirements introduced by AB 403.

From January 1, 2016, to January 1, 2017, every licensed foster parent will continue to complete a minimum of 12 hours of foster parent training before the placement of any foster children with the foster parent. AB 403 updates the following initial preplacement training requirements:

* Training on health issues in foster care must now specifically include the authorization, uses, risks, benefits, assistance with self-administration, oversight, and monitoring of psychotropic or other medications; trauma; and, mental health and substance use disorder treatments for children in foster care under the jurisdiction of the juvenile court, including how to access those treatments
* Instruction on cultural competency and sensitivity and related best practices for providing adequate care to children identifying as lesbian, gay, bisexual, or transgender must now include more expansive training regarding children across diverse ethnic and racial backgrounds

In addition to pre-placement training, a foster parent is required complete a minimum of eight hours of foster parent training annually, for which there are no changes to existing training requirements [H&S § 1529.2].

## Transitional Training Requirements – January 1, 2017 through January 1, 2019

Effective January 1, 2017, and until January 1, 2019, foster parents will be required to complete a minimum of eight training hours annually, a portion of which must be from one or more of the following topics, as prescribed by CDSS:

* Age-appropriate child and adolescent development
* Health issues in foster care, including, but not limited to, the authorization, uses, risks, benefits, assistance with self-administration, oversight, and monitoring of psychotropic or other medications; trauma; and, mental health and substance use disorder treatments for children in foster care under the jurisdiction of the juvenile court, including how to access those treatments.
* Positive discipline and the importance of self-esteem
* Preparation of children and youth for a successful transition to adulthood
* The following rights:
* The right of a foster child to have fair and equal access to all available services, placement, care, treatment, and benefits
* The right to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status
* Instruction on cultural competency and sensitivity and related best practices for providing adequate care for children across diverse ethnic and racial backgrounds, as well as children identifying as lesbian, gay, bisexual, or transgender

In addition, a foster parent may be required to receive specialized training, as relevant, for the purpose of preparing the foster parent to meet the needs of a particular child in care. This training may include, but is not limited to, the following:

* Understanding how to use best practices for providing care and supervision to commercially sexually exploited children
* Understanding cultural needs of children, including, but not limited to, cultural competency and sensitivity and related best practices for providing adequate care to children across diverse ethnic and racial backgrounds, as well as children identifying as lesbian, gay, bisexual, or transgender
* Understanding the requirements and best practices regarding psychotropic medications, including, but not limited to, court authorization, benefits, uses, side effects, interactions, assistance with self-administration, misuse, documentation, storage, and metabolic monitoring of children prescribed psychotropic medications
* Understanding the federal Indian Child Welfare Act, its historical significance, the rights of children covered by the act, and the best interests of Indian children, including the role of the caregiver in supporting culturally appropriate, child-centered practices that respect Native American history, culture, retention of tribal membership and connection to the tribal community and traditions
* Understanding how to use best practices for providing care and supervision to NMDs
* Understanding how to use best practices for providing care and supervision to children with special health care needs

No child can be placed with a foster parent unless each foster parent in the home meets the training requirements described above [H&S § 1529.2].

## Training Hardship Waiver

Upon the request of a licensed or certified foster parent for a hardship waiver from the annual training requirement or a request for an extension of the deadline, a county may, at its option, on a case-by-case basis, waive the training requirement or extend any established deadline, for a period not to exceed one year, if the training requirement presents a severe and unavoidable obstacle to continuing as a foster parent. Obstacles for which a county may grant a hardship waiver or extension are:

* Lack of access to training due to the cost or travel required or lack of child care to participate in the training, when online resources are not available
* Family emergency

Before a waiver or extension may be granted, the licensed or certified foster parent should explore the opportunity of receiving training online or by video or written materials. Foster parent training may be obtained through sources that include, but are not necessarily limited to, community colleges, counties, hospitals, foster parent associations, the California State Foster Parent Association’s Conference, online resources, adult schools, and certified foster parent instructors.

In addition to the foster parent training provided by community colleges, FFAs must provide a program of training for their certified foster families. Training certificates must be submitted to the appropriate licensing agency or FFA. Upon completion, a licensed or certified parent must submit a certificate of completion for the annual training requirements [H&S § 1529.2].

## Home-Based Caregivers Training Requirements

AB 403 mandates the implementation of a unified, family friendly, and child-centered RFA process to replace the existing multiple processes for licensing foster family homes (FFHs), certifying homes by licensed foster family agencies, approving relatives and nonrelative extended family members (N/NREFMs) as foster care providers, and approving guardians and adoptive families [W&IC § 16519.5; H&S § 1517]. See [*Section I – 1*](#_J_–_1:)for information regarding transition to the RFA process for home-based caregivers. This section provides new training availability and requirements introduced by AB 403 for FFHs and R/NREFMs.

## Relatives And Nonrelative Extended Family Members - Training Available

In order to promote the successful implementation of the statutory preference for foster care placement with a R/NREFM, each community college district with a foster care education program provides orientation and training to R/NREFM caregivers into whose care the county has placed a child. Effective immediately, new training topics include the following [W&IC § 16003]:

* Training on health issues in foster care is expanded to include, but is not limited to, the authorization, uses, risks, benefits, assistance with self-administration, oversight, and monitoring of psychotropic medications; trauma; and, substance use disorder and mental health treatments, including how to access those treatments
* Knowledge of and skills related to the application of the reasonable and prudent parent standard for the participation of the child in age or developmentally appropriate activities
* Child and adolescent development, including sexual orientation, gender identity, and expression

Community colleges are required to provide R/NREFM training until January 1, 2017. As of that date, resource families who are R/NREFMs must adhere to training requirements applicable to resource families.

## Licensing Program Analysts Training Requirements

AB 403 limits reliance on congregate care by introducing STRTPs. Current GHs, under the existing Rate Classification Level payment system, are encouraged to be phased out and replaced by STRTPs. STRTPs will provide short-term, specialized, and intensive treatment, as well as 24-hour care and supervision to children in a non-detention setting. AB 403 adds content regarding STRTPs to existing licensing program analyst (LPA) training requirements, as well as additional topics that may be included in LPA training.

## New Licensing Program Analyst Training

AB 403 adds the following topics that may be included in LPA training [H&S § 1563]:

* An overview of the child protective and probation systems
* The effects of trauma, including grief and loss, and child abuse or neglect on child development and behavior, and methods to behaviorally support children impacted by that trauma or child abuse and neglect
* Positive discipline and the importance of self-esteem
* Health issues in foster care, including, but not limited to, the authorization, uses, risks, benefits, assistance with self-administration, oversight, and monitoring of psychotropic or other medications; trauma; and, mental health and substance use disorder treatments for children in foster care under the jurisdiction of the juvenile court, including how to access those treatments
* Accessing the services and supports available to foster children to address educational needs, physical, mental, and behavioral health, substance use disorders, and culturally relevant services
* Instruction on cultural competency and sensitivity and related best practices for providing adequate care to children across diverse ethnic and racial backgrounds, as well as for children identifying as lesbian, gay, bisexual, and transgender
* Understanding how to use best practices for providing care and supervision to commercially sexually exploited children
* Understanding the federal Indian Child Welfare Act, its historical significance, the rights of children covered by the act, and the best interests of Indian children, including the role of the caregiver in supporting culturally appropriate, child-centered practices that respect Native American history, culture, retention of tribal membership, and connection to the tribal community and traditions
* Understanding how to use best practices for providing care and supervision to nonminor dependents
* Understanding how to use best practices for providing care and supervision to children with special health care needs
* Basic instruction on existing laws and procedures regarding the safety of foster youth at school and ensuring a harassment and violence free school environment.
* Permanence, well-being, and educational needs of children
* Child and adolescent development, including sexual orientation, gender identity, and gender expression
* The role of foster parents, including working cooperatively with the child welfare or probation agency, the child’s family, and other service providers implementing the case plan
* A foster parent’s responsibility to act as a reasonable and prudent parent, as well as to provide a family setting that promotes normal childhood experiences that serve the needs of the child
* Physical and psychosocial needs of children, including behavior management, de-escalation techniques, and trauma informed crisis management planning

## Access to Inform

## Respite Care

Respite care is temporary care not to exceed 72 hours. To preserve the placement, it may be extended to 14 days in any one month. This care may still be provided to the child’s parents or guardians, but not for routine, ongoing child care [W&IC § 16501].

## Delayed Egress Devices

STRTP were included in the statute the governing the installation and utilization of delayed egress devices[[3]](#footnote-4).

## Mandated Reporter

Includes in the definition of "mandated reporter" an individual certified by a licensed FFA as a certified family home and an individual approved as a resource family, as specified. (AB 1997)

## Criminal Record Exemptions and Due Process

Adopts clarifying changes regarding criminal record exemptions and due process rights, as specified. (AB 1997)

## Inspection Reports

Inspection reports are open to the public and kept on file by the department. CDSS may transmit copies to various parties as designated of all inspection reports given to the facility by CDSS during the past year as a result of a substantiated complaint regarding a violation of the Community Care Facilities Act relating to resident abuse and neglect, food, sanitation, incidental medical care, and residential supervision. Additionally, CDSS may transmit copies of the inspection reports concerning a GH or an STRTP to the county in which the GH or STRTP is located, if requested by that county [H&S § 1538.5].

