CDSS
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

THE COMMUNITY CARE LICENSING DIVISION'S
Quarterly Update
SPRING 2016

CHILDREN'S RESIDENTIAL UPDATE

Children's Residential Licensing Program Mission:

The Children's Residential Licensing Program licenses and monitors Adoption Agencies, Foster Family Agencies and Homes, Group Homes, Licensed Foster Family Homes, Runaway Youth Shelters, Small Family Homes, and Transitional Housing in an effort to ensure that they provide a safe and healthy environment for children who are in residential care.

A Note from Pamela Dickfoss, Deputy Director

Welcome to our Spring 2016 Children's Residential Care Quarterly Newsletter. The California Department of Social Services continues to make progress in the Continuum of Care Reform effort. As statewide implementation of the Resource Family Approval fast approaches, the CCLD county liaisons continue to co-train with the Regional Training Academies to onboard all early implementing counties as well as provide technical assistance. Early implementing counties include: San Luis Obispo, Kings, Santa Barbara, Santa Clara, San Francisco, Orange, Yolo, Butte, Madera, Monterey, Ventura, Stanislaus, and San Joaquin. Statewide implementation of the Resource Family Approval Program is set for January 1, 2017. Additionally, regulatory development for Foster Family Agencies (FFA) as well as the new licensing category of Short Term Residential Therapeutic Programs continues. Input from stakeholder workgroups has been helpful in advising and framing the regulatory work currently in development. The Department anticipates that a few FFAs will be selected to implement these new regulatory standards and approve resource family homes by August of 2016. Statewide implementation remains January 1, 2017. Additionally, implementation efforts for Senate Bill (SB) 484, (Chapter 540, Statutes of 2015) and SB 238, (Chapter 534, Statutes of 2015) are now underway. These bills were developed to address the expressed concern about the efficacy of current oversight mechanisms for psychotropic medication among children in foster care through requirements that include: specified training for providers, interagency data sharing, and developing data collection measurements that would enhance the Department's oversight and review.

The Quality Improvement Project (QIP), a departmental/stakeholder team assembled to embark on this issue together, has three working groups: Clinical, Data and Technology, and Youth, Family and Education. I would like to thank stakeholders for engaging in the various QIP workgroups and providing us with their expertise as we all work collaboratively toward better outcomes for children in community care.

The Community Care Licensing Division will continue to strengthen and enhance our programs including our commitment to offer education and valuable resources to providers. The California Department of Social Services (CDSS) is convening the next workgroup meeting that will focus on implementation of SB 484 and SB 238 on April 26, 2016. If you have questions or wish to join a workgroup e-mail this mailbox: qipfostercare@cdss.ca.gov.

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Changes to the Children's Residential Program Management Personnel

Shelly Grace, Licensing Program Manager I, started her career with the Department of Developmental Services in 2000 as a Psychiatric Technician. During her tenure with the Department of Developmental Services, she held various job positions including six years in supervisory roles. She transferred to CDSS in 2014 as a Licensing Program Analyst (LPA) with CCLD, where she worked out of the Orange County Local Unit office. With her recent promotion, she works out of this same office and supervises LPAs both in the Orange County and San Diego Local Unit offices.

Overview of New Laws of 2016 Affecting the Children's Residential Program

Effective January 1, 2016, the following laws and legislative changes have come into effect. It behooves the licensee to attain working knowledge of applicable laws and Title 22 Regulations, as the following may not be used as a substitute for said knowledge.

Deficiencies, Civil Penalties, and Appeals: Per Assembly Bill (AB) 1387, procedural amendments were introduced to Health and Safety Code (HSC) Section 1548 to the following effect:

- **Issuance of civil penalties** with citations for deficiencies that resulted in the death, physical abuse, or serious bodily injury of a client, now requires the prior approval of the Program Administrator. (*Prior to this, the approval of the Director of the Department was required (HSC Section 1548(f)*.)
- The **appeals process** for citations involving the death, physical abuse, or serious bodily injury of a client is now simplified to two appellate levels: first, the Deputy Director and then the Administrative Law Judge (ALJ). (*Prior to this, there was a four-tier appeals process in place, starting with the Regional Manager, the Program Administrator, the Deputy Director, and then finally the ALJ (HSC Section 1548(j)*.) All other citation appeals are to be reviewed by the Regional Manager and then by the Program Administrator, whose decision is considered final (HSC Section 1548(k)).
- The amended **appeals timeline** allows for: (1) a written appeal (along with all available supporting documentation at the time) to be filed ***within 15 business days*** of the receipt of the initial penalty assessment; (2) the filing (by the appellant) of additional supporting documentation not available at the time of the initial appeals filing ***within 30 business days*** of that initial filing; (3) the Department to request of the appellant additional information ***within***

30 business days of the receipt of the initial appeal; (4) the appellant to provide said additional information ***within 30 business days*** of the receipt of said request from the Department; and (5) the appellant to receive a written notification of the Department's decision over the appeal ***within 60 business days*** of the Department's receipt of all requested documentation.

