Utilizing Additional Resources to Maximize the Opportunity for Success for Youth with Complex Needs

Panel Presentation 2023

This is a SAMPLE plan of action for informational use only, please seek legal guidance from your county prior to engaging in any legally binding agreements.

Purpose:

Joey Kanga (DOB xx/xx/20xx) was ordered into foster care placement on xx/xx/2023. Due to his high acute needs he has been denied from numerous programs. To expedite his release from juvenile hall and begin his treatment plan, Probation entered a discussion with the last STRTP where Joey was placed, "Australia's Best Placement" and asked how they could best meet Joey's needs.

Complex Care Action Plan:

1. Open Lines of Communication

   Probation agrees to conduct monthly in-person visits and initial weekly virtual visits, one of these will be attended by the Placement Supervisor. Australia's Best Placement agrees to contact Probation with behavioral issues or issues that need to be addressed and contact the Placement Supervisor by phone and email if there is no timely response.

2. Proper Case Management

   Both will work together to convey consistent messages. Items that cannot be followed through will not be promised to Joey.

3. Enhanced STRTP Rate

   The youth indicated he deescalates well utilizing space and other coping mechanisms. An enhanced STRTP rate will be paid matching the STRTP rate for the duration of the youth's placement at Australia's Best Placement. This will allow Australia's Best Placement to provide a space for him to deescalate. This will be paid directly from Probation Department funds to Australia's Best Placement. Probation may seek to recoup costs from state block grant or other state funding but this will be the responsibility of the County and not Australia's Best Placement.

4. Initial Behavioral Contract.

   Due to the past history, the youth will begin his program under a Behavioral Health Contract agreed upon by Joey, Probation, and Australia's Best Placement. If Joey violates the contract, Australia's Best Placement has the authorization to provide an immediate 14-day notice followed by an emergency Child and Family Team Meeting. If still not able to preserve placement and a 14-day notice is issued, Probation will remove the youth from Australia's Best Placement and seek other placement options.

CHILD SPECIFIC FUNDING REQUEST

INSTRUCTIONS:

- To be completed when requesting funding pursuant to WIC § 16001 for children and non-minor dependents (NMDs) with exceptional needs.
- Please fill out this request. An analyst will review to determine if Child Specific funding is appropriate to address the needs of the child/NMD.
- If available and appropriate, attach completed Qualified Individual (QI) Assessment.
- If request is related to a TA call, attach TA recommendation email and complete section 1 and sections 5-7 only.
- Submit completed form with relevant documentation to RatesPolicy@dss.ca.gov.

Date of Request: Click or tap to enter a date.

1. CHILD/NON-MINOR DEPENDENT INFORMATION	
County Making this Request: Choose an item.	
Name:	Date of Birth:
CWS/CMS ID# (19-digit Client ID):	
Sexual Orientation:	Gender Identity/Expression:
Ethnicity (specify if more than one):	
Cultural Considerations that impact the child/ NMD's placement or this Child Specific Funding request:(language, religious practices, traditions, spirituality, food preferences, etc.):	
Jurisdiction: ☐ Child Welfare ☒ Probation	Regional Center Client: ☐ Yes ☐ No
Title IV-E Eligible: ☐ Yes ☐ No	Tribally Eligible: ☐ Yes ☐ No
If this is a tribal child/NMD, has the tribe been consulted with in the development of this funding request? ☐ Yes ☐ No ☐ Not applicable	
Current placement type: STRTP, (placement name)	
Recommended placement type: STRTP	
If you have requested funding for this placement previously, please provide an update on the child/NMDs progress in placement: N/A	

