

Family Urgent Response System (FURS) Stakeholder Kickoff Meeting

October 22, 2019 12:30pm - 3:30pm

2870 Gateway Oaks Dr, Sacramento, CA 95833 (1st Floor)

Conference Call Number: (866) 620-9790 & Participant Code: 9978824

AGENDA

- ❖ Greetings & Introductions – Lori Fuller
- ❖ Welcome and Opening Remarks – Greg Rose
- ❖ SB 80 – FURS Background & Overview
 - New Jersey Model - Setting the Stage for Success – Lisa Witchey & Alan Vietze
 - Background and Intent – Jessica Haspel
 - Key Definitions
 - Framework
 - Minimum Requirements
 - Budget and Funding – Lori Fuller
 - Workplan Activities and Implementation Timeline – Lori Fuller
- ❖ BREAK (15 minutes)
- ❖ Breakout Sessions - Lori Fuller
 - Data and Outcomes
 - County Mobile Response Systems
 - Statewide Hotline
 - Informational Materials and Dissemination Plan
- ❖ Breakout Session Report Outs
- ❖ Wrap-up – Lori Fuller
 - Action Items
 - Next Steps



FAMILY URGENT RESPONSE SYSTEM (FURS) STAKEHOLDER KICKOFF MEETING

TUESDAY, OCTOBER 22, 2019

MEETING LOGISTICS

Meeting Audio:

- Conference Call Number: (866) 620-9790
- Participant Code: 9978824

GREETINGS AND INTRODUCTIONS

LORI FULLER, PERMANENCY
POLICY BUREAU CHIEF

AGENDA

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WELCOME AND OPENING REMARKS

GREG ROSE, CHILDREN AND
FAMILY SERVICES DIVISION
DEPUTY DIRECTOR

SB 80 - FURS BACKGROUND & OVERVIEW

- New Jersey Model - Setting the Stage for Success
 - Lisa Witchey & Alan Vietze

OVERVIEW OF THE NEW JERSEY SYSTEM OF CARE MOBILE RESPONSE AND STABILIZATION SERVICES

- The *NJ System of Care* was initiated in January 2001
- *Mobile Response and Stabilization Services* was first initiated in 3 counties in March 2002 and was phased in by county through 2005
- Telephone Call to Systems Administrator (800 Number) with (24/7) Availability
- Clinical Triage to Assess Needs and Rule Out:
 - Psychiatric Emergency Service (PES) (Hospital Care) and 911
 - Family Crisis Intervention Unit (FCIU)
 - Community Mental Health
- The MRSS Agency is embedded in a mental health agency that has the depth to address a complex of issues (includes psychiatrist, nurses, clinicians as are needed)
- Dispatch of Mobile Response Team within one hour of call 24/7 365 days a year

OVERVIEW OF THE NEW JERSEY SYSTEM OF CARE MOBILE RESPONSE AND STABILIZATION SERVICES, CONTINUED

- Administer the CAT (CANS Crisis Assessment Tool) and Up to 72 hours of On Site Crisis Response
 - Stabilize the Current Living Situation
 - Development of a Crisis Plan with Youth/Family/Care Giver/Guardian
 - Up to 8 Weeks of Intensive In-Community Clinical Support followed by Potential Referral to Care Management Organization for Continued Wraparound and Family and Youth Driven Care Plan for Services Responding to Youth's Identified Needs
 - MRSS Check-In to all Foster Home Admissions within 72 hours for Meet and Greet
 - 95% of Youth have Remained in their Current Living Situation
 - 97% of Youth have Remained in their Current Foster Home
 - All Children and Youth are Eligible Regardless of Legal Status or Means Testing
 - Paid for by System of Care Budgeted Medicaid and State Dollars

<https://www.nj.gov/dcf/about/divisions/dcsc/>

SB 80 - FURS BACKGROUND & OVERVIEW

- Background and Intent – Jessica Haspel
- Key Definitions
- Framework
- Minimum Requirements

FAMILY URGENT RESPONSE SYSTEM INTENT

To build upon the Continuum of Care Reform and provide current and former foster youth and their caregivers with **immediate, trauma-informed support** when they need it. FURS is intended to:

- Prevent placement disruptions and **preserve the relationship** between the child or youth and their caregiver
- **Prevent** the need for a 911 call or **law enforcement involvement** and the needless criminalization of traumatized youth
- **Prevent hospitalization** and placement into **congregate care**
- **Promote healing** as a family

WHAT IS FURS?

- “Family Urgent Response System” means a **coordinated statewide, regional, and county-level system** designed to provide collaborative and timely state-level phone-based response and county-level in-home, in-person mobile response during situations of instability, for purposes of preserving the relationship of the caregiver and the child or youth, providing developmentally appropriate relationship conflict management and resolution skills, stabilizing the living situation, mitigating the distress of the caregiver or child or youth, connecting the caregiver and child or youth to the existing array of local services, and promoting a healthy and healing environment for children, youth, and families.

STATE AND LOCAL COMPONENTS

- 1. 24/7 statewide hotline** to respond to caregiver or youth during situations of instability
- 2. County-based mobile response and stabilization** available 24/7

KEY DEFINITIONS: WHO MUST FURS SERVE?

- **“Caregiver”** is defined as a person responsible for meeting the daily care needs of a current or former foster child or youth, and who is entrusted to provide a loving and supportive environment for the child or youth to promote their healing from trauma.
- **“Current or former foster youth” includes:**
 - A child or youth adjudicated a dependent or ward of the court (under WIC 300, 601 or 602) and who is served by a county welfare agency or probation dept.
 - A child or youth who has exited foster care to reunification, guardianship, or adoption.
 - A current or former foster child or youth is eligible for services until they attain 21 years of age.