Prior appeals procedures will be used to review civil penalties and deficiencies cited ***prior to*** January 1, 2016.

Psychotropic Medication Training and Monthly Reports: Per Senate Bill (SB) 238, foster care providers are required to receive additional training developed by the Department, in consultation with designated parties, specific to the authorization, uses, risks, benefits, assistance with self-administration, oversight, and monitoring of psychotropic medications. Said training would further include the study of trauma, substance use disorders, and mental health treatments as relating to children taking psychotropic medications in placement. No number of hours for this training is specified in this law.

In addition, this bill requires the Department, in consultation with other specified entities, to prepare and distribute monthly reports to the county placement agencies containing information particular to each child whose psychotropic medication is paid for by Medi-Cal, including but not limited to the names of the authorized medications themselves. LPAs are required to ensure that group home and short-term residential treatment center (STRTC) administrators, foster parents and certified parents of a FFA have this new psychotropic medication training. Until regulations are developed, LPAs will be utilizing the following sections of the Health and Safety Code to cite:

- Section 1522.41(c)(1) for group home (GH) administrator certification; Section 1522.41(c)(2) for STRTC administrator certification;
- (*Effective until December 31, 2016*) Section 1529.2(b)(3) for foster family home and small family home caregiver pre-placement training; Sections 1506(b)(1) and 1529.2(b)(3) for foster family agency staff pre-placement training; Section 1529.2(b)(4) for foster family home and small family home caregiver annual training; Section 1529.2(b)(4) for foster family agency staff annual training; and
- (*Effective January 1, 2017 until December 31, 2018*) Section 1529.2(b) for foster family home, small family home, and foster family agency annual training.

Psychotropic Medication Recordkeeping and Group Home Measures: Senate Bill (SB) 484 mandates new data collection and distribution requirements concerning the use of psychotropic medications by residents in group homes.

Under this legislation, the Department is required to develop measures to identify group homes in which levels of psychotropic medication use by clients warrant further review in the form of special annual inspections.

This bill also mandates recordkeeping requirements specific to children taking psychotropic medications—binding on all children's residential facilities, with the exception of runaway and homeless youth shelters (as defined under HSC Section 1502(a)(14)).

The bill additionally sets the specific conditions for the legal use of psychotropic medications—namely: (1) in accordance with the written directions of the prescribing physician; and (2) as authorized by the juvenile court pursuant to WIC Sections 369.5 (concerning dependents) and 739.5 (concerning wards).

LPAs are required to enforce this new legislation by citing from HSC Sections 1507.6(b)(1) and 1507.6(b)(2).

Additional Training Concerning the Reasonable and Prudent Parent Standard (RPPS): Senate Bill 794: (1) expands the definition of the RPPS (per WIC Section 362.05(c)(1)); (2) mandates training (no number of hours specified) specific to the RPPS that is binding on all children's residential facilities, with the exception of runaway and homeless youth shelters (as defined under HSC Section 1502(a)(14)); and (3) mandates the designation of one or more onsite staff in children's residential facilities, excepting licensed and certified foster family homes (as defined under HSC Section 1502(a)(5)), tasked with applying the RPPS to decisions involving participation of the children placed in age or developmentally appropriate activities in accordance with the requirements of WIC Section 362.05, United States Code (USC) Section 671(a)(10) of Title 42, and regulations to be developed pursuant to HSC Section 1522.44.

Licensing Program Analysts are required to enforce this new legislation by citing from HSC Section 1522.44(b) with regard to the designation of onsite staff overseeing matters of the RPPS and HSC Section 1522.44(c) with regard to the elements of the newly mandated RPPS-specific training.

Information on the Zika Virus

Zika is a virus that is thought to spread to people through mosquito bites. There has also been at least one documented case of sexual transmission. The illness is usually mild, with symptoms lasting from several days to one week. About one in five people infected with Zika virus develop symptoms. Hospitalization is not common.

