

ACHSA Newsletter

A bi-weekly briefing of the Association of Community Human Service Agencies

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State Hosts Family First Prevention Services Act Summit

On February 9th and 10th, the California Department of Social Services (CDSS) hosted a Summit on the Family First Prevention Services Act (FFPSA) alongside the Department of Health Care Services (DHCS), Office of Child Abuse Prevention (OCAP) and consultants Implematix, Chapin Hall and Casey Family Programs. There were over 400 attendees, including county child welfare, probation and behavioral health departments and community based organizations. The summit was focused on FFPSA Part 1: the prevention services array.

Family First Prevention Services Act Part 1

Khush Cooper, CEO of Implematix, provided an overview of FFPSA Part 1. Regarding candidacy groups, Khush noted that the [prevention intervention is tertiary](#) and focused on children and families who are at “imminent risk” of entry into foster care. The prevention services are limited to trauma-informed mental health services, substance abuse services, and in-home parent skills-based programs, such as parent training, home visiting, and individual and family therapy. FFPSA allows States to utilize federal Title IV-E dollars to provide prevention services to children and families within the defined candidacy groups. However,

federal reimbursement is only a 50% match and Title IV-E must be the payer of last resort to provide these services.

Khush noted that the State plans to release its draft State Prevention Plan in early or mid-March. There will be a streamlined process for stakeholders to provide feedback (likely a Google form), with additional events for stakeholder review and discussion. She noted that the State has the ability to submit amendments to its plan after receiving federal approval and FFPSA implementation begins.

Lastly, it was pointed out that the Governor's budget only included funding for implementation of Part 4 of FFPSA (Qualified Residential Treatment Programs) and does not include State funding for implementation of the prevention services array.

Fiscal Considerations

Joan Smith, Senior Director of Casey Family Programs, highlighted the [key fiscal analysis questions](#) of FFPSA. Elisa Tsujihara, CDSS Chief of Fiscal Policy and Analysis Bureau, noted that CDSS and DHCS will be releasing joint guidance in regards to coordinating services and funding between child welfare and mental health. The group discussed the issue of payer of last resort and how an individual will receive a single EBP that is funded by different County Departments. Attendees noted that State guidance is needed in this area, which Elisa noted is being considered by CDSS.

Candidacy

Clare Anderson and Jennifer O'Brien of Chapin Hall provided an overview of candidacy, noting that states are provided broad discretion as to how to define who is eligible to receive FFPSA prevention services. Clare highlighted the spectrum of candidacy definitions across [states' prevention plans](#):

1. Narrow – Indicated/substantiated investigation does not result in removal and child receives a prevention EBP.
2. Medium narrow – Family is receiving prevention services on a voluntary basis and child has identified needs that match a prevention EBP.
3. Medium broad – Family has known risk for child welfare involvement and child is determined at imminent risk.
4. Broad – Family is in community areas with substance abuse, mental health or parenting needs and child could be at imminent risk.

CDSS noted that its State plan would ultimately define the full range of candidate sub-populations, and then likely counties would be able to choose which of those sub-populations to serve locally. Clare noted that counties and community-based organizations should provide feedback as to opportunities to define candidacy more broadly. Rancho San Antonio recommended that the siblings of probation youth should be considered. It was noted that Title IV-E can only be drawn down for federally eligible children, which would not include undocumented children.

Interestingly, on the second day of the summit, CDSS Deputy Director Greg Rose expressed concern regarding the risk in allowing too much flexibility and openness

for candidacy groups, stating that "If we define a population that is not served by the current EBPs, we run the risk of setting people up for failure and bringing more children into the child welfare system."

Jennifer pointed out that counties should begin to conduct data analyses, once the candidate definitions have been finalized. The data analysis should: 1) estimate the number of children or families within the candidacy groups and their demographics; 2) map the potential candidate families to understand geographic distribution; 3) use assessment data to understand the prevalence of mental health, substance abuse, and parenting skills needs; and 4) conduct capacity assessment and gap analysis to gauge the match between service need and EBP selection. [L.A. County has contracted with Chapin Hall to conduct this data analysis, which has been completed based on assumed candidacy groups and existing EBPs in L.A. County.]