## Roster of Community Care Facilities

The department shall provide, at cost, quarterly to each county and to each city upon request, and to the chief probation officer of each county, and city and county, a roster of all community care facilities licensed as small family homes, short-term residential treatment centers, or group homes located in the county, which provide services to wards of the juvenile court, including information on licensing, facility type, and the licensed bed capacity of each such facility. Information is limited to that available through the computer system of the department.

AB 403 and proposals in AB 1997 make additional technical amendments, including changes to conform to state and federal law**.**

# STAKEHOLDER ENGAGEMENT

AB 403 requires CDSS to work with stakeholders, including other state departments such as the DHCS, legislative staff, counties, and advocates, to address critical issues and specified subject areas in the initial and ongoing implementation of this act. It requires the work with stakeholders to include the development of timelines and key milestones for implementation of this act, including a process to monitor progress. It requires the CDSS, in consultation with stakeholders, to measure and track changes in the number of out-of-home placements that are available to county placing agencies, as specified.

It introduces the engagement of the child, his or her family, caregivers, providers, natural supports and others in the assessment, placement, and service planning processes.

CDSS is required to work with stakeholders, other state departments, such as the DHCS, legislative staff, counties, and advocates, to address critical issues in the initial and ongoing implementation of CCR. This work with stakeholders includes the development of timelines and key milestones for implementation of AB 403, including a process to monitor progress, as well as identifying major implementation tasks and action steps, monitoring achievements, and developing recommendations for addressing issues that arise during implementation. This section provides AB 403 mandates for CDSS to collaborate with stakeholders for the purpose of implementing CCR.

## AB 403 – Global Mandate to Consult Stakeholders

CDSS, in consultation with the stakeholder groups, will measure and track changes in the numbers of out-of-home placements available to county placing agencies, including the geographic distribution of providers. DHCS and CDSS, as appropriate, will also measure and track, in consultation with stakeholders, the availability and utilization of services, including but not limited to, medical and behavioral health and child welfare services for children in out-of-home placements.

The stakeholder process described above may include the convening of a large workgroup or smaller workgroups that would address specific subject areas that may include, but are not limited to, the following [AB 403 SEC. 126]:

* Rate development for short-term residential therapeutic programs (STRTPs), foster family agencies (FFAs), and other caregivers across the continuum of care
* Assessments
* Retention and recruitment of home-based family caregivers
* Availability of core services, including specialty mental health services, across placement types
* Meeting the needs of special populations within the child welfare system
* The mental health certification process
* Simplification of the licensure and approval process for resource families
* Outcomes, accountability measures, and data collection

AB 403 also requires CDSS to work with probation agencies, homeless shelter providers, residential education providers, counties that operate shelters, and others to identify jointly developed alternative timeframes or criteria to be met in order to address the unique circumstances and needs of the populations they serve, while remaining consistent with the principles of the Continuum of Care Reform [AB 403 SEC. 125].

## Process for Peer Review Panels

CDSS will consult with CWDA, CPOC, County Behavioral Health Directors Association of California, and stakeholders to establish a process for convening peer review panels for STRTPs, as specified [H&S § 1522.43].

**Peer Panels Review Process for Peer Review Panels**

CDSS will consult with CWDA, CPOC, County Behavioral Health Directors Association of California, and stakeholders to establish a process for convening peer review panels for STRTPs, as specified [H&S § 1522.43].

## Temporary Shelter Care Facilities

CDSS will consult with counties that operate these shelters as licensed GHs to develop a transition plan for the development of TSCFs [H&S § 1530.8].

CDSS will consult with counties to provide a report to the Legislature by 01/01/2021 regarding the number of children and youth served by TSCFs, their characteristics, and whether there is continued need for such facilities [W&IC § 11462.022].

## Information Sharing

CDSS will consult with representatives of the County Counsels’ Association of California, CWDA, and stakeholders to develop regulations or identify policy changes necessary to allow for the sharing of information as described in statute [W&IC § 827.11].

## 

## Liability and Home Owners Insurance Costs

CDSS will consult with the California State Foster Parent Association and other interested stakeholders to produce report for the Legislature regarding liability and homeowners insurance costs for acts committed by children in care [W&IC § 11460].

## STRTP and FFA Rate and Oversight

CDSS submitted a new rate structure for the May revise [W&IC § 11462].

CDSS will consult with county placing agencies to develop the new payment structure for FFAs, based upon specific factors for consideration [W&IC § 11463].

CDSS will consult with DHCS to develop a system of oversight that will be effective but not duplicative or burdensome on providers [W&IC § 11463].

## STRTP Regulations

To the extent CDSS determines they are necessary, CDSS will adopt regulations that apply to STRTPs that care for dependent children ages 6 to 12 years, inclusive, as specified. In order to determine whether such regulations are necessary and what any resulting standards should include, CDSS will consult with interested parties that include, but are not limited to, representatives of current and former foster youth, advocates for children in foster care, county welfare and mental health directors, chief probation officers, representatives of care providers, experts in child development, and representatives of the Legislature. CDSS will adopt regulations that apply to STRTPs that care for children younger than six years of age, as specified, and will adopt regulations that apply to STRTPs that provide minor parent programs serving children younger than six years of age, as specified [H&S § 1530.8].

## Respite Care Extensions

CDSS will consult with county placing agencies and stakeholders to develop policies and regulations related to 14-day extensions for respite care [W&IC § 16501].

# LEGISLATIVE REPORTS

## Probation Placement in GHs

CDSS is required to provide an interim report to the Legislature no later than January 10, 2019, and a final report no later than January 10, 2021, to include specified data and whether there is a continued need for probation placement in group homes

[W&IC § 11462.041].

## TSCF

In consultation with counties, CDSS will provide a report to the Legislature no later than January 1, 2021, that will include the number of children and youth served by TSCFs, characteristics of children detained in these facilities, and whether there is a continued need for the licensing and operation of TSCFs [W&IC § 11462.022].

# CONCLUSION

Regulations

An administrative review process for rate determinations, including denials, reductions, and terminations that includes a departmental review, corrective action, and a protest to CDSS will be disseminated by written directive until regulations are adopted.

# B – 1: AFDC-FC EXPEDITED PROCESSING OF APPLICATION FOR AID

An application for aid filed on behalf of a child will be processed pursuant to an expedited process under development by CDSS, in consultation with counties, as follows:

* Unless the person who applies for aid on behalf of a child described in subdivision (a) is also an applicant for or a recipient of benefits under this chapter
* Except as provided, a person who applies for aid on behalf of a child described be exempt from guidelines governing the statewide fingerprint imaging system
* A relative caregiver who is also an applicant for or a recipient of benefits under this chapter shall comply with the statewide fingerprint imaging system requirements

This expedited process will not apply if the person who applies for aid on behalf of a child is also an applicant for or a recipient of benefits. A person who applies for aid on behalf of a child will be exempt from statewide fingerprinting requirements. However, a relative caregiver who is also an applicant for or a recipient of benefits must comply with the statewide fingerprint imaging system requirements [W&IC § 11253.2].

**STRTP Placement**

If an STRTP or GH placement is selected for a child, the case plan must specify the needs for, nature of, and anticipated duration of this placement, that the placement is for purposes of providing short-term, specialized, intensive treatment, and the plan and timeline for transitioning the child to a less restrictive environment. If the placement is longer than six months, the placement shall be documented and shall be approved by the deputy director or director of the county child welfare department. This section of the case plan must be reviewed and updated at least semiannually.

If admission to, or continuation in, a GH or STRTP placement is being considered for an NMD, the GH or STRTP placement approval decision must continue to include a youth-driven, team-based case planning process [W&IC §§ 361.2 and 16501.1].

# C – 2: SPECIFIC POPULATIONS

**Legal Adoption or Guardianship**

If the case plan has as its goal for the child a permanent plan of adoption or legal guardianship, it must include the following [W&IC § 16501.1]:

* A statement of child’s wishes regarding permanent placement plan and assessment of stated wishes
* Agency documentation
* To find an adoptive family or other permanent living arrangement for child
* To place child with an adoptive family, an appropriate and willing relative, a legal guardian, or another planned permanent living arrangement
* To finalize adoption or legal guardianship
* Child-specific recruitment efforts when child has been freed for adoption, such as use of state, regional, and national adoption exchanges, including electronic exchange systems
* If plan is for kinship guardianship, case plan must document how child meets kinship guardianship eligibility requirements
* Regardless of whether child has been freed for adoption, documentation must include description of any barriers to achieving legal permanence and steps agency will take to address barriers

**Youth 14 Years of Age or Older**

The case plan as the foundation and central unifying tool must be developed in consultation with the youth. At the youth’s option, the consultation may include up to two members of the case planning team chosen by the youth, who are not foster parents of, or caseworkers for, the youth. The agency, at any time, may reject an individual selected by the youth to be a member of the case planning team if the agency has good cause to believe that the individual would not act in the youth’s best interest. One individual selected by the youth to be a member of the case planning team may be designated to be the youth’s advisor and advocate with respect to the application of the reasonable and prudent parent standard to the youth, as necessary.

