

BEHAVIORAL HEALTH ADVISORY BOARD
YOUTH & FAMILY COMMITTEE
MINUTES ■ Wednesday, August 10, 2016

<p>Present Denise Nielsen, Chair Martie Miles, Aspiranet Marika Collins, Casa Pacifica Kim Bennett, Casa Pacifica Lisa Connolly, HSA/CFS Ellen Mastright, HSA/CFS Laura Gutierrez Woolridge, Interface Regina Reed, SELPA Lori Litel, United Parents Karin Lucero, New Dawn</p>	<p>VCBH Managers/Staff Present Pete Pringle, Youth & Family Division Manager Dr. Deborah Thurber, Y&F Division Medical Director Kiran Sahota, MHSA Manager Pam Roach, Transformational Liaison Esperanza Ortega, MHSA Community Service Coordinator Edith Pham, BHAB Assistant</p> <p>NEXT MEETING: Wednesday, September 14, 2016, 10:00 a.m. – 12:00 pm</p> <p>Ventura County Behavioral Health 1911 Williams Drive, Suite 200, Oxnard</p>
<p>Note: The committee has not yet approved these minutes. There may be additions/deletions or corrections before the minutes are accepted in final form.</p>	

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	Call to Order Chair Nielsen called the meeting to order at 10:05 a.m.		
II.	Approval of the Agenda Ms. Nielsen asked the Committee to review and approve today's agenda.	The agenda was approved as written. M/S/C	
III.	Approval of the Minutes Ms. Nielsen asked the committee to review and approve the minutes of the July 13, 2016 meeting.	The minutes were approved as written. M/S/C	
IV.	Welcome and Introductions Ms. Nielsen welcomed everyone and asked for introductions.		
V.	Chair Announcements None.		
VI.	Public Comments None.		
VII.	Presentation: Continuum of Care Reform (CCR) – Ellen Mastright, CFS Ellen Mastright of the Human Services Agency, Children and Family Services, presented on the Continuum of Care Reform (CCR), a statewide reform affecting children in foster care. Under the CCR, mental health services must be made available to foster children early on. The service delivery is coordinated through a teaming approach that includes the family. Service and placement decisions are based on a comprehensive, trauma-informed assessment that prioritizes the needs of the child. Home-based family care is provided by relatives, family friends, and foster families; congregate care is reserved for short-term interventions only. CFS has been working on step-down placements for children currently in group home, when appropriate. Foster homes are being recruited. Ideas and leads can be emailed to Elizabeth.thasiah@ventura.org . CFS is available to send recruitment specialists to agencies or churches upon request.		
VIII.	New Business A. Update the Safety Plan The document will be renamed Safety and Support Plan. Interface information will be checked for accuracy. CIRT will be removed and replaced with Crisis Team information. The VCBH logo and the business card version of the plan will be updated.	Check for accuracy	L. Gutierrez Woolridge, P Roach

Continuum of Care Reform

Ellen Mastright

Human Services Agency, Children and Family Services
August 10, 2016

Overview ~ CCR Goals

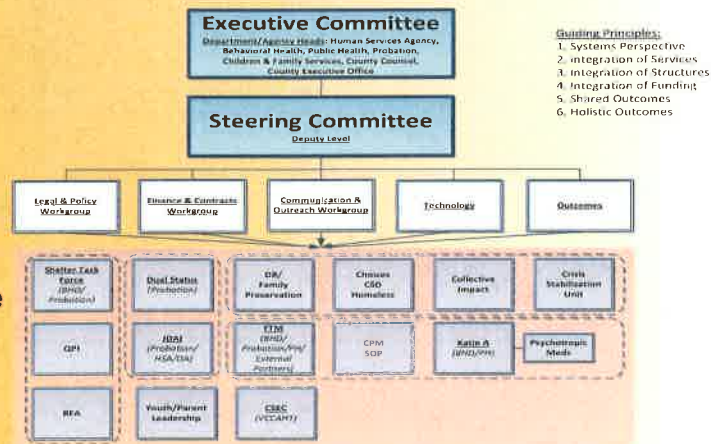
Statewide reform (AB 403) envisions a continuum of services aimed at positive outcomes for children and families

- Service delivery is coordinated through a **teaming approach that includes the family** and ensures their voice and choice are heard.
- Service and placement decisions are based on a **comprehensive, trauma-informed assessment** that prioritizes the needs of the child
- **Mental health treatment services *must be made available*** to foster children early, regardless of placement setting and are home based
- **Home-based family care** is provided by relatives, family friends, and foster families; congregate care is reserved for **short-term interventions** only



Overview ~ Local Vision & Planning Structure

- Established a CCR governance structure to: facilitate intra-agency policy setting, decision making, and collaboration; and ensure effectiveness and efficiency in transforming cross-cutting systems and services
- Agreed upon a vision that families should receive comprehensive support aimed at strengthening key domains beyond the traditional areas of focus in a child welfare services plan
- Recognition that CCR is part of a long evolution in how services and supports are provided to families in child welfare



