



# THE COMMUNITY CARE LICENSING DIVISION'S Quarterly Update

FALL 2015

## 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 the Fall Edition of the Children's Residential Quarterly Update**

The Children's Residential Program had a number of bills of interest this legislative year. On October 11, Governor Brown signed Assembly Bill 403, a law that implements the recommendations of the Department's report, [California's Child Welfare Continuum of Care Reform](#), issued earlier this year. AB 403 is a significant milestone in the years-long effort of the Department, lawmakers and stakeholders to comprehensively reform the placement and treatment options for California children in foster care.

The main goals of AB 403 are to ensure that every child in foster care has the opportunity to live in a supportive, home-based environment, and limit the use of congregate care models such as group homes. Group homes as we know them will be largely replaced in the state with Short-Term Residential Treatment Centers (STRTC), facilities that will provide time-limited high quality intensive interventions to stabilize children with high needs until they are ready to transition to a family. STRTC and Foster Family Agencies (FFA) will require mental health certification in order to be

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licensed, a key step toward integrating mental health and child welfare services in California. Foster children will also have "child and family teams" that will support each youth

throughout the placement process and ensure that he or she receives individualized treatment and core services.

AB 403 also modernizes foster parent training programs and furthers the transition of California foster homes to “resource families,” under the Resource Family Approval (RFA) program. FFA will now approve resource families, instead of certifying foster homes. The Resource Family Approval program is currently being implemented in several early implementing counties.

*In other news...*

Established in July 2014, the [Community Care Licensing Division's Transparency Website](#) provides information to consumers,

## Transporting Children

To promote the health and safety of children in care, please review these reminders from the California Highway Patrol (CHP) and the California Office of Traffic Safety for keeping children safe in vehicles.

### **Step 1**

#### *Rear - Facing Seats*

- Infant only or rear-facing convertible seat.
- Newborn to at least one year of age and at least 20 pounds.
- May stay rear-facing longer to maximum rear-facing weight limit of infant or convertible seat.

### **Step 2**

#### *Forward—Facing Seats (with a harness)*

- Convertible or combination seat.
- Children must be at least one year of age and 20 pounds.
- Children should remain in 5-point harness until they reach the top weight or height limit allowed.

stakeholders, and licensees. We have now been posting licensing inspection reports for six (6) months and are receiving positive feedback of its usability and accessibility from users. This website will continue to evolve and we appreciate your ongoing feedback. Planned enhancement includes, but is not limited to, the posting of complaint inspection reports and the documentation of appeals in process.

Finally, California has experienced numerous fires recently that have affected many homes across the state. Please review your emergency plans and ensure staff are aware of the plans, including the need to notify CCL if evacuation is imminent.

### **Step 3**

#### *Booster Seats (high-back or backless)*

Children under eight years of age or under 4’9” in height.

- High-back or boosters must be used when the vehicle does not have a head-rest or if vehicle’s seat back is lower than child’s ears.
- Must be used with lap and shoulder belts.
- Never use with lap belt only.
- Recommended to use until child fits seat belt correctly as described below.

### **Step 4**

#### *Seat Belt*

- Children eight years of age or 4’9” in height are permitted to use a seat belt; however, the seat belt should be checked for proper fit.
- To confirm if a child over eight years old can safely ride in a seat belt alone, all of the following should occur:
- Child can sit with back against vehicle seat back.
- Knees bend naturally over the edge of vehicle seat.

- Lap belt fits low and snug across top of thighs.
- Shoulder belt crosses the collar-bone and center of chest.

A recently updated [California Child Passenger Safety Law Poster \(PUB 269\)](#) with these

recommendations can be found at the Department of Social Services website. For more information on how to install, choose, or use a car seat, or for information in other languages, please visit the [California Highway Patrol](#) or the [California Department of Public Health](#)'s websites.

## Certified Home Background Checks – Foster Family Agency Reminder!

If a certified family applicant discloses on his or her application previous certification or licensure as a foster parent or family home, California Health and Safety Code, Sections 1506.7, 1506.8 and 1506.9 require FFAs to contact the county or state offices that certified or licensed the applicant in the past, and to conduct a reference check. This is a critical safeguard for the children placed by any FFA.

Before certifying an applicant for a certified family home or state licensed home, please feel free to contact [your local Regional Office](#) for any available information about the applicant's prior performance in fostering children or youth.

