WILL LIGHTBOURNE
Director

GAVIN NEWSOM
GOVERNOR

KIM JOHNSON
DIRECTOR

SEPTEMBER 8, 2021

ALL COUNTY INFORMATION NOTICE NO. I-73-21
BEHAVIORAL HEALTH INFORMATION NOTICE NO. 21-055

TO: ALL COUNTY WELFARE DIRECTORS
ALL CHIEF PROBATION OFFICERS
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM PROVIDERS
ALL GROUP HOMES
ALL COMMUNITY TREATMENT FACILITIES
ALL INDEPENDENT LIVING PROGRAM MANAGERS
ALL INDEPENDENT LIVING PROGRAM COORDINATORSALL FOSTER CARE MANAGERS
ALL TITLE IV-E AGREEMENT TRIBES
ALL TRANSITIONAL HOUSING COORDINATORS
COUNTY BEHAVIORAL HEALTH PROGRAM DIRECTORS
COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION OF CALIFORNIA
COUNTY DRUG & ALCOHOL ADMINISTRATORS
COUNTY WELFARE DIRECTORS ASSOCIATION OF CALIFORNIA
CHIEF PROBATION OFFICERS OF CALIFORNIA
CALIFORNIA STATE ASSOCIATION OF COUNTIES
CALIFORNIA COUNCIL OF COMMUNITY BEHAVIORAL HEALTH AGENCIES
COALITION OF ALCOHOL AND DRUG ASSOCIATIONS
CALIFORNIA ASSOCIATION OF ALCOHOL & DRUG PROGRAM EXECUTIVES, INC.
CALIFORNIA ALLIANCE OF CHILD AND FAMILY SERVICES

SUBJECT: FAMILY FIRST PREVENTION SERVICES ACT IMPLEMENTATION IN CALIFORNIA

REFERENCE: FEDERAL BIPARTISAN BUDGET ACT OF 2018 (PUBLIC LAW 115-123); AB 153 (CHAPTER 86, STATUTES OF 2021); WELFARE AND INSTITUTIONS CODE (WIC)

Section 361.22; WIC Section 706.6; WIC Section 4096.55, WIC Section 4096.6; WIC Section 11402; WIC Section 16501.1; WIC Section 16521.6; WIC Sections 16585 through 16589; WIC Sections 17710, WIC Section 17731, and WIC Section 17732, Health and Safety Code (HSC) Section 1502; HSC Section 1562.01, ACL 17-122, ACIN I-52-15

PURPOSE

The purpose of this California Department of Social Services (CDSS) ACIN and Department of Health Care Services (DHCS) BHIN is to inform county child welfare agencies, juvenile probation departments, tribes with a Title IV-E State agreement, behavioral/mental health agencies, Short Term Residential Therapeutic Program (STRTP), Community Treatment Facility (CTF), Group Home (GH) providers, and other stakeholders about California's implementation of the Family First Prevention Services Act (FFPSA). The FFPSA was signed into federal law as part of the federal Bipartisan Budget Act of 2018 on February 9, 2018.

The FFPSA reforms federal child welfare funding under Title IV-E of the Social Security Act to authorize the use of federal Title IV-E funding for specified services to children at imminent risk of entering foster care, pregnant and parenting foster youth, and the parents or kin caregivers of these children. The FFPSA also amends Title IV-E of the Social Security Act to limit reliance on congregate care. California's FFPSA implementation plan has impacts on the Medi-Cal program, some aspects of which are described below and for which future guidance will be forthcoming. FFP under the Medi-Cal program may be available for medically necessary SMHS, if all necessary federal approvals are obtained, state and federal Medi-Cal requirements are met, and FFP is not jeopardized. The FFPSA provides that states must implement the required components related to congregate care on or before October 1, 2021 in order for new congregate care placements to remain eligible for Title IV-E funding.

To achieve full compliance with the federal law by October 1, 2021, California has passed Assembly Bill 153 (Chapter 86, Statutes of 2021).

OVERVIEW OF ASSEMBLY BILL 153 (CHAPTER 86, STATUTES OF 2021)

While the FFPSA is comprised of eight parts, AB 153 (Chapter 86, Statutes of 2021) focuses on the implementation of Parts I and IV, as well as other non-FFPSA

foster care components which will be addressed in forthcoming guidance from the Department.

Family First Prevention Services Act Part I

Overview of the Title IV-E Prevention Services Program

Part I of FFPSA allows states to access federal financial participation (FFP) for certain prevention services. This section provides an overview of the new statutes added by AB 153 and outlines the basic framework for the new prevention services program. In order to receive FFP, the services must be specified in the State's Five-Year Title IV-E Prevention Services Plan that is approved by the federal Department of Health and Human Services, Administration for Children and Families (ACF). Services that may be funded include evidence-based and trauma-informed mental health services, substance use prevention and treatment services, and in-home parent skill-based programs that have been rated as well-supported, supported, or promising by the Title IV-E Prevention Services Clearinghouse. Services may be provided for a 12-month period, including additional and/or contiguous 12-month periods, on a case-by-case basis, as long as the child continues to meet the requirements to receive prevention services as a candidate for foster care or pregnant or parenting foster youth. Mental health and substance use prevention and treatment services must be provided by a qualified clinician or professional. For purposes of Part I prevention services, the CDSS and DHCS, in joint guidance, will issue clarification that a qualified clinician or professional is an individual who meets the minimum skills and requirements established by each evidence-based program (EBP) to provide the services with model fidelity.

Forthcoming CDSS Guidance

In addition to this overview of the statutory framework established by AB 153, CDSS will publish additional guidance in the upcoming months. Forthcoming guidance will address:

- Funding streams, allocations, timelines, and requirements, including the availability of State block grant funding for prevention services and program implementation, and the availability and use of federal funds under the American Rescue Plan Act (ARPA) to support the continuum of prevention services;
- County opt-in procedures and requirements, including the letter of intent to opt-in during the first year of implementation;
- Development and submission of the county comprehensive prevention plan;

- Assessments of candidacy for foster care and eligibility determinations for Title IV-E prevention services;
- Inquiry and further inquiry requirements to determine whether a child who is being assessed as a candidate for foster care is or may be an Indian child as defined by Welfare & Institutions Code (WIC) Section 224.1, and the requirements for written notification to, and partnership with, an Indian child's tribe in the assessment, planning, and provision of Title IV-E prevention services;
- Implementation of eligible adaptations to evidence-based programs;
- Development and implementation of a child and family's prevention plan, including the provision of trauma-informed and culturally responsive services, monitoring child and youth safety, and conducting periodic risk assessments. This guidance will include a model template for child and family prevention plans;
- Documentation, data collection, and reporting of prevention services cases, including the use of a statewide automation system for Title IV-E prevention services data collection and reporting;
- Continuous Quality Improvement (CQI), outcome measures, model fidelity oversight and evaluation requirements;
- Contracting with other agencies and community-based organizations for allowable Title IV-E administrative activities; and
- Payer of last resort requirements and protocols for determining payment for services. This will include joint guidance from CDSS and DHCS identifying what prevention services may be eligible for payment under the Medi-Cal program, if all state and federal requirements are met, and a model joint written protocol for counties to determine what program is responsible for payment.