Lastly, Clare also noted that a November 2020 update to [Section 8.6C of the Child Welfare Policy Manual](#) states that a Title IV-E agency may contract with a private or public agency to develop and maintain a child's prevention plan, monitor and oversee safety of child, gather information for candidacy determination, and conduct other administrative activities for the foster care program.

Evidence-Based Practices

Dan Edwards, Senior Director of Strategy and Growth with Evidence-Based Associates, highlighted the EBPs that have been reviewed by the [Title IV-E Prevention Services Clearinghouse](#). So far, this includes nine well-supported practices, five supported practices, thirteen promising practices, and twenty practices that do not meet criteria. Practices that are determined well-supported have significantly reduced program reporting requirements and increased eligibility for federal funding match. He shared an [AirTable for EBPs](#) submitted to and reviewed by the Clearinghouse, which includes whether or not that EBP is being currently implemented in California and for which populations.

Dr. Edwards pointed out that agencies may broadly implement EBPs for populations outside of those who were originally studied during the EBP evaluation process. As well, he noted that it appears generally allowable for the EBPs to be adapted to serve culturally-diverse populations, if allowed by the EBP vendor.

In response to questions, he noted that FFPSA legislation does not require agencies/providers to meet a fidelity threshold in order to access Title IV-E dollars, but rather those agencies simply need to monitor for fidelity. It was noted that in order to meet the CQI and evaluation requirements, there will likely need to be some level of state-wide coordination and data collection. Stakeholders noted that funding is needed for counties to be able to implement and expand EBPs, particularly to support evaluation and data collection.

As well, stakeholders expressed concern as to whether EBP vendors would be prepared to support the demands for EBP implementation given the significant size

of California. It was noted that it would be important for the State to determine whether EBP training and certification could be completed in-house.

Lastly, it was noted that there are a number of outstanding questions that need to be answered, which CDSS is considering. Will the EBPs identified in the State plan be mandatory or opt-in for county implementation? Will there be state-wide implementation of FFPSA prevention services or clusters of implementation counties? Will the State move forward with full implementation or a phased-approach? Will there be piloting any new EBPs?

ACHSA Concerns and Next Steps

During the Summit, the State shared little information as to what would be included within the State Prevention Plan. Generally, the State answered few questions regarding state/county readiness for implementation. Based on the discussions that occurred at the Summit, providers have expressed concern that the State is significantly behind in the FFPSA planning process which could result in implementation delays for counties. The L.A. County Departments share our concerns, and are hesitant to initiate contracting without further information.

Delays in FFPSA implementation are of particular concern for STRTPs. While prevention is an important component of FFPSA, it is optional for states to implement. However, California is required to implement the Qualified Residential Treatment Program (QRTP) requirements by October 1, 2021 and not doing so would result in the inability to draw down Title IV-E dollars for STRTP placements.

ACHSA will be meeting with staff of the California Alliance later this week, where we will discuss how we can advocate at the State and local level. As well, we will be raising this issue with DCFS Director Bobby Cagle at the upcoming ACHSA Child Welfare CEO/ED Forum later this week.

Please contact [Alex](#) with any questions.

California Health & Human Services Agency Behavioral Health Task Force

On January 28th, the California Health and Human Services Agency convened its Behavioral Health Task Force, established to address urgent mental health and substance use disorder needs across the State. This Task Force advises the Governor's efforts to advance statewide behavioral health services and develops recommendations to provide timely access to behavioral health care. In that meeting, the Task Force highlighted research on COVID-19, underserved populations, substance abuse disorder and suicide prevention. Below is a summary of the key components from the Behavioral Health Task Force meeting.