The case plan must include both of the following:

* A document that describes the youth’s rights with respect to education, health, visitation, and court participation, the right to be annually provided with copies of his or her credit reports at no cost while in foster care, and, the right to stay safe and avoid exploitation
* A signed acknowledgment by the youth that s/he has been provided a copy of the document and the rights described in the document have been explained in an age-appropriate manner

The case plan must include documentation that a consumer credit report was requested annually from each of the three major credit reporting agencies at no charge to the youth and results were provided to the youth. For NMDs, the case plan must include documentation that the county assisted the NMD in obtaining the reports. The case plan must include documentation of any barriers, to obtaining the credit reports. If the consumer credit report reveals any accounts, the case plan must detail how the county ensured the youth received assistance with interpreting the credit report and resolving any inaccuracies, including any referrals made for the assistance [W&IC § 16501.1].

The case plan must address siblings, and for a child over ten in placement six months or longer, it shall identify people other than siblings important to the child and address maintaining those relationships. For a child 14 or 15 years of age, the case plan must include a written description of programs and services that will help the child, consistent with the child’s best interests, to prepare for the transition from foster care to successful adulthood.

**Children 16 Years of Age or Older**

The case plan shall include documentation of a compelling reason(s) why termination of parental rights is not in the minor’s best interest. A “compelling reason” has the same meaning as subdivision (c) of section 727.3 of the Welfare and Institutions Code. The case plan shall also identify the intensive and ongoing efforts to return the minor to the home of the parent, place the minor for adoption, establish a legal guardianship, or place the minor with a fit and willing relative, as appropriate. A determination completed or updated within the past twelve months by the department, when it is acting as an adoption agency or by a licensed adoption agency, that it is unlikely that the child will be adopted, or one of the conditions described in paragraph (1) of subdivision (c) of Welfare and Institutions Code section 366.26 applies, is a compelling reason.

When the child is in a planned permanent living arrangement, the case plan must identify the intensive and ongoing efforts to return the child to the home of the parent, place the child for adoption, place the child for tribal customary adoption in the case of an Indian child, establish a legal guardianship, or place the child or NMD with a fit and willing relative, as appropriate. Efforts must include the use of technology, including social media, to find biological family members of the child [W&IC § 16501.1].

**Risk of Commercial Sexual Exploitation**

The case plan for a child who is, or who is at risk of becoming, the victim of commercial sexual exploitation, must document the services provided to address this [W&IC § 16501.1].

# C – 3: WARDS OF THE COURT

In its development of the case plan, the probation agency must consider any CFT recommendations and document the rationale for any inconsistencies between the case plan and CFT recommendations. The case plan must be submitted to the court and attached to either the social study or incorporated as a separate section therein. The case plan must include, but is not limited to, the following information [W&IC § 706.6]:

* A description of the circumstances that resulted in the minor being placed under the supervision of the probation department and in foster care
* Documentation of the preplacement assessment of the minor’s and family’s strengths and service needs showing that preventive services were provided and reasonable efforts to prevent out-of-home placement were made and type of placement best equipped to meet those needs
* A description of the type of home or institution in which the minor is to be placed, the reasons for that placement decision, including the safety and appropriateness of the placement, and recommendations of the CFT, if available
* An appropriate placement is the least restrictive, most family-like environment that promotes normal childhood experiences, in closest proximity to the minor’s home that meets the minor’s best interests and special needs.

**Minors Under 16 Years of Age**

The updated case plan prepared for a permanency planning hearing must include a recommendation for a permanent plan for the minor. The identified permanent plan for a minor under 16 years of age must be either return to the child’s home, adoption, legal guardianship, or placement with a fit and willing relative. Additionally, the case plan must identify any barriers to achieving legal permanence and the steps the agency will take to address those barriers [W&IC § 706.6].

**Minors Age 16 and Older**

If, after considering reunification, adoptive placement, legal guardianship, or permanent placement with a fit and willing relative, the probation officer recommends placement in a planned permanent living arrangement for a minor, the case plan must document of a compelling reason or reasons why termination of parental rights is not in the minor’s best interest. The case plan must also identify the intensive and ongoing efforts to return the minor to the home of the parent, place the minor for adoption, establish a legal guardianship, or place the minor with a fit and willing relative, as appropriate. Efforts must include the use of technology, including social media, to find biological family members of the minor [W&IC § 706.6].

**Placement with an STRTP**

A child may be placed into a community care facility licensed as an STRTP, provided the case plan indicates the placement is for purposes of providing short-term, specialized, and intensive treatment for the minor; specifies the need for, nature of, and anticipated duration of this treatment; and plan includes transitioning the minor to a less restrictive environment, as well as the projected timeline by which the minor will be transitioned to a less restrictive environment [W&IC §§ 361.2 and 706.6].

**Placement Out of State or Substantial Distance from the Parent or Guardian**

When placement is made in a foster family home, GH, or other child care institution that is either a substantial distance from the home of the minor’s parent or legal guardian or is located out of state, the case plan must specify the reasons why the placement is the most appropriate and is in the best interest of the minor [W&IC § 706.6].

**D: ACCREDITATION**

AB 403 increases training and service requirements for facilities, adding accreditation requirements.

OOS GHs will also be required to obtain accreditation.

CDSS may supplement a rate with a one-time reimbursement for accreditation fees in as determined by CDSS in written directives. Any change in accreditation status must be reported to CDSS within the defined timeframe [W&IC § 11462].

**Accreditation Agencies**

CDSS, in consultation with stakeholders, has identified three accreditation agencies from which a provider can obtain the required accreditation:

* [Council of Accreditation](http://www.COAnet.org)
* [Commission on Accreditation of Rehabilitation Facilities](http://www.CARF.org)
* [The Joint Commission](http://www.jointcomission.org)

The hyperlinked chart compares the three agencies: [Accrediting Process Comparison](https://coa.my.salesforce.com/sfc/p/300000000aAU/a/500000000Hui/fBKIsVyf7eoQu40mcwgTlBo4ZxcAWhao9U8B5fOJO38=)

**Process to Obtain Accreditation**

* The provider submits an application for accreditation and conducts a self-study
* The provider undergoes onsite review of business and service practices
* Upon approval, the provider receives a qualified public certificate
* The accreditation process takes approximately 12-18 months

# Accreditation is maintained via annual reporting and unannounced site reviews

The following applies to a FFA licensed before January 1, 2017:

* FFA shall have until December 31, 2018, to obtain accreditation
* FFA shall submit documentation of accreditation or application for accreditation to the department in a time and manner as determined by the department
* FFA shall provide documentation to the department reporting its accreditation status as of January 1, 2018, and July 1, 2018, as determined by the department

The following applies to an FFA licensed on or after January 1, 2017:

* FFA shall have up to 24 months from the date of licensure to obtain accreditation
* FFA applicant shall submit documentation of accreditation or application for accreditation with its application for licensure
* FFA shall provide documentation to the department reporting its accreditation status at 12 months and at 18 months after the date of licensure

This subdivision does not preclude CDSS from requesting additional information from the FFA regarding its accreditation status. CDSS may revoke an FFA’s license for failure to obtain accreditation within the timeframes specified.

**Accreditation Rate Exemption**

Effective January 1, 2017, a GH applying for licensure as an STRTP must obtain accreditation. A GH may request a rate exception that includes time to meet the accreditation requirement applicable to STRTPs [W&IC § 11462.04]. A group home may request an exception to extend its rate as follows:

* CDSS may grant extension for up to two years, through December 31, 2018, on a case-by-case basis, when written request and supporting documentation are provided by a county placing agency, including county welfare or probation director, that absent granting exception, there is a material risk to welfare of children due to inadequate supply of appropriate alternative placement options to meet children’s needs; exception may include time to meet the program accreditation requirement or the mental health certification requirement
* Pursuant to W&IC section 11462.041, department may grant extension to group home beyond December 31, 2018, upon provider submitting written request and county probation department providing documentation stating absent granting extension, there is significant risk to safety of youth or public, due to inadequate supply of STRTPs or resource families necessary to meet needs of probation youth; extension granted to any provider through this section may be reviewed annually by the department if concerns arise regarding that provider’s facility
* Exception shall allow the provider to continue to receive the rate under the prior ratesetting system
* Provider granted extension pursuant to this section shall continue to operate and be governed by applicable laws and regulations operative on December 31, 2018

# E: SHORT-TERM RESIDENTIAL TREATMENT CENTERS

AB 403 seeks to limit reliance on congregate care by introducing a new provider category – STRTPs. Current GHs, under the existing Rate Classification Level payment system, are to be phased out and replaced by STRTPs, which are residential facilities licensed by CDSS that provide short-term, specialized, and intensive treatment, as well as 24-hour care and supervision to children. The care and supervision provided by an STRTP will be nonmedical, except as specifically permitted in law [H&S § 1502; W&IC § 11400]. AB 403 includes specific requirements and provisions for licensed GHs to successfully transition to licensure as an STRTP, including rate extensions on a case-by-case basis. See [*Section G – 1*](#_G_–_1:) for AB 403 statutes regarding licensed GHs.