The CDSS and DHCS will collaborate to publish joint guidance involving services and activities that may be Medi-Cal reimbursable.

State Implementation of Title IV-E Prevention Services

AB 153 adds Sections 16585 through Section 16589 to the WIC, establishing the "Family First Prevention Services" program in State law. These provisions state California's intent to opt into the Title IV-E prevention services program authorized by Part I of the federal FFPSA, incorporate definitions and requirements of the federal law, and further specify the State's approach to implementation of the prevention services program established under the FFPSA. Legislative declarations in WIC Section 16585:

- Articulate a commitment to a coordinated continuum of services amongst child and family serving systems;
- Establish the intent to improve outcomes for children and families, reduce entries into foster care, and reduce disparity and disproportionality in California's foster care system; and
- Reaffirm the State's commitments to Indian children, families, caregivers, and tribes, including implementation of prevention services consistent with the Indian Child Welfare Act (ICWA).

These commitments are included in WIC Section 16585 and are further articulated in the State's Title IV-E prevention services plan submitted to the federal ACF[1].

Population to be Served and Allowable Services

The newly enacted WIC Section 16586 and WIC Section 16587 detail and incorporate key federal requirements and definitions for the prevention services program into State law. Consistent with federal law, these provisions specify the population who may be served under the new Family First Prevention Services program, including:

- "Candidates" for foster care, as described in Section 475(13) of the federal Social Security Act and in the State Title IV-E Prevention Services Plan;
- Pregnant or parenting foster youth, including a child or nonminor dependent in foster care who is a parent, or expectant parent of an unborn child; and/or
- Their parents or kin caregivers.

WIC Section 16586(e) defines the prevention services that may be offered under the new program and permits eligible adaptations, consistent with federal law (Section 471(e) of the federal Social Security Act) and as described above.

Opt-in Requirements

WIC Section 16587(a) specifies the requirement for counties to opt into the program by submitting a local plan developed in consultation with relevant entities, including county agencies that serve families and children, Indian tribes, local community representatives, caseworkers, and individuals and families with lived experience with the child welfare system. During the first year of implementation, a county may opt into the program by providing a written notice while the county continues to develop its local plan. WIC Section 16587(b) further requires CDSS to consult with Indian tribes on

[1] A draft of the State Five-Year Prevention Plan has been submitted to the federal Administration for Children and Families as of August 7th, 2021 and is pending review and approval.

the development of the five-year statewide prevention plan, associated allocation policies, and procedures for a Tribe operating a Title IV-E program pursuant to a state agreement to opt into the prevention services program.

Prevention Services for an Indian Child

WIC Section 16587(c)(3) specifies that for an Indian child, prevention services must be provided in a manner consistent with active efforts, as described in subdivision (f) of WIC Section 224.1. Additionally, WIC Section 16587(d)(3) incorporates existing inquiry requirements under Section 224.2, requiring counties to inquire whether a child who is being assessed as a candidate for foster care is or may be an Indian child. When the county knows or has reason to know the child is an Indian child, the county must provide written notification to the Indian child's tribe and include the child's tribe in assessments, development, and implementation of the child's written prevention plan. The inquiry and notification requirements must be completed by the county agency and cannot be contracted out to another agency.

Prevention Services Case Requirements

Counties electing to provide Family First prevention services must meet the requirements set forth in WIC Section 16587(d) for each prevention services case. These requirements include:

- Determining whether a child is a candidate for foster care and qualifies for Title IV-E prevention services, based upon an in-person assessment (or alternative assessment methodology approved by CDSS);
- Identifying whether a child or nonminor dependent in foster care is a pregnant or parenting foster youth who will receive Title IV-E prevention services. A candidacy assessment and determination are not required for a pregnant or parenting foster youth to receive prevention services;
- Documenting this eligibility determination and services in the child or youth's prevention plan;
- Inquiring whether a child who is being assessed as a candidate for foster care is or may be an Indian child in accordance with WIC Section 224.2, and providing written notification and partnering with an Indian child's tribe in the assessments and development and implementation of the prevention plan;
- Developing and implementing a child-specific written prevention plan, using a model approved by CDSS. For a candidate for foster care, the prevention plan must identify the foster care prevention strategy for the child and include the services or programs to be provided to the child and their family. For a pregnant or parenting foster youth, the prevention plan must specify the services that

will be provided to the youth to meet their needs, strengthen their ability to parent and describe the parenting support strategy to promote the health and development of, and prevent foster care for, any child born to the youth;
- Documenting all prevention services cases in accordance with guidance issued by CDSS;
- Ensuring prevention services are provided using a trauma-informed approach, including an approach informed by historical and multi-generational trauma;
- Monitoring child safety and risk, including through in-person contact and periodic risk assessments; and
- Reexamining the prevention plan, if the risk of entering foster care remains high for a child who is a candidate for foster care.

Prevention Services for Pregnant or Parenting Foster Youth

As noted above, pregnant or parenting foster youth are specifically eligible for Family First prevention services and no candidacy assessment or determination of imminent risk is required for these youth. "Pregnant or parenting foster youth" means a child or nonminor dependent in foster care who is a parent, or an expectant parent of an unborn child. Prevention services are available for pregnant or parenting foster youth regardless of gender, including foster youth who are fathers or expectant fathers.

Prevention services are voluntary for pregnant and parenting foster youth. The prevention plan for a pregnant or parenting foster youth shall be included in the youth's case plan and shall specify the services that will be provided to the youth to meet their needs, strengthen their ability to parent and describe the parenting support strategy to promote the health and development of, and prevent foster care for, any child born to the youth. As pregnant or parenting foster youth are eligible for prevention services without an imminent risk or candidacy determination, services must be delivered in such a way that does not indicate a suspicion of risk. Counties must also monitor the safety of, and conduct periodic risk assessments for, a pregnant or parenting foster youth as required by Section 471(e)(5)(B)(ii) of the federal Social Security Act and WIC Section 16587(d)(7)-(8). The CDSS will issue further guidance regarding supportive and strengths-based service delivery to pregnant and parenting foster youth, monitoring pregnant or parenting foster youth safety, and clarifying how monthly caseworker visit activities may be leveraged to fulfill federal requirements for periodic risk assessments for pregnant or parenting foster youth.

