

	<p>B. <u>MANAGED CARE PLAN OVERVIEW:</u> A PowerPoint presentation regarding Manager Care Plan Overview was provided by Justina Larson. [See Attachment B]</p>		<p>➤ Justina Larson, Clinical Program Coordinator</p>
VIII. MHSA Update	<p>➤ <u>OLBERG WELLNESS CENTER NEWSLETTER:</u> MHSA Coordinator Hannigan showed the Board the Olberg Wellness Center Newsletter and advised the Board if they were interested in receiving monthly to please let Cara know and she can send it to you.</p> <p>➤ <u>MHSA PERMANENT SUPPORTIVE HOUSING PROJECT:</u> The Request for Letters of Qualifications for Developers will be published next week. If anyone would like a copy sent to them, please email MHSA Coordinator Hannigan. MHSA Coordinator Hannigan asked if anyone was interested in sitting on the review panel. Sam Major advised he was interested.</p> <p>➤ <u>COMMUNITY MENTAL HEALTH RESOURCE CENTER:</u> The Request for Proposal (RFP) is complete and is just finishing up the approval process. This should be made available to the public and posted within the next couple of weeks. If anyone would like a copy sent to them, please send an email to MHSA Coordinator Hannigan. The RFP has 3 sources of funding and covers 3 projects: MHSA Innovation Plan, Foster Youth/Caregiver Resources Project, and the Laura’s Law Pilot project. MHSA Coordinator Hannigan asked if anyone was interested in sitting on the review panel. Marcia Ramstrom and Ron Henninger advised they were interested.</p> <p>➤ <u>SHASTA MHSA ACADEMY – 64 HOURS:</u> The Shasta MHSA Academy started new classes last week with 12 new students. There is currently a waiting list with 13+ for the next academy, which will start in June. For the previous Academy, there were 12 individuals who completed.</p> <p>➤ <u>SHASTA COLLEGE INTERNS – 60 HOURS:</u> Shasta College students taking psychology work-site learning class receive 1 credit for completion of the program. The first class had 11 students to start and 5 completed the program. The second class is set to start next week and we have 11 students in the background process.</p>		<p>➤ Jamie Hannigan, HHSA Program Manager and MHSA Coordinator</p>
IX. Directors’ Report	<p>➤ The Directors’ Report [see Attachment C] was sent out prior to the meeting for the Board and guests to review.</p>		

X. Discussion	<p>A. <u>AD HOC 2015 MHSA ANNUAL REPORT COMMITTEE:</u> MHADAB Chair asked Board members who were interested in sitting on the Ad Hoc 2015 MHSA Annual Report Committee. Sam Major, Leon Polk, and Steve Smith are interested in being on the committee.</p> <p>B. <u>AD HOC MHSA FY16/17 ANNUAL UPDATE:</u> MHADAB Chair asked for Board members who were interested in sitting on the Ad Hoc MHSA FY 16/17 Annual Update. Sam Major, Sam Smith, and Ron Henninger are interested in being on the committee.</p> <p>C. <u>MENTAL HEALTH BOARD TRAINING 101:</u> MHADAB Chair asked Board members who were interested in receiving Mental Health Board Training. Those in attendance who were interested were Leon Polk, Sonny Stupek, and Michele Wright. MHADAB Chair will work with Board Secretary to see what can be put together. MHADAB Vice Chair Ramstrom is trained.</p>		<ul style="list-style-type: none"> ➤ Steve Smith, MHADAB Chair ➤ Steve Smith, MHADAB Chair ➤ Steve Smith, MHADAB Chair
XI. MHADAB Standing Committee Report	None		
XII. Other Reports	<ul style="list-style-type: none"> ➤ <u>COMMUNITY EDUCATION COMMITTEE (CEC):</u> Marc Dadigan advised that they will be releasing the multimedia Brave Faces story of Chante Catt on standagainststigma.com. Hers is our first story about postpartum depression. Brave Faces speaker and MHSA Academy graduate Chris Stampfli is working on developing a stigma support group for people with lived experiences who are facing stigma. The Minds Matter Mental Health Fair and Music Festival will be Saturday May 7 at Library Park. ➤ <u>SUICIDE PREVENTION WORKGROUP:</u> Chair introduced Amy Sturgeon, who is the suicide prevention representative for the county. Amy is not QRP (Question, Persuade & Refer) certified. Suicide loss support group will now be Mondays at the library. Out of Darkness Walk planning is still going on. ➤ <u>ADP PROVIDER MEETING:</u> See Directors' Report. ➤ <u>HOMELESSNESS MEETINGS:</u> Nothing currently going on right now. 		<ul style="list-style-type: none"> ➤ Marc Dadigan, Community Education Specialist ➤ Steve Smith, MHADAB Chair ➤ Sam Major ➤ Sam Major
XIII. Reminders	➤ See Agenda.		
XIV. Adjournment		➤ Adjournment (7:25 p.m.)	