COVID-19 and Linked Mental Illness

The Task Force highlighted a report that found a link between COVID-19 and serious mental illness. A study conducted in November 2020 found that people with pre-existing mental illness had a 65% chance of being diagnosed with COVID-19.

The study also found that 18% of COVID-19 survivors are diagnosed with a psychiatric disorder within 90 days of recovering from COVID-19, with 6% of these individuals being diagnosed with a psychiatric disorder for the first time. During the COVID-19 pandemic, individuals with depressive, anxiety, or obsessive-compulsive disorders have experienced an increase in the severity of symptoms.

The Center for Disease Control (CDC) Behavioral Health Survey conducted in June 2020 also found that 40% of respondents reported at least one mental or behavioral health condition related to the pandemic, including anxiety, depression, stress, and substance abuse. As well, 13% reported having started or increased substance use to cope with COVID-19 related stress.

Impact on Behavioral Health for Underserved Groups

Although the rates of behavioral health disorders do not differ from the general population, Black and Latino communities have substantially reduced access to mental health and substance use treatment services. In response to inequities in accessing behavioral health services, the task force will identify strategies to support populations experiencing the following circumstances:

- Homelessness
- Incarceration
- Unemployment
- Foster Care Involvement
- Crisis/Suicide
- Domestic Violence
- Drug Overdose

Drug Overdose Epidemic in California

The California Department of Public Health's (CDPH) Substance and Addiction Prevention Branch presented an overview of its Overdose Prevention Initiative (OPI). The initiative has built local partnerships through its Opioid Safety Coalition while promoting the State's prescription drug monitoring program. Through this work, the OPI has conducted surveillance on fatal and non-fatal drug overdoses, which have seen a steady increase between 2006 and 2019 and a rapid increase in 2020. Since 2019, the leading cause of opioid overdose deaths has been linked to fentanyl, which is especially prevalent among ages 20-34.

Suicide Prevention Efforts

Assembly Bill (AB) 2112, passed in the last legislative session, establishes the Office of Suicide Prevention within CDPH. The law proposes that the new office serve as the designated state entity responsible for coordinating suicide prevention efforts and resources. CDPH is exploring funding opportunities to allow the Department to establish the Office for Suicide Prevention envisioned in AB 2112.

Recent efforts by CDPH's Injury and Violence Prevention Branch (IVPB) on suicide prevention include a violence prevention initiative that collects statewide suicide data connected to COVID-19. However, the specific relationship between suicide and COVID-19 is not clear because confirming a death as suicide can take several

months. Preliminary data shows California has not seen an increase in the number of suicides in 2020 compared to the average counts between 2017 and 2019. CDPH will continue to monitor and analyze data to determine if suicide deaths have increased in California since the start of the pandemic.

Please click [here](#) for more information on upcoming Behavioral Health Task Force meetings. Please email [Eric](#) with any questions.

ACHSA COVID-19 Vaccine Forum with L.A. County Department of Public Health

On February 11th, ACHSA hosted Dr. Franklin D. Pratt and Dr. Tracey Veal from the L.A. County Department of Public Health (DPH) Vaccine Preventable Disease Control Program to present to providers on the COVID-19 vaccine and additional information about immunizations for children and adults.

How Vaccines Work

Dr. Pratt provided an overview of how vaccines work in the body. Vaccines prepare the body's natural immune system to recognize and fight off germs such as a virus or bacteria. When a person gets a vaccine, the immune system responds by developing antibodies, without getting sick, and preparing cells to respond to future infection. After getting the vaccine, if a person is exposed to the germ, the immune system remembers how to destroy it so they are much less likely to become sick.

COVID-19 Vaccine Overview

The two COVID-19 vaccines approved in the United States, [Pfizer and Moderna](#), are both examples of mRNA vaccines. New mRNA vaccines teach the body to make harmless "spike proteins" that mimic the germ. When the immune system sees the spike protein pieces on the surfaces of the cells, it knows that they do not belong there and reacts by building an immune response. After the mRNA teaches the cell to make the protein piece, the cell breaks it down and gets rid of it. Dr. Pratt emphasized that mRNA does not enter the cell's nucleus or interact with the DNA in any way. Moreover, the mRNA vaccines do not give a person COVID-19.