**Placement**

Foster Care Placements

Effective January 1, 2017, STRTPs will provide services for those children and youth who cannot safely be served in their own homes or in home-based family care settings. See [*Section C*](#_C:__PLACEMENT)for information regarding counties, probation departments, and CFTs. These entities are required to meet statutory placement requirements when determining placements with STRTPs and other foster care providers that would be eligible for AFDC-FC payment.

Private Placements

An STRTP, FFA or GH may accept private placements of children or youth. When a referral is not from a public agency and no public funding is involved, there is neither a requirement for public agency review nor a requirement for determination of need. Children and youth subject to placement under these conditions must have been determined to be seriously emotionally disturbed by a licensed mental health professional [W&IC § 11462.01].

# E – 1: LICENSURE

**Plan of Operation**

# E – 2: AFDC-FC RATE

**AFDC-FC Per-Child Per-Month Rate**

Foster care providers will be paid a-per child per-month rate in return for the care and supervision of the AFDC-FC child placed with them. “Care and supervision” includes food, clothing, shelter, daily supervision, school supplies, a child’s personal incidentals, liability insurance with respect to a child, reasonable travel to the child’s home for visitation, and reasonable travel for the child to remain in the school in which s/he is enrolled at the time of placement. Reimbursement for the costs of educational travel will be made according to procedures determined by CDSS, in consultation with representatives of county welfare and probation directors, and additional stakeholders, as appropriate.

For a child or youth placed in an STRTP or GH, care and supervision must also include reasonable administration and operational activities. It may also include reasonable activities performed by social workers employed by the program provider that are not otherwise considered daily supervision or administration activities, but are eligible for federal financial participation under Title IV-E of the federal Social Security Act. Except as specifically provided for in statute, reimbursement for an AFDC-FC rate will only be paid to a GH or STRTP organized and operated on a nonprofit basis [W&IC § 11460].

CDSS is finalizing, in consultation with county placing agencies and providers, a new payment structure for STRTP placements claiming Title IV-E funding. The new rate proposed to be effective January 1, 2017, and will include consideration of all of the following factors [W&IC § 11462]:

* Core services
* Specialized and intensive treatment supports that encompass the elements of nonmedical care and supervision necessary to meet a child’s or youth’s safety and other needs that cannot be met in a family-based setting
* Staff training
* Health and Safety Code requirements
* Accreditation
* Mental health certification, including a requirement to timely report to CDSS any change in mental health certificate status
* Maximization of federal financial participation

**Recommendation from Host County or Primary Placing County**

In order to receive a rate, an STRTP must submit a recommendation from the host county or the primary placing county that the program is needed and that the provider is willing and capable of operating the program at the level sought [W&IC § 11462.01].

**Dependent Infant Living with a Dependent Teen**

Commencing January 1, 2017, the amount paid for care and supervision of a dependent infant living with a dependent teenage parent receiving AFDC-FC benefits in an STRTP will equal the infant supplement rate for STRTPs in development by CDSS [W&IC § 11465].

**Mental Health Certification**

CDSS is further implementing CCR and will be proposing the following updates to AB 403.

* Within 12 months following date of initial licensure, an STRTP shall maintain contract with a county mental health plan to provide specialty mental health services and demonstrate ability to meet therapeutic needs of each child as identified in:
  + A mental health assessment
  + Case plan
  + Needs and services plan
  + Other documentation demonstrating the child has a mental health need

A short-term residential therapeutic program must comply with any other mental health program approvals required by DHCS or a county mental health plan to which mental health program approval authority has been delegated.

A short-term residential treatment may accept for placement children who meet the following criteria:

* Does not require inpatient care in a licensed health facility
* Has been assessed as requiring the level of services provided in a short-term residential treatment center in order to maintain the safety and well-being of the child or others; the assessment shall consider the commonality of needs of the child with the other children or youth in the care of the facility
* Meets at least one of the following as determined by an interagency placement committee pursuant to W&IC 4096:
  + Assessed as meeting the medical necessity criteria for Medi-Cal specialty mental health
  + Assessed as seriously emotionally disturbed, as defined
  + Requires the level of services provided in the STRTP to meet the behavioral and therapeutic needs of the child

Subject to the requirements of this subdivision, an STRTP may have a specialized program to serve a child including, but not limited to the following:

* A commercially sexually exploited child
* A private voluntary placement, if the youth exhibits status offender behavior, the child’s behavior cannot be controlled, and short-term intervention is needed to transition the child home
* A juvenile sex offender
* A child who is affiliated with, or impacted by, a gang

# E – 4: ADMINISTRATOR CERTIFICATION

An STRTP administrator must successfully complete a specified department-approved administrator certification training program, pass a department-administered written test within 60 days, and submit notification of passing to department within 30 days prior to employment. In those cases when the individual is both the licensee and the administrator of a facility, the individual must comply with all licensee and administrator requirements in statute. Failure to comply will constitute cause for revocation of the license of the facility. The licensee must notify CDSS within 10 days of any change in administrators, and a certificate holder must inform CDSS of his or her employment status and change of mailing address within 30 days of any change [H&S § 1522.41].

**Classroom Instruction**

The administrator certification programs for STRTPs will require a minimum of 40 hours of classroom instruction providing training on a uniform core of knowledge in each of the following areas [H&S § 1522.41]:

* Laws, regulations, policies, and procedural standards impacting operations of the type of facility for which the applicant will be an administrator
* Business operation and management and supervision of staff, including training
* Physical and psychosocial needs of children, including behavior management, de-escalation techniques, and trauma-informed crisis management planning
* Permanence, well-being, needs of the children
* Community and support services, including accessing local behavioral and mental health supports and interventions, substance use disorder treatments, and culturally relevant services, as appropriate
* Understanding the requirements and best practices regarding psychotropic medications, including, court authorization, uses, benefits, side effects, interactions, assistance with self-administration, misuse, documentation, storage, and metabolic monitoring of children who are prescribed psychotropic medications
* Admission, retention, and assessment procedures, including the following rights of a foster child:
  + Fair and equal access to all available services, placement, care, treatment, and benefits
  + Not to be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status
* ICWA and its historical significance, the rights of children covered by the act, and the best interests of Indian children as including culturally appropriate, child-centered practices that respect Native American history, culture, retention of tribal membership, and connection to the tribal community and traditions
* Instruction on cultural competency and sensitivity and related best practices for providing adequate care for children across diverse ethnic and racial backgrounds, as well as children identifying as lesbian, gay, bisexual, or transgender
* Nonviolent emergency intervention and reporting requirements
* Basic instruction on the existing laws and procedures regarding the safety of foster youth at school and the ensuring a harassment- and violence-free school environment

**Exemption from Initial Certification Training**

Administrators who possess a valid GH license issued by CDSS are exempt from completing an approved initial certification training program and taking a written test, provided the individual completes 12 hours of classroom instruction in the following uniform core of knowledge areas [H&S § 1522.41]:

* Laws, regulations, policies, and procedural standards that impact the operations of an STRTP
* Authorization, uses, benefits, side effects, interactions, assistance with self-administration, misuse, documentation, and storage of medications
* Metabolic monitoring of children who are prescribed psychotropic medications
* Admission, retention, and assessment procedures, including the following rights of a foster child:
  + The right to fair and equal access to all available services, placement, care, treatment, and benefits
  + The right to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status
* The federal Indian Child Welfare Act, its historical significance, the rights of children covered by the act, and the best interests of Indian children as including culturally appropriate, child-centered practices that respect Native American history, culture, retention of tribal membership, and connection to the tribal community and traditions
* Instruction on cultural competency and sensitivity, as well as related best practices for providing adequate care for children across diverse ethnic and racial backgrounds, as well as children identifying as lesbian, gay, bisexual, or transgender
* Physical and psychosocial needs of children, including behavior management, de-escalation techniques, and trauma informed crisis management planning

**Applying for Certification**

Individuals applying for administrator certification must successfully complete an approved administrator certification training program, pass a written test administered by CDSS within 60 days of completing the program, and submit to CDSS the following, required documentation within 30 days after being notified of having passed the test:

* A certificate of completion of the administrator training
* The fee required for issuance of the certificate; a fee of one hundred dollars ($100) will be charged by CDSS to cover the costs of processing the application for certification
* Documentation from the applicant that s/he has passed the written test
* Submission of fingerprints; CDSS may waive the submission for those persons who have a current clearance on file
* Verification that the person is at least 21 years of age

CDSS will notify the applicant of his or her test results within 30 days of administering the test [H&S § 1522.41].