Steve Smith, Chair

Cara Schuler, Secretary

EMPIRE RECOVERY CENTER

Social Model Detox

Marjeanne Stone, Executive Director
Randal Bartholomew, Program/Detox Manager
Bettee Chenowith, Administrative Assistant



The Empire Recovery Center was started by Butch Williams, bartender at the Old Crow Bar, 1237 California Street.

Butch would take the drunks upstairs and “dry them out,” through the old-fashioned methods of peer support, a drop or two of whiskey, and a lot of conversation about alternatives to their choices.



Butch Williams

The integration of detoxification and substance use disorder treatment has become an increasingly important part of the continuum of care.

Individuals going through detoxification are often at a crossroad that can facilitate a window of opportunity to acknowledge their substance use, the problems it causes, and become willing to consider and seek treatment.

The Empire Recovery Center is a residential facility with 42 licensed beds. We have the ability to flex how we provide the numbers of detox beds and the numbers of residential beds. We have redesigned the configuration so that we can adjust easily move between 6 to 9 beds (4 to 5 male beds, and 2 to 4 female beds). We may increase the number of detox beds if needed.

Detox beds are located in a quiet part of the building, to reduce the impact of the environment, and to provide a less stressful setting for detoxing.



Research indicates that detoxification is often followed by reduced drug-use...

(SAMSHA TIP 45)

At the Empire, a client's length of stay in detox is determined by a variety of factors, including the history and severity of a person's addiction, following a brief interview.

We are a short-term detox. Our goal is to detox a person enough that they can make a sane decision on whether or not they want to get into recovery or go back to what they were doing before.

This normally takes from 3-5 nights.

Process to enter detox:

- 1. Call or stop by the Empire Recovery Center**
- 2. Come in and complete an application in person, or the attendant can complete the application over the phone.**

We are looking to make sure that the person is eligible for detox (i.e., no medical or mental health needs that outweigh our scope of practice.

If deemed eligible for detox, a financial assessment is made to determine if the person can pay for all, or part of the costs, or if they meet the criteria for a grant-funded detox bed. This is all part of the initial application.

At this point, the individual is referred to a medical facility for medical clearance.

After obtaining a medical referral, they must pick up any prescriptions, including nicotine patches, and arrive on site with these in hand. We will not start the intake process until any and all medications are on site. We do not prescribe, pick-up, purchase, or obtain medications. Medications must have a current prescriptive label.

If a person smokes, it is recommended they get transdermal patches. We are a non-smoking facility.

Empire Detox staff provide observation every 30 minutes, 3 meals a day, snacks, crackers, and lots of gatorade.

Clients do not leave the detox program, except for medical emergencies.

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Clients do not leave the detox program except for medical emergencies.

Detox staff provide support, monitoring of progress or lack of progress, and monitoring intake of meals and fluids.

