

# ACHSA Newsletter

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

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## **Child Welfare Summit on the Path to Racial Equity**

On February 26th, the Alliance for Children's Rights hosted a Path to Racial Justice and Equity Summit, co-sponsored by Children's Law Center of California, Los Angeles Dependency Lawyers, and UCLA Pritzker Center. The summit focused on practices and policy recommendations to address and help eliminate the racial disproportionality and disparities in the child welfare system. The virtual summit began with a [spoken word performance](#) by youth performer Kid Tree, as well as [introductory remarks](#) by State Assemblymember Wendy Carillo. Below are key highlights.

### **Panel on Addressing Racism and Racial Bias**

The panel included a discussion with former foster youth Brenae, parent partner Erica, kin caregiver Senica and moderator Demonte Thomas. The panel highlighted in particular the need for prevention services and greater community supports for families, in particular culturally-reflective services and supports targeting Black parents. Erica emphasized that the child welfare system is not structured in a manner that supports parents and focuses on reunification. Erica and Senica also discussed the need for the child welfare system to honor children's and parents'

culture and identity, noting the importance that children be matched with resource parents who matched their racial and/or ethnic identity.

The panel discussed access to Black social workers, with a note that cultural connection and trust is important and that parents should know that it is an option to seek social workers that match their cultural identity. Brenae also shared that having a Black social worker as a role model would be important. The panel then discussed Child and Family Team meetings, noting that parent education is important in understanding how CFT meetings are a resource for the child and family. Erica also pointed out that visitation needs to be structured in a manner that facilitates family relationships, including transportation support for parents and family-friendly settings.

### **Background on Policy Recommendations Report**

The report highlights that children of color, and specifically Black and Native American children, continue to experience disparities at every stage of the child welfare system: maltreatment reports, investigations, case substantiations, service referrals, out-of-home placements, family reunification, termination of parental rights, and time spent in foster care. Black children comprise 14% of all children nationwide but 23% of children in the child welfare system. More than half of Black children experience a child welfare investigation before the age of 18. Although Latinx children are underrepresented in the national foster care population, they are overrepresented in California.

Along with responding to structural racism broadly, the report notes that bias and discrimination within the child welfare system must be addressed. The [proposed policy reforms](#) strive to achieve the following objectives:

- Value family and community through prevention strategies aimed at avoiding maltreatment from occurring and halting all unnecessary separations of children and parents;
- Empower the family network and connect youth to their community if and when removing a child from their home is necessary and appropriate; and
- Prioritize family decision making and preferences when considering permanency and reunification at the point a child is exiting foster care.

### **Recommendations on Prevention and Unnecessary Separations**

The first set of proposed policy reforms focus on preventing maltreatment; providing responsive and trauma-informed crisis intervention; and strengthening legal safeguards against unnecessary removals.

The recommendations include:

1. Expand primary prevention services to support families before maltreatment occurs. Family First Prevention Services Act (FFPSA) is an opportunity to develop and expand access to prevention services. It is recommended that service provision should be provided by community-based organizations, which would allow families to focus on healing and thriving without the threat of separation.

2. Give families in crisis the option to seek help from behavioral health specialists rather than law enforcement. It was noted that there is the opportunity for the Family Urgent Response System (FURS) to be made accessible to all families.
3. Limit removals on the basis of "neglect." The statutory definition of "neglect" under Welfare and Institutions Code 300(b)(1) should be rewritten to reduce the number of removals that occur because families are living in poverty. To bolster the "reasonable efforts" requirement that already exists in statute, child welfare agencies could be required to show that a parent refused to utilize available services and supports.
4. Mandate pre-petition legal representation. Pre-petition representation ensures the rights of parents and children are protected and helps parents understand the steps they can take to guarantee their children's health and safety and avoid separation.
5. Implement a "blind removal" process. This process would remove all identifying information (i.e., race, name, address) from the investigating caseworker's report before a committee of child welfare professionals makes a recommendation regarding whether a child should be placed in out-of-home care. Blind removal has been shown to reduce the impact of practitioner bias.