**Renewal of Certification**

Certificates must be renewed every two years. Renewal is conditional upon certificate holder submitting documentation of completing 40 hours of continuing education related to the core of knowledge specified. No more than one-half of those 40 hours necessary to renew the certificate may be satisfied through online courses. All other continuing education hours must be completed in a classroom setting. An individual GH or STRTP administrator required to complete the continuing education hours required by the State Department of Developmental Services, and approved by the regional center, may have up to 24 of those required continuing education course hours credited toward the 40-hour continuing education requirement. CDSS will accept for certification community college course hours approved by regional centers.

To renew a certificate, the certificate holder must, on or before the certificate expiration date, request renewal by submitting to CDSS the documentation of completion of the required continuing education courses and pay the renewal fee of one hundred dollars ($100). A certificate that is not renewed within four years after its expiration will not be renewed, restored, reissued, or reinstated except upon completion of a certification training program, passing any test that may be required of an applicant for a new certificate at that time, and paying the appropriate fees [H&S § 1522.41].

**Forfeiture of Certification**

Unless otherwise ordered by CDSS, a certificate will be considered forfeited under either of the following conditions [H&S § 1522.41]:

* CDSS has revoked any license held by the administrator after CDSS issued the certificate
* CDSS has issued an exclusion order against the administrator after CDSS issued the certificate, and the administrator did not appeal the exclusion order or, after the appeal, CDSS issued a decision and order that upheld the exclusion order

# E – 5: MANAGER AND STAFF TRAINING

STRTP facility managers and staff providing care and supervision to children or having regular, direct contact with children in the course of their responsibilities must obtain education, qualification, and training consistent with the intended role of these facilities to provide short-term, specialized, and intensive treatment. Requirements will include the following [H&S § 1562.01]:

* Staff classifications
* Specification of the date by which employees will be required to meet the education and qualification requirements
* Other requirements prescribed by CDSS

Training requirements for staff who provide care and supervision to children or who have regular, direct contact with children in the course of their responsibilities will include the following [H&S § 1562.01]:

* Timeframes for completion of training, including:
  + Prior to unsupervised care of children
  + Within the first 180 days of employment
  + Annually
* Topics to be covered in the training include the following:
  + Child and adolescent development, including sexual orientation, gender identity, and gender expression
  + The effects of trauma, including grief and loss, and child abuse and neglect on child development and behavior and methods to behaviorally support children impacted by that trauma or child abuse and neglect
  + The rights of a child in foster care, including the following:
* Fair and equal access to all available services, placement, care, treatment, and benefits
* Not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status
  + Positive discipline and the importance of self-esteem
  + Core practice model
  + An overview of the child welfare and probation systems
  + Reasonable and prudent parent standard
  + Instruction on cultural competency and sensitivity and related best practices for providing adequate care for children across diverse ethnic and racial backgrounds, as well as children identifying as lesbian, gay, bisexual, or transgender
  + Awareness and identification of commercial sexual exploitation, best practices for providing care and supervision to commercially sexually exploited children
  + ICWA and its historical significance, rights of children covered by the act, and best interests of Indian children, including role of caregiver in supporting culturally appropriate child centered practices respecting Native American history, culture, retention of tribal membership, and connection to tribal community and traditions
  + Permanence, well-being, and educational needs of children
  + Basic instruction on existing laws and procedures regarding safety of foster youth at school and ensuring a harassment and violence free school environment
  + Best practices for providing care and supervision to NMDs
  + Health issues in foster care
  + Physical and psychosocial needs of children, including behavior management, de-escalation techniques, and trauma-informed crisis management planning

# E – 6: MANAGER AND STAFF AGE REQUIREMENTS

Each person employed as a facility manager or staff member of an STRTP providing direct care and supervision to children residing in an STRTP must be at least 21 years of age, except those employed before October 1, 2014, at an STRTP operating under a GH license prior to January 1, 2016 [H&S §§ 1562 and 1562.01].

# E – 7: MANAGER REQUIREMENTS

Any CCF licensed as an STRTP providing 24-hour care for children must meet the following requirements [H&S § 1522.4]:

* The facility must have one or more facility managers, defined as a person on the premises with the authority and responsibility necessary to manage and control the day-to-day operation of a CCF and supervise the clients; the facility manager, licensee, and administrator, or any combination thereof, may be the same person provided s/he meets all applicable requirements; if the administrator is also the facility manager for the same facility, this person will be limited to the administration and management of only one facility
* The facility manager must have at least one year of experience working with the client group served, or equivalent education or experience, as determined by CDSS
* A facility manager must be at the facility at all times when one or more clients are present; to ensure adequate supervision, when clients are at the facility outside their normal schedule, a current telephone number where the facility manager can be reached must be provided to the clients, licensing agency, school, and any other agency or person CDSS determines is necessary; the facility manager is required to instruct these agencies and individuals to notify him or her when clients will be returning to the facility outside of the normal hours

# E – 8: BOARD OF DIRECTORS OR GOVERNING BODY

**Roles and Responsibilities**

The facility’s board of directors should consist of representatives from the facility board, community members, facility neighbors, current or former clients and local law enforcement and meet at least annually. CDSS will distribute to every STRTP detailed information designed to educate members of the STRTP’s board of directors or governing body of their roles and responsibilities as members of a public benefit corporation under the laws of this state. The information will be included in a booklet, will be revised as deemed necessary by CDSS, and will include the following, non-exhaustive information [H&S § 1520.1]:

* Financial responsibilities of a member of the board ofdirectors or governing body
* Disclosure requirements for self-dealing transactions
* Legal requirements pertaining to articles of incorporation, bylaws, length of member terms, voting procedures, board or governing body meetings, quorums, minutes of meetings, and member duties
* General overview of the laws and regulations governing an STRTP’s operation that are enforced by CDSS

**Signed Statement**

Before becoming a member of an STRTP’s board of directors or governing body every member must sign a statement that s/he understands their legal duties and obligations as a member of the board or governing body and that the GH’s or STRTP’s operation is governed by laws and regulations enforced by the CDSS, set forth in the booklet. [H&S § 1520.1]:

The applicant, provisional licensee, and licensee must have this statement available for inspection by CDSS. For members of the board of directors or governing body, when the booklet is produced, the licensee must obtain this statement by the next scheduled meeting of the board of directors or governing body. Compliance with requirements related to the signed statement is a condition of licensure.

**Financial Documents and Records**

All financial records submitted by a facility to CDSS, or submitted as part of an audit of a facility including, but not limited to, employee timecards and timesheets, must be signed and dated by the employee and by the GH or STRTP representative responsible for the accuracy of the information contained in the record, or when a time clock is used, the payroll register shall be signed and dated. Those financial records must contain an affirmative statement that the signatories understand that the information contained in the document is correct to the best of their knowledge, and submission of false or misleading information may be prosecuted as a crime.

An applicant, provisional licensee, or licensee must maintain, submit, and sign financial documents to verify the legitimacy and accuracy of these documents, including but not limited to the STRTP application, any financial documents and plans of corrections submitted to CDSS, and timesheets [H&S § 1520.1].

Each GH or STRTP must schedule and conduct quarterly meetings of its board of directors or governing body where they review and discuss licensing reports, financial and program audit reports of its operations, special incident reports, and any administrative action against the licensee or its employees. Minutes must reflect the body’s discussion of these documents and the GH’s or STRTP’s operation. Minutes of the STRTP’s meetings must be available to CDSS [H&S § 1520.1].

# E – 9: ADMINISTERING EMERGENCY MEDICAL SERVICES

A staff member of an STRTP who provides direct care and supervision to youth residing in the STRTP, who is not a licensed health care professional but who is trained to administer injections by a licensed health care professional practicing within his or her scope of practice, may administer emergency medical assistance and injections for severe diabetic hypoglycemia and anaphylactic shock to a foster child in placement. A qualified staff member of a STRTP, as described, may also administer subcutaneous injections of other medications, including insulin, as prescribed by the child’s physician to a foster child in placement [H&S 1507.25].

# E – 10: DAILY SCHEDULE OF ACTIVITIES

An STRTP must develop a daily schedule of activities for the children at the facility, available for inspection by CDSS. The activities scheduled for children’s participation must be designed to meet the needs of the individual child and must be based on that child’s needs and services plan [H&S § 1522.43].

# E – 11: DELAYED EGRESS AND SECURED PERIMETERS

See [*Section C – 9*](#_C_–_9:)for information regarding facilities with delayed egress devices and secured perimeters.

# E – 12: PROHIBITIONS

**Financial Interest**

Any state or county employee working in the administration of the Community Care Facilities Act (Health & Safety Code § 1500, et seq.) or employed in a position in any way concerned with licensed CCFs is prohibited from holding a license or having a direct or indirect financial interest in a CCF, as specified. This does not prohibit the state or county from securing a license for, or operating, a facility otherwise required to be licensed under the Community Care Facilities Act [H&S § 1522.4].