And at exit, we provide referrals to community resources including treatment programs, AA, and NA groups, outpatient services, Good News Rescue Mission, Mental Health Services, People of Progress, Salvation Army, One Safe Place, Red Road to Wellbriety, Veterans' Resource Center, Veterans Outpatient Services, and resources that are in outlying communities. Individuals who are homeless are given information about local housing resources and contacts.

Grants for Detox:

The Empire Board of Directors has historically been committed to providing detox services at a documented loss in our annual budgets. We have submitted grant applications and for the last 2 1/2 years have had grants supporting detox for the indigent and homeless of our community.

GRANTS AND CONTRIBUTING SUPPORTERS

Mercy Foundation	\$25,000	2014
Mercy Foundation	\$25,000	2015
Mercy Foundation	\$75,000	2016+*

Collaborations with Shasta Community Health Center And the Veterans Resource Center

City of Redding Block Grant	\$18,000	2014-15
City of Redding Block Grant	\$15,000	2015-16

Each of these grants is specific to providing detox for the indigent and homeless population.

EMPIRE RECOVERY CENTER DETOX BUDGET 2015-2016

PROFIT AND LOSS PROPOSED 2015-2016 BUDGET:

Expenses	\$122,796.36
Anticipated loss	\$- 49,531.44

DATA 2014-2015

In this time period, **195** persons received detox services at the Empire Recovery Center.

141 persons were of extremely low income (30% of Federal poverty level guidelines).

51 were in the low income level (50%).

0 were at moderate income levels (80%)

3 were above the low and moderate income levels.

168 persons were white, **2** Hispanic, **4** Black or African American, **8** American Indian, **4** American Indian and white, **9** other race combinations.

15 were females who were heads of households.

DATA JULY 1, 2015 – 12/31/2015

109 Persons have received detox services in this period.

96 Were in the extremely low income bracket.

7 were in the 50% bracket

5 were in the moderate income level (80%)

1 person had above the low and moderate income levels.

3 were female heads of households.

10 individuals were disabled.*

>10% recidivism in detox**

*The Empire Recovery Center, at this time, can only serve persons who are ambulatory. We are in the second phase of block grants specific to accessibility modifications.

** We are now tracking persons who have had repeat detox visits. We have been surprised to find 7 persons have received detox at the Empire at previous times.

CBDG Income Guidelines 6/1/2015

Family Size	Extremely low (30%) Annual/Monthly	Low (50%) Annual/Monthly	Moderate (80%) Annual/Monthly
1	\$11,950 \$996	\$19,950/\$1663	\$31,850/\$2,654
2	\$13,650 \$1,138	\$22,800/\$1,900	\$36,400/\$3,033

Additional figures are available if you wish.

Managed Care Plan Overview

Medi-Cal Specialty Mental Health Services

MHADAB
March 2, 2016

Justina Larson, Quality Improvement Coordinator,
Managed Care/Compliance

Tonight's Focus

- Provide a broad overview of the county's contract to deliver Medi-Cal Specialty Mental Health Services including:
 - Issues of funding
 - General regulations about receiving services within the definition of "medical necessity"
 - General program issues
 - Federal and state rules

A Brief Comment to Place Things in “Context”

There are several major influences/laws governing overall county responsibilities:

- Medi-Cal Specialty Mental Health Services – services provided to Medi-Cal beneficiaries through a contract between the State (DHCS) and County Mental Health Plans (MHPs)
- Mental Health Services Act (MHSA) – Proposition 63 passed by California voters intended to improve and enhance services
- The Lanterman-Petris-Short Act (LPS) – designed to “end the inappropriate, indefinite, and involuntary commitment of mentally disordered individuals”
- The Bronzan-McCorquodale Act – the organization and financing of local community mental health services to adults experiencing severe and disabling mental illnesses, and children with serious emotional disturbances “to the extent resources are available”

Definitions

- Managed Care/Compliance Unit is the unit within Business and Support Services, a branch of Shasta County Health and Human Services Agency that is responsible for overseeing various aspects of quality of care, utilization of services, and compliance to state and federal regulations and the county’s contract with the state of California – much of what we will be talking about tonight.

