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# CSAC 2021 ANNUAL CONFERENCE

**IMPROVING SERVICES AND SUPPORTS FOR HIGHEST NEEDS FOSTER YOUTH**



**CDSS**

CALIFORNIA  
DEPARTMENT OF  
SOCIAL SERVICES

# KEY INITIATIVES TO SUPPORT YOUTH WITH COMPLEX NEEDS

Integrated Core  
Practice Model

Continuum of  
Care Reform

System of Care

FFPSA

Support for  
Youth with  
Complex Needs

Transition of  
IMD facilities



**FAMILY FIRST  
PREVENTION SERVICES  
ACT**



# VISION: COMPREHENSIVE PREVENTION SERVICES

An integrated statewide system that supports families to provide safe, stable, nurturing relationships and environments for their children and youth.

FFPSA is one part of prevention

Opting into FFPSA is opting into a larger comprehensive prevention-based initiative

This vision can be achieved by focusing on:

- Family Voice Centeredness
- Racial Equity
- Tribal Consultation and Collaboration
- Strength-Focused and Trauma-Informed
- Community Capacity Building
- Workforce Excellence
- Integration and Collaboration
- Monitoring Integrity and Continuous Quality Improvement

# 2021 California Prevention Services Funding Streams - New Funding

	<b>FFTA \$43.8 M</b>	<b>Block Grant \$222.0 M</b>	<b>ARPA CBCAP \$25.0 M</b>	<b>Title IV-E</b>
<b>Purpose</b>	One-time, flexible grants to states and eligible tribes to support implementation of the FFPSA, child welfare waiver demonstration project transitional activities, and purposes allowable under Title IV-B of the Social Security Act.	State General Fund monies that provide funds for comprehensive prevention activities including, administrative activities, services, and training to establish a comprehensive prevention program.	CBCAP supplemental grant funding to be <b>used towards primary and secondary prevention activities</b> and services.	Establishes the FFPSA prevention program to allow states who opt-in the ability to claim for federal IV-E funds from qualifying prevention services.
<b>Source</b>	Family First Transition Act (FFTA)	State General Fund	American Rescue Plan Act of 2021 – Section 2205	Family First Prevention Services Act (FFPSA) codified as CA AB 153
<b>Distribution Schedule</b>	<ul style="list-style-type: none"> <li>Can begin claiming for April 2021</li> <li>Eligible for use through Sept. 30, 2025</li> </ul>	<ul style="list-style-type: none"> <li>Three-year allocation beginning January 1, 2022 until June 30, 2024</li> </ul>	<ul style="list-style-type: none"> <li>One-Time allocation</li> <li>The funding must be obligated by September 30, 2025 and liquidated by December 30, 2025.</li> </ul>	<ul style="list-style-type: none"> <li>Administrative Program Development: January 2021</li> <li>Services &amp; Individualized Administrative Costs: July 2022 – October 2022 (dependent on automation)</li> </ul>
<b>Access/ Opt-In Procedure</b>	<ul style="list-style-type: none"> <li>Submit Letter of Intent by October 1, 2021</li> </ul>	<ul style="list-style-type: none"> <li>Submit Letter of Intent by Nov. 1, 2021</li> <li>Submission of Comprehensive Prevention Plan for access to FY 22-23 allocation</li> </ul>	<ul style="list-style-type: none"> <li>Counties are to complete a Letter of Intent to Opt-In</li> </ul>	<ul style="list-style-type: none"> <li>Submit Letter of Intent by Nov. 1, 2021</li> </ul>
<b>Allowable Activities</b>	<p>At least 50% used towards:</p> <ul style="list-style-type: none"> <li>Prevention &amp; early intervention planning</li> <li>FFPSA evaluation activities</li> <li>Expanding capacity for EBPs</li> <li>Continuing and/or expanding prevention &amp; early intervention services, including those with a “promising” rating</li> <li>Transition activities for former waiver demonstration project counties, to transition to FFPSA prevention services</li> </ul>	<p>50 General Fund/50% Title IV-E:</p> <ul style="list-style-type: none"> <li>Administrative activities to expand FFPSA capacity, support evaluation, and measure FFPSA readiness</li> <li>Training</li> </ul> <p>100% General Fund:</p> <ul style="list-style-type: none"> <li>Administrative activities to support the delivery of FFPSA services</li> <li>FFPSA-allowable services costs (prior to automation)</li> <li>Non-FFPSA prevention services costs under county comprehensive plan (or written notice during Year 1)</li> </ul>	<ul style="list-style-type: none"> <li>Community-Based Prevention Programs</li> <li>Activities which advance racial equity and support underserved populations</li> <li><a href="#">ACYF-CB-PI-21-07 (hhs.gov)</a> (Attachment A)</li> </ul>	<ul style="list-style-type: none"> <li>Administrative activities to support the delivery of services</li> <li>FFPSA-allowable services costs</li> </ul>
<b>Required Reporting</b>	<ul style="list-style-type: none"> <li>APSR Reporting Form annually until Feb. 2026</li> <li>Prevention Services Inventory due Nov. 30, 2021</li> </ul>	Expenditures on FFPSA Part 1 Initial comprehensive prevention plan and ongoing amendments, as applicable	<ul style="list-style-type: none"> <li>Annually by September 30<sup>th</sup> via ETO</li> </ul>	<ul style="list-style-type: none"> <li>Statewide automation for tracking of services costs</li> </ul>