### **Recommendations on Family Network and Community Connection**

Where it is necessary and appropriate to separate a child from their parents because of a threat of immediate harm to the child, child welfare agencies should take every affirmative step to maintain that child's connections with their family and community. The second set of proposed policy reforms focus on voluntary placement agreements, Child and Family Team (CFT) meetings, and relative family approval.

The recommendations include:

1. Use Voluntary Placement Agreements as a proactive family engagement tool. Through a Voluntary Placement Agreement (VPA), county agencies can allow parents to identify a temporary placement for their child while receiving services and supports. To establish a formal transfer of care of the child away from the parent, the delinquency court should utilize VPAs when they believe a formal placement will not be necessary
2. Permit families, parents, or children to seek court review of any safety plan or informal care arrangement.
3. Facilitate expedited guardianships through the dependency court system. The Welfare and Institutions Code 360(a) guardianship process should be amended to allow more family decision making with the benefit of counsel. Families should not have to forfeit the legal protections and the supports and services afforded by the dependency system in order to place a child with a relative through probate court.
4. Make child and family team (CFT) meetings family-centered and culturally competent. CFT meetings should include independent facilitators or tribal representatives who are highly trained with a focus on trauma and cultural competency.

5. Remove barriers preventing children from being immediately connected to their own family and extended family. Adding a “reasonable efforts” requirement to Welfare and Institutions Code 361.3 would prevent placement delays that occur when relatives lack childcare supplies. Child-specific approval should be granted whenever the relative has a “parent-like” relationship with the child, in the case of an emergency placement, and should be expanded to apply to all of the child’s siblings. Another barrier to relative placement is the criminal history review component of the relative family approval (RFA) process, which excludes many relatives and extended family members who are fit and willing to care for a child.

### **Recommendations on Prioritizing Family Decision Making**

The report notes that the procedures for establishing permanency and facilitating reunification should give families the opportunity to heal and make decisions that align with their hopes for their children’s future.

The recommendations include:

1. Allow more flexibility for extending family reunification timelines based on the specific needs of the family. With changes to federal statute, local child welfare agencies could honor that it could take years for both parents and children to overcome the challenges that led to separation. The court should have the discretion to expand timelines in specific situations, particularly in relative placement cases.
2. Restructure visitation to promote family bonding and set the stage for successful reunification. Parents, caregivers, and agencies should work together to implement visitation in a way that encourages healing and connection for parents and children. Parents should be incorporated into a child’s daily life as much as possible and visitation should be unsupervised unless there is an identified safety risk.
3. Ensure access to reunification services. Instead of putting the onus on parents to locate and pay for services, the county should be required to fund services and ensure they are truly accessible.
4. Support families’ preferred permanency arrangement. California law sets out an “order of priority” for permanency plans, prioritizing adoption over guardianships and guardianships over placement with a “fit and willing relative.” Families should be supported in fully understanding their options and choosing the permanency option that best supports the needs of the child and family.
5. Allow adoption without termination of parental rights (TPR). In 2010, California implemented tribal customary adoption (TCA) as a permanency adoption for Indian children to whom the Indian Child Welfare Act (ICWA) applies. TCA enables a state court adoption to be completed without terminating the legal parental rights of birth parents. California statute should include a non-tribal/non-ICWA permanency option that does not involve TPR.
6. Eliminate the requirement that parental rights must be terminated based on a finding that the child is adoptable. The law should be restructured to provide additional factors beyond adoptability to be considered before terminating parental rights

7. Reassess system performance measures. To avoid incurring federal financial penalties, states must comply with the stipulations of the Adoption and Safe Families Act (ASFA), including the requirement to solidify a permanency plan within twelve months of a child's out-of-home placement. The rigidity of federal policy forces states to emphasize moving children out of the system over giving families the time they need to heal and grow.