Definitions

- Managed Care - A broad term that describes a system of health care where individuals can only visit certain doctors and hospitals, and cost of treatment is monitored by a managing company. A good example would be Kaiser.
- Medi-Cal Specialty Mental Health Services - operates under a contract between the State and the County Mental Health Plan.

Definitions cont'd

- Specialty Mental Health Services are:
 - “Carved out” from rest of Medi-Cal health care services
 - California counties operate under a “freedom of choice” waiver (1915b waiver). If a Medi-Cal beneficiary needs “Specialty” MH services they must go through county
 - A greater variety of staff can provide services including non-licensed paraprofessionals: case managers, mental health workers, community health advocates, etc.

Who Receives Services

- Specialty MH services are for Medi-Cal beneficiaries' who meet “medical necessity” for covered services.
- Medical Necessity is specifically outlined in California Code of Regulations (CCR) Title 9, section 1820.205 (inpatient psychiatric hospitalization) and 1830.205 (outpatient services).
- At the heart of medical necessity are three things:
 - An “included” mental health diagnosis (a specific list is provided).
 - Identification of a significant impairment in an important area of life functioning due to the mental health diagnosis. For youth this includes a strong probability they will not meet developmental milestones.
 - The impairment/diagnosis is at a level that cannot be treated by a primary care physician – it needs “special” services and expertise.

Who Receives Services cont'd

- While not exclusively, the majority of people meeting “medical necessity” will be :
 - Adults with serious mental illness (SMI) including Schizophrenia, Bipolar, Major Depression, etc., and
 - Youth who are “seriously emotionally disturbed” (SED)

Who Receives Services cont'd

- “Medical necessity” must be documented in the client’s medical record. If not complete and accurate, the county is vulnerable to losing payment for those services.
- Only specified individuals are authorized to make a mental health diagnosis (MD, Nurse Practitioner, Psychologist, Marriage Family Therapist (MFT), Licensed Clinical Social Worker (LCSW), MFT Intern, Associate SW, and Master’s Level RN).

Services Provided

- Medi-Cal Specialty Mental Health Services are outlined in CCR, Title 9, section 1810.247, and include:
 - Rehabilitative Mental Health Services
 - Medication Support Services
 - Youth Services of EPSDT, Therapeutic Behavioral Services (TBS), etc.
 - Crisis Services
 - Inpatient Psychiatric Hospitalization. Note: coverage for inpatient only happens if placed in a Medi-Cal certified bed. Not always available in which case county pays full cost out of limited local mental health dollars.

Services Provided cont'd

- The county is responsible to provide “access” to services for Medi-Cal beneficiaries.
- ‘Access’ can be for a variety of situations, but generally falls into two categories:
 - Crisis services and/or inpatient psychiatric services
 - Outpatient services that begins with an assessment

Services Provided cont'd

- Crisis and/or inpatient psychiatric hospitalization services for Youth and Adults:
 - 24 hour crisis telephone number
 - Crisis residential services
 - Crisis/5150 (72 hour hold) assessment
 - Placing individuals who need psychiatric hospitalization

Services Provided cont'd

- Adult Outpatient on Breslauer:
 - Monday – Friday “Walk-in” assessments
Note: Many county mental health plans went to a walk-in process because of “no shows”.
 - The clinic generally stops doing assessments for those arriving after 3 pm. This can be adjusted on a case-by-case basis.
 - Access staff meet with individuals for initial assessment of medical necessity.
 - Ongoing outpatient services are provided by county staff and/or contractors.

Services Provided cont'd

- Youth Outpatient services:
 - Walk-in clinic
 - Phone contact with a follow-up face-to-face appointment
 - Services may be provided by county staff or an “Organizational Provider” (a contracted organization such as Northern Valley Catholic Social Service, Victor Community Support Services, Remi Vista, etc.)