Cases of the Zika virus have been found in Mexico, several other countries in Central and South America, and in several islands in the Caribbean, including Puerto Rico. A number of imported cases were recently diagnosed in the U.S. The information indicated in the links below was developed by the Office of Human Services Emergency Preparedness and Response within the U.S Department of Health and Human Services concerning the Zika virus.

Further study for parents:
https://www.acf.hhs.gov/programs/ohsepr/resource/zika-parents

Further study for providers:
http://www.acf.hhs.gov/programs/ohsepr/resource/head-start-or-child-care-programs-need-to-know-bout-zika

Causes of Allergies in Children

Children get allergies from coming into contact with allergens, which are certain substances in the environment that cause a hypersensitive reaction on the part of the immune system. Allergens can be inhaled, consumed, or injected (from stings or medicine). They can also come into contact with the skin.

Some of the more common allergens are:

- Pollens from trees, grasses, weeds
- Molds, both indoor and outdoor
- Dust mites that live in bedding, carpeting, and other items that hold moisture
- Animal dander from furred animals such as cats, dogs, horses, and rabbits
- Certain food items and medicines
- Venom from insect stings

Allergies also tend to run in families. If a parent has an allergy, there is a higher chance that his or her child will also develop allergies. This risk increases if both parents are allergic.

How Can I Help My Child?
Identifying and avoiding the items your child is allergic to is best. If your child has an allergic condition, try the following:

- Keep windows closed during the pollen season, especially on dry, windy days when pollen counts are highest.
- Keep the house clean and dry to reduce mold and dust mites.
- Avoid having pets and indoor plants.
- Avoid those items that you know cause allergic reactions in your child.
- Avoid your child's exposure to cigarette smoke in public areas.

Consult your child's pediatrician for safe and effective medicine or alternative forms of treatment that can be used to help alleviate or prevent allergy symptoms.
For further study on allergy prevention in children, please visit:
http://www.cdc.gov/healthcommunication/ToolsTemplates/EntertainmentEd/Tips/Allergies.html

Safety Tips and Reminders

Active Shooter Preparedness: In light of recent tragic events involving individuals targeting members of the public at random with the use of firearms, awareness of personal safety information prepared by the Department of Homeland Security on this particular subject comes at an opportune time. One such quick reference item is a brochure entitled, *Active Shooter Event: Quick Reference Guide*.

Carbon Monoxide Detectors: Per Health and Safety Code Section 1503.2, all licensed or certified community care facilities are required to be equipped with one or more (as needed) fully functioning carbon monoxide (CO) detectors currently approved for use by the State Fire Marshal. LPAs are required to treat CO detectors as inspection items and also issue citations pursuant to HSC Section 1503.2, as warranted.

Mandated Suspected Child Abuse or Neglect Reporting: Mandated reporters of suspected child abuse/neglect are people who have contact with children as part of their work. Such individuals include: teachers, therapists, health care professionals, and first responders—in short, all individuals as listed under Penal Code (PC) Section 11165.7.
Per PC Section 11166(a)(1), only a reasonable suspicion of child abuse or neglect is required without actual certainty or medical indication (i.e., unexplained marks or injuries).

All mandated reporting must be submitted to local law enforcement or county child welfare agency/department (i.e., child protective services (CPS)) per PC Section 11165.9 and in accordance with Title 22 Regulations in the case of community care facilities (IR Sections 83161(b)(2), 84461(b)(2), 86161(b)(2), and 893161(b)(2) (concerning non-minor dependents); for minors: GLR Section 80061(b)(1)(F) and FFH Section 89361(a)(2)).

A mandated reporter failing to file a report as required by law is considered guilty of a misdemeanor (PC Section 11166(c)). The veil of anonymity is not extended to mandated reporters, who by law must identify themselves. Reports must be submitted immediately, followed by the filing of Form SS 8572 within 36 hours of the initial report.

IMPORTANT INFO AND PHONE NUMBERS	
Centralized Complaint Information Bureau (CCIB)	1-844-538-8766
Foster Care Rates	916-651-9152
Caregiver Background Check Bureau (CBCB)	1-888-422-5669
Foster Care Ombudsman	1-877-846-1602
CCL Public Inquiry and Response	916-651-8848
Technical Support Manager Alison Newkirk	916-651-6712

Notes and Credits

The Community Care Licensing Division (CCLD) publishes the Children's Residential Program Quarterly Update for the benefit of Licensees, Parents, Clients, Residents, and Stakeholders.

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