### **Additional Summit Resources**

- [Eradicating Racism and Bias in Foster Care: Dr. Jessica Pryce](#), UCLA Pritzker Series
- [The Case for Race-Blind Foster Care Removal Decisions](#) by Jessica Pryce
- [A Case Study in Public Child Welfare: County-level Practices that Address Racial Disparity in Foster Care Placement](#) by Jessica Pryce, Wonhyung Lee, Elizabeth Crowe, Daejun Park, Mary McCarthy & Greg Owens
- [A Qualitative Examination of Power between Child Welfare Workers and Parents](#) by Kimberly Bundy-Fazioli, Katharine Briar-Lawson, and Eric R. Hardiman
- [Evidence Base for Avoiding Family Separation in Child Welfare Practice](#) by Erica Sugrue, Ph.D., LICSW
- [Federally Mandated Destruction of the Black Family: The Adoption and Safe Families](#) by Christina White

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

## **DMH Presentation on MHSA Three-Year Plan**

On March 5<sup>th</sup>, the Los Angeles County Department of Mental Health (DMH) Community Leadership Team (CLT) met to preview the FY 2021-24 Mental Health Services Act (MHSA) Three-Year Plan. Representatives from DMH provided program updates while focusing on adjustments to the three-year plan due to COVID-19. The CLT is a collaborative entity between DMH and stakeholders tasked with generating input on mental health policy, program implementation, and budget allocations. Below is a summary of key topics discussed during the meeting:

### **MHSA and the Purpose of the Three-Year Plan**

The MHSA, passed in November 2004 by California voters, imposes a 1% income tax on personal income over \$1 million. The act requires county mental health programs to prepare and submit a three-year expenditure plan, along with an annual plan update for MHSA programs. Counties can review existing MHSA programs and submit feedback through a stakeholder engagement process.

### **Funding Shortfalls and Opportunities**

It is anticipated that MHSA funding may be reduced due to the economic impact of COVID-19. Currently, several County initiatives are competing for the same sources of funding, including justice reform, homelessness, and affordable housing. However, Measure J has been identified as a source of potential funding for some

existing MHSA programs, including crisis facility care, mental health court linkages, and crisis information exchange.

## **Community Support Services Updates and Proposed Changes**

### Full Service Partnership (FSP)

Proposed changes in the three-year plan include implementing the FSP Transformation, scheduled to launch on July 1, 2021, as a pilot program with current FSP providers. Feedback received during the next three years will inform the rebid of FSP contracts in FY 2024-25. The goal of the FSP Transformation is to focus eligibility criteria on individuals most in need of FSP care through a multidisciplinary team approach.

Key changes related to the FSP Transformation were reported:

- Integration of specialty FSPs into one FSP model while lowering client-to-staff ratios;
- Standardized rates to bring contracted provider salaries closer to parity with DMH clinics;
- Enhanced training and technical assistance for FSP providers; and
- Priority to address FSP disparities by providing training and support in working with diverse populations.

### **Outpatient Care Services (OCS)**

Proposed changes in the three-year plan include modernizing the Outpatient Care Call Center to enhance access to services. Other goals include building capacity to ensure the successful transition of individuals from higher levels of care. To address disparities in access to OCS, DMH proposes to develop a telehealth network across Service Areas to expand language capacity and culturally competent services.

### **Housing**

DMH proposes a continued investment in the capital development of permanent supportive housing by allocating at least \$100 million to the Restorative Care Village sites on health care campuses. Proposed changes include:

- Redesign the Housing FSP program to expand and improve supportive services;
- Invest in efforts to strengthen Licensed Residential Facilities;
- Secure \$6 million in funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) to subsidize DMH clients living in Board and Care Homes;
- Establish a partnership with the County Department of Health Services (DHS) to implement a new Homeless Prevention Unit; and
- Address disparities in housing by collaborating with the California Policy Lab to evaluate and compare the delivery of services among different racial groups.

### **Alternative Crisis Services (ACS)**

There are no proposed changes to ACS in the three-year plan. However, DMH stated the Department will continue working to implement a County initiative to expand mental health bed capacity and improve the quality of services.

## **Prevention and Early Intervention (PEI)**

PEI focuses on providing strategies, education, and outreach to individuals at risk of developing mental illness. PEI programs include early prevention, suicide prevention, and stigma and discrimination reduction. The three-year plan proposes providing continued prevention programs and projects to reduce risk factors and build protective skills. DMH will increase supports for at-risk individuals, including enhanced school-based community access platforms, youth diversion and development, and Transforming LA.

