

CONTINUUM OF CARE REFORM

Fact Sheet

What is CCR?

On October 11, 2015 Governor Brown signed Assembly Bill 403 into law, enacting the major components of the Continuum of Care Reform (CCR). AB 1997, signed by Governor Brown on September 25, 2016, adopted changes to AB 403 to further facilitate the implementation of the CCR. AB 1997 is the culmination of years of efforts in California to improve outcomes for foster children & youth, particularly those residing in group homes. The recommendations for the legislation were developed with the input of foster youth, foster families, mental health providers, child welfare agencies, policymakers and community stakeholders. To support these initiatives, CCR promotes the use of an integrated Core Practice Model (CPM) that guides the manner in which county Child Welfare Agencies, in partnership with the Department of Mental Health, engage with children and families. In addition to the CPM, CCR expands the use of Child and Family Teams (CFTs) as the primary vehicle for planning and decision making.

AB 403 allows California to implement provisions of CCR beginning January 1, 2017. AB 1997 provides the statutory and policy framework to ensure that services and supports provided to the child or youth and his or her family are tailored toward the ultimate goal of maintaining a stable permanent family. The legislation focuses on reforming the group home model with the following primary goals:

- Better meeting the mental health and placement needs of foster children & youth;
- Reducing the reliance on group home placement settings;
- Ensuring that out-of-home placement settings continuously strive to locate permanent, supportive, home-based placements.

Interagency Placement Committee (IPC)

Under CCR, all children & youth who are being considered for out-of-home placement in a Short Term Residential Therapeutic Program (STRTP), or who are currently in out-of-home placement, will be evaluated by the IPC. Los Angeles County DMH is the IPC lead. However, the decision-making authority for placement is vested with the Agency of Primary Responsibility (APR) for the child or youth, or the parent/guardian.

The role of the IPC is to certify that the child or youth has been assessed as meeting medical necessity criteria for Medi-Cal Specialty Mental Health Services, or has been assessed as seriously emotionally disturbed, or has been identified as having behavioral or treatment needs that can only be met by the level of care provided in an STRTP, based upon the review of assessments, evaluations, and other documentation presented to the IPC and the discussion of the case by the IPC members.

The membership of the IPC is made up of the following:

- Representatives of the LA County Department of Mental Health (DMH)
- Representatives of the LA County Department of Children & Family Services (DCFS)
- Representatives of the LA County Department of Probation (Probation)
- Other participants such as mental health program staff (e.g. Wraparound, Full Service Partnership, attorneys, court-appointed special advocates (CASAs), and representatives from the CFTs
- For special needs children & youth such as Regional Center clients, or medically fragile clients, a representative knowledgeable in the relevant special services should be considered on a case by case basis

Levels of Care

Levels of Care 1-6



Short-Term Residential Therapeutic Program (STRTPs)

Under CCR, traditional group homes, or congregate care settings, will be replaced with STRTPs which will deliver short-term, trauma-informed, culturally relevant Specialty Mental Health Services with the goal of stabilizing and treating the client so that he/she can step down to a lower level of care in a family-based setting. The needs of foster children & youth, including appropriateness of placement in an STRTP, will be evaluated by the IPC in order to ensure that children & youth are placed in the most appropriate and least restrictive setting that is able to meet their needs, as indicated by screening tools, assessment reports, evaluation instruments, previous placement & treatment experiences, and other relevant information (e.g. CFTs).



Intensive Services Foster Care (ISFC)

With the implementation of CCR, therapeutic foster care in Los Angeles County will be augmented to meet new standards and regulations. Currently, the County has an Intensive Treatment Foster Care (ITFC) Program where youth can receive individualized and intensive child welfare and mental health support in a home like setting and certified ITFC caregivers are paid an enhanced rate for providing care and supervision to these youth. In the future, ITFC will be called Intensives Services Foster Care (ISFC) and will continued to be considered an alternative to congregate care placements such as in Short Term Residential Therapeutic Programs. An additional change brought about by CCR is the expansion of the array of available specialty mental health services to not only include Intensive Care Coordination and Intensive Home Based Services, but also a new service called Therapeutic Family Care.



Foster Family Agencies (FFAs)

DCFS supervises FFAs, which are non-profit entities that work closely with recruiting, training, and providing support to Resource families. They also assist with placement finding for children and youth involved with the Child Welfare system. Under CCR, FFAs will need to establish supports and “core services” such as educational support, transportation, and specialty mental health services in order to assist resource families and youth meet their needs, and to sustain permanency.



Resource Family Approval (RFA)

RFA is a unified, child-centered, and family friendly approval process for Resource families (foster, relative, and adoptive caregivers). It provides a streamlined process that eliminates duplication. RFA is designed to provide a comprehensive view of each child to increase the likelihood of placement permanency. In CCR, all Resource families will be approved through the RFA process.