2. ASSESSMENT/RECOMMENDATION BASIS **Assessment must identify needs directly related to funding the placement type/services requested.**
Recommendations made by a Child and Family Team (CFT) for services/placement: ☐ Yes, Date: Click or tap to enter a date. ☐ No If yes, summary of recommendations: Frequency of CFT meetings:Monthly Specify:
Clinical recommendation made by an Interagency Placement Committee (IPC): ☐ Yes, Date: Click or tap to enter a date. ☐ No
Qualified Individual (QI) Assessment: ☐ Yes, Date: Click or tap to enter a date. ☐ No ☐ In Progress ☐ N/A
System of Care (SOC) Technical Assistance (TA) Call (If within the last 3 months, attach notes and skip to sections 5 and 7): ☐ Yes, Date: Click or tap to enter a date. ☐ No
Other child/NMD-specific assessments or evaluations. For example, Regional Center Assessment or Educational Assessments, etc.: ☐ Yes, Date: Click or tap to enter a date. ☐ No If, yes, please specify the assessment type:
Do the assessments support the placement recommendation? ☐ Yes ☐ No Specify:
Please describe the exceptional needs identified in these assessments:

3. PLACEMENT CHALLENGES
There is a current 14-day notice for a placement change: ☐ Yes ☐ No ☐ Intent to give notice ☐ Same day notice ☐ Risk of notice Reason for notice:
There is an inability to identify placement due to recurring placement denials: ☐ Yes ☐ No Reasons for placement denials:
Resources designed to meet the needs of the youth are unavailable: ☐ Yes ☐ No Describe:
The child/NMD has barriers to placement: ☐ Yes ☐ No If Yes: Choose an item. If other, please describe:
Child's/NMD's preferred placement:

4. BEHAVIORAL HEALTH, DEVELOPMENTAL, MEDICAL, EDUCATIONAL AND RELATIONAL
Check applicable services that apply to the child/NMD: ☐ Behavioral Health ☐ Developmental ☐ Medical ☐ Educational ☐ Relational
Are relevant Mental Health Providers (MHPs), Substance Use providers and regional centers actively involved in the development of this request including participating in CFTs? ☐ Yes ☐ No
If the child/NMD has medical needs, is there Individualized Health Care Plan (IHCP) and an IHCP Team in place: ☐ Yes ☐ No If yes, is the IHCP actively involved in the development of this funding request: ☐ Yes ☐ No Are there Specialized Healthcare Needs (SHCN): ☐ Yes ☐ No Specify:
List requested services or supports that are needed but unavailable to support the child/NMD in the least restrictive setting:
Please describe how this funding will be used to support the exceptional needs identified in the ASSESSMENT/RECOMMENDATION BASIS section.
There is an identified permanent family home that is the permanency goal for the child/NMD: ☐ Yes ☐ No Permanency goal: Child/NMD's relationship to the identified home:
The child/NMD has intensive family finding needs: ☐ Yes ☐ No
The child/NMD and family have family engagement related needs: ☐ Yes ☐ No
The child/NMD has needs related to an individual or family member they can identify having a significant relationship with and/or a permanent connection to: ☐ Yes ☐ No

5. FINANCIAL
Identify the approximate/estimated costs associated with these needs: $__ _ /month, or $_ __/per quarter or $__ __ one time cost.
When will cost begin? Click or tap to enter a date. How long will funds be required? Choose an item. If reoccurring cost, what is the frequency of the reoccurring costs? For example, Quarters 1 through 3 (Please enter specific duration, cannot state "Ongoing").
Are there any other existing funding sources such as Medi-Cal, WRAP, etc., that can cover these costs? Please note, this funding cannot supplant existing funding sources. ☐ Yes ☐ No If yes, specify limitations to funds or why you may not have access:

6. NARRATIVE
Please provide any relevant additional information that pertains to this request:

7. SIGNATURES	
Person completing this form/contact for questions:	Title:
Phone#:	Email Address:

Signature of County Program Manager, Administrator, or Director/Chief Probation Officer		
Printed Name	Signature	Date
		Click or tap to enter a date.

CDSS Response/Comments
☐ Approved ☐ Denied Reason for denial:
Reviewed by: Date: Click or tap to enter a date.

Additional Resources

1. ACIN I-03-23 Latest Child-Specific Request Form

2. Examples of Child Specific Needs and Capacity Building Doc Link: https://cdss.ca.gov/Portals/9/ComplexCare/Complex%20Care%20Spending%20Examples%20FINAL%20Accessible.pdf?ver=2022-08-09-104519-023