KEY DEFINITIONS CONTINUED

- **“Instability”** means a situation of emotional tension or interpersonal conflict between a caregiver and a child or youth that may threaten their relationship and may lead to a disruption in the current living situation.
- **“In-home”** means the place where the child or youth and caregiver are located, preferably in the home, or at some other mutually agreeable location.
- **“Mobile response”** means the provision of in-person, flexible, responsive, and supportive services where the caregiver and child or youth are located to provide them with support and prevent the need for a 911 call or law enforcement contact.

FRAMEWORK AND MINIMUM REQUIREMENTS: STATE HOTLINE

- Available **24/7** to respond to calls from a caregiver or current or former foster child or youth during situations of instability
- Hotline workers **trained in conflict resolution and de-escalation** for children and youth impacted by trauma
- Capacity to provide **mediation, relationship preservation** for the caregiver and the child or youth, and a **family-centered and developmentally appropriate** approach.

HOTLINE REQUIREMENTS CONTINUED

- **Referrals** to a county-based mobile response for further support and in-person response when needed
 - **Warm handoff**
 - **Follow-up within 24 hours** after referral to offer additional support
- Must **maintain contact info** for all county-based mobile response systems for referral to local services

FRAMEWORK AND MINIMUM REQUIREMENTS: MOBILE RESPONSE SYSTEMS

County child welfare, probation, and behavioral health agencies must establish a joint county-based mobile response system that includes:

1. **Phone response** at the county level that facilitates entry into mobile response services.
2. A process for **determining when a mobile response and stabilization team will be sent**, or when other services will be used
3. A **mobile response and stabilization team** available 24/7
4. Able to provide **immediate, in-person, face-to-face response**
5. Utilization of individuals w/ **specialized training** in trauma and the foster care system. Include **peer partners** and those w/ lived experience in the response team, when possible.

MOBILE RESPONSE REQUIREMENTS CONTINUED

6. Provision of **in-home crisis de-escalation, stabilization, and support**, including all of the following:
 - A. Establishing in-person, face-to-face contact with the child or youth and caregiver.
 - B. Identifying the underlying causes of, and precursors to, the situation that led to the instability.
 - C. Identifying the caregiver interventions attempted.
 - D. Observing the child and caregiver interaction.
 - E. Diffusing the immediate situation.

MOBILE RESPONSE REQUIREMENTS CONTINUED

6. Provision of **in-home crisis de-escalation, stabilization, and support**, including all of the following: (continued)
 - F. Coaching and working with the caregiver and the child or youth in order to preserve the family unit, maintain the child or youth in the current living situation, or create a healthy transition plan if necessary
 - G. Establishing connections to other county- or community-based supports and services to ensure continuity of care.
 - H. Following up after the initial face-to-face response, for up to 72 hours, to determine if additional supports or services are needed.
 - I. Identifying any additional support or ongoing stabilization needs for the family and making a plan for, or referral to, appropriate supportive services within the county

MOBILE RESPONSE REQUIREMENTS CONTINUED

7. A process for **communicating with the county of jurisdiction and the county behavioral health agency** regarding the service needs of the child or youth and caregiver if the child or youth is currently under the jurisdiction of either the county child welfare or probation system.

Can be implemented on a **per-county basis** or by collaborating w/ other counties **through a regional approach**.

SINGLE COORDINATED PLAN: MOBILE RESPONSE

Must be **developed jointly by county child welfare, county behavioral health agencies, and probation**, in consultation with other county agencies, caregivers, and current and former foster youth, and submitted to CDSS.

Plans must describe:

1. How mobile response systems will **meet the 7 requirements** in law.
2. How they will **track and monitor calls**.
3. **Data collection efforts**, consistent with guidance provided by CDSS.
4. **Transitions** from mobile response and stabilization services to ongoing services.

SINGLE COORDINATED PLAN CONTINUED

5. Process for identifying if the child or youth has an existing **child and family team**, and for coordinating with the child and family team to address the crisis and for ongoing care.
6. Process and criteria for **determining response**.
7. **Composition of responders**, including efforts to include peer partners and those w/ lived experience when possible.
8. Both **existing and new services** that will be used to support the mobile response and stabilization services.

SINGLE COORDINATED PLAN CONTINUED

9. **Response protocols** for the child or youth in family-based and congregate care settings based on guidelines developed by CDSS, in consultation with stakeholders.
10. A process for identifying whether the child or youth has an **existing behavioral health treatment plan and a placement preservation strategy** and for coordinating response and services consistent with the plan and strategy.
11. A plan for the team to provide supportive services in the **least intrusive** and most child, youth, and family friendly manner, such that mobile response and stabilization teams **do not trigger further trauma**.