Non-Participation or Non-Completion of Prevention Services

As specified in WIC Section 16587(f), a parent, caregiver, child, or youth's non-participation in or non-completion of offered prevention services, in and of itself, shall not be prima facie evidence that the child comes within WIC Section 300 or prima facie evidence of substantial danger.

Contracting with Other Agencies or Community-Based Organizations

Pursuant to WIC Section 16587(e), a county may contract with another agency or community-based organization for specified case management activities, in accordance with forthcoming guidance issued by CDSS. However, only the Title IV-E Agency may conduct the determination and documentation of candidacy and eligibility for services under the Title IV-E program, consistent with federal regulations and guidance contained in Section 205.100 of Title 45 of the Code of Federal Regulations, and Section 8.6C of the Child Welfare Policy Manual issued by the federal ACF. The county will remain responsible for supervising and ensuring appropriate performance of any activities that are contracted out, as required by federal law. The Title IV-E Agency determination of candidacy and eligibility for prevention services under the IV-E program shall not be a barrier to accessing medically necessary specialty mental health services under Medi-Cal.

Data Collection, Reporting, Monitoring, Continuous Quality Improvement, and Evaluation

Additionally, WIC Section 16587(d)(9) through 16587(d)(11) requires counties that opt in to provide Title IV-E prevention services to:

- Collect and report any information or data to CDSS that is necessary for Title IV-E federal financial participation (FFP), Title IV-E federal reporting, or evaluation of Title IV-E services, including child-specific information and expenditure data;
- Continuously monitor the implementation and provision of services to ensure model fidelity, determine outcomes achieved, and determine how information from monitoring will be used to improve practices in accordance with a continuous quality improvement (CQI) framework and instructions provided by CDSS; and
- Conduct or contract for a well-designed and rigorous evaluation for each service or program as coordinated by CDSS, unless the State has obtained a federal waiver of the evaluation. The CDSS will consult with DHCS on an evaluation involving a prevention service that is paid for by Medi-Cal. A

county may work with other counties or tribal Title IV-E agencies utilizing the same service to conduct a joint evaluation that meets State and federal requirements. Additionally, subject to the availability of state funds, CDSS may conduct or contract for an evaluation of a prevention service, and a county's participation in such an evaluation will satisfy the county's evaluation responsibility for that service. The CDSS will consult with DHCS on an evaluation involving a prevention service that is paid for by Medi-Cal.

The CDSS will issue further guidance, via All County Letters providing additional detail regarding data collection and reporting, monitoring, CQI, outcomes measures, and evaluation. This future guidance will include instructions regarding the required use of the statewide automation system for Title IV-E prevention services data collection and reporting once available.

Requirements for Title IV-E Prevention Services Funding and State Funding to Support Comprehensive Prevention Planning and Services

Counties that elect to provide Family First prevention services must comply with all fiscal requirements under federal law and set forth in WIC Section 16588. Counties shall not claim FFP under Title IV-E prevention services until CDSS has obtained all necessary federal approvals and developed the statewide systems necessary for federal claiming and reporting.

Counties that elect to provide Family First prevention services shall be responsible for the Title IV-E nonfederal share of costs, and the State may appropriate funds to contribute towards these costs and implementation costs. CDSS, in consultation with the County Welfare Directors Association (CWDA) and Chief Probation Officers of California (CPOC) will develop a methodology to allocate state funds to counties. Counties that receive state funding under this program must:

- Submit a comprehensive plan that includes a continuum of primary, secondary, and tertiary prevention and intervention strategies and services to support the ability for parents and families to provide safe, stable, and nurturing environments for their children, in accordance with instructions issued by CDSS. The continuum of services must include culturally appropriate and responsive services that are tailored to meet the needs of families who are disproportionately represented in the child welfare system, including Native American and Alaskan Native families, families of color, and LGBTQ+ children or youth.
- Use State funds budgeted for Title IV-E prevention services, allowable administrative activities, and program implementation costs. Counties may also use State funds for the cost of other prevention

services beyond the services specified in the State five-year Title IV-E prevention plan that fill service gaps. During the first year of implementation, these services must be specified in the county's written notice to opt-in, and in subsequent years must be included in the county's comprehensive prevention plan.

- Document and report all prevention services using State funds in accordance with instructions provided by CDSS.

During the first year of implementation, counties may utilize State funds under WIC Section 16588 for allowable purposes while the county continues to develop its comprehensive plan by providing written notice to CDSS. CDSS will issue further guidance to counties via All County Letters and All County Information Notices regarding the process for opting in, including providing written notice to CDSS for the first year of implementation, and developing and submitting the comprehensive plan, as well as guidance on funding available for prevention activities, and the requirement that Title IV-E is the "payer of last resort".

Counties may not use State funds allocated for prevention services to supplant existing program funds. Furthermore, counties must use State and federal funds for prevention services to supplement, and not supplant, funds for expenditures that are used for the State maintenance of effort required under the Title IV-E prevention services program. Additionally, CDSS will consult with Indian tribes to develop an allocation methodology to distribute State funding under this chapter to an Indian tribe with a State Title IV-E agreement, a consortium of tribes, or tribal organization that elects to provide prevention services under this program.

Payer of Last Resort and Joint Protocol Development

Lastly, WIC Section 16588 details how CDSS will work with the DHCS to address the "payer of last resort" requirement, which provides that the Title IV-E agency shall not be considered a legally liable third party for purposes of satisfying a financial commitment for the cost of providing prevention services or programs to an individual for whom such cost would have been paid for by another source but for the enactment of the FFPSA. This section further requires CDSS and DHCS to develop joint guidance identifying what prevention services may be eligible for reimbursement, in part or whole, under the Medi-Cal program, and authorizes the DHCS to seek additional federal approvals for Medicaid funding where appropriate, as specified. This section similarly requires county child welfare, probation, behavioral health, and other appropriate entities to produce a joint, written protocol between their agencies to determine what program is responsible for payment for a prevention service, in part or whole, following guidance, and a model protocol developed jointly by CDSS and DHCS. This section

also indicates that if DHCS determines that federal approvals necessary in order to claim FFP under the Medi-Cal program for a prevention service or activity, counties shall not claim the service or activity as a Medi-Cal service until the effective date specified in the federal approval obtained by DHCS.