## **Addressing Technological Needs**

The proposed changes in the three-year plan include modernizing the 24/7 ACCESS Call Center, which includes shifting funds to update the existing antiquated Call Center into a hub that connects individuals with services. Project goals include:

- Reducing software applications used by agencies by creating a single view with end-to-end care visibility;
- Integrating other systems for receiving and assessing non-law enforcement responses;
- Developing self-service capabilities and alternative access-points by collecting feedback from the community; and
- Integrating technology between the Call Center and service providers.

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

## **CDSS Webinar on Level of Care Implementation Updates**

On March 4<sup>th</sup>, the California Department of Social Services (CDSS) Foster Care Rates Bureau hosted a webinar on updates to the Level of Care (LOC) Rate Determination Protocol, in advance of full LOC implementation on April 1<sup>st</sup>. The following is a summary of the presentation.

### **Historical Context of the LOCP**

CDSS Branch Chief Cheryl Treadwell began the presentation by providing the historical context of the LOC Protocol (LOCP). In March 2018, as a part of Continuum of Care Reform (CCR), CDSS launched the LOCP on a limited basis, applicable only to children newly placed with Foster Family Agencies as of December 1, 2017. The LOCP replaced the previous age-based FFA rate structure, in which a designated placing agency individual would complete an assessment and determination that would identify the child at Basic Level, LOC 2, LOC 3, LOC 4 or Intensive Services and the resource parent and FFA would receive a rate amount accordingly.

CDSS used data gathered during this trial period with FFA resource families to develop further guidance and revisions regarding the LOCP, and recently announced

that on April 1, 2021 all home-based family care settings will be utilizing the LOCP rate determination process.

### **New LOCP Policies**

On February 19<sup>th</sup>, CDSS released [All County Letter \(ACL\) 21-17](#) to announce that the state will be moving forward with full implementation of the LOCP, as well as making a number of revisions to the LOCP tool and protocols for use of the Intensive Services Foster Care (ISFC) rate.

Beginning April 1<sup>st</sup>, the LOCP will apply to: Approved Relative Caregiver (ARC) homes; Kin-GAP; resource families; relative and non-relative extended family members; licensed foster family homes; and non-minor dependents (NMDs) residing in home-based settings. The LOCP will not apply to: Supervised Independent Living Placement (SILP); Short-Term Residential Therapeutic Program (STRTP); Dual Agency placements; or non-related legal guardians established in probate court.

CDSS Rates Manager Ty Morgan explained how the Child and Family Team (CFT) and the LOCP will interact. While all children in foster care are required to have a CFT, the LOCP tool itself should not be completed or discussed during a CFT meeting. However, information gathered during a CFT meeting may be used to complete the LOCP tool later on. For children or NMDs receiving Intensive Care Coordination, Intensive Home-Based Services, or Therapeutic Foster Care, the CFT meeting must occur at least every ninety days.

### **Completing the LOCP**

The LOCP must be completed within 60 days of a new placement into foster care. Once the determination is made, the rate is effective retroactive to the date of the latest placement. CDSS Analyst John Hale noted that the resource parent or provider can request a rate redetermination in writing if the child's needs have changed, although this may not result in a rate change. If the rate is changed, it is effective to the date that the County completed the LOCP assessment.

John also noted that while the ISFC rate can be lowered if it is determined that the child requires less intervention, the County may not lower the rate for a child receiving LOC 2-4 if a placement change has not occurred. Children or NMDs will level up to the next LOC rate (not to exceed LOC 4), when the child or NMD receives a score of 5 or higher in any domain within the LOCP tool.

### **LOC Matrix Domains**

CDSS Policy Assistant Alicia Ward shared that the LOCP tool is comprised of a [Matrix \(SOC 501\)](#) and [Scoring Sheet \(SOC 500\)](#), which have five core domains developed to standardize expectations of resource families and consider individualized care and supervision needs for children or NMDs. Alicia reviewed the five domains: 1) Physical; 2) Behavioral/Emotional; 3) Educational; 4) Health; and 5) Permanency/Family Services. She noted that the SOC 500 and SOC 501 forms have also been modified to account for any increase in a child/NMDs care and

supervision needs, such as home schooling and other circumstances, as a result of the COVID-19 pandemic.