MINIMUM DATA COLLECTION AND REPORTING

- Number of caregivers served through the hotline
 - Disaggregated by placement type and status as current or former foster caregiver
- Number of current or former foster youth served through the hotline
 - Disaggregated by county agency type, current or former foster youth status, age, gender, race, and whether the call was made by the youth, child, or caregiver
- Disposition of each call
 - Including, but not limited to, whether MRSS were provided or a referral was made for other services
- County-based outcome data
 - Including, but not limited to, placement stability, return into foster care, movement from child welfare to juvenile justice, and timeliness to permanency

SB 80 - FURS BACKGROUND & OVERVIEW

Budget and Funding – Lori Fuller

BUDGET & FUNDING

- State Fiscal Year (SFY) Year One: July 1, 2019 - June 30, 2020
 - \$15 million State General Fund (SGF)
 - Statewide Hotline start-up costs
 - Administrative Costs, Outreach Materials and Infrastructure Building
 - County Mobile Response Team start-up costs
 - Administrative Costs and Infrastructure Building

BUDGET & FUNDING CONTINUED

- SFY Year Two: July 1, 2020 - June 30, 2021
 - \$30 million SGF
 - Statewide Hotline
 - Implementation and Ongoing Operational Costs
 - County Mobile Response Team
 - Implementation and Ongoing Operational Costs

FEDERAL FINANCIAL PARTICIPATION

- Department of Health Care Services (DHCS) may submit state plan amendment, waiver request, or both
- Director of DHCS seeks necessary federal approvals to receive federal match funding
- CDSS & DHCS enter into an Interagency Agreement to establish mechanism for claiming federal match funding

SB 80 - FURS BACKGROUND & OVERVIEW

- Workplan Activities and Implementation Timeline – Lori Fuller

FURS WORKPLAN & TIMELINE

- Launch FURS
 - Stakeholder Engagement
 - Develop Leadership Advisory Committee with Children Now, CDSS, DHCS, CBHDA, CWDA & CPOC

FURS WORKPLAN AND TIMELINE CONTINUED

- Develop Statewide Hotline
 - Research and Review similar hotline efforts
 - Establish requirements and desired policies and procedures
 - Determine hotline provider

FURS WORKPLAN AND TIMELINE CONTINUED

- CDSS Guidance
 - All County Letter
 - County Fiscal Letters
 - Informational Materials

FURS WORKPLAN AND TIMELINE CONTINUED

- Develop Mobile Response Teams
 - Counties and/or Regions determine local approach
 - Submit county/regional plans to CDSS
 - CDSS review plans and provide technical assistance

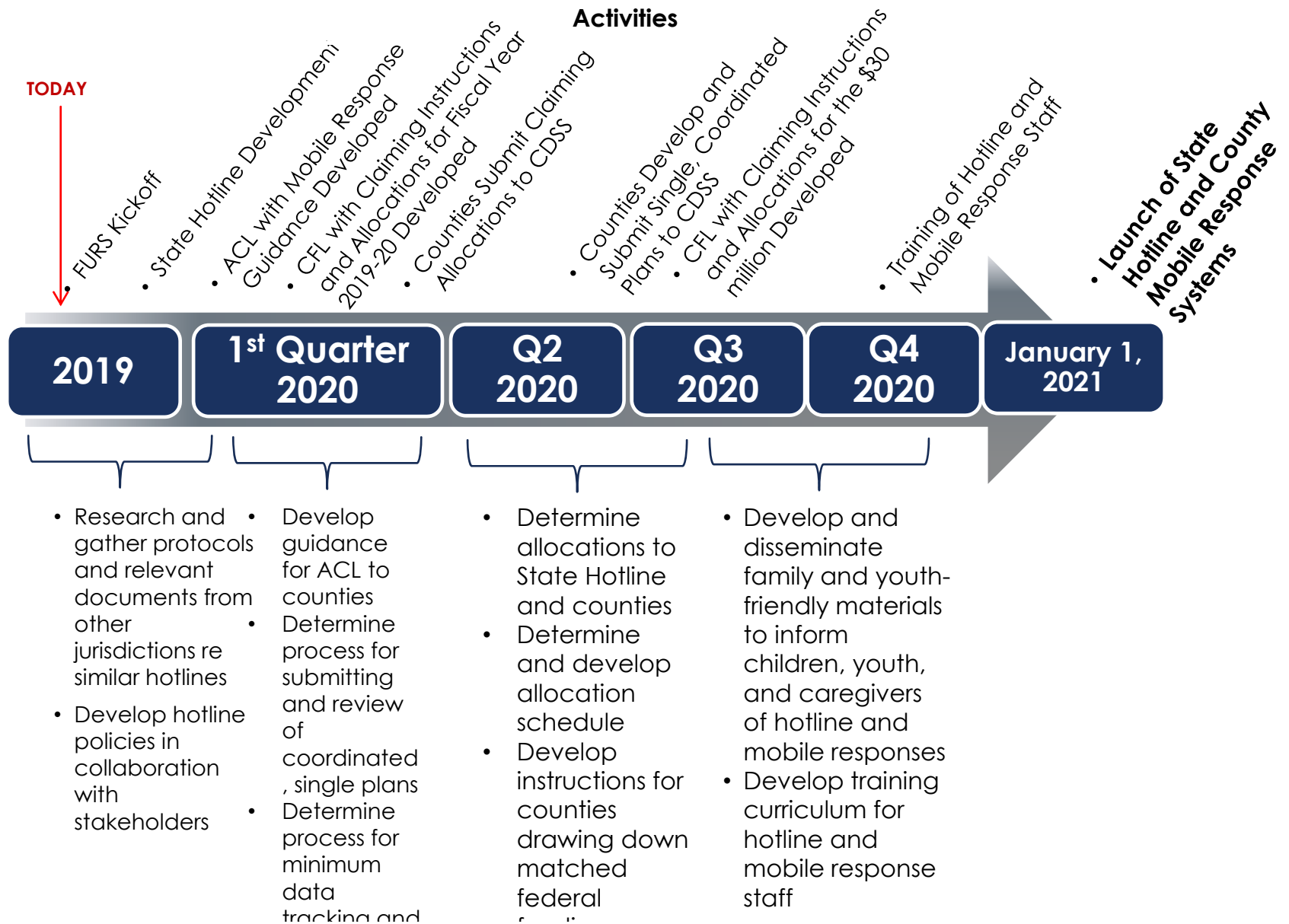
FURS WORKPLAN AND TIMELINE CONTINUED

- Hire and train Statewide Hotline Staff
- Hire and train Mobile Response Teams
- Finalize data collection processes