Family First Services Prevention Act Part IV

Overview of Family First Services Prevention Act Part IV

AB 153 includes necessary amendments to ensure that placements of children and nonminor dependents into STRTPs may be funded with Title IV-E federal funding consistent with Part IV requirements. The FFPSA Part IV establishes new requirements for placements in child-care institutions to be eligible for Title IV-E FFP with the aim of limiting reliance upon such settings and making certain any placement in congregate care is necessary. These requirements apply to new placements made on or after October 1, 2021.

Forthcoming CDSS and DHCS Guidance

This section provides an overview of the new statutes added by AB 153 and outlines the basic framework for Part IV of FFPSA. In addition to this overview of the statutory framework established by AB 153, CDSS and DHCS will publish additional guidance pertaining to Part IV in the upcoming months which will address:

- Requirements for counties pertaining to the Qualified Individual.
- Requirements for counties and providers pertaining to nursing.
- Requirements for counties pertaining to case planning and court reporting.
- Requirements for providers pertaining to FFPSA specialized placement settings.
- Requirements for counties pertaining to the interim family-based aftercare requirements and the County Wraparound Plan Template.
- Requirements for County Fiscal Officers pertaining to budget item claiming Title IV-E instructions for FFPSA Part IV.

Placement Settings Eligible for Title IV-E Federal Financial Participation

The FFPSA Part IV changed when Title IV-E FFP is available for children and nonminor dependents placed in child-care institutions (for example, STRTPs, group homes, Community Treatment Facilities (CTFs), etc.). The law provides that, after two weeks for which foster care maintenance payments are made on behalf of a child, minor, or nonminor dependent (NMD) placed in a congregate care placement setting,

no FFP may be claimed in the maintenance payment unless the child, minor, or NMD is placed in one of four allowable placement settings. If the placement is ineligible for FFP, beginning the third week, a county placing agency may only receive IV-E funding for its own administrative costs.

The four child-care institution settings eligible for ongoing Title IV-E FFP under federal law are:

- A Qualified Residential Treatment Program (QRTP);
- A setting specializing in providing prenatal, post-partum, or parenting supports for youth;
- In the case of a child who has attained 18 years of age, a supervised setting in which the child is living independently;
- A setting providing high-quality residential care and supportive services to children and youth who have been found to be, or are at risk of becoming, sex trafficking victims.

California's implementation of FFPSA in AB 153 focuses on incorporating QRTP requirements into the requirements for STRTPs to maintain eligibility for Title IV-E FFP. However, the placement of a child in other placement types, including CTFs and licensed group homes vendored by Regional Centers, may also be eligible for FFP as long as the facility meets the requirements under federal law as a QRTP and is an otherwise eligible foster care placement in California.

Although CCR exempted group homes that are vendored by Regional Centers from the requirement to convert to an STRTP, there is no similar exemption from the FFPSA requirements. Thus, vendored group homes must qualify as one of the above-listed settings in order to be a placement eligible for Title IV-E funding in the maintenance payment. AB 153 requires under WIC Section 4648(a) that CDSS and the California Department of Developmental Services establish interagency agreements and processes to maximize federal funding for the placement, consistent with State and federal law. As this provision is implemented, more guidance will be made available.

Placements made into an STRTP prior to October 1, 2021 are not subject to the requirements of FFPSA, and therefore may still be eligible for Title IV-E FFP. Additional guidance for accessing Title IV-E federal funding and rate setting for placements on or after October 1, 2021, as outlined in HSC Section 50820 and WIC Section 11403.3, is forthcoming.

With the passage of AB 153, pursuant to WIC Section 11402.005(b), CDSS will issue guidance clarifying the conditions under which IV-E funding is available for AFDC-FC eligible placements in these additional facility types. Children's residential care providers that are not licensed as an STRTP but wish to establish eligibility for Title IV-E FFP pursuant to FFPSA are encouraged to contact the Rates inbox at fosterca@dss.ca.gov.

Requirements for Short-Term Residential Therapeutic Program Providers

Although the FFPSA uses the term QRTP, California will maintain the term STRTP. As of October 1, 2021, in order to meet the new federal Title IV-E funding requirements, STRTPs must adhere to federal QRTP requirements that have been enacted in California pursuant to AB 153.
Under AB 153, new, modified, or relevant STRTP programmatic requirements include the following:

- The operation of a comprehensive trauma-informed treatment model designed to address the individualized needs of children as specified in HSC Section 1562.01(d)(2)(C)(i)(I).)
- Maintenance of the IPC's written determination and the QI's assessment in the child's record as specified in WIC Section 4096 and HSC Section 1562.01(o) , consistent with federal and state privacy laws.
- Ability to implement the treatment identified for a child placed into the facility, consistent with the child's assessment by a QI as specified in HSC Section 1562.01(d)(2)(C)(ii) and (iv).
- Consistent with the treatment model of the program, ensuring the availability of licensed nursing staff 24 hours a day, seven days a week as specified in HSC Section 1562.01(d)(2)(C)(i)(II) and (n).
- Facilitating and documenting outreach to the family members of the child, including siblings, and documentation of how family members will be integrated into the treatment process for the child as specified in HSC Section 1562.01(d)(2)(C)(viii).)
- Provision of, arrangement for, or assistance with development of an individualized family-based aftercare support plan for at least six months post-discharge, as specified in HSC Section 1562.01(d)(2)(C)(vii).

Significant aspects of several of these requirements are discussed below.

Trauma Informed Treatment Model

The FFPSA Part IV requires QRTPs to have a trauma-informed treatment model that is designed to address the needs, including clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances and implement the treatment identified for the child in the QI assessment. Existing STRTP Interim Licensing Standards (ILS) require providers to have a program that is trauma informed (STRTP ILS V 3.1 Sections 87022.1 and 87078.2). The ILS defines "trauma informed" as "… program interventions, practices, services, and supports that recognize and respond to the varying impact of traumatic stress on children, nonminor dependents, and their families, certified parents, Resource Families, and those who have contact with the child welfare system, as specified in Section 87078.2." (STRTP ILS Section 87001(t).) To obtain licensure, STRTPs are required to submit a program statement that describes how it will ensure the provision of trauma-informed services. Per ACL 17-122, the overarching goal of an STRTP is to provide trauma-informed therapeutic interventions and integrated programming designed to address barriers to a child/minor/NMD's ability to safely reside and transition into a home-based family setting or independent living program in support of permanency and the child/minor/NMD's well-being.