The child's social worker, probation officer, or other designee must complete the SOC 500 and share their findings with the provider and resource family. [Please note that L.A. County DCFS has developed a centralized LOC Unit which has designated staff that complete the LOCP. ACHSA is following up with DCFS as to whether there will be any changes to its existing LOCP protocols in order to fully implement LOC and the new State guidance.]

### **Static Criteria and Rate**

As well, Alicia provided an overview of the Static Criteria, which is a list of behaviors or conditions that indicate the need to provide a higher rate prior to completing the LOCP. If one of the indicators within the Static Criteria have been present within the last twelve months, a child is eligible for the temporary Static Rate. While the Static Rate provides the same level of funding as the Intensive Services Foster Care (ISFC) Rate, the Static Rate is limited to sixty days, with the possibility for an additional sixty-day extension, while the child is assessed using the LOCP.

### **ISFC and LOC Updates**

John highlighted how a child would receive the ISFC rate through the LOCP. A rating of 7 in the Behavioral/Emotional or Health Domains automatically levels a child up to ISFC. As well, ACL 21-17 notes that a child may be eligible for the ISFC Rate as a result of a decision made by the Interagency Placement Committee (IPC) process, effective to the date of the IPC placement decision. Finally, a Special Health Care Needs (SHCN)-eligible child or NMD receiving the temporary Static Rate may permanently receive the ISFC Rate when the child/NMDs health conditions are severe or unlikely to change.

However, John reported that payment of the ISFC Rate through the Static Criteria does not automatically categorize the resource family as an ISFC home. For example, if a child is identified as ISFC eligible but the resource family chooses not to become an ISFC resource home, the LOC 4 rate should be issued to that family. If the resource family's FFA has an ISFC program and provides the services and supports to the family on behalf of the child or NMD, the FFA would retain their portion of the FFA ISFC Social Services and Supports and Administrative rate.

### **AAP, SCI, CWS/CMS Considerations**

CDSS Analyst Kelli Walker noted that children and NMDs in the Adoption Assistance Program (AAP) are not eligible for the ISFC or Static Rate. The Adoptions Services Bureau will be releasing a separate All County Letter (ACL) addressing how application of the LOCP will apply when a child or NMD is adopted. As well, with the full implementation of the LOCP, Counties may now use their updated Specialized Care Increment (SCI) plans submitted to the CDSS per [ACL 18-48](#).

Finally, Kelli shared that counties should upload the completed LOC Scoring Sheet into the Child Welfare Services / Case Management System (CWS/CMS), and it is recommended that CSW/DPOs provide a completed copy of the Scoring Sheet (SOC 500) to the resource family along with the LOC Matrix (SOC 501).

### **Moving Forward with the LOCP**

In closing, Cheryl shared that CDSS is in the process of developing a rates algorithm that ties the LOC rates to the outcomes of the CANs assessment. As well, it is currently exploring options to de-link ISFC from the LOCP and collapsing the rate levels. CDSS will likely be convening a State workgroup to review these matters in the coming months, as the final rate structure recommendations are due to the legislature in December 2021. However, Cheryl noted CDSS will likely request an extension for this deadline.

### **Additional Information**

Please click [here](#) to access the PowerPoint. Please note that CDSS will answer all questions asked during the presentation in a forthcoming FAQ.

Please email [Katie](#) with any questions

## **ACHSA Advocacy on DMH Proposed Wraparound Case Rate Changes**

At the Wraparound Steering Committee meeting in early March, DMH revealed significant proposed changes to the Wraparound Case Rate Support and Services Policy related to the allowable usage of Wraparound case rate dollars. ACHSA responded by convening its Wraparound providers soon thereafter to review and collect feedback on the proposed changes. This article is a summary of ACHSA's advocacy thus far.

### **Proposed Changes to Wraparound Case Rate Policy**

Service Function Code (SFC) 70 (Client Housing Support Expenditures) does not show any changes to the language. Similarly, there were no proposed changes to the language in SFC 71 (Client Housing Operating Expenditures). Proposed changes to SFC 72 (Client Flexible Support Expenditures) included expanded language to include items that may be provided to children and families in order to promote access to equal opportunities in achieving their recovery goals and community integration.