FURS WORKPLAN AND TIMELINE CONTINUED

- Launch Statewide Hotline and Mobile Response Teams
 - CDSS to provide ongoing TA
 - Implement Outcome Measures
 - Track and Monitor Data
 - Provide Update to the Legislature

FURS Timeline





BREAK

BREAKOUT SESSIONS

- Data and Outcomes
- County Mobile Response Systems
- Statewide Hotline
- Informational Materials and Dissemination Plan



BREAKOUT SESSION REPORT OUTS

MEETING
REVIEW
&
NEXT STEPS



THANK YOU!

QUESTIONS?

FURS@dss.ca.gov

FURS Workplan

TASK ID	DELIVERABLES	BEGIN DATE	ESTIMATED DATE OF COMPLETION
1	Launch FURS Kickoff	10/22/2019	10/22/2019
	Facilitate regular meetings of stakeholders until FURS launch on 1/1/2021	10/22/2019	1/1/2021
	Regular leadership team meetings with representatives from CWDA, CBHDA, CDSS, and Children Now to collaborate and facilitate completion of deliverables	11/2019	Ongoing
2	State Hotline Development	10/2019	Ongoing
	Research and gather protocols and relevant documents from other jurisdictions re similar hotlines (in CA and from other states)	10/22/2019	Ongoing
	Collaborate with stakeholders regarding hotline policies and procedures	10/22/2019	Ongoing
	Develop information sharing policies between hotline and mobile response systems	10/22/2019	Ongoing
	Determine hotline data collection requirements	10/22/2019	Ongoing
	Determination of hotline provider		10/1/2020
3	ACL with Mobile Response Guidance Developed	10/2019	1/1/2020
4	CFL with claiming instructions and allocations for the \$15 million (available for fiscal year 2019-20) developed and released	10/2019	2/2020
5	Counties submit to CDSS any forms necessary to claim their \$15 million allocations	2/2020	
6	Informational materials to inform children, youth, and caregivers of Hotline and Mobile Response Team developed	10/22/2019	12/2020
	Development of FURS FAQs, webpage, and implementation tip sheets and best practices	10/22/2019	11/2020
	Dissemination of materials	10/22/2019	12/2020
7	Counties/Regions Develop and Submit Coordinated Plans for Mobile Response Teams	11/2019	6/1/2020
	Counties collaborate with each other to determine a single or regional approach	11/2019	6/1/2020
	Counties or regions submit single, coordinated plans to CDSS	11/2019	6/1/2020
8	CFL with claiming instructions and allocations for the \$30 million Developed	1/1/2020	7/1/2020
9	Training of Hotline and Mobile Response Staff	11/1/2020	Ongoing
10	Hotline Launch	1/1/2021	1/1/2021
11	County/Regional Mobile Response Systems launch	1/1/2021	1/1/2021

CHAPTER 5.4. Family Urgent Response System for Caregivers and Children or Youth

16526.

For purposes of this chapter, the following definitions apply:

(a) "Caregiver" means a person responsible for meeting the daily care needs of a current or former foster child or youth, and who is entrusted to provide a loving and supportive environment for the child or youth to promote their healing from trauma.

(b) "Current or former foster child or youth" includes a child or youth adjudicated under Section 300, 601, or 602 and who is served by a county child welfare agency or probation department, and a child or youth who has exited foster care to reunification, guardianship, or adoption. A current or former foster child or youth shall be eligible for services under this chapter until they attain 21 years of age.

(c) "Department" means the State Department of Social Services.

(d) "Family Urgent Response System" means a coordinated statewide, regional, and county-level system designed to provide collaborative and timely state-level phone-based response and county-level in-home, in-person mobile response during situations of instability, for purposes of preserving the relationship of the caregiver and the child or youth, providing developmentally appropriate relationship conflict management and resolution skills, stabilizing the living situation, mitigating the distress of the caregiver or child or youth, connecting the caregiver and child or youth to the existing array of local services, and promoting a healthy and healing environment for children, youth, and families.

(e) "In-home" means the place where the child or youth and caregiver are located, preferably in the home, or at some other mutually agreeable location.

(f) "Instability" means a situation of emotional tension or interpersonal conflict between a caregiver and a child or youth that may threaten their relationship and may lead to a disruption in the current living situation.

(g) "Mobile response" means the provision of in-person, flexible, responsive, and supportive services where the caregiver and child or youth are located to provide them with support and prevent the need for a 911 call or law enforcement contact.

16527.

(a) The department shall establish a statewide hotline as the entry point for the Family Urgent Response System, which shall be available 24 hours a day, seven days a week, to respond to calls from a caregiver or current or former foster child or youth during moments of instability. Both of the following shall be available through this hotline:

(1) Hotline workers who are trained in techniques for deescalation and conflict resolution telephone response specifically for children or youth impacted by trauma.

(2) Referrals to a county-based mobile response system, established pursuant to Section 16529, for further support and in-person response. Referrals shall occur as follows:

(A) A warm handoff whereby the hotline worker establishes direct and live connection through a three-way call that includes the caregiver, child or youth, and county contact. The caregiver, child, or youth may decline the three-way contact with the county contact if they feel their situation has been resolved at the time of the call.