The AB 153 amended the definition of an STRTP in HSC Section 1502(a)(18) to include reference to the provision of trauma-informed care and amended HSC Section 1562.01(d)(2)(C)(i) to require an STRTP to include in its program statement a description of how its program will meet standards for a comprehensive trauma-informed treatment model. With the goal of ensuring that these requirements are addressed and acknowledged, and in accordance with section 11 of AB 153, CDSS and DHCS will develop additional guidance that further defines and sets standards for the provision of trauma-informed care, and for implementation of treatment consistent with the child/minor/NMD's assessment by a Qualified Individual. Once this guidance has been released, STRTPs will be required to document compliance with these requirements in an update to their program statement.

Nursing Requirements

Beginning October 1, 2021, the FFPSA requires that QRTPs have licensed nursing staff and other licensed clinical staff who provide care within the scope of their practice as defined by State law on-site according to the provider's treatment model, and available 24 hours a day and 7 days a week. Federal clarification in ACYF-CB-IM-18-02 states that this requirement shall not be construed as requiring a QRTP to acquire nursing and behavioral health staff solely through means of a direct employer to employee relationship (sections 472(k)(4) of the Act).

Current STRTP Interim licensing Standards (ILS V 3.1) and Mental Health Program Approval standards address the requirements for licensed clinical staff and onsite nursing services consistent with the treatment model of the program. The care and supervision provided by an STRTP is generally required to be non-medical, except as permitted by applicable law. Any identified needs of an individual child or nonminor dependent currently must be reflected and provided for through the development of the admission agreement and the needs and services plan for the child or nonminor dependent (STRTP ILS sections 87068.2 and 87068.22). Further, children who receive services under Medi-Cal are already entitled to medically necessary care, including home health interventions.

To meet the requirement for nursing services to be available 24 hour a day and 7 days a week, AB 153 in HSC Section 1562.01(n) requires STRTPs to ensure the availability of licensed nursing staff, which may include the nursing resources established as specified in WIC Section 4096.55, described below.

The HSC Section 1562.01 requires that STRTPs include in their program statement a description of a plan for how their program will make licensed nursing staff available, as specified. (HSC 1562.01(d)(2)(C)(i) and (n).) If it is determined that a child/minor/NMD placed in an STRTP by a county placing agency requires regular onsite nursing care and does not require inpatient care in a licensed health facility, the STRTP shall provide the nursing care consistent with their treatment model, or shall partner with the county placing agency to arrange for the nursing care to be provided. (HSC 1562.01(n)(4).)

The WIC Section 4096.55 requires CDSS, in collaboration with DHCS, to make available nursing resources intended to assist STRTPs with meeting the needs of any child, minor, or NMD placed at the STRTP. Nursing resources may include both a contract or contracts for nursing services and any other nursing resources as identified by CDSS and DHCS, in consultation with the Department of Finance, designed to assist STRTPs to meet the medical needs of children and nonminor dependents placed by the county child welfare agency or probation department.

Pursuant to AB 153, CDSS is currently in the process of establishing a contract for the provision on nursing services 24 hours a day 7 days a week to meet the federal requirement. If a child/minor/NMD requires regular onsite nursing care, the county placing agency must ensure the nursing care is provided, either by the STRTP consistent with their treatment model, or by the county arranging for that care to be provided using their nursing resources. The nursing services and resources provided by the State are not meant to supplant or substitute any existing services used by STRTPs and will support an STRTP's ability to service the physical health needs of all youth and especially those who need a high acuity of care.

Facilitation of Family Members Participation in Treatment Process

To comply with the FFPSA, AB 153 includes a requirement under HSC Section 1562.01(d)(2)(C)(viii)(I)(ia) that STRTPs describe in their program statements how they will, to the extent clinically appropriate, consistent with any applicable court orders, and in accordance with the child's best interest, facilitate participation of family members in the child/minor/NMD's treatment program. In addition, HSC Section 1562.01(d)(2)(C)(viii)(ic) requires that STRTPs describe in their program statements how they will document how this was accomplished, including how sibling connections are maintained.
Further, STRTPs are required to include in their program statement a description of how the STRTP will facilitate outreach to the family members of the child/minor/NMD, including siblings, document how the outreach is made, and maintain contact information for any known biological family and nonrelative extended family members of the child/minor/NMD. (HSC 1562.01(d)(2) (C)(viii)(I)(ib).)

By October 1, 2021, STRTPs will be required to document compliance with these requirements in an update to their program statement.

New Requirements for Placements in STRTPs

Through the Continuum of Care Reform and other legislation, California has already enacted some of the FFPSA Part IV requirements for placements into STRTPS. However, additional requirements for placements into STRTPs on or after October 1, 2021, include:

a. Requirement for a Qualified Individual assessment;
b. Additional Case Plan Requirements and;
c. Court Oversight Hearings

a. Requirement for a Qualified Individual assessment

On and after October 1, 2021, the FFPSA Part IV requires that an assessment by a Qualified Individual (QI) be completed any time a child is placed in a QRTP (e.g. STRTP) to determine if a child's needs can instead be met with family members, in a family home, or in one of the other approved settings and to make other specified determinations.

As implemented in AB 153 under WIC Section 4096(g)(3)(B), the QI assessment must be completed using an age-appropriate, evidence-based, validated, functional

assessment tool. California has elected to use the California Integrated Practice Child and Adolescent Needs and Strengths (IP-CANS) tool as a component of the QI assessment.

While the FFPSA requires that this QI assessment be completed within 30 days of placement, AB 153 further specifies under WIC Section 4096 that the assessment is required to be completed prior to a child, minor, or NMD's placement in a STRTP or an out-of-state residential facility, as defined in Family Code Section 7910(b), unless the placement is an emergency placement. If the placement is an emergency placement, the assessment must be completed within 30 days of the placement in a STRTP. Forthcoming guidance will define what constitutes an emergency placement.

If the QI assessment is not completed within 30 days of each placement of a child or NMD into an STRTP, reimbursement for the federal share of the foster care maintenance payments for that placement cannot be claimed. Additionally, if the QI assessment does not support the recommendation for placement into an STRTP, then reimbursement for the federal share of the foster care maintenance payments can only be claimed for the amount of time it takes to transition the child, which is limited to no more than 30 days following that determination.