## Health Insurance Portability and Accountability Act

The Health Insurance Portability and Accountability Act (HIPAA) was passed by Congress in 1996 to accomplish the following:

- Require the protection and confidential handling of protected health information
- Provide the ability to transfer and continue health insurance coverage for millions of American workers and their families when they change or lose their jobs.
- Reduce health care fraud and abuse.
- Mandate industry-wide standards for health care information on electronic billing and other processes.

The HIPAA Privacy regulations require health care providers and organizations, as well as their business associates, to develop and follow procedures that ensure the

confidentiality and security of protected health information (PHI) when it is transferred, received, handled, or shared. This applies to all forms of PHI, including paper, oral, and electronic, etc. Furthermore, only the minimum health information necessary to conduct business is to be used or shared.

[The Department of Health Care Services](#) (DHCS) has an [Office of HIPAA Compliance](#) (OHC) that oversees compliance on all state and federal privacy laws, including those applying to Medi-Cal Beneficiaries.

If you have questions regarding HIPAA compliance, you can contact the OHC at (866) 866-0602, or [privacyofficer@dhcs.ca.gov](mailto:privacyofficer@dhcs.ca.gov).

## Chaptered Legislation

### **Senate Bill (SB) 238 (Mitchell)**

SB 238 amends Health and Safety Code Section 1522.41 and requires DSS, in consultation with specified entities and

stakeholders to develop and provide a monthly report to county child welfare agencies with specific information regarding each child who is prescribed one or more psychotropic

medications. This bill also expands training requirements for caregivers, judges, social workers, and others on issues related to psychotropic medications.

See [SB 238 bill text here.](#)

### **SB 484 (Beall)**

SB 484 amends the Health and Safety Code and Welfare Institutions Code requiring DSS to compile and publish annual data regarding the administration of psychotropic medications to foster youth in group homes and establish a methodology to identify facilities which have levels of psychotropic medication usage by children warranting further review. DSS is also required to conduct annual inspections of identified facilities, and develop performance standards and outcome measures that require group homes to implement alternative programs and services. The bill also puts recordkeeping requirements on group homes related to psychotropic medication.

See [SB 484 bill text here.](#)

### **SB 731 (Leno)**

SB 731 amends the Foster Youth Bill of Rights by adding an additional personal right and adds a requirement that a foster child is to be placed according to his or her gender identity. The bill also requires regulations to implement these provisions.

See [SB 731 bill text here.](#)

### **SB 794 (Committee on Human Services)**

SB 794, in addition to addressing commercially sexually exploited children and other issues in foster care placement, adds new training and staffing requirements pertaining to the reasonable and prudent parent standard (RPPS). The bill was necessary to insure state compliance with federal law which recently amended state requirements for foster care and child welfare services funding.

See [SB 794 bill text here.](#)

**A summary and implementation plan for these chaptered bills will be forthcoming and will be available on the [Community Care Licensing website.](#)**

## Safe Sleep

### **The Facts:**

- The SIDS risk reduction campaign known as “Back to Sleep” or “Safe to Sleep” has reduced the rate of SIDS deaths in California by 29 % from 1999 to 2012.
- Infants can die within one minute when they are unable to breathe.
- A safe sleep environment is an environment that eliminates hazards which may lead to sleep related deaths in infants.

The safe sleep strategies outlined by the American Academy of Pediatrics (AAP) have been incorporated into the National Institute of Child Health and Human Development's (NICHD) expanded public education activities now known as the Safe to Sleep Campaign. Using the success of the former Back to Sleep Campaign, this outreach effort now includes strategies to educate parents, caregivers and

health care providers about ways to reduce the risk of SIDS and other sleep-related infant deaths such as suffocation.

The California State SIDS Advisory Council endorses the AAP recommendations for safe sleep for infants up to one year of age. These recommendations are summarized below.

### **AAP’s Recommendations for Safe Sleep**

1. Always place your baby on his or her back for every sleep time.
2. Always use a firm sleep surface. Car seats and other sitting devices are not recommended for routine sleep.
3. The baby should sleep in the same room as the parents, but not in the same bed (room-sharing without bed-sharing).

4. Keep soft objects or loose bedding out of the crib. This includes pillows, blankets, and bumper pads.
5. Do not allow smoking around a baby.
6. Breastfeeding is recommended.
7. Offer a pacifier at nap time and bedtime.
8. Avoid covering the infant's head or overheating.
9. Do not use home monitors or commercial devices marketed to reduce the risk of SIDS.
10. Supervised, awake tummy time is recommended daily to facilitate development and minimize the occurrence of positional plagiocephaly (flat heads).