# FFPSA VISION AND RELATIONSHIP WITH ONGOING EFFORTS IN CALIFORNIA

The following table reflects how some of the FFPSA Part IV components provide opportunities to support the existing Continuum of Care Reform efforts.

Continuum of Care Reform Efforts Goals	FFPSA Alignment		
<b>Reducing the use of congregate care settings</b>	Increased accountability and oversight for placement into STRTPs as well as effective aftercare services.	Through an assessment, the Qualified Individual (QI) rules out the appropriateness of a lower level of care.	
<b>Youth must have trauma informed, culturally relevant and individualized services within an STRTP.</b>	The FFPSA requires STRTPs to operate within a trauma-informed treatment model and organizational framework able to meet the clinical needs of children with serious emotional or behavioral disorders or disturbances.	Youth within an STRTP must have access to nursing services 24 hours a day, 7 days a week.	The QI identifies the specific mental health treatment goals that will be implemented within an STRTP, and/or what supports are needed to meet the youth's needs in a family-based setting.
<b>Increased permanency and goals for youth.</b>	Youth exiting an STRTP to a home-based setting must now receive a provision of discharge planning and family-based aftercare supports for at least six months post-discharge.		



# SUPPORTING YOUTH WITH COMPLEX CARE NEEDS



## KEY STRATEGIES THAT HAVE DEMONSTRATED SUCCESS

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Regular and ongoing engagement with providers to develop new capacity for emergency or short-term foster care home placements;

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Regularly reviewing family finding and engagement protocols for alignment with models of best practice;

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Developing child-specific resource family recruitment programs whenever family finding does not result in a permanent caregiver;

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Developing contracts for Short Term Residential Therapeutic Programs (STRTPs) designed to focus on assessment, stabilization and transition planning;

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Increasing the use of high-fidelity wraparound care and other services (e.g., intensive services foster care, respite, etc.) designed to support foster families or relative caregivers to help meet the needs of youth with complex care needs;

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Engaging mental health plans to increase access to specialty mental health services such as therapeutic behavioral services and other intensive in-home services, specialized models of intensive care coordination and crisis services that are available in any placement setting;

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Utilizing rates flexibility established in recent legislation to develop and implement innovative funding models and individualized rates to create an individualized placement alternative for a specific youth; and

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Utilizing this rates flexibility to develop emergency resource family homes and therapeutic foster care models.



# SUPPORT AVAILABLE TO COUNTIES IN ADOPTING KEY STRATEGIES

- Intensive multi-agency coordination and child-specific technical assistance in identifying potential county options for appropriate placements, addressing barriers to acceptance, and supporting placement preservation for youth with complex needs;
- Access to a contract with UC Davis for neuro-psychiatric assessments for children with co-occurring developmental disabilities, medical and mental health needs;
- Child-specific technical assistance for specialized permanency services (ASIST) including contracts with experts in family finding, engagement, and family supports;
- Access to a child-specific social media recruitment service that can develop and implement social media recruitment efforts for a particular child, or for a specific type of need;
- Technical assistance and support to expand and enhance wrap-around models and supports;
- Intensive technical assistance to utilize rate flexibility to support innovative models of care including professional parent models, emergency caregiver models, and individualized STRTP models;
- Access to the Catalyst Center to support provider engagement and matching. This includes a vacancy list that is available in conjunction with provider engagement.
- Support from the AB 2083 System of Care strike team (<https://www.chhs.ca.gov/home/system-of-care/>) -- a multi-Department effort designed to look at how programs and services across multiple Departments complement one another to best address the needs of children and youth in California.