The most significant change to the policy was to SFC 78 (Other Non-Medi-Cal Child or Youth and Family Support Expenditure). DMH proposes to modify the language so that SFC 78 is specific to the cost of salaries and benefits of solely Wraparound Parent Partners and related indirect cost expenditures incurred in providing non-Medi-Cal billable services and support, with indirect costs being capped at 15% of Parent Partner salaries and benefits.

When pressed for the reason behind the exercise, DMH cited the County Chief Executive Office's (CEO) scrutiny of how SFC 78 dollars were drawn down. DMH pointed out that 97% of case rate dollars were being used for SFC 78 and 3% for the other SFCs. The Wraparound Administration further alluded to the Department's long-term goals of making the Wraparound program look more like a mental health program, like FSP or ICFSS, and potentially eliminating case rate dollars.

### **ACHSA Wraparound Workgroup to Discuss Proposed Changes to Case Rate**

On March 5<sup>th</sup>, ACHSA met with its Wraparound providers to review the proposed changes and collect input. Providers questioned the Department's stated rationale, as it became clear to many providers that the rationale did not seem to align with the implications of the proposed changes. Notably, providers desired clarity on the Department's overall goal for the Wraparound program as well as other intensive children's programs, such as IFCCS and FSP. In order to partner with DMH and better meet the Department's goals, providers expressed the need for a clearer understanding of both the reason behind the changes and DMH's vision for Wraparound.

Providers on the call expressed a number of concerns related to the fiscal impact of the proposed changes. Because no specific numbers were shared for the projected EPSDT and case rate allocations for FY 2021-22, providers recommended clarifying that point with DMH. Providers raised concerns about the impact of potential funding reductions, which included alterations to the team composition and staffing ratios. As well, there were concerns that costs associated with the case rate would not be covered or incorrectly allocated to EPSDT and further questions about the impact of the 15% indirect cost cap. Especially given the extraordinary financial circumstances and impact of the COVID-19 pandemic, workgroup members were concerned that these significant fiscal changes were decided upon with less than reliable data.

In addition, providers emphasized the importance of non-billable EPSDT activities, which could be greatly impacted as a result of the proposal, to the detriment of children and families. In comparison to IFCCS, some providers discussed the generally higher percentage of positive outcomes seen in Wraparound, highlighting the collaborative, strengths-based and family-centered approach of the program. By limiting the allowable usage of case rate dollars, DMH would essentially alter the core model and intent of the program and preclude providers from practicing high fidelity Wraparound.

In response, ACHSA agreed to formulate a communication to DMH to highlight provider concerns and questions and recommend the Department address them at the March 18<sup>th</sup> Wraparound Provider Meeting, with the expectation that DMH continue engaging in a collaborative dialogue with providers regarding the future of the Wraparound program.

Please click [here](#) to view the communication to DMH.

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

## Child Welfare Nuts & Bolts



### **2020 Chaptered Legislation Affecting Children’s Residential Facilities: Summary and Implementation**

CDSS released [Provider Information Notice \(PIN\) 21-03-CRP](#) which provides a summary of and implementation information for legislation chaptered in 2020 affecting licensed Children’s Residential Facilities.

### **California Supreme Court Upholds Law Protecting 14- and 15-Year-Olds from Transfer to Adult Court**

The California Supreme Court unanimously upheld S.B. 1391, a measure enacted in 2018 that prohibits the transfer of 14 and 15 year olds to the adult criminal system. Please click [here](#) for more information.

### **Volunteers Needed for FFA Social Worker Time Study**

CDSS is requesting volunteers to conduct its annual FFA Social Worker Time Study in order to pull down federal matching funds for when FFA social workers perform activities that are eligible under Title IV-E. Multiple training webinars will be provided to participants at the end of March. The time study will occur during the month of April and submit the completed time study data to CDSS in the first week of May. To confirm your participation, please email [providerTS@dss.ca.gov](mailto:providerTS@dss.ca.gov) with your agency name and address, the total number of social workers participating by agency location, and the contact information of the administrator certifying time sheets by March 18<sup>th</sup>.