Both the Pfizer and Moderna vaccine are 94 to 95% effective at preventing COVID-19, and both include two doses that are taken 21 or 28 days apart, respectively. Dr. Pratt noted that it is critical to receive both doses, as the first vaccine primes the body and begins developing the immune response and the second booster dose solidifies the body's protection.

In response to reports from providers regarding issues obtaining an appointment for the second dose, Dr. Pratt shared that waiting 5 to 6 weeks after the first dose is acceptable and advised providers to be persistent in looking for slots online. DPH is currently prioritizing appointments for second doses over first doses to alleviate concerns regarding vaccine availability.

Feeling Unwell After Getting a Vaccine

Some people may feel side effects from the vaccine, particularly after the second dose. Common side effects include fever and muscle aches, headache, lethargy, and a sore or red arm. Side effects generally occur for a short period of time and indicate that the body is creating an immune response. However, Dr. Veal clarified that the vaccine is effective even if the person experiences no side effects.

Natural Immunity Versus COVID-19 Vaccination

Dr. Pratt stressed the importance of obtaining a vaccine instead of relying on natural immunity developed from contracting the virus. He pointed out that it is possible to get COVID-19 more than once. It is also unknown how long protection from a past infection, or the vaccine, will last. As well, if a person contracts COVID-19 it is possible that they or others who are exposed could become very ill, whereas the vaccine is a safe way to build protection.

Manufacturing and Approval of COVID-19 Vaccines

While developing a new vaccine generally takes years, Dr. Pratt noted that scientists had a head start on the COVID-19 vaccine because they had studied similar viruses and mRNA vaccines in the past. As well, the government invested significant money for research on the vaccine, and the U.S. Food and Drug Administration (FDA) and Center for Disease Control (CDC) prioritized the review and authorization of COVID-19 vaccines.

Dr. Pratt emphasized that despite the fast timeframe, every step that is required to ensure a vaccine is safe and effective was followed. Even after authorization, the FDA and CDC are continuing to monitor the safety of the vaccines. One of the new methods is called [V-safe](#), a text-based smartphone app.

Dr. Pratt noted that children were not included in the previous clinical trials, and are not yet eligible to receive the vaccine. The Pfizer vaccine has been authorized for people as young as age 16 and is the only one authorized for youth. Pfizer recently announced that its trial in adolescents ages 12 to 15 is fully enrolled and it could seek authorization in the first half of this year. Over the next several months, both Pfizer and Moderna are expected to work on planning for trials in younger children.

Vaccine Allocation

Dr. Pratt shared that the vaccine is being administered to different groups of people in phases, prioritized based on risk of becoming ill and need to keep the healthcare system and society functioning as much as possible. While the CDC generally recommends who gets vaccinated first, it is up to each state public health department to make the final decision regarding vaccine prioritization.

Dr. Pratt noted that there will likely not be enough vaccine for everyone until Summer or Fall 2021. Individuals should visit [VaccinateLACounty.com](https://www.vaccinatelacounty.com) for details and updates on when they can receive a vaccine. Lastly, he noted that COVID-19 vaccines are free to all, regardless of immigration status or insurance.

Vaccine Special Considerations

Dr. Pratt reported that individuals who have contracted COVID-19 should wait until their isolation period and acute illness is over before receiving the vaccine. Individuals who receive monoclonal antibody treatment for COVID-19 should wait ninety days to obtain the vaccine.

Dr. Pratt noted that as the COVID-19 vaccine trials did not include people who were pregnant, breastfeeding, or immunocompromised, it is still unknown how the vaccine will work in these individuals and whether there are any safety concerns. Individuals in these categories are advised to consult with their doctor as to the risks and benefits of being vaccinated.