The time periods for which foster care maintenance payments for STRTP placements are allowed are limited in the following circumstances:

- When the child is placed in a STRTP on an emergency basis pending the QI assessment and the QI determines the child's needs are able to be met with family members, in another family-based setting, or in a tribally approved home or the STRTP placement is otherwise not appropriate, foster care maintenance payments are allowed for the amount of time it takes to transition the child, which is limited to no more than 30 days from the date of the QI determination.
- When the child is placed in a STRTP on an emergency basis pending the QI assessment and the QI determines the child's needs cannot be met with family, in another family-based setting, or in a tribally approved home, but the court disapproves the STRTP placement in a review of the placement under WIC Section 361.22 or WIC Section 727.12, foster care maintenance payments are allowed for the amount of time it takes to transition the child, which is limited to no more than 30 days from the date of the court's disapproval;
- When the child is placed in a STRTP after the QI assessment and the QI determines the child's needs cannot be met with family, in another family-based setting, or in a tribally approved home, but the court disapproves the STRTP placement in a review of the placement under WIC Sections 361.22 or 727.12,

foster care maintenance payments are allowed for the amount of time it takes to transition the child, which is limited to no more than 30 days from the date of the court's disapproval.

Definition of a Qualified Individual (QI)

The FFPSA Part IV defines a QI as a trained professional or licensed clinician not employed by the Title IV-E agency and not employed by or affiliated with any placement setting used by the Title IV-E agency, unless a waiver has been approved. In subdivision (l) of WIC Section 16501, AB 153 adopts this definition of a QI and includes a waiver request process, discussed further in this document.

Under this statute, in the case of an Indian child, a person may be designated by the child's tribe as the qualified individual who is a trained professional or licensed clinician pursuant to subdivision (l) of WIC Section 16501 and consistent with the characteristics of a Qualified Expert Witness (QEW) as defined in subdivision (c) of Section 224.6. In the absence of that designation, the QI must have specialized knowledge of, training about, or experience with tribes and the ICWA.

AB 153 establishes the intent of the legislature that the QI assessment is provided as a Specialty Mental Health Service (SMHS) whenever possible.

The CDSS and DHCS will issue joint guidance, developed in partnership with counties and other stakeholders, that will include, but not be limited to, all of the following:

- Statewide standards and certification requirements for the QI.
- Requirements for referrals to the QI.
- Requirements for the assessment conducted by the QI including documentation requirements necessary to meet State and federal child welfare requirements.
- Funding guidance and detailed implementation guidance for the QI assessment
- Documentation requirements for Medi-Cal SMHS activities conducted by the QI.
- The applicable State and federal privacy and confidentiality laws that permit or limit the dissemination of the QI assessment.

The development and implementation of the QI activities will be aligned with the Integrated Core Practice Model (ICPM) framework and with Intensive Care Coordination (ICC), a Medi-Cal SMHS. Both are described in detail in the Medi-Cal Manual for ICC, Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries. Additionally, the activities of the QI will be grounded in System of Care principles and the integrated care planning efforts reflected in WIC Section 16521.6.

The QI will determine and document whether the assessed needs of the child or NMD can be met with family members, in a tribally approved home in the case of an Indian child, or in another family-based setting. In making this determination the QI will perform and document the following:

- Engagement and partnership with the CFT, including the child's tribe in the case of an Indian child.
- An assessment of the strengths and needs of the child or NMD using IP-CANS and methodology approved by the CDSS and DHCS.
- Development of the child-specific short and long term mental and behavioral health goals and treatment needs of the child.
- In the case of an Indian child, as defined in WIC Section 224.1, the QI must consult and confer with a representative of the child's tribe or the QEW as described in WIC Section 224.6, if directed by the tribe to include but not be limited to determination of the social and cultural standards of the Indian child's tribe.

Further guidance will be provided on the QI's role in developing strategies to remove barriers to family-based placement and assessment of whether services and supports may enable a family-based caregiver to meet those needs. If it is determined that the needs of the child can be met in a family-based setting, this assessment is intended to result in an integrated care coordination plan for supporting caregivers in meeting the needs of the youth through community-based treatment services and other supports identified.

If the QI determines the child or NMD's needs cannot be met in a family-based setting, all of the following must be documented by the QI:

- Why the needs of the child cannot be met by the family members of the child or in another family-based setting identified by the placing agency, or in a tribally approved home in the case of an Indian child. Under FFPSA, a shortage or lack of foster family homes shall not be an acceptable reason for determining that the needs of the child cannot be met in a foster family home.
- Why an STRTP is the setting that will provide the child with the most effective and appropriate level of interventions in the least restrictive environment.
- How that placement is consistent with the short- and long-term goals for the child, as specified in the permanency plan for the child and, for an Indian child, will meet the child's needs consistent with the prevailing social and cultural conditions and way of life of the Indian child's tribe.

- The behavioral health interventions and treatment needed to improve functioning and well-being and, for an Indian child, how the interventions and treatment will be conducted in a manner consistent with the prevailing social and cultural standards and way of life of the Indian child's tribe.
- For a child placed out of county, in collaboration with the placing agency case worker, a representative of the MHP, and other members of the CFT, determine the potential impact of transferring the responsibility to authorize, arrange, provide, and pay for SMHS from one county MHP plan to another, pursuant to WIC Section 14717.1;
- Any known multiagency care coordination needs upon the child's transition to a family-based setting should be addressed during discharge and aftercare planning.
- Any differences between the placement setting recommendation of the QI and the placement preferences of the CFT and of the child, and the reasons why.

The QI must provide the assessment and report required under WIC Section 4096 to the placing agency and the STRTP, or an out-of-state residential facility as defined in Family Code Section 7910, in which the child is placed or may be placed.

Request for Waiver

The FFPSA Part IV permits a state to request a waiver of the requirement that the QI is not employed by the Title IV-E agency nor employed by or affiliated with any placement setting used by the Title IV-E agency. To enable any needed flexibility in implementing the QI assessment activities, AB 153 requires under WIC Section 16501(l) that CDSS seek approval from the Secretary of the United States Department of Health and Human Services (USDHHS) for such a waiver. Any request to USDHHS must describe a process by which CDSS and DHCS will certify that an employee of a Title IV-E agency, or individual connected to or affiliated with a placement setting and designated as a qualified individual will maintain objectivity in the assessment process. AB 153 requires the proposed process to be developed jointly with the State Department of Health Care Services and in consultation with the State Department of Developmental Services, the State Department of Education, county child welfare, probation, and behavioral health agencies, and other interested stakeholders.

The CDSS and DHCS will jointly issue additional guidance about the protocol for requesting such a waiver, if granted approval from the Secretary of the USDHHS.

b. Additional Case Plan Requirements

The FFPSA Part IV requires county child welfare workers and probation officers to document additional information in the case plan for a foster youth placed in a QRTP.