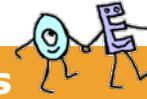
### **Follow-Up PowerPoint Slides/Article from March 5th FFA & STRTP Forum**

Please click the following links to access the Commercial Sexual Exploitation of Children information and resources shared at the March 5<sup>th</sup> FFA and STRTP Forum:

- [Saving Innocence PowerPoint](#)
- [ZOE Overview](#)
- [Saving Innocence and ZOE Lessons Learned](#)
- [Fostering Families Today November/December Issue](#)

### **Developmental Screening & Referral Toolkit for Family Serving Agencies**

First5LA and Children’s Hospital Los Angeles recently developed a [Developmental Screening and Referral Toolkit for Family Serving Agencies](#). The toolkit offers best practices on supporting early development within foster care and broader settings.



### **CBO Bulletin 21-004: Denial Reason CO 96/MA43 to Replace CO 96/N30**

The L.A. County Department of Mental Health (DMH) released a CBO Bulletin stating that the California Department of Health Care Services (DHCS) will deny specialty mental health claims, previously denied with CO 96/N30, with the new code CO 96/MA43. The bulletin makes clear that providers will not be able to receive federal or State funding for services denied with this claim. Click [here](#) to view the CBO Bulletin.

### **L.A. County Motion to Antiracism, Diversity, and Inclusion**

At the March 9<sup>th</sup> L.A. County Board of Supervisors meeting, Supervisor Holly Mitchell passed a motion to commit L.A. County to an antiracism, diversity, and inclusion initiative. The motion will direct the County CEO to report on the Establishing an Antiracist County Policy Agenda, which was previously adopted at the July 21, 2020 Board meeting. Click [here](#) to read the full motion.

### **Expanding Los Angeles County's Felony Incompetent to Stand Trial-Community Based Restoration Program**

At the March 9<sup>th</sup> L.A. County Board of Supervisors meeting, Supervisor Janice Hahn and Supervisor Hilda Solis passed a motion to authorize the Department of Health Service to accept additional funding from the California Department of State Hospitals to fund the County's Office of Diversion and Reentry, a community-based competency restoration program for individuals charged with felony offenses. Click [here](#) to read the full motion.

### **Health and Mental Health Services Cluster Meeting**

DMH has released the meeting agenda for their upcoming Health and Mental Health Services (HMHS) cluster meeting on March 17<sup>th</sup> at 10:00am. Click [here](#) to view the agenda.

## Conferences, Events and Trainings

### **FFA/STRTP 2021 Forum Calendar**

Please click [here](#) to view the FFA/STRTP Forum Calendar for 2021.

### **Wellness Together School Mental Health Speaker Series**

Wellness Together is hosting the 2021 Wellness Together Spring Event Series inviting a diverse group of speakers to present on education programs, equity, and student wellness. Click [here](#) to view upcoming events and to register.

### **OYC | LA P3 Quarterly Meeting: Financial Resources for Youth**

On **March 18<sup>th</sup>**, Opportunity Youth Collaborative (OYC) will be hosting a meeting on ways to support transition age youth (TAY) in establishing health financial futures. As well, the LA County Department of Consumer and Business Affairs (LA DCBA)

and JBAY will be sharing a variety of resources and outline public benefits for which youth in Los Angeles County may qualify. Please click [here](#) to register.

### **APSS Training Series - 7 Core Issues of Adoption**

Children's Bureau will be hosting a four-part training series from the authors of the book "Seven Core Issues in Adoption and Permanency." The trainings will take place from March to November, with the first event scheduled to take place on **March 22<sup>nd</sup>**. Please click [here](#) for more information.

### **Self-Care 102: Setting Boundaries**

On **March 23<sup>rd</sup> at 10:00 a.m.**, the Foster Together Network and the UCLA Pritzker Center will be hosting Self-Care 102: Setting Boundaries. The webinar will explore the mindsets, habits, and tools necessary to maintaining healthy boundaries. Please click [here](#) to register.

### **Child Welfare Advocate Proposals: 2021 California Child Welfare Bills and Budget Requests**

On **March 24<sup>th</sup>**, a coalition of child welfare advocates will be hosting a webinar to review the bills and current budget proposals promoting stability for youth in care. Please click [here](#) to register.