Finally, Dr. Pratt shared that there is a small risk of severe allergic reaction with any vaccine. The COVID-19 vaccines contain mRNA, lipids, salts, sugars and buffers. Individuals who have had an allergic reaction to a vaccine, injectable therapy, polyethylene glycol (PEG), or polysorbate should talk to their doctor.

Myths and Scams

Dr. Pratt advised people to be aware of possible scams around the vaccine, such as offers for a place on the “waiting list” or a “low-cost deal.” Possible scams should be reported to the [L.A. County Department of Consumer and Business Affairs](#). Dr. Veal recommended that individuals not post pictures of their vaccination card onto social media as it includes personal information.

Continuing to Stop the Spread

In closing, Dr. Pratt emphasized that even after being vaccinated, it is important to still wear a face covering, avoid close contacts and crowded spaces, wash hands often, and follow general social distancing and public health guidelines.

Dr. Veal noted that the CDC recently released [updated quarantine recommendations](#) for vaccinated persons, in which fully vaccinated persons who meet criteria will no longer be required to quarantine following an exposure to COVID-19. However, the CDC recommendations are still being evaluated by CDPH and L.A. DPH, therefore neither the State nor County has issued updated guidance.

Additional Information

Please note that information about COVID-19 and the vaccine changes frequently. This information is current as of February 10, 2021. Please visit the [CDC COVID-19 Vaccination webpage](#) or [VaccinateLACounty.com](#) for up-to-date information.

Please click [here](#) to view the PowerPoint slides and [here](#) to view a recording of the presentation. Please click [here](#) for a copy of the Q&A with DPH. As well, please click [here](#) for a COVID-19 vaccine resource list which can be shared with staff and resource families.

Please email [Katie](#) with any questions.

ACHSA Advocacy on DMH Provisional Rate Setting Methodology

In late January, DMH convened a small provider workgroup to review the Department's proposed Provisional Rate Setting Methodology prior to its implementation. Since its introduction in Fiscal Year 2020-21, the provisional rate setting methodology has raised a number of questions and concerns from member agencies. Responding to provider concerns, ACHSA gathered the invited agencies to debrief the Department's proposal and determine next steps. This article is a summary of ACHSA advocacy on the Provisional Rate Setting Methodology thus far.

ACHSA Debrief Call with Participating Agencies

The call began with a general discussion regarding the proposed methodology presented by DMH at the small group meeting. It became clear at this point however the proposal was unclear to participating providers. Among this confusion was a lack of consensus from members as to whether the Department was planning on standardizing rates across Legal Entity (LE) providers or setting variable rates for each individual agency.

One major concern expressed was that the purpose of the rate setting methodology was not clearly defined during the presentation. Although the Department had previously explained the intent was to help LE providers retain staff through creating salary parity with County Directly Operated salaries, providers noted that it was unclear as to whether/how the proposed methodology would achieve salary parity or improve service delivery. Providers in the debrief call hypothesized possible reasons for conducting the exercise, which included moving towards a value-based payment structure or achieving standardized rates for services.

Providers reported that DMH planned on meeting each Legal Entity to review financial records in order to set the rate – an approach that many providers felt was an intrusive administrative burden. Providers suggested more efficient methods of establishing rates for LE agencies. Some members expressed a preference for DMH simply moving forward with implementing universal negotiated rates. Should the County want to achieve salary parity, other members shared that raising the Maximum Contract Amount (MCA) and Countywide Maximum Allowance (CMA) would be effective and far easier to implement.

In the debrief call, providers continued to express a number of concerns related to specific components of the rate. Workgroup members lamented DMH's lack of specificity when reporting on the salary component, preferring to see numbers or ranges in the proposal. Providers questioned how the methodology would account for clinicians who deliver more intensive services to higher acuity populations. Members were concerned that their service delivery would be negatively impacted if they had to raise salaries and the MCA was not raised in a commensurate manner, as well as how an increase in compensation for DMH contracted positions would affect positions in their agency under other County contracts. [Note: [ACHSA](#)

[research](#) on salary comparisons shows that, in most cases, DMH pays higher salaries for its staff positions than ACHSA member agencies are able to pay.]