Effective October 1, 2021, AB 153 amends WIC Section 16501.1 and Section 706.6 to require that within 30 days of the child/minor/NMD's placement into a STRTP, the case plan document the following:

- The reasonable and good faith effort by the social worker or probation officer to identify and include all required individuals in the CFT;
- All contact information for members of the CFT, as well as contact information for other relatives and nonrelative extended family members not part of the CFT;
- Evidence that meetings of the CFT, including the meetings related to the QI determination, are held at a time and place convenient for the family;
- If reunification is the goal, provide evidence that that the parent from whom the child was removed provided input on the members of the CFT;
- Evidence that the determination conducted by the QI was conducted in conjunction with the CFT;
- The placement preference of the child, minor, or NMD and the CFT, whether the placement preferences of the child/ minor/NMD and CFT were the same as those recommended by the QI, and if not, why the preferences of the child /minor/NMD and CFT were not recommended by the QI;
- Whether the court approved or disapproved the placement in an STRTP;
- For children 13 years of age and over, when the placement of the child/minor/NMD exceeds 12 consecutive months, or 18 nonconsecutive months document in the case plan:
  - The relevant supplemental report and/or social study information required to be submitted to the court for the specified hearings;
  - That the county child welfare director or deputy director has approved the continued placement in the STRTP.
- For children under the age of 13, when the placement of the child/minor exceeds six consecutive or nonconsecutive months, document in the case plan:
  - The relevant supplemental report and/or social study information required to be submitted to the court for the specified hearings;
  - That the county child welfare director or deputy director has approved the continued placement in the STRTP.
- Prior to discharge from an STRTP, a description of the type of in-home or institution-based services to encourage the safety, stability, and appropriateness

of the next placement, including the recommendations of the CFT, and a plan for the provision of discharge planning and family-based aftercare support, to be developed in collaboration with the STRTP.

The CDSS will issue further guidance for case planning, including instructions for documenting the FFPSA Part IV requirements in the case plan.

c. Court Oversight Hearings

The FFPSA requires additional court oversight, including court hearings within 60 days from the start of each new QRTP placement and ongoing status review and permanency requirements.

Pursuant to AB 153, beginning October 1, 2021, each new placement into an STRTP or placement change to another STRTP requires a court oversight hearing. The WIC Section 361.22 and WIC Section 727.12 mandate that the social worker or probation officer must request a hearing within five days of a child, minor, or NMD's placement in an STRTP and serve a copy of the request on all parties to the case, and the child, minor, or NMD's tribe in the case of an Indian child. Per WIC Section 361.22, the social worker also must serve a copy of the request on any Court Appointed Special Advocate.

The social worker or probation officer must prepare a report that includes the following:

- A copy of the assessment, determination, and documentation prepared by the QI;
- The case plan documentation described above;
- A statement regarding whether the child, minor, or NMD, the tribe if applicable, or any party to the proceeding objects to the placement of the child, minor, or NMD in an STRTP.
- In the case of an Indian child, the social worker or probation officer must include A statement regarding whether the child's tribe had an opportunity to confer regarding the departure from ICWA placement preferences and the active efforts made prior to placement in an STRTP to maintain or reunite an Indian child with their family;

The report must be served on all parties and the tribe, where applicable, no later than seven calendar days before the court hearing.

After receiving a request for review from the social worker or probation officer, the juvenile court is required to set a hearing within 45 days of the placement being made and to provide notice of the hearing to all parties to the proceeding and the child, minor, or NMD's tribe, where applicable. The court may review the placement of a child, minor or nonminor dependent in an STRTP at a regularly scheduled hearing if that hearing is held within 60 days of the placement and the required information has been presented to the court.

- WIC Section 361.22 and WIC Sections 727.12 prohibit any continuance of the hearing which would result in the hearing being held more than 60 days after the start of the STRTP placement. At each court hearing, a family or juvenile court or other court of jurisdiction must consider the assessment, determination and documentation made by the QI and do the following: Determine whether the needs of the child, minor, or NMD can be met through placement in a family-based setting or, if not, whether placement of the child/minor/NMD in an STRTP provides the most effective and appropriate level of care for the child/minor/ or NMD in the least restrictive environment. A lack of foster family homes shall not be an acceptable reason for determining that the needs of the child cannot be met in a family-based setting;
- Determine whether the placement is consistent with the short- and long-term behavioral health and permanency goals for the child, minor, or NMD;
- In the case of an Indian child, determine whether there is good cause to depart from the placement preferences set forth under WIC Section 361.31;
- Approve or disapprove the placement;
- Make a finding, either in writing or on the record, of the basis for its determinations.

Disapproved Placements

If the family or juvenile court or other court of jurisdiction does not approve the STRTP placement, the court must order the social worker or probation officer to transition the child, minor or NMD to a placement setting consistent with the court determinations within 30 days of the disapproval (WIC 366.22).

Approved Placements

After the initial placement is approved, there are additional requirements for court oversight of STRTP placements, including at status review hearings and post-permanency review hearings, to determine the continued necessity of the placement. At each review hearing for an STRTP placement, the court must consider the evidence and documentation submitted in the report for the hearing, including the supplemental

report (in the case of dependency youth) and the social study (in the case of probation youth).
The supplemental report prepared by the social worker or the social study prepared by the probation officer for any child, minor, or NMD placed in an STRTP must include evidence of the following:

- Ongoing assessment of the child/minor/NMD's strengths and needs, which continue to support the determination that the child/minor/NMD's needs cannot be met by family members or in another home -based setting;
- Whether the placement continues to provide the most effective and appropriate care in the least restrictive setting;
- Whether the placement is consistent with the short and long-term mental and behavioral health goals and permanency plan for the child/minor/NMD;
- The child/minor/NMD's specific treatment or service needs that continue to be addressed in the STRTP and the estimated length of time the child/minor/NMD is expected to need the treatment or services. If funded by Medi-Cal, the determination of whether services/length of time of services are based on medical necessity and other State/federal Medi-Cal requirements, and reflected in documentation.
- The intensive and ongoing efforts by the child welfare agency or probation department, consistent with the permanency plan, to prepare the child/minor/NMD to return home, or to be placed with a fit and willing relative, adoptive parent, guardian, resource family or tribally approved home, or other appropriate family-based setting, or in the case of an NMD, a supervised independent living setting.

Judicial Council of California

The Judicial Council will be amending or adopting new rules of court and will be developing or amending the appropriate forms to implement WIC Section 361.22 and WIC Section 727.12 by October 1, 2021. The Judicial Council will also be developing procedure that will enable the court to review the placement without a hearing. Training to courts, social workers, probation officers, and other staff on the recommended changes to the rules of court and forms will be provided by the Judicial Council of California.