**Gifts**

STRTP licensees, employees, members of the board of directors, and officers are prohibited from offering or accepting gifts or other remuneration of any type to or from any employee of CDSS or placement agency that exceeds the monetary limits for gifts to employees of the State of California [H&S § 1522.4].

**Smoking**

Licensed GHs, STRTPs, FFAs, small family homes, transitional housing placement providers and crisis nurseries must maintain a smoke-free environment in the facility, and when the child is present, on the outdoor facility grounds. Accordingly, a person licensed or certified to provide residential foster care must not smoke in any motor vehicle that is regularly used to transport the child [H&S § 1530.7].

**F: TRANSITION FOR FACILITY-BASED PROVIDERS**

AB 403 limits reliance on congregate care, in part, by introducing and encouraging the transition and use of the new provider category, STRTPs. Current GHs, under the existing Rate Classification Level (RCL) payment system, are proposed to be phased out and replaced by STRTPs and FFAs. AB 403 also requires OOS GHs to meet STRTP standards for certification, and it requires community treatment facilities (CTFs) to obtain accreditation from an entity identified by the department. *Sections G – 1 through 3* provide information related to licensure, AFDC-FC rate, other transitional requirements and provisions related to the providers.

# F – 1: GROUP HOMES

**New Payment Structure**

Prior to STRTPs transitioning to GHs, CDSS must develop a new payment structure for STRTP program placements claiming Title IV-E funding, in consultation with county placing agencies and providers. The rate system, operative on January 1, 2017, must include consideration of the following:

* Core services, including:
  + Specialty mental health services under the Medi-Cal EPSDT program
  + Transition support services
  + Educational and physical, behavioral, and mental health supports, including extracurricular activities and social supports
  + Activities to support transition-age youth in achieving a successful adulthood
  + Services to achieve permanency
  + For Indian children, the core services described in paragraphs above must be provided to eligible children consistent with active efforts pursuant to Section 361.7
  + Facilitating identification and, approval of resource families for the purpose of transitioning children and youth to family-based care
* If an STRTP elects to approve and monitor resource families directly, it must comply with all applicable laws
* For STRTPs electing to approve and monitor resource families directly, CDSS shall have all the same duties and responsibilities as those centers have for licensed FFAs
* Core services specified above are not intended to duplicate services already available in the community, but to support access to those existing services and supports; this may include, foster youth services available through county offices of education, Indian Health Services, or school-based extra-curricular extracurricular activities
* Specialized and intensive treatment supports encompassing the elements of nonmedical care and supervision necessary to meet a child’s or youth’s safety and other needs that cannot be met in a family-based setting
* Staff training
* Health and Safety Code requirements
* Accreditation that includes:
  + Provision for all licensed STRTPs to obtain and maintain in good standing accreditation from a recognized accreditation agency identified by CDSS, with expertise in programs for children or youth group care facilities
  + Promulgation by CDSS of information identifying agencies approved for accreditation
  + Timely reporting to CDSS of any change in accreditation status
* Mental health certification, including timely reporting to CDSS any change in certificate status
* Maximizing federal financial participation under Title IV-E and Title XIX of the Social Security Act

The department may supplement the rate with a one-time reimbursement for the cost of accreditation fees in an amount and manner determined by the department in written directives.

The rate structure shall include an interim rate, a provisional rate for new short-term residential treatment centers, and a probationary rate:

* Interim rates developed pursuant to this section shall be effective January 1, 2017
* The interim rates shall be evaluated and an ongoing payment structure will be set no later than January 1, 2020

Consistent with existing law for provisional and probationary rates, the following shall be established:

* Terms and conditions, including the duration of the rate
* An administrative review process
  + for rate determinations, including denials, reductions, and terminations
  + that includes a departmental review, corrective action, and a protest to CDSS; this process shall be disseminated by written directive until regulations are adopted

The department shall develop a system of governmental monitoring and oversight to be carried out in coordination with DHCS. Oversight must include ensuring conformity with federal and state law, including program, fiscal, and health and safety audits and reviews, minimizing duplicative audits and reviews.

**Placement**

Placement information is provided in [*Section C*](#_C:__PLACEMENT)for counties, probation departments, and CFTs. These entities are required to meet statutory placement requirements when determining AFDC-FC eligible placements with GHs, STRTPs, FFAs, and other foster care providers.

**Administrator Certification for GHs**

The administrator certification programs for GHs require a minimum of 40 hours of classroom instruction providing training on a uniform core of knowledge. AB 403 amends existing training requirements regarding psychosocial and educational needs of the facility residents. This training must now include the authorization, uses, risks, benefits, assistance with self-administration, oversight, and monitoring of psychotropic medications; trauma; and, substance use disorder and mental health treatments, including how to access those treatments [H&S § 1522.41].

**AFDC-FC Rate Extension**

Existing law requires the department to develop, implement, and maintain a ratesetting system for foster family agencies granted a specified rate exception extension and makes these provisions inoperative on January 1, 2018. As the department incorporates new mandates that further implement CCR, those provisions would become inoperative on January 1, 2019.

CDSS may grant an extension up to two years, currently proposed to be through December 31, 2019, on a case-by-case basis, when written request and supporting documentation are provided by county placing agency, including county welfare or probation director, that absent granting of exception, there is a material risk to welfare of children due to an inadequate supply of appropriate alternative placement options to meet the needs of children. The exception may include time to meet the program accreditation requirement or the mental health certification requirement.

CDSS may grant an extension to a GH beyond December 31, 2019, upon provider submitting a written request and the county probation providing documentation stating absent granting the extension, there is significant risk to safety of youth or public, due to inadequate supply of STRTPs or resource families necessary to meet the needs of probation youth. The extension granted to any provider through this section may be reviewed annually by CDSS if concerns arise regarding provider’s facility.

CDSS is required to provide initial and final reports to the Legislature. The final report due no later than January 10, 2021, will include specific findings to address whether or not the extensions are still necessary. The exception will allow the provider to continue to receive the rate under the prior rate-setting system.

From January 1, 2017, through December 31, 2018, GHs operating at the RCL 13-14 level may apply for an extension of their rate as follows:

* Any GH program that received an AFDC-FC rate in the prior fiscal year at or above the standard rate for the RCL in the current fiscal year will continue to receive that rate
* Any GH program that received an AFDC-FC rate in the prior fiscal year below the standard rate for the RCL in the current fiscal year will receive the RCL rate for the current year
* Commencing January 1, 2017, no exception will be granted for any program below RCL 10
* A provider granted an extension will continue to operate and be governed by the applicable laws and regulations that were operative on December 31, 2018

**Mental Health Certification**

Previous GH mental health certification requirements, including those specific to children assessed as seriously emotionally disturbed, apply until January 1, 2017 [W&IC §§ 4096.5 and .55]. For information regarding mental health certification on and after January 1, 2017, see [*Section F – 2*](#_F_–_2:) regarding STRTPs. A GH may request a rate exception, up to December 31, 2018, that includes time to meet the mental health certification requirement applicable to STRTPs and FFAs [W&IC § 11462.04].

# F – 2: OUT OF STATE GROUP HOMES

Effective January 1, 2017, certified OOS GHs will be required to meet licensing standards required of STRTPs, including accreditation and mental health certification. AB 403 authorizes CDSS to grant conditional extensions to a provider’s rate, on a case-by-case basis, in order to meet new requirements. *Section G – 2* provides new information applicable to OOS GHs. See [*Section F*](#_F:__SHORT-TERM)for AB 403 statutes regarding STRTPs.

**Placement**

AB 403 placement statutes are provided in [*Section C*](#_C:__PLACEMENT)for counties, probation departments, and CFTs. These entities are required to meet statutory placement requirements when determining AFDC-FC eligible placements with OOS GHs and other foster care providers.

**Accreditation**

Commencing January 1, 2017, reimbursement for the AFDC-FC rate to be paid to an OOS GH will only be paid to programs that have submitted a rate application to CDSS that includes the accreditation required in statute, unless granted an extension from CDSS [W&IC § 11460]. See [*Section E*](#_E:__NATIONAL)for AB 403 statutes regarding accreditation, as well as procedures for obtaining accreditation.

**Licensure**

Commencing January 1, 2017, the licensing standards applicable to OOS GHs certified by CDSS will be those required of STRTPs operated in California [FC §§ 7911.1 and 7912]. See [*Section F – 1*](#_F_–_1:) for AB 403 statutes regarding licensure for STRTPs.