\$139.2 million General Fund statewide to assist counties with serving foster youth who have complex needs and behavioral health conditions.

\$222.5 million General Fund in 2021-22 to be expended over three years to assist counties with new prevention services implementation efforts allowable under the new federal Family First Prevention Services Act.

\$80 million General Fund for one-time Child Welfare Caregiver Stipend/COVID-19 Pandemic Assistance.

\$42 million General Fund for one-time Foster Care STRTP COVID Relief.

\$50 million General Fund to support increased Emergency Response Social Workers in Child Welfare.

\$5.4 million General Fund to increase Foster Family Agency rates by \$50 per child per month to reduce social worker turnover

**RESOURCES  
AVAILABLE TO  
ADOPT  
INNOVATIVE  
APPROACHES  
AND SUPPORT  
KEY STRATEGIES**

## BREAKDOWN OF COMPLEX CARE FUNDING

**Child-Specific Requests for Exception Needs (\$18.1 million):** Funds to support child-specific assessments, evaluations, enhanced care planning or ongoing technical assistance for children with exceptional service needs. Funds available on a per-child basis. Counties may use the funds flexibly to support children with high acuity needs such as those in need of intensive specialty mental health services, for services that are not billable to Medi-Cal, and for youth with co-occurring treatment needs. [ACL 21-119 \(October 1, 2021\)](#) and [CFL 21-22-35 \(October 29, 2021\)](#)

**County Capacity Building for High Quality Continuum (\$42.3 million):** Support to counties for youth with needs above the level of care and support that can be provide in a STRTP who would otherwise have bene placed out of state.

**Children's Crisis Residential 5-Year Pilot (\$60 million):** Investment in services and supports to meet complex needs which includes establishing the Children's Crisis Continuum Pilot Program. Welf. & Inst. Code 16551.



# SUPPORT FOR STRTPS IMPACTED BY THE IMD DETERMINATIONS



# IMD EXCLUSION

- In 2019, CMS' issued guidance that, according to the Family First Prevention Services Act (FFPSA), Qualified Residential Treatment Programs (QRTPs) are not exempt from the Institution for Mental Disease (IMD) exclusion from Medicaid funding. Short-Term Residential Therapeutic Program facilities (STRTPs) are the California equivalent of QRTPs.
- As the single state Medicaid agency, DHCS must complete a statewide assessment and make an IMD determination of the 432 STRTP facilities in California.

# \$10.3 Million to STRTPs Impacted by IMD Determination

- Funding available to support providers that are likely to be impacted by the planned IMD determinations
- Providers are eligible to request funding if they have a combined program capacity of greater than 16 beds in close capacity.
- Providers must submit a transition plan that is signed by the county child welfare director, county mental health director, and the chief probation officer in order to apply for funds to support transition efforts
- CDSS is working to determine the methodology for how funds will be allocated amongst eligible providers

DHCS will continue the current process of reviewing proposed STRTP transition plans and providing direct technical assistance to providers on their transition proposals.

Based on analysis of each STRTP and the complexity of needed changes, DHCS has updated the timeline for IMD determinations, and will conduct determinations between December 2021 and December 2022.

DHCS will inform each IMD of the deadline for their determination by email.

Revised schedule:

- 1. Small independent facilities, with 16 or fewer beds: December 2021
- 2. Facilities requiring structural and programmatic changes: July 2022
- 3. Large facilities requiring substantial structural and complex facility changes, including need for construction and new licenses: December 2022.
- Providers can contact the DHCS Mental Health Licensing Section for any questions or requests for meetings to review transition proposals at: [MHLC@dhcs.ca.gov](mailto:MHLC@dhcs.ca.gov)

## Transition Plans for STRTPs: Updated Timeline

# Overview of DHCS Funding to Support STRTP Transitions

The FY 2021-22 Budget allocated \$7,478,000 for county mental health plans (MHPs) to support counties working with STRTPs during transition to new models.

DHCS will provide technical assistance to help counties and providers develop feasible transition plans.

In order to access funding:

1. MHPs must submit a transition plan for STRTPs in their network by April 1, 2022, documenting the details of the transition plan and a commitment to continue to serve Medi-Cal beneficiaries
2. DHCS will review the transition plan, and approve if it meets criteria.
3. Funding is available during FY 21-22 through the BH Quality Improvement Program if federal match has been lost due to an earlier IMD determination.