Deadlines for Transitioning a Foster Child/Minor/NMD Out of an STRTP Placement

The FFPSA Part IV provides that a placing agency must transition a child/minor/NMD out of a QRTP placement within 30 days of any of the following events, or IV-E

funding for a congregate care placement will no longer be available:

- The QI assessment is not completed within 30 days of placement;
- The QI assessment determines the placement of the child/minor/NMD in a QRTP is not appropriate;
- The court disapproves of placement into a QRTP;
- A child or minor who has been in an approved QRTP placement is going to return home or is being placed with a fit and willing relative, a legal guardian, an adoptive home, or a foster family home.

The Title IV-E funding for foster care maintenance payments is available while the child/minor/NMD remains in the QRTP only during the period necessary for the child/minor/NMD to transition home or to another family-based placement. Title IV-E funding terminates at the end of the 30-day period that begins on the date a determination is made that the placement is no longer the recommended or approved placement.

AB 153 has also made the following provision:

- For a transition deadline following court disapproval in WIC Sections 361.22(f) and 727.12(f) and;
- For the termination of funding after 30 days, following a court disapproval or a determination by the QI or the interagency placement committee that an emergency placement is no longer recommended in Section 11462.01(h)(3)(B)(ii).

County Responsibilities for Aftercare

The FFPSA Part IV requires six months of family-based aftercare support to be provided to a child/NMD exiting QRTP placement. California has operationalized the FFPSA requirement by providing that aftercare requirements be shared between counties and STRTP providers. The responsibilities for STRTPs are described later in this ACIN.

As to the responsibilities of counties, WIC Section 4096.6 requires that, on and after October 1, 2021, each county child welfare agency, probation department, and MHP jointly provide, arrange for, or ensure the provision of at least six months of aftercare services for a child/NMD in the placement and care responsibility of the child welfare or probation agency transitioning from an STRTP to a family-based setting. Aftercare services must be family-based and individualized and must support each child/NMD's permanency plan. FFP may be available for family-based aftercare

services under the Medi-Cal program as a medically necessary specialty mental health service, if all necessary federal approvals are obtained, state and federal Medi-Cal requirements are met, and FFP is not jeopardized. Aftercare services are to be developed in consultation with the local interagency leadership team, consistent with System of Care for Children and Youth efforts. By October 1, 2022, aftercare services in California must utilize the state's high fidelity Wraparound model and be in full compliance with the California Wraparound Services Standards, currently outlined in ACIN I-52-15.

Pursuant to WIC Section 4096.6, CDSS has engaged and will continue to engage with DHCS, the County Behavioral Health Directors Association of California, the County Welfare Directors Association of California, the Chief Probation Officers of California, Tribes, child welfare advocates, providers, current or former foster children or youth, caregivers, and other interested stakeholders in the development of the aftercare Wraparound programs and requirements. By statute, minimum requirements for family-based aftercare services must include a process for Wraparound provider certification, guidelines to ensure children and nonminor dependents are provided aftercare services, workforce development and training, funding planning, and fidelity and data collection and outcome measures. In accordance with Medi-Cal eligibility requirements, FFP under the Medi-Cal program is only available if all state and federal requirements are met and the service is medically necessary regardless of the six-month aftercare requirement.

By October 1, 2021, under WIC Section WIC Section 4096.6(d), county agencies must submit a plan for the provision of aftercare services using the template created by CDSS and DHCS. At a minimum, the initial plan must outline the current status of the agency's Wraparound program or other resources, how they will leverage these resources to provide aftercare services until high-fidelity Wraparound programs to serve the child/NMD's requiring aftercare services are developed.

By October 1, 2022, counties must be in full compliance with the requirements stated above, including California's high-fidelity Wraparound model, and must submit updates to CDSS of any modifications to their plans for the provision of aftercare services, detailing, at a minimum, their aftercare program. County plans for the provision of aftercare services will be jointly reviewed and approved by CDSS and DHCS, or a designee.

Pursuant to WIC Section 4096.6(c)(1) and to further plan and develop requirements and resources, CDSS has convened a variety of stakeholder engagement opportunities. Further guidance regarding aftercare will be provided in forthcoming county and provider letters, webinars, trainings, and technical assistance. For more information or

to get involved, please visit the CDSS Wraparound webpage, or email: WraparoundQuestions@dss.ca.gov.

Short-Term Residential Therapeutic Program Provider's Role in Aftercare

As to the responsibilities of STRTPs, California has operationalized FFPSA's requirements in HSC Section 1562.01(d) and WIC Section 4096.6. HSC Section 1562.01(d)(2)(C)(vii)(ib) requires that each STRTP has a program statement that includes a description of how the STRTP will provide for, arrange for the provision of, or assist in the development of an individualized family-based aftercare support plan that identifies necessary supports, services, and treatment to be provided for at least six months post-discharge as a child/NMD moves from STRTP placement to a family-based setting or to a permanent living situation or to a transitional housing program.

HSC Section 1562.01(d)(2)(C)(vii)(ib) requires this plan to be developed, pursuant to WIC Section 4096.6, in collaboration with the county placing agency, the CFT, and other necessary agencies or individuals. The STRTP, CFT, and provider offering wraparound or aftercare planning should incorporate the recommendations of the QI. As the CFT begins actively preparing for the child/NMD's discharge from the STRTP, the STRTP should also support coordination of and assist with the discharge and transition from the STRTP to the subsequent placement, including coordination with the provider offering the aftercare and/or wraparound services designated by the county placing agency and/or county mental health plan, which could be the STRTP itself in some circumstances, pursuant to WIC Section 4096.6.

Placement Preservation Strategies

AB 153 adds requirements for STRTPs to participate in placement preservation strategies in HSC Section 1562.01(l) and (p). An STRTP must participate in any county-level or state-level meetings and engage with the county placing agency in placement preservation strategies as part of a planned or unplanned discharge.

Pursuant to WIC Section 16010.7, the county has a responsibility to work with the provider and or caregiver to preserve and strengthen the youth's placement, which may include conflict resolution practices and facilitated meetings. If the next placement is anticipated to be an STRTP or out-of-state residential facility, placement preservation strategies must include a referral by the child welfare or probation agency to the qualified individual for an assessment, as described in WIC Section 4096.

If you have any questions concerning this notice, please contact the FFPSA inbox, at ffpsa@dss.ca.gov.

Sincerely,

Original Document Signed By

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