(B) If a direct communication cannot be established pursuant to subparagraph (A), a referral directly to the community- or county-based service and a followup call to ensure that a connection to the caregiver, child, or youth occurs.

(C) The hotline worker shall contact the caregiver and the child or youth within 24 hours after the initial call required under subparagraph (A) or (B) to offer additional support, if needed.

(b) The statewide hotline shall maintain contact information for all county-based mobile response systems, based on information provided by counties, for referrals to local services, including, but not limited to, county-based mobile response and stabilization teams.

(c) The department shall ensure that deidentified, aggregated data are collected regarding individuals served through the statewide hotline and county-based mobile response systems and shall publish a report on the department's internet website by January 1, 2022, and annually by January 1 thereafter, in consultation with stakeholders, including, but not limited to, the County Welfare Directors Association of California, the Chief Probation Officers of California, and the County Behavioral Health Directors Association of California. The data shall be collected using automated procedures or other matching

methods mutually agreed upon by the state and county agencies, including, but not limited to, the statewide child welfare automation management system, and shall include all of the following information:

(1) The number of caregivers served through the hotline, separated by placement type and status as a current or former foster caregiver.

(2) The number of current and former foster children or youth served through the hotline, separated by county agency type, current or former foster care status, age, gender, race, and whether the call was made by the caregiver or the child or youth.

(3) The disposition of each call, including, but not limited to, whether mobile response and stabilization services were provided or a referral was made to other services.

(4) County-based outcome data, including, but not limited to, placement stability, return into foster care, movement from child welfare to juvenile justice, and timeliness to permanency.

(d) The department may meet the requirements of this section through contract with an entity with demonstrated experience in working with populations of children or youth who have suffered trauma and with capacity to provide a 24-hour-a-day, seven-day-a-week response that includes mediation, relationship preservation for the caregiver and the child or youth, and a family-centered and developmentally appropriate approach with the caregiver and the child or youth.

(e) The department, in consultation with stakeholders, including current and former foster youth and caregivers, shall do all of the following:

(1) Develop methods and materials for informing all caregivers and current or former foster children or youth about the statewide hotline, including a dissemination plan for those materials, which shall include, at a minimum, making those materials publicly available through the department's internet website.

(2) Establish protocols for triage and response.

(3) Establish minimum education and training requirements for hotline workers.

(4) Consider expanding the statewide hotline to include communication through electronic means, including, but not limited to, text messaging or email.

(f) The statewide hotline shall be operational no sooner than January 1, 2021, and on the same date as the county mobile response system created pursuant to this chapter.

(g) The department shall assist, as needed, the State Department of Health Care Services in exercising its authority pursuant to subdivision (b) of Section 16528.

16528.

(a) The department, in collaboration with the State Department of Health Care Services, and in consultation with the County Behavioral Health Directors Association of California, the County Welfare Directors Association of California, child welfare advocates, providers, current or former foster children or youth, and caregivers, shall issue all necessary guidance for county-based mobile response systems for purposes of this chapter, including, but not limited to, data tracking and claiming of federal funding.

(b) The State Department of Health Care Services may submit a Medicaid state plan amendment, waiver request, or both, in order to maximize federal financial participation in implementing this chapter. The State Department of Health Care Services shall, in submitting a Medicaid state plan amendment or waiver request, consult with the department, the County Behavioral Health Directors Association of California, and the County Welfare Directors Association of California, and consider relevant information from other state systems with mobile response capacity.

(c) To the extent that the Director of Health Care Services determines that federal approval is necessary in order to receive federal financial participation for any portion of the activities to be delivered pursuant to the Family Urgent Response System for which federal funding has been assumed, the implementation of the system shall not occur until the effective date specified in the federal approval obtained by the State Department of Health Care Services. This chapter shall be implemented only to the extent that any necessary federal approvals have been obtained pursuant to subdivision (b) and federal financial participation is available for those activities for which federal funding has been assumed, unless state funds are appropriated in the annual Budget Act to implement these activities.

16529.

(a) County child welfare, probation, and behavioral health agencies, in each county or region of counties as specified in subdivision (d), shall establish a joint county-based mobile response system that includes a mobile response and stabilization team for the purpose of providing supportive services to address situations of instability, preserve the relationship of the caregiver and the child or youth, develop healthy conflict resolution and relationship skills, promote healing as a family, and stabilize the situation.

(b) In each county or region of counties, the county child welfare, probation, and behavioral health agencies, in consultation with other relevant county agencies, caregivers, and current or former foster children or youth, shall submit a single, coordinated plan to the department that describes how the county-based mobile response system shall meet the requirements described in subdivision (c). The plan shall also describe all of the following:

(1) How the county, or region of counties, will track and monitor calls.

(2) Data collection efforts, consistent with guidance provided by the department, including, at a minimum, collection of data necessary for the report required pursuant to subdivision (c) of Section 16527.

(3) Transitions from mobile response and stabilization services to ongoing services.

(4) A process for identifying if the child or youth has an existing child and family team for coordinating with the child and family team to address the instability, and a plan for ongoing care to support that relationship in a trusting and healing environment.

(5) A process and criteria for determining response.

(6) The composition of the responders, including efforts to include peer partners and those with lived experience in the response team, whenever possible.

(7) Both existing and new services that will be used to support the mobile response and stabilization services. County behavioral health departments that operate mobile crisis units may share resources between mobile crisis units and the mobile response system required pursuant to this chapter, at their discretion.