**AFDC-FC** **Rate**

CDSS is in the process of developing regulations that establish the method for determining the level of financial participation in the rate paid for out-of-state placements in facilities, under consider all of the following methods [W&IC § 11460]:

* Until December 31, 2016:
  + A standardized system based on the rate classification level of care and services per child per month
* Effective January 01, 2017:
  + The rate developed for an STRTP
  + A system that considers the actual allowable and reasonable costs of care and supervision incurred by the out-of-state program
  + A system that considers the rate established by the host state

On and after January 1, 2017, in order to receive an AFDC-FC rate an OOS GH program must meet the following statutory requirements [FC § 7911.1 and W&IC § 11460]:

* Commencing January 1, 2017, reimbursement for the AFDC-FC rate to be paid to an out-of-state program will only be paid to programs that have submitted a rate application to CDSS that includes the equivalent of the mental health certification required in statute and, unless granted an extension from CDSS, the accreditation required in statute
* The maintained a level of financial participation that must not exceed any of the following:
  + The current fiscal year’s standard rate for RCL 14 for a GH
  + Commencing January 1, 2017, the current fiscal year’s rate for an STRTP
  + The rate determined by the rate-setting authority of the state in which the facility is located
  + The facility must agree to comply with information requests, as well as program and fiscal audits as determined necessary by CDSS

**Mental Health Certification**

Commencing January 1, 2017, the AFDC-FC rate to be paid to an OOS GH will only be paid to programs that have submitted a rate application to CDSS that includes the equivalent of the mental health certification required in statute and an accreditation from an agency identified by CDSS, unless an extension has been granted for the accreditation pursuant to W&IC section 11462.04(d).

**Oversight**

CDSS or its designee will maintain its role in performing initial and continuing inspection of OOS GHs in order to either certify that an OOS GH meets all licensure standards or that CDSS has granted a waiver to a specific licensing standard upon a finding that there exists no adverse impact to health and safety [FC § 7911.1]. This role has not been altered by AB 403.

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# F – 3: COMMUNITY TREATMENT FACILITIES

For CTFs, AB 403 introduces the requirement to obtain accreditation and acknowledges that the CTF rate structure will reflect the anticipation that a CTF will offer the level of care and services to receive the highest foster care rate provided for under the current rate-setting system.

**Placement**

AB 403 placement statutes are provided in [*Section C*](#_C:__PLACEMENT)for counties, probation departments, and child and family teams. These entities are required to meet statutory placement requirements when determining AFDC-FC eligible placements with CTFs and other foster care providers.

**Accreditation**

Commencing January 1, 2017, a CTF must have accreditation from a recognized accrediting entity identified by the department, and a CTF may request a rate exception that includes time to meet the accreditation requirement. For a CTF program that has been granted an extension, the accreditation requirement will apply to that program commencing January 1, 2018 [W&IC §§ 4094.2 and 11462.04]. See [*Section E*](#_E:__NATIONAL)for AB 403 statutes regarding accreditation, as well as procedures for obtaining accreditation.

**AFDC-FC Rate**

The CTF receives a foster care maintenance payment rate from CDSS, which correlates to the highest RCL rate. Because AB 403 is sunsetting the RCL rate system, the section was amended to ensure that the CTF would continue to receive the highest foster care maintenance payment rate, which will be the STRTP rate [W&IC § 4094.2].

# G: COUNTY LICENSURE AS A COMMUNITY CARE FACILITY

AB 403 enables a county to be licensed as a community care facility. This section provides statutes relevant to licensure for counties.

# G – 1: COUNTY LICENSURE AS AN STRTP OR FFA

Nothing shall preclude a county from applying for and being licensed as a short-term residential treatment center pursuant to Section 1562.01 or a runaway and homeless youth shelter pursuant to Section 1502.35, or a foster family agency as authorized by subdivision (b) of Section 11462.02 of the Welfare and Institutions Code. (FFA) [H&S § 1530.8].

Any existing county-operated FFA or GH will be required, commencing January 1, 2017, to be classified as, and must meet all of the requirements of, an FFA or STRTP to be eligible to receive Aid to Families with Dependent Children-Foster Care (AFDC-FC) funding. If a county exercises its option to operate an FFA or STRTP, the county must submit an application and comply with statutory requirements related to FFA programs or an STRTP, as applicable, regarding licensing, rate, audit, due process, enforcement, and overpayment collection.

Counties licensed to operate an FFA or STRTP must, as a condition to receiving payment, ensure that its conflict-of-interest mitigation plan submitted to CDSS addresses the following:

* Decision to place children and youth in a county-operated facility when alternative appropriate placement options exist
* Reporting by county staff to CDSS or other agencies of observed noncompliant conditions or health and safety concerns in county-operated FFAs or STRTPs
* Cross-reporting of reports received from mandatory child abuse and neglect reporters involving county-operated FFA or STRTP programs
* Disclosures of fatalities and near fatalities of children placed in county-operated FFAs and STRTPs

The state is not obligated under the California Constitution to provide annual funding to a county for the purpose of complying with this requirement; with any regulation, executive order, or administrative order implementing this section, or with any federal statute or regulation related to this section, because the county’s operation of a licensed FFA or STRTP is optional for the county and is not mandated by AB 403 [W&IC § 11462.02].

**G – 2: COUNTY LICENSURE AS A**

**TEMPORARY SHELTER CARE FACILITY**

# H: FOSTER FAMILY AGENCIES

AB 403 revises the existing licensure, rate structure, and eligibility criteria for foster family agencies (FFAs), which are licensed community care facilities. FFAs are public agencies or private organizations engaged in the recruiting, certifying, training, and providing professional support to foster parents. FFAs are also engaged in finding homes or other places for placement of children for temporary or permanent care who require that level of care. Private FFAs are organized and operated on a nonprofit basis [H&S § 1502; W&IC § 11400].

Additionally, AB 403 increases training and service requirements for FFAs, including accreditation, mental health certification, core services, and culturally-relevant training programs. This Section Provides AB 403 statutes, including but not limited to, FFA licensure, rate, and training requirements that all licensed FFAs must fulfill by January 1, 2017. See [*Section J*](#_J:__THE)for FFA statutes related to the revised RFA process and early implementation FFAs, and see [*Section K*](#_K:__RESOURCE) for statutes related to the approval of resource families, respectively.

**Placement**

AB 403 placement statutes are provided in [*Section C*](#_C:__PLACEMENT)for counties, probation departments, and CFTs. These entities are required to meet statutory placement requirements when determining AFDC-FC eligible placements with FFAs and other foster care providers.

**H – 1: LICENSURE**

**Plan of Operation**

An FFA must prepare and maintain a current, written plan of operation as required by CDSS. On and after January 1, 2017, an FFA’s plan of operation must [H&S § 1506.1]:

* Demonstrate the FFA’s ability to support the differing needs of children and their families
* Contain a plan for the supervision, evaluation, and training of staff appropriate to meet the needs of children, and consistent with the training provided to resource families
* Demonstrate FFA’s ability to provide treatment services to meet individual needs of children placed in certified family homes or with resource families
* On and after January 1, 2017, a program statement containing a description of all of the following:
* The core services and supports required in statute and as prescribed by CDSS to be offered to children and their families, as appropriate or necessary
* The treatment practices that will be used in serving children and families
* The procedures for the development, implementation, and periodic updating of the needs and services plan for children placed with the FFA or served by the FFA
* Procedures for collaborating with a CFT including, but not limited to, a description of the services to be provided to meet the treatment needs of children assessed, as specified by one or more of the following:
* How the FFA will comply with RFA standards and requirements as set forth in statute
* A description of the population or populations to be served
* Any other information that may be prescribed by the department for the proper administration of this section

Voluntary Implementation Plans and Revised Plans of Operation

Commencing January 1, 2016, CDSS may establish participation conditions, and it may select and authorize FFAs that voluntarily submit implementation plans and revised plans of operation in accordance with requirements established by CDSS, to approve resource families in lieu of certifying foster homes [W&IC § 16519.5].

Counties Licensed to Operate an FFA

In addition to the requirements listed above, on and after January 1, 2017, a county licensed to operate an FFA must describe, in the plan of operation, its conflict of interest mitigation plan, on and after January 1, 2017, as set forth in W&IC section 11462.02(g) [H&S § 1506.1]. See [*Section H – 1*](#_H_–_1:) for requirements related to the conflict of interest mitigation plan.

**Core Services**

FFAs are required to provide core services, made available to children, youth, and NMDs either directly or secured through formal agreement with other agencies, which are trauma informed, culturally relevant, and include the following services [W&IC §§ 11400 and 11463]:

* Access to all mental health and substance use treatment services for children as needed
* Transition support services for children, youth, and families upon initial entry and placement changes and for families who assume permanency through reunification, adoption, or guardianship
* Educational and physical, behavioral, and mental health supports, including extracurricular activities and social supports
* Activities/informal and formal supports designed to support transition-age youth and NMDs in achieving a successful adulthood
* Services to achieve permanency, including supporting efforts to reunify or achieve adoption or guardianship and efforts to maintain or establish relationships with parents, siblings, extended family members, tribes, or others important to the child or youth, as appropriate
* Services to Indian children that are consistent with active efforts as defined in federal statute

The core services are not intended to duplicate services already available to foster children in the community, but rather, to support access to those services and supports to the extent they are already available, including foster youth services available through county offices of education, Indian Health Services, or school-based extra-curricular activities [W&IC § 11463].

**Provisional Licensure and Extensions**

CDSS may extend the term of a provisional license issued to an FFA, as specified, not to exceed two years, if it determines that this additional time is required to secure accreditation, and provided that all other requirements for a license have been met [H&S § 1525.5].