The rigidity of the proposed methodology also raised issues from member agencies. Member agencies pointed out that DMH's proposed methodology seemed to conflict with the CalAIM behavioral health payment reform proposal, which seeks to grant counties more flexibility in payment structures. While DMH previously stated that there would be maximum allowable percentages for the benefits and services & supplies components, providers mentioned that no clarity was given regarding allowed flexibility for providers to adjust the percentages according to fiscal circumstances and a fair process if they did not meet the methodology's criteria.

ACHSA Communication to DMH

Given the overall concern expressed by the workgroup members and providers in the ACHSA Mental Health Committees, ACHSA sent a [formal communication](#) to DMH Director Jonathan Sherin and Chief Deputy Director Greg Polk recommending that DMH pause the rate setting methodology temporarily and reconvene the small provider workgroup to clearly explain the purpose of the exercise and work with Legal Entities to create an agreed upon methodology.

The communication highlighted concern that the presentation did not identify the purpose of the change and how the proposed process would achieve improved service delivery for clients as well as the Department's stated goals. It also emphasized and reiterated a number of issues that providers saw in the Department's approach and in the various rate components of the methodology.

Next Steps

Dr. Sherin responded to ACHSA's communication and requested a call with Greg Polk, Jodi, and ACHSA Board members to discuss the rate setting methodology further. Given Dr. Sherin's willingness to engage with ACHSA, our understanding was that the rate setting methodology was on hold pending our call with DMH.

Earlier today however, DMH released a communication to all LE providers stating that DMH would be sharing the rate setting methodology with all LE providers in the next few weeks, beginning to schedule individual meetings with LE providers, and moving forward with the rate setting methodology to be implemented sometime after July 1, 2021. ACHSA has once again reached out to Dr. Sherin and will keep our membership apprised of new developments.

Please email [Sylvia](#) with any questions.

Membership News

ACHSA CEO/ED Salary Survey

ACHSA is in the process of conducting the CEO/ED Salary Survey for 2021. The deadline for this survey has been extended to **Friday, February 19th**.

If you are a member agency CEO/ED and wish to participate but have not done so yet, please fill out all of the information in the Survey Monkey questionnaire which can be found [here](#).

ACHSA Welcomes Heritage Group Homes Into Membership

Please join us in warmly welcoming [Heritage Group Homes](#) into the ACHSA membership! Heritage Group Homes was established in 1991 based on the principles that children with emotional or behavioral challenges can thrive in a highly structured residential setting, and every child deserves to live a happy, healthy and productive life. Today, Heritage Group Homes operates six small Short Term Residential Therapeutic Program sites in L.A. County serving DCFS-involved youth ages 12 to 17. The mission of Heritage Group Homes is to prepare youth with a strong foundation through an individually tailored and holistic approach in the four pillars of life – mental, physical, emotional and spiritual – that will enable them to reach their highest potential and rise above their circumstances.

Please click [here](#) for the updated ACHSA roster. Please contact [Emma](#) if any changes or updates are needed in your agency's information in the roster.



Child Welfare Nuts & Bolts

New CDSS Deputy Director of Child and Family Services Divisions

Angie Schwartz will replace Greg Rose as CDSS Deputy Director of Child and Family Services Divisions. Please click [here](#) to read more.

CCLD Quarterly Update

Please click [here](#) to view the CDSS Community Care Licensing Division (CCLD) Spring 2021 Quarterly Update.

All County Information Notice I-05-21

The California Department of Social Services (CDSS) released [All County Information Notice \(ACIN\) I-05-21](#), a joint letter between the California Department of Education (CDE) and CDSS to assist local educational agencies (LEA), child welfare agencies and probation departments in conducting a best interest determination (BID) for placement of a youth in the appropriate educational setting.