Funding

- Medicaid (Medi-Cal) – A joint program, funded by federal and state governments, which pays for medical care (including mental health services) for those who can't afford it. The program typically helps low-income individuals or families, as well as elderly or disabled individuals.
- Medi-Cal Specialty Mental Health Services is part of the Medicaid contract California has with the federal government.

Funding cont'd

- The Managed Care Plan contract allows the flow of Federal Financial Participation (FFP) dollars from the federal government. These dollars flow when the county “matches” local dollars for billable (covered) services.
- Generally speaking - the match is one local dollar for each federal dollar
- This process allows the county to “leverage” federal dollars to provide more services than could be provided if only local funds were used.
 - Local match sources
 - State General Fund - managed care allocation
 - Realignment dollars (brought in by vehicle license fees, sales tax, etc.)
 - Small amount of County General Fund
 - MHSA dollars

Managed Care Plan – Regulations and Responsibilities

- There are many regulations and responsibilities generated by both the state and federal government that the county managed care plan must follow.
- Tonight's presentation will focus on the following main areas:
 - Documentation requirements related to services billed
 - Beneficiary Problem Resolution Process
 - Quality Management Program
 - Confidentiality
 - Program Integrity

Documentation

- The Mental Health Plan contract contains specific language on what must be documented in the client's medical record including:
 - Medical necessity
 - A mental health assessment
 - A client treatment plan
 - A Progress Note for each billed service
- Failure to have all requirements within a medical record can result in billed services being “disallowed” resulting in lost \$\$

Beneficiary Problem Resolution Process

- Medi-Cal beneficiaries have specific rights to voice disagreement and/or concerns including:
 - Their right to appeal if an assessment determines that “medical necessity” is not present, The client receives a ‘Notice of Action’ (NOA), which explains their rights to appeal the county’s decision.
 - To file a grievance if they feel that clinical staff are not treating them fairly.
- The county employs a “Patients’ Rights Advocate” to assist people during NOA and Grievance processes.

Quality Management Program

- The county is required to have a Quality Management Program (QM) that addresses Quality Assurance, Quality Improvement, and Utilization Review (QA/QI/UR)
- The annual QM work plan looks at quality of service in many key areas:
 - Client access to services. (For example: “Is the walk-in clinic meeting community needs?” “Do clients in crisis have access to psychiatric hospital services?” etc)
 - Service delivery capacity and timeliness of services
 - Medication support services
 - Client satisfaction
 - Continuity and coordination with physical health care providers
- View Shasta County’s Quality Improvement Work Plan at:
<http://www.co.shasta.ca.us/docs/HHSA/org-providers/2015-16-qi-work-plan-final-udpated-1-15-16.pdf?sfvrsn=0>

Quality Management Program

- The Quality Improvement Committee meets monthly. Topics include:
 - Review of work plan elements including data on performance measures and goals
 - Reports on various quality of care areas such as grievances and unusual occurrences
 - Reports on Performance Improvement Projects (PIP)
 - Quality of care issues and decisions regarding actions and progress on previously discussed issues

Confidentiality – State and Federal

- Federal - Health Insurance Portability and Accountability Act (HIPAA).
- California - Welfare and Institutions Code (WIC), section 5328
- Both laws:
 - Protect the individual's right to privacy.
 - Are not always in agreement. In these situations the law that grants the individual the most "control" and/or "protection" must be followed.

Program Integrity

- Program Integrity is a federal regulation that addresses the need to have “*administrative and/or management arrangements*” that guard against fraud and abuse.
- Fraud and/or abuse: services billed that were never provided or were not medically necessary.
- Program Integrity requires a designated Compliance Officer, and a formal Compliance Program including a Code of Conduct.
- View Shasta County’s Code of Conduct at:
http://www.co.shasta.ca.us/index/hhsa_index/compliance.aspx

Program Integrity

- Shasta County Compliance Program Elements:
 - Compliance Officer
 - Compliance Committee – meets once per quarter
 - Compliance Work Plan
 - Compliance Hotline – 1-866-229-8050
 - General Compliance Training
 - Internal Auditing and Monitoring Activities
- All staff who directly provide mental health services and staff who support them, receive General Compliance Training annually. New staff receive the training within the first 30 days of employment.