(8) Response protocols for the child or youth in family-based and congregate care settings based on guidelines developed by the department, in consultation with stakeholders, pursuant to Section 16528. The response protocols shall ensure protections for children and youth to prevent placements into congregate care settings, psychiatric institutions, and hospital settings.

(9) A process for identifying whether the child or youth has an existing behavioral health treatment plan and a placement preservation strategy, as described in Section 16010.7, and for coordinating response and services consistent with the plan and strategy.

(10) A plan for the mobile response and stabilization team to provide supportive services in the least intrusive and most child, youth, and family friendly manner, such that mobile response and stabilization teams do not trigger further trauma to the child or youth.

(c) A county-based mobile response system shall include all of the following:

(1) Phone response at the county level that facilitates entry of the caregivers and current or former foster children or youth into mobile response services.

(2) A process for determining when a mobile response and stabilization team will be sent, or when other services will be used, based on the urgent and critical needs of the caregiver, child, or youth.

(3) A mobile response and stabilization team available 24 hours a day, seven days a week.

(4) Ability to provide immediate, in-person, face-to-face response preferably within one hour, but not to exceed 3 hours in extenuating circumstances for urgent needs, or same-day response within 24 hours for nonurgent situations.

(5) Utilization of individuals with specialized training in trauma of children or youth and the foster care system on the mobile response and stabilization team. Efforts should be made to include peer partners and those with lived experience in the response team, whenever possible.

(6) Provision of in-home deescalation, stabilization, and support services and supports, including all of the following:

(A) Establishing in-person, face-to-face contact with the child or youth and caregiver.

(B) Identifying the underlying causes of, and precursors to, the situation that led to the instability.

(C) Identifying the caregiver interventions attempted.

(D) Observing the child and caregiver interaction.

(E) Diffusing the immediate situation.

(F) Coaching and working with the caregiver and the child or youth in order to preserve the family unit and maintain the current living situation or create a healthy transition plan, if necessary.

(G) Establishing connections to other county- or community-based supports and services to ensure continuity of care, including, but not limited to, linkage to additional trauma-informed and culturally and linguistically responsive family supportive services and youth and family wellness resources.

(H) Following up after the initial face-to-face response, for up to 72 hours, to determine if additional supports or services are needed.

(I) Identifying any additional support or ongoing stabilization needs for the family and making a plan for, or referral to, appropriate youth and family supportive services within the county.

(7) A process for communicating with the county of jurisdiction and the county behavioral health agency regarding the service needs of the child or youth and caregiver provided that the child or youth is currently under the jurisdiction of either the county child welfare or the probation system.

(d) (1) Each county shall establish a mobile response system no sooner than January 1, 2021, and on the same date as the statewide hotline created under this chapter.

(2) The county agencies described in subdivisions (a) and (b) may implement this section on a per-county basis or by collaborating with other counties to establish regional, cross-county mobile response systems. For counties implementing this section pursuant to a regional approach, a single plan, as described in subdivision (b), signed by all agency representatives, shall be submitted to the department and a lead county shall be identified.

(3) Funds expended pursuant to this act shall be used to supplement, and not supplant, other existing funding for mobile response services described in this chapter.

(4) A county or region of counties may receive an extension, not to exceed six months, to implement a mobile response system after January 1, 2021, upon submission of a written request, in a manner to be prescribed by the department, that includes a demonstration of actions to implement and progress towards implementation.

(e) The creation and implementation of the Family Urgent Response System shall not infringe on entitlements or services provided pursuant to Title IV-E of the federal Social Security Act (42 U.S.C. Sec. 670 et seq.) or the federal Early and Periodic Screening, Diagnosis and Treatment services (42 U.S.C. Sec. 1396d(r)).

(f) The department, in collaboration with the County Welfare Directors Association of California, the County Behavioral Health Directors Association of California, and the Chief Probation Officers of California, on an annual basis beginning on January 1, 2022, shall assess utilization and workload associated with implementation of the statewide hotline and mobile response and provide an update to the Legislature during budget hearings.

16530.

(a) This chapter shall be inoperative in any fiscal year for which funding is not appropriated in the annual Budget Act for the purpose of complying with the requirements of this chapter.

(b) (1) The implementation of this chapter shall be suspended on December 31, 2021, unless paragraph (2) applies.

(2) If, in the determination of the Department of Finance, the estimates of General Fund revenues and expenditures determined pursuant to Section 12.5 of Article IV of the California Constitution that accompany the May Revision required to be released by May 14, 2021, pursuant to Section 13308 of the Government Code, contain projected annual General Fund revenues that exceed projected annual General Fund expenditures in the 2021–22 and 2022–23 fiscal years by the sum total of General Fund moneys appropriated for all programs subject to suspension on December 31, 2021, pursuant to the Budget

Act of 2019 and the bills providing for appropriations related to the Budget Act of 2019 within the meaning of subdivision (e) of Section 12 of Article IV of the California Constitution, then the implementation of this chapter shall not be suspended pursuant to paragraph (1).