**For more information:**

- [California SIDS Program](#)
- [AAP HealthyKids.org SIDS Page](#)
- [National Institute of Child Health and Human Development, NIH](#)
- [CA Department of Public Health SIDS Program](#)



## Children and Trauma

Children sense the anxiety and tension in adults around them. Children also experience feelings of helplessness and lack of control that trauma related stress can bring about. Unlike adults, children have very little experience to help them place their current situation into perspective. Children respond differently to tragedy, depending on his or her understanding and maturity. Younger children will interpret the tragedy as a personal danger to themselves and those they care about. Whatever the child's age, it is important to encourage children to talk about it.

### **Quick Tips**

- Children need comforting and frequent reassurance that they are safe.
- Be honest and open about the tragedy, disaster, or issues that brought them into care.
- Encourage children to express their feelings through talking, drawing or playing.
- Try to maintain daily routines as much as possible.
- Preschoolers may begin bed-wetting, thumb sucking, baby talk, or they might be

afraid to sleep alone. They may complain about having stomach cramps or headaches. Keep in mind these children are not "being bad" they are afraid.

During the day, you can assist children with this by:

- Reassuring they are in a safe place. Allow children to call someone they trust and comfort the child.
- Understanding the child's feelings about the trauma. Discuss particular fears and concerns. Answer all questions they may ask.
- Structure children's play so that it remains constructive, serving as an outlet for them to express fear and anger.

Learn more about [Parenting Children Who Have Experienced Trauma](#) and other topics relevant to raising foster children and youth at the [Child Welfare Information Gateway](#), an online informational resource hosted by the [U.S. Department of Health and Human Services, Administration for Children and Families](#).



## Bed Bugs

Bed bug infestations have been found in Children's Residential facilities throughout California. Licensees are required to report bed bug infestation as a reportable event to their local licensing office.

Bed bugs are flat, oval, reddish-brown wingless insects about quarter of an inch (1/4") long. Adult bed bugs can resemble wood ticks. Young bed bugs (or nymphs) are much smaller, about one-sixteenth of an inch (1/16") and are nearly colorless, but become bright red after feeding. Bed bugs cast off their shells as they grow from one stage to the next, and deposit black spots of feces near the feed site or where they hide. Bed bugs can live in furniture such as couches, easy chairs, dressers, and night tables, as well as electronic devices such as alarm clocks and radios.

Bed bug bites will cause red, raised, itchy reactions on the skin. Scratching bed bug bites can lead to secondary skin infections. Some individuals report significant psychological distress, disruption of sleep, nervousness, and agitation when dealing with a bed bug infestation.

The California Department of Public Health (CDPH) suggests that when confronted with a bed bug infestation, facilities should work with

a pest control operator to take aggressive treatment actions against the infestation. Licensed pest control operators and/or companies should always provide proof of their licensure on request. Visit or call the California Department of Consumer Affairs, [Structural Pest Control Board](#) to confirm that the company is certified. To assist licensees and providers with resource information on the procedures to control active bed bug infestations, minimize the spread of infestation, and prevent future infestations, CDPH provides a "[Bed Bug Fact Sheet](#)" resource tool. Additional resource information may also be found at the website for the [Centers for Disease Control and Prevention](#).

Licensees confronting this problem are not alone. The market for consumer products to help control bed bug infestations is growing. Now available to eliminate any bed bugs, for example, are the following:

- "Thermal Dots," which register when a fabric has reached a 120 degrees Fahrenheit, which is the lethal temperature for bed bugs and their eggs.
- "Heat Boxes" or "Heat Chambers" into which clothing, bedding, pillows, etc. can be placed and heated to the bed bug lethal temperature.

## Mandated Reporter Regulations and Training

Knowing and fulfilling your responsibilities as a mandated reporter can help stop child abuse. In an effort to educate more people, the [Child Abuse Mandated Reporter Training Project](#) was created. The project is funded by the California Department of Social Services (CDSS), Office of Child Abuse Prevention (OCAP) and has been modified by the

[Chadwick Center for Children and Families at Rady Children's Hospital - San Diego](#). The goal of this project is to have free training available for mandated child abuse reporters so they may carry out their responsibilities properly. The training is available [online](#). This training will count towards training requirements for children's residential facilities

and homes. The CDSS online mandated reporter training is self-paced and provides an overview of definitions, requirements, and protections of the California Child Abuse and Neglect Reporting Act. When you take the online training, you will learn:

- How the law defines child abuse and neglect
- What the law requires of you as a mandated reporter
- What protections the law provides for you as a mandated reporter

## Psychotropic Medication

There is significant concern at the federal, state, and county levels over the use of psychotropic medications for foster care youth. Research data has indicated that youth in foster care, particularly foster youth in group homes, are prescribed and using psychotropic medications at disproportionate rates as compared to non-foster care youth.