External Oversight of the Managed Care Plan

- The Managed Care Plan is reviewed annually by an External Quality Review Organization (EQRO).
- The EQRO prepares a report each year on their findings that includes strengths and opportunities in the following areas:
 - Access to Care
 - Timeliness of Services
 - Quality of Care
 - Consumer Outcomes
- The report also includes quality improvement recommendations

External Oversight of the Managed Care Plan

- The current EQRO is Behavioral Health Concepts, Inc. <http://www.caleqro.com/>
- Shasta County's 2015 EQRO report is located on the above website under Reports and Summaries/MHP Reports.

External Oversight of the Managed Care Plan

- Every three years the state of California reviews each County Mental Health Plan and provides a report of compliance and non-compliance with federal and state regulations.
- Counties are required to submit a “plan of correction” to address all areas deemed “out of compliance.”
- Pursuant to the new, five year, 1915b waiver, the state will begin posting these plans of correction for all counties on its website.

Internal Oversight of the Managed Care Plan

- Managed Care/Compliance Unit reviews and audits various aspects of specialty mental health services including:
 - Documentation of medical necessity for services
 - Progress notes to determine whether they meet the minimum necessary requirements
 - New employees’ documentation to identify strengths and training needs
 - Client charts to ensure all required elements are present, accurate, and current



Questions?

Managed Care/Compliance 225-5170



Health and Human Services Agency

Donnell Ewert, MPH, Director

Dean True, RN, MPA, Adult Services Branch Director and Alcohol and Drug Program Administrator
Dianna Wagner, MS, LMFT, Children's Services Branch Director

Directors' Report – March 2, 2016 **Mental Health, Alcohol and Drug Advisory Board**

Adult Services Branch Update:

Directors' Report – March 2, 2016

Adult Services Branch Update:

Private Facilities:

Ridgeview (licensed Board & Care facility now in Shasta Lake City) currently has 14 clients in residence (near capacity of 16). They continue to develop their programming, and hope to receive formal Medi-Cal Certification as a Transitional Residential Treatment Program in the first half of 2016. The new Administrator, Jacqueline Smith, was to begin earlier this month, but there was a slight delay. It is anticipated she will begin in the later part of March.

Mental Health Services Act (MHSA) Innovations Project

The new project with a working title 'Mental Health Resource Center', received final approval from the Oversight and Accountability Committee (OAC) on January 28. The county will be seeking a contractor to create and deliver services, and is in the process of preparing a Request for Proposal (RFP) that will be sent out later in March or early April. The RFP will include consideration for expanded services beyond the initial Innovation project and will include Laura's Law/Assisted Outpatient Treatment (AOT), and enhanced family/foster-family support.

MHSA Housing Project: The Woodlands

A formal groundbreaking ceremony took place for the project on January 21, 2016. Anticipated completion and 'move-in' date is set for Spring, 2017. The low-income housing project will have a total of 55 units, with 19 of these units set aside for both youth with serious emotional disturbance (SED) and adults with serious mental illness (SMI) who meet qualifications for participation in MHSA Full Service Partnership (FSP) programs. A special "Thank You" to Jamie Hannigan, Program Manager and MHSA Coordinator, for seeing this project through its very long journey to approval and implementation!

Local Emergency Room Pilot Project:

The County is continuing to develop its 'co-location' plan that will station county mental health staff in both local hospital emergency rooms. Currently there is one staff at each hospital on dayshift, Monday through Friday. Beginning in early March there will be one staff in each hospital on the evening shift, Monday through Friday. The county continues to recruit for positions that will work on weekends. Initial reports from both hospitals is very favorable: for individuals not needing inpatient psychiatric hospitalization time to evaluation and discharge is noticeably shorter.