(3) If paragraph (1) applies, it is the intent of the Legislature to consider alternative solutions to facilitate the continued implementation of the program created pursuant to this chapter

Mobile Response System Requirements in Statute

	Mobile response system requirements in statute
FURS covered population: key definitions	<p>“Caregiver” means a person responsible for meeting the daily care needs of a current or former foster child or youth, and who is entrusted to provide a loving and supportive environment for the child or youth to promote their healing from trauma. “Current or former foster child or youth” includes a child or youth adjudicated under Section 300, 601, or 602 and who is served by a county child welfare agency or probation department, and a child or youth who has exited foster care to reunification, guardianship, or adoption. A current or former foster child or youth shall be eligible for services under this chapter until they attain 21 years of age. “Instability” means a situation of emotional tension or interpersonal conflict between a caregiver and a child or youth that may threaten their relationship and may lead to a disruption in the current living situation. “In-home” means the place where the child or youth and caregiver are located, preferably in the home, or at some other mutually agreeable location.</p>
Which agencies are required to establish local mobile response system?	<p>County child welfare, probation, and behavioral health agencies, in each county or region of counties, shall establish a joint county-based mobile response system that includes a mobile response and stabilization team for the purpose of providing supportive services to address situations of instability, preserve the relationship of the caregiver and the child or youth, develop healthy conflict resolution and relationship skills, promote healing as a family, and stabilize the situation.</p>
Hours mobile response must be available and required response times	<p>Local mobile response systems must include: A mobile response and stabilization team available 24 hours a day, seven days a week and able to provide immediate, in-person, face-to-face response preferably within one hour, but not to exceed 3 hours in extenuating circumstances for urgent needs, or same-day response within 24 hours for nonurgent situations.</p>
Mobile response system staffing	<p>Staffing levels aren't specified in statute, but staffing must be sufficient to ensure a team is available 24/7 and able to meet the required response times. Counties must utilize individuals with specialized training in trauma of children or youth and the foster care system on the mobile response and stabilization team. Efforts should be made to include peer partners and those with lived experience in the response team, whenever possible.</p>
Local mobile response system must include the following	<ol style="list-style-type: none"> (1) Phone response at the county level that facilitates entry of the caregivers and current or former foster children or youth into mobile response services. (2) A process for determining when a mobile response and stabilization team will be sent, or when other services will be used, based on the urgent and critical needs of the caregiver, child, or youth. (3) A mobile response and stabilization team available 24 hours a day, seven days a week. (4) Ability to provide immediate, in-person, face-to-face response preferably within one hour, but not to exceed 3 hours in extenuating circumstances for urgent needs, or same-day response within 24 hours for nonurgent situations. (5) Utilization of individuals with specialized training in trauma of children or youth and the foster care system on the mobile response and stabilization team. Efforts should be made to include peer partners and those with lived experience in the response team, whenever possible. (6) Provision of in-home deescalation, stabilization, and support services and supports, including all of the following: <ol style="list-style-type: none"> (A) Establishing in-person, face-to-face contact with the child or youth and caregiver. (B) Identifying the underlying causes of, and precursors to, the situation that led to the instability. (C) Identifying the caregiver interventions attempted. (D) Observing the child and caregiver interaction. (E) Diffusing the immediate situation. (F) Coaching and working with the caregiver and the child or youth in order to preserve the family unit and maintain the current living situation or create a healthy transition plan, if necessary. (G) Establishing connections to other county- or community-based supports and services to ensure continuity of care, including, but not limited to, linkage to additional trauma-informed and culturally and linguistically responsive family supportive services and youth and family wellness resources. (H) Following up after the initial face-to-face response, for up to 72 hours, to determine if additional supports or services are needed. (I) Identifying any additional support or ongoing stabilization needs for the family and making a plan for, or referral to, appropriate youth and family supportive services within the county. (7) A process for communicating with the county of jurisdiction and the county behavioral health agency regarding the service needs of the child or youth and caregiver provided that the child or youth is currently under the jurisdiction of either the county child welfare or the probation system.

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<p>What must be included in single, coordinated plans submitted by a county or region of counties (see also row entitled "Local mobile response system must include the following")</p>	<p>The plan must describe how the county-based mobile response system shall meet the requirements set forth in the row entitled "Local mobile response system must include the following." Additionally, the plan shall also describe all of the following:</p> <ol style="list-style-type: none"> (1) How the county, or region of counties, will track and monitor calls. (2) Data collection efforts, consistent with guidance provided by the department, including, at a minimum, collection of data necessary for the report required pursuant to subdivision (c) of Section 16527. (3) Transitions from mobile response and stabilization services to ongoing services. (4) A process for identifying if the child or youth has an existing child and family team for coordinating with the child and family team to address the instability, and a plan for ongoing care to support that relationship in a trusting and healing environment. (5) A process and criteria for determining response. (6) The composition of the responders, including efforts to include peer partners and those with lived experience in the response team, whenever possible. (7) Both existing and new services that will be used to support the mobile response and stabilization services. County behavioral health departments that operate mobile crisis units may share resources between mobile crisis units and the mobile response system required pursuant to this chapter, at their discretion. (8) Response protocols for the child or youth in family-based and congregate care settings based on guidelines developed by the department, in consultation with stakeholders, pursuant to Section 16528. The response protocols shall ensure protections for children and youth to prevent placements into congregate care settings, psychiatric institutions, and hospital settings. (9) A process for identifying whether the child or youth has an existing behavioral health treatment plan and a placement preservation strategy, as described in Section 16010.7, and for coordinating response and services consistent with the plan and strategy. (10) A plan for the mobile response and stabilization team to provide supportive services in the least intrusive and most child, youth, and family friendly manner, such that mobile response and stabilization teams do not trigger further trauma to the child or youth.
<p>Required participants in the creation of a single, coordinated plan</p>	<p>County child welfare, probation, and behavioral health agencies, in consultation with other relevant county agencies, caregivers, and current or former foster children or youth, shall submit a single, coordinated plan to CDSS.</p>
<p>Submission of single, coordinated plan</p>	<p>County agencies may implement mobile response systems on a per-county basis or by collaborating with other counties to establish regional, cross-county mobile response systems. For counties implementing pursuant to a regional approach, a single plan signed by all agency representatives, shall be submitted to CDSS and a lead county shall be identified.</p>
<p>Data Collection</p>	<p>CDSS shall ensure that deidentified, aggregated data are collected regarding individuals served through the statewide hotline and county-based mobile response systems and shall publish a report on the department's internet website by January 1, 2022, and annually by January 1 thereafter, in consultation with stakeholders, including, but not limited to, the County Welfare Directors Association of California, the Chief Probation Officers of California, and the County Behavioral Health Directors Association of California. The data shall be collected using automated procedures or other matching methods mutually agreed upon by the state and county agencies, including, but not limited to, the statewide child welfare automation management system, and shall include all of the following information: The number of caregivers served through the hotline, separated by placement type and status as a current or former foster caregiver; the number of current and former foster children or youth served through the hotline, separated by county agency type, current or former foster care status, age, gender, race, and whether the call was made by the caregiver or the child or youth; the disposition of each call, including, but not limited to, whether mobile response and stabilization services were provided or a referral was made to other services; and county-based outcome data, including, but not limited to, placement stability, return into foster care, movement from child welfare to juvenile justice, and timeliness to permanency.</p>
<p>No supplantation requirement</p>	<p>Funds expended shall be used to supplement, and not supplant, other existing funding for mobile response services.</p>