Child & Family Teams ~ Characteristics

Characteristics of Family Team Meetings include:

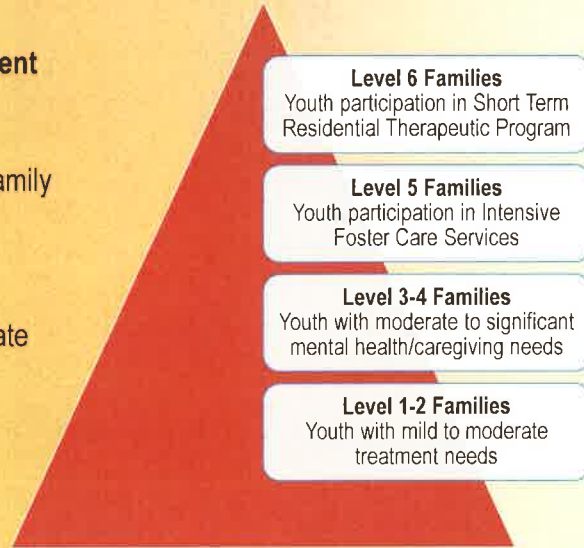
- Clear but open-ended purpose
- Opportunity for the family and their safety network to be active participants in decision-making and planning
- Focus on concrete, behaviorally based (not compliance driven) goals
- Should be used for all key decisions and planning relating to a child and family's case, except for immediate safety issues
- Addresses both the safety and risk issues as well as complicating factors



Levels of Care ~ Tiered Approach

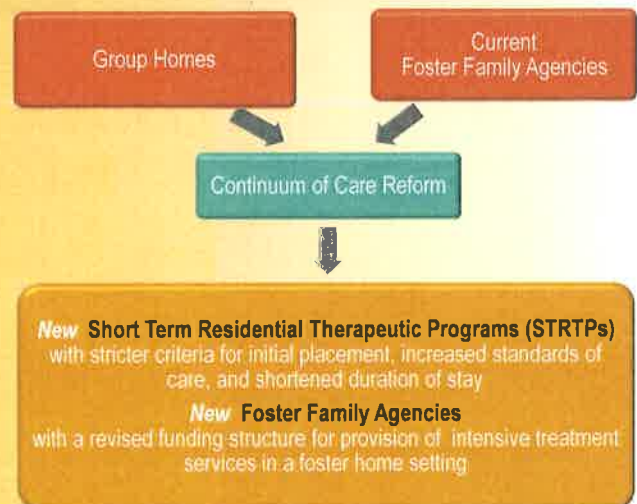
“Levels” will correspond to placement and service needs of children that:

- Will be determined utilizing a standardized assessment and the family team process
- Inform determination of treatment services for children
- Determine placement options and rate



Shelter Care & Group Homes ~ Transition

- Replaces the existing licensure, rate structure, and eligibility criteria for group homes and Foster Family Agencies, effective January 2017
- Limits placements in shelter care facilities to 10 calendar days
- Requires STRTPs to have MediCal certification and a contract for specialty mental health services
 - Treatment focus
 - Currently only Casa Pacifica meets this criteria



CFS Children and their Mental Health Needs

- Currently, about 550 of 1200 children in the child welfare system are receiving specialty mental health services
 - 68% Latino; 31% 0-5 years old
- Of those, 128 (23%) are identified as having intensive mental health needs (Katie A subclass)
- ~70 Ventura County youth in foster care reside in group homes or longer-term shelter care
- Many of these youth receive mental health services through the group homes, outside the specialty mental health system
- Enhanced services and supports are being developed to support these youth in home based care.
 - This will require willing homes and intensive home based services to support these youth



System Readiness ~ Accomplishments

- Partnership established and significant planning between child welfare, behavioral health, probation and public health systems to develop principles, understand system changes needed and identify needed resources and approaches to services.
- Partnering with Behavioral Health to enhance and expand treatment services to children and families, particularly those currently in, or at risk of group home placement
- Foundation for CCR through Child Welfare/Behavioral Health partnership in implementation of Pathways to Well-Being (Katie A)
- Framework developed for integrated family team meetings and cross-agency teaming to serve children and families
- Commitment to adopt process for expedited, universal access to mental health assessment for children in child welfare system
- Increase in relative placements and reduction in the use of group homes and congregate care shelter



System Readiness ~ Next Steps

- Continuing to explore funding strategies and resource needs
- Develop child-specific plans to transition children currently residing in congregate care to family settings whenever possible
- Implementation of expanded, intensive clinical services to support children in placement
- Development of level of care assessment process
- Continued expansion and enhancement of caregiver recruitment and retention strategies
- Further develop and implement CCR service design models, contracting plans, and joint training plans for providers and staff
- Implement Family Team Meeting processes
- Communication with stakeholders
 - E.g., group homes, FFAs, other caregivers

We'll know we're successful when . . .

Foster children are cared for in family settings whenever possible; reunify with their parents as soon as it is safe to do so; and experience long-term stability, safety and well-being.