Provider Information Notice 21-02-CCLD

CDSS released [Provider Information Notice \(PIN\) 21-02-CCLD](#) which announces updates to the implementation of the new background check data system Guardian.

Probation Welcomes Chief Probation Officer Dr. Adolfo Gonzales

The L.A. County Probation Department recently [announced](#) its new Chief Probation Officer, Dr. Adolfo Gonzales.

DCFS Organizational Chart and Administrative Directory

Please click the following links to view the most recent [DCFS Organizational Chart](#) and [Administrative Directory](#), updated December 2020.

OCP Progress Update

Please click [here](#) to view the Office of Child Protection's (OCP) latest Progress Update to the Board of Supervisors.

Teen Club Calendar February 2021

Please click [here](#) to view the DCFS Youth Development Services Teen Club Calendar for February 2021.

Survey on LGBTQ+ Placements for Resource Families

UCLA EMPWR and Allies for Every Child has developed a short survey for prospective resource parents to better understand and address the barriers to finding permanent families for children in foster care and determine what services and/or trainings are needed to find more homes for LGBTQ+ youth. Please click [here](#) to access the brief survey, which anonymously asks about potential barriers and supports that may impact decisions around fostering/adopting.

Mental Health Odds & Ends



Short-Doyle Medi-Cal Aid Code Master Chart Updated

In December 2020, DHCS updated the Short-Doyle/Medi-Cal Aid Code Master Chart, which adds a new aid code and expands those covered under Senate Bill (SB) 75. Medi-Cal aid code 5L was added to the Master Chart, which covers children, youth, and non-minor dependents up to age 21 who do not meet eligibility requirements for the federal Emergency Assistance Foster Care (EA-FC) program under the Temporary Assistance to Need Families (TANF) Block Grant. [Click here](#) to view the most up-to-date Short-Doyle/Medi-Cal Aid Code Master Chart.

DHCS Listening Session for Behavioral Health Peer Support Services

On March 2nd, DHCS will be hosting a second public stakeholder listening session to obtain feedback on the peer support specialist certification process that is being developed pursuant to SB 803. The session will cover training requirements, process requirements, and scope of practice. [Click here](#) to register for the event.

DHCS Foster Care Model of Care Workgroup

DHCS will host the next Foster Care Model of Care Workgroup on **February 26, 2021**. During the December 17, 2020 workgroup meeting, attendees discussed options for managing care to improve the delivery system of health services for youth in foster care. Workgroup members also heard the results of two focus groups comprised of parents/caregivers and youth in foster care. [Click here](#) to view additional information on the upcoming workgroup.

Adverse Childhood Experiences Screening Network of Care Roadmap

DHCS recently released a draft of the ACEs Aware Trauma-Informed network of Care Roadmap in an effort to train providers in screening patients for ACEs. The roadmap will guide health care provider and social service agencies by providing practical steps to help grow cross-sector networks of care supporting children and adults. [Click here](#) to read the draft Network of Care Roadmap.

DHCS COVID-19 Update Call

DHCS will be facilitating a new all-behavioral health provider call **every Wednesday at 8 a.m.** in partnership with the California Department of Social Services (CDSS). The call will cover topics such as COVID-19 vaccination updates, emergency staffing, and facility flexibilities. [Click here](#) for information.

California Children's Trust Advocacy on Telehealth Flexibility Expansion

The California Children's Trust recently released a report titled "No Going Back: Providing Telemental Health Services to California Children and Youth After the Pandemic", which provides recommendations for ongoing telemental health implementation at Federally Qualified Health Centers (FQHC). The report also emphasizes how telemental health practices can support vulnerable youth in California by closing the digital divide. [Click here](#) to read the report.

Conferences, Events and Trainings

Workshops on Foster Care/Kinship Education in February and March

Please click [here](#) to view the DCFS Foster/Kinship Care Education schedule of workshops for February and March 2021.