Hotline Requirements in Statute

Hotline Requirements in statute	
Entity managing hotline	CDSS may contract with an entity with demonstrated experience in working with populations of children or youth who have suffered trauma and with capacity to provide a 24-hour-a-day, seven-day-a-week response that includes mediation, relationship preservation for the caregiver and the child or youth, and a family-centered and developmentally appropriate approach with the caregiver and the child or youth.
Hours	Must be available 24/7 to respond to calls from a child, youth, or caregiver during moments of instability.
Modes of communication	CDSS in consultation with stakeholders shall consider expanding the statewide hotline to include communication through electronic means, including, but not limited to, text messaging or email.
Education and Training of Hotline Staff	CDSS in consultation with stakeholders must establish minimum education and training requirements for hotline workers. Hotline workers must be trained in techniques for deescalation and conflict resolution telephone response specifically for children or youth impacted by trauma. Staff must have capacity to provide mediation, relationship preservation for the caregiver and the child or youth, and a family-centered and developmentally appropriate approach with the caregiver and the child or youth.
FURS covered population: key definitions	<p>“Caregiver” means a person responsible for meeting the daily care needs of a current or former foster child or youth, and who is entrusted to provide a loving and supportive environment for the child or youth to promote their healing from trauma.</p> <p>“Current or former foster child or youth” includes a child or youth adjudicated under Section 300, 601, or 602 and who is served by a county child welfare agency or probation department, and a child or youth who has exited foster care to reunification, guardianship, or adoption. A current or former foster child or youth shall be eligible for services under this chapter until they attain 21 years of age. “Instability” means a situation of emotional tension or interpersonal conflict between a caregiver and a child or youth that may threaten their relationship and may lead to a disruption in the current living situation.</p>
Triage and Response Protocols	CDSS in consultation with stakeholders must develop hotline triage and response protocols.
Referral to mobile response systems	<p>Referrals to county-based mobile response system for further support and in-person support shall occur as follows:</p> <p>(A) A warm handoff whereby the hotline worker establishes direct and live connection through a three-way call that includes the caregiver, child or youth, and county contact. The caregiver, child, or youth may decline the three-way contact with the county contact if they feel their situation has been resolved at the time of the call.</p> <p>(B) If a direct communication cannot be established pursuant to subparagraph (A), a referral directly to the community- or county-based service and a followup call to ensure that a connection to the caregiver, child, or youth occurs.</p>
24 hour follow up	The hotline worker shall contact the caregiver and the child or youth within 24 hours after the initial call required under subparagraph (A) or (B) to offer additional support, if needed.
Contact info for county mobile response systems	The statewide hotline shall maintain contact information for all county-based mobile response systems, based on information provided by counties, for referrals to local services, including, but not limited to, county-based mobile response and stabilization teams.
Data collection	CDSS shall ensure that deidentified, aggregated data are collected regarding individuals served through the statewide hotline and county-based mobile response systems and shall publish a report on the department’s internet website by January 1, 2022, and annually by January 1 thereafter, in consultation with stakeholders, including, but not limited to, the County Welfare Directors Association of California, the Chief Probation Officers of California, and the County Behavioral Health Directors Association of California. The data shall be collected using automated procedures or other matching methods mutually agreed upon by the state and county agencies, including, but not limited to, the statewide child welfare automation management system, and shall include all of the following information: The number of caregivers served through the hotline, separated by placement type and status as a current or former foster caregiver; the number of current and former foster children or youth served through the hotline, separated by county agency type, current or former foster care status, age, gender, race, and whether the call was made by the caregiver or the child or youth; the disposition of each call, including, but not limited to, whether mobile response and stabilization services were provided or a referral was made to other services; and county-based outcome data, including, but not limited to, placement stability, return into foster care, movement from child welfare to juvenile justice, and timeliness to permanency.
Outreach to educate caregivers, youth, and children re the hotline	CDSS, in consultation with stakeholders, including current and former foster youth and caregivers, shall develop methods and materials for informing all caregivers and current or former foster children or youth about the statewide hotline, including a dissemination plan for those materials, which shall include, at a minimum, making those materials publicly available through CDSS’ internet website.