Alcohol and Drug Updates:

An Alcohol Drug Provider (ADP) meeting was held on February 24, 2016. Highlights include:

- Presentation on NoRxAbuse program by Ivan Petrzelka, PharmD, JD, MBA. The program seeks to educate community prescribers on the proper use of opiates. Mr. Petrzelka indicated a willingness to present to the MHADAB at a future meeting.
- Presentation and discussion on use of Suboxone, specifically for pregnant clients, by Dr. Candy Stockton. Dr. Stockton currently practices at the Shingletown clinic 2 days a weeks. Discussion included referral processes, appropriate use of the medication, etc.
- Liz Leslie, Program Manager for Adult Services, HHS, went over new 'outcome' data reports. New emphasis is on better definitions of 'Standard Discharge', 'Administrative Discharge', and capturing information related to incarcerations, homelessness, etc.
- The next ADP Provider meeting will be May 25, 2016 at 10:00 am.

Children's Services Branch Update:

Drug and Alcohol Update:

Children's now has a new Drug and Alcohol Counselor hired in order to serve youth involved with Mental Health/Drug and Alcohol issues and Probation involvement. Kathryn Nuss will be providing groups and serve as a team member for family team meetings for our new WINGS 2 program. This program will take the place of Drug Court and will continue to have the Juvenile Justice Judge involved as part of the team.

AB 403 Continuum of Care Reform to roll out January 1, 2017:

- This reform will change the face of Child Welfare in California as it focuses on access to mental health treatment provided to the child where she/he lives rather than moving the child to where the treatment is located which often meant group homes.
- It will require increased engagement at Child and Family Team Meeting with all supports involved in the child and family's life. As decisions are made at CFT's around the case this will increase transparency and accountability.
- We are excited that there will be increased training requirements to all caregivers and facility staff. This will include training on:
 - Trauma-informed care
 - Child and adolescent development (including sexual orientation, gender identity and gender expression)
 - Accessing services
 - Commercially sexually exploited children
- Resource Family Approval (RFA): The purpose of RFA is to implement a unified, family friendly, and child-centered caregiver approval process to replace the existing multiple processes for licensing FFHs, certifying homes by licensed foster family agencies, and approving relatives and nonrelative extended family members (R/NREFMs) as foster care providers. A resource family will be considered approved for adoption or guardianship and will not have to undergo any additional approval or licensure. With this change there will be an increase in stability and permanency for youth and decrease in trauma.
- RCL 1-9 group homes will be phased out and youth in those placements will be expected to move to Relative Placement, Resource Family Homes (RFH), or Short Term Residential Treatment Centers (STRTC). RCL 10-14 will be transformed to STRTC with a change in their focus to be mainly on short term treatment.
- STRTCs and RFH (County Homes and FFA) must make core services available to children and nonminor dependents (NMDs) either directly or secured through formal agreements with other agencies, which are trauma informed, culturally relevant, and include the following services:
 - Access to specialty mental health services for children assessed as eligible.
 - Transition support services for children, youth, and families upon initial entry, placement changes, and for families who assume permanency.

- Educational, physical, behavioral, and mental health supports.
- Activities designed to support youth and NMDs in achieving a successful adulthood.
- Services to achieve permanency.
- For STRTCs, facilitating the identification and, as needed, the approval of resource families for the purpose of transitioning children and youth to family-based care.
- The core services are not intended to duplicate services already available to foster children in the community, but to support access to those services and supports to the extent they are already available.

There is much work to be completed in the coming months around CCR and you will continue to be updated regarding these changes.

Board of Supervisor Staff Reports (January – February 2016):

- Second Amendment to the Agreement with the Vista Pacifica Enterprises, Inc.
- Agreement with National Alliance on Mental Illness Shasta County
- Renewal Agreement with California Locum P.C. for Temporary Psychiatric Services
- Amendment to Agreement with Sail House, Inc.
- Agreements with Arman Danielyan and Kiran Koka for Psychiatric Inpatient Services