Forum on COVID-19, the Vaccine and Foster Care by UCLA Pritzker Center

On **February 25th from 12:00 p.m. to 1:15 p.m.**, the UCLA Pritzker Center will host a virtual forum with UCLA doctors and community health experts on COVID-19, the vaccine, and other issues concerning foster care, children, and families. In particular, panelists will be addressing medical racism and health inequities facing the Black community and communities of color. Please click [here](#) to register. Please click [here](#) for a flyer in English and [here](#) for a flyer in Spanish.

Webinar on Navigating Youth Mental Health Services in Medi-Cal Managed Care and Schools

The California Children's Trust is hosting a webinar to provide an overview of Medi-Cal managed care on **March 4th at 10:00 a.m.** Participants will explore the intersection of mental health and education while identifying strategies to improve the delivery of mental health services in school. [Click here](#) to register for the event.

Webinar Training on Information Blocking & the Cures Act

Exym recently held a webinar to provide an overview of the Cures Act, information blocking, policy exceptions, and the provider role to ensure patient access to electronic health records. Please [click here](#) to watch the webinar recording.

Training Resources to Engage Fathers in Child Welfare Services

In response to the 2018 Child and Family Services Review findings which identified a lack of engagement with fathers, the Central Regional Training Academy has created a short video to support social workers in engaging fathers. The video titled [Father Engagement in Child Welfare](#), presents information on why it is important to engage fathers early on, practical tips on how to successfully engage with fathers, as well as takeaways for social workers.

COVID-19 Information

Pathways to Economic Resiliency Recommendations

The County of Los Angeles issued a report on the economic crisis caused by COVID-19 with recommendations to improve the recovery and create shared equity. The report focuses on COVID's impact on economically disadvantaged and data-driven economic recovery efforts. [Click here](#) to read the full report.

L.A. County COVID-19 Vaccine Update

L.A. County has stated that an appointment is required to receive the COVID-19 vaccine. Residents without internet access can call (833) 540-0473 to receive assistance. Visit [VaccinateLACounty](#) to schedule an appointment online.

LACDPH Vaccine Preventable Disease Control Program Presentation

The L.A. County Department of Public Health (DPH) recently presented on the COVID-19 vaccine to ACHSA. DPH provided a scientific overview of the vaccine as well as an update on the current vaccination process in LA. County. Please click [here](#) to view a recording of the presentation and [here](#) for a copy of the slides.

COVID19Black Effort Led by Andre Chapman at Unity Care

COVID19Black, an initiative of Unity Care in partnership with the Black Leadership Kitchen Cabinet, aims to educate African Americans not only about how to protect themselves from COVID-19 but also about other health and wellness issues impacting their community. COVID19Black provides resources and information for the Black community, and they will be leading a forum on vaccinations at the end of February. Please click [here](#) for more information.

New MIS-C Cases in L.A. County

The L.A. County Department of Public Health (DPH) has confirmed nine additional case of multisystem inflammatory syndrome in children (MIS-C), bringing the total cases of MIS-C in L.A. County to 75 children including one child death. MIS-C is an inflammatory condition associated with COVID-19 and symptoms include fever that does not go away and inflamed body parts, including the heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal organs. If your child is displaying MIS-C symptoms, please contact your primary care or an urgent care provider. If you do not have a primary care provider, dial 2-1-1 and you will be connected to one.

COVID-19 Emergency HELP Loans Through the CHFFA

The California Health Facilities Financing Authority (CHFFA) recently announced an extension of its COVID-19 Emergency HELP Loan Program through the end of Governor Newsom's declared State of Emergency or until all \$5 million in available funds has been depleted. This program, which offers loans of up to a \$250,000 at 0% interest for a term up to 20 years, allows eligible facilities to use loan proceeds for construction, remodeling, renovations, equipment, furnishings, working capital, and for the reimbursement of prior expenditures related to the COVID-19 pandemic. Please click [here](#) for more information on how to apply.

Upcoming Meetings and Events

To view the online ACHSA Calendar, please click [here](#).

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