### **P-EBT All Stakeholder Webinar**

On **March 24<sup>th</sup>**, the CA Alliance will be hosting a Pandemic-EBT (P-EBT) All Stakeholder Meeting to provide updates on P-EBT 2.0, including the status of California's P-EBT plan and client and stakeholder education campaign. Please click [here](#) to register.

### **Training on HIPAA, Behavioral Health and COVID-19**

The California Institute for Behavioral Health Solutions is hosting a training to cover the impact of COVID-19 on HIPAA regulations on **March 31<sup>st</sup> from 10:00 a.m. to 12:00 p.m.** This training is designed for behavioral health clinicians and staff interested in learning HIPAA applications. Click [here](#) to register.

### **Wraparound Services Trainings Now Available**

The CDSS Continuum of Care Reform Branch is hosting virtual trainings for Wraparound Services. Courses offered include family search and engagement, motivational interviewing, and the neuroscience of Wraparound. Trainings are free to providers and can be viewed [here](#).

## **COVID-19 Information**

### **Safety Measures for Red Tier Re-Openings**

The Los Angeles County of Public Health has released updated guidelines on newly permitted activities and modified safety protocols in the red tier. Click [here](#) to read additional information about the red tier guidelines.

## **Instructions for Reporting COVID-19 Vaccine Rates for STRTPs, TSCFs and CTFs**

In an effort to keep track of vaccine use by Short Term Residential Therapeutic Programs (STRTPs), Temporary Shelter Care Facilities (TSCFs) and Community Treatment Facilities (CTFs), while at the same time addressing concerns regarding staff confidentiality, the Department of Public Health (DPH) is asking that providers report the total number of staff being vaccinated each week using [this link](#).

## **Removal of the Requirement for TB Test Certification for Adoption**

The California Department of Social Services (CDSS) recently released [All County Letter \(ACL\) 21-19](#) to provide notice to all public child welfare and all licensed private adoption agencies regarding the removal of the legal requirement for a certification of a tuberculosis (TB) test for adoption applicants and any other adults residing in the applicant's home.

## **Revised COVID-19 Related Exceptions to In-Person Independent Adoption Program Requirements**

CDSS recently released [ACL 21-26](#) to provide CDSS Regional Offices, delegated county adoption agencies, adoption services providers, and licensed adoption agencies with revised guidance regarding the limited exceptions to in-person visitation requirements in the Independent Adoption Program due to COVID-19.

## **JBAY Launches Survey on Impact of Pandemic**

JBAY is conducting a statewide [survey](#) of youth and young adults, aged 18 to 24, who have been in foster care or experienced homelessness to understand the impact pandemic. JBAY will use the survey findings to advocate for resources to assist and protect youth who have been in foster care or experienced homelessness. Survey responses are due by March 26<sup>th</sup>.

## **Regional Center Eligibility for the COVID-19 Vaccine**

Last week, the California Department of Development Services (DDS) released [Department Directive 01-03092](#), statewide guidance that the following individuals are eligible to obtain the COVID-19 vaccine starting on March 15<sup>th</sup>:

- Individuals aged 16 to 64 who are deemed by their health care provider to be at the very highest risk to get very sick from COVID-19 because they have a specified severe health condition noted within the directive; OR
- If as a result of their developmental or other severe high-risk disability, one or more of the following applies: individuals is likely to develop severe life-threatening illness or death from COVID-19 infection; the ability to receive ongoing care or services vital to their well-being and survival will be limited due to COVID-19 infection; or the ability to provide adequate or timely COVID-19 care will be particularly challenging as a result of the individual's disability.

Accordingly, Regional Centers have been directed to outreach to Regional Center consumers ages 16 to 64, their family or conservator, or with the administrator of their licensed residential facility. Eligible individuals are being instructed to make

their COVID-19 vaccine appointment through the [County](#) or [State](#) vaccination websites. Should you need assistance scheduling a vaccination appointment, please contact your Regional Center Service Coordinator.

## Upcoming Meetings and Events

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

## Contact Information

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