# H – 2: AFDC-FC RATE

***(And Mental Health Certification)***

The department shall establish rates commencing January 1, 2017. The rate structure shall include an interim rate, a provisional rate for new STRTPs, and a probationary rate. The department may supplement the rate with a one-time reimbursement for the cost of accreditation fees in an amount and manner determined by the department in written directives

Interim rates developed pursuant to this section shall be effective January 1, 2017. The interim rates shall be evaluated and an ongoing payment structure will be set no later than January 1, 2020.

**New FFA Rate – Effective January 01, 2017**

CDSS shall commence development of a new payment structure for the Title IV-E funded foster family agency placement option that maximizes federal funding, in consultation with county placing agencies. It will develop a payment system for FFAs that provide treatment, intensive treatment, and therapeutic foster care programs, and shall consider all of the following factors:

* Administrative activities that are eligible for federal financial participation provided at county request to county-licensed or approved family homes and resource families, intensive case management and supervision, and services to achieve legal permanency or successful transition to adulthood
* Social work activities eligible for federal financial participation
* Social work and mental health services eligible for federal financial participation
* Intensive treatment or therapeutic services in the FFA
* Core services trauma informed and culturally relevant made available to youth directly or secured through formal agreements with other agencies to include:
* Specialty mental health
* Transition support services for children and families upon initial entry and placement changes
* Educational and physical, behavioral, and mental health supports, including extracurricular activities and social supports
* Activities designed to support transition-age youth and nonminor dependents in achieving a successful adulthood
* Services to achieve permanency, including supporting efforts to reunify or achieve adoption or guardianship and efforts to maintain or establish relationships with parents, siblings, extended family members, tribes, or others important to the child or youth
* When serving Indian children, core services specified shall be provided to eligible children consistent with active efforts
* These core services above are not intended to duplicate services already available in the community, but to support access to those services and supports to the extent already available; those services and supports may include foster youth services available through county offices of education, Indian Health Services, and school-based extracurricular activities
* Staff training
* Health and Safety Code requirements
* Accreditation
* Mental health certification, including a requirement to timely report to CDSS any change in mental health certificate status (see “Mental Health Certification”) Effective January 1, 2017, an FFA must be able to ensure the provision of necessary behavioral health services for its placements
* Populations served, including any of the following:
* Children and youth assessed as seriously emotionally disturbed, including those placed out-of-home according to an individualized education program
* Children assessed as meeting the medical necessity criteria for specialty mental health described
* AFDC-FC children and youth receiving intensive and therapeutic treatment services in an FFA
* AFDC-FC children and youth receiving mental health treatment services from an FFA
* Maximization of federal financial participation for Title IV-E and Title XIX of the Social Security Act

In the development of the new rate structures, CDSS will consider and provide for placement of all children displaced as a result of reclassification of treatment facilities [W&IC §§ 11463 and 11463.1].

**Rate Exception Extension – January 1, 2017 through December 31, 2018**

CDSS is required to develop, implement, and maintain a ratesetting system for FFAs granted a specified rate exception extension*.* Commencing January 1, 2017, a **provisional** rate shall be set for all of the following:

* Provider granted an extended rate pursuant to paragraph (1) of subdivision (d) of Section 11462.04, which states: CDSS may grant GH an extension up to two years, through December 31, 2018, on case-by-case basis, when written request and supporting documentation provided by county placing agency, county welfare or probation director, states absent granting exception, there is material risk to child/ren’s welfare due to inadequate supply of appropriate alternative placement options to meet their needs; exception may include time to meet program accreditation or mental health certification requirements
* Provider granted an extended rate pursuant to paragraph (2) of subdivision (d) of Section 11462.041, which states: CDSS may grant extension to GH beyond December 31, 2018, upon a provider submitting written request and county probation department providing documentation stating absent granting extension, there is significant risk to safety of youth or public due to inadequate supply of STRTPs or resource families necessary to meet probation youth needs; extension granted through this section may be reviewed annually by CDSS if concerns arise regarding provider’s facility
* Any prior extensions, licensing history, audit history, outstanding penalties or over payments, violation of state or federal law
* New short-term residential treatment center provider, provisional rate may be granted up to 24 months from date of issuance
* New foster family agency provider, provisional rate may be granted up to 24 months
* Provisional rate shall be subject to terms and conditions, including duration of provisional period, set by CDSS
* For GH or FFA provisional rate may be granted for period not extended beyond December 31, 2018

In determining whether and upon what conditions to grant, a provisional rate, the department shall consider factors including the following:

* Any prior extensions granted
* Licensing history for any license with which the program, directors, or officers, have been associated
* Financial, fiscal or compliance audit history with which the program, directors or officers have been associated
* Outstanding civil penalties or overpayments with which the program, directors or officers, have been associated
* Other violations of state or federal law
* In determining whether and upon what conditions to continue, a provisional rate, CDSS shall consider compliance with the terms, conditions, and requirements during the provisional period
* In determining whether, at the end of provisional rate period or after, to grant standard rate, whether to and upon what conditions to impose or continue, a probationary rate, the department shall consider the factors above for granting provisional rate

CDSS shall establish an administrative review process for determinations, including denial, rate reduction, probation, and termination of the provisional and probationary rates. This process will include CDSS review, corrective action and a protest an appeal with CDSS. This process shall be disseminated by written directive.

A “provisional rate” is a prospective rate given to a provider based on an assurance to perform in accordance with terms and conditions attached to the granting of the provisional rate.

A “standard rate” is the rate granted at the conclusion of a provisional rate period upon meeting the terms and conditions. At any time, a standard rate may become a probationary rate if additional oversight is deemed necessary based on the provider’s performance in accordance with terms and condition attached to the granting or maintenance of its rate.

A “probationary rate” is a rate upon which limitations and conditions are imposed as a result of violations of terms, conditions, or state or federal law. A probationary rate may be accompanied by a rate reduction.

At the conclusion of a provisional rate, a probationary rate may be imposed, at the discretion of the department, if additional oversight is deemed necessary based on the provider’s performance during the provisional rate period.

**Recommendation from Host County or Primary Placing County**

In order to receive a rate, an FFA must submit a recommendation from the host county or the primary placing county that the program is needed and that the provider is willing and capable of operating the program at the level sought [W&IC § 11462.01].

**Mental Health Certification**

An FFA may have a mental health program that is certified as an organizational provider of mental health services by DHCS or by a county mental health plan delegated certification authority, or a program that is not certified, or both [W&IC § 11462.01].

All FFAs that operate a mental health program serving children who have either been assessed as meeting the medical necessity criteria for Medi-Cal specialty mental health services under EPSDT services or who have been assessed as seriously emotionally disturbed must obtain and have in good standing a mental health certification issued DHCS or a county mental health plan to which DHCS has delegated certification authority [W&IC § 11462.01]. See [*Section B – 5*](#_C_–_5:) for placement requirements related to certified and non-certified FFAs.

# H – 4: FOSTER PARENT TRAINING

In addition to the foster parent training provided by community colleges, FFAs must provide a program of training for their resource families. Training certificates must be submitted to the appropriate licensing or FFA. Upon completion, a licensed or certified parent must submit a certificate of completion for the annual training requirements [H&S § 1529.2]. See [*Section K – 1*](#_L_–_1:) for information regarding foster parent training.

# I – 1: TRANSITION AND EARLY IMPLEMENTAION

(*FFAs, Counties, Foster Family Homes, Relatives, Nonrelative Extended Family Members, and Certified Family Homes)*

By no later than January 1, 2018, the following will apply to all licensed FFHs and approved R/NREFMS and CFHs:

* Licensed FFH and approved R/NREFM or CFH with approved adoptive home study, completed prior to January 1, 2018, will be deemed approved resource family
* Licensed FFH and approved R/NREFM or CFH with a child in placement any length of time, between January 1, 2017, and December 31, 2017, inclusive, may be approved as resource family on date of successful completion of psychosocial assessment required in statute

An FFA may provide supportive services to all CFHs with a child in placement to assist with the resource family transition and to minimize placement disruptions. A county may provide these supportive services to all licensed FFHs and R/NREFMs [H&S § 1517; W&IC § 16519.5].

For questions, please contact the Continuum of Care Reform Project Implementation Branch at (916) 653-9300 or [ccr@dss.ca.gov](mailto:ccr@dss.ca.gov).

Sincerely,

Sara Rogers, Acting Chief

Continuum of Care Reform Project Implementation Branch

1. The terms "minor," "child," "youth," and "nonminor dependent" (NMD) are used to describe the foster care and, as appropriate, probation populations. [↑](#footnote-ref-2)
2. Note: Use of the term Short Term Residential Therapeutic Program reflects the Department’s intention to amend AB 1997 to change STRTP to Short-Term Residential Therapeutic Program (STRTP). [↑](#footnote-ref-3)
3. As used in this section, “delayed egress device” means a device precluding use of exits for a predetermined period of time [↑](#footnote-ref-4)