The Psychotropic Medication Quality Improvement Project (QIP) was initiated in 2012 to address these growing concerns. The QIP is a multi-agency collaborative project aimed at improving the health and experience of youth in foster care. The QIP's mission is to improve the health of children and youth in foster care, with the focus of improving the oversight and monitoring of psychotropic medication use as outlined in the provisions of the Child and Family Services Improvement and Innovation Act of 2011, as required by State IV-B agencies, as part of their Health Care Coordination and Oversight Plan. More information regarding the guidelines on the use of psychotropic medications with foster care youth is available in the [California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care](#).

For further information on the QI Project and improving safety for youth in foster care receiving psychotropic medications, you may

- How to spot evidence of child abuse
- How to report child abuse
- What happens after a report is filed

It takes approximately three to four hours to complete the training. You will receive a certificate to print out when you successfully complete each training module. Remember, not knowing your responsibility to report is not an excuse. You can still be held criminally and civilly liable.

refer to the following All County Information Notices (ACIN): [ACIN I-69-13](#), [ACIN I-30-15](#), and [ACIN I-36-15](#).

The Youth Family Education Workgroup, in consultation with DHCS and stakeholders, developed the following resources to assist with training, education and empowerment of youth and caregivers:

- [Questions to Ask About Medications](#) - a document to help parents and caregivers improve their skills and knowledge about side effects and adverse symptoms related to medications.
- [Foster Youth Mental Health Bill of Rights](#) - a document to educate youth, parents, and caregivers about the rights of a foster youth as they pertain to psychotropic medications.

The CDSS continues to encourage county child welfare, probation, stakeholders and other helping professionals working with foster youth to share these resources with foster youth and caregivers.

For questions regarding best practices for psychotropic medication use for children and youth in foster care or the Psychotropic Medication Quality Improvement Project, please contact Lori Fuller, Manager of the Placement Services and Support Unit at [Lori.Fuller@dss.ca.gov](mailto:Lori.Fuller@dss.ca.gov).

## Foster Care Ombudsman - Who We Are Working For

The Foster Care Ombudsman Office (FCO) shares the following stories to highlight the important work that they do:

I spent 7 years of my life in the foster care system, and spent a majority of my time in group home placements. I was in a total of 7 group homes, 3 foster homes and 3 residential facilities. My passion for advocacy comes from witnessing my own rights as well as other youth's being repeatedly violated. I vowed that I would make this system better for any other child that has to be an unfortunate participant. I currently attend Sacramento State University with a Social Work major and minor in Public Policy. The FCO has opened many doors for me and has taught me much about advocacy. I wouldn't be the person I am today without the FCO. ~CHRISTINA

When I was 14 years old, I became the sole caregiver for my siblings. My parent was not able to care for them and often disappeared for periods of time. We eventually were placed in foster care. My siblings were returned to my mother; but I remained in foster care. I soon learned that my mother was not caring for my siblings like before. I started to skip school so that I could care for them. By the time my foster mother discovered that I was missing classes and caring for my siblings, it was too late, because I was already almost 18 years old and didn't have sufficient credits to graduate. I struggled after emancipation, and even became homeless. I'm now attending Sacramento City College with the goal to work with young children. Working in the FCO office is a great opportunity to inspire other foster children and youth to "Never Give Up"! ~DOMINIQUEA

When I was 6 years old, my siblings and I were pulled from my family and placed into the foster care system. At first we were placed with our Godmother, which was like family, but she died and then we were moved into foster homes. I endured an extreme amount of mistreatment and when I was 15 years old I ran away from the foster home and bounced around in the system until I was placed in a truly loving foster home. I'm still connected to the foster parents. I'm graduating from Sacramento City College and will be attending Sacramento State with a goal of obtaining my Masters in Social Work. I have learned over my years that the foster care system has many flaws. I learned that I want to help those that have and will grow up in foster care and I hope to make things better for them. ~SAMMY

I grew up as a very poor child before I entered into the foster care system. My family was homeless for a number of years. I have slept many places that a child should never have to sleep, such as parks, church steps, run-down motels and cars. I was torn away from my family at the age of 12 and thrown into over 5 foster homes over my 7 years in the system. Most of the homes I lived in only valued me as a steady paycheck; they did not see any potential in me. My parents were eventually able to successfully address their issues, and get their life together. After leaving foster care, my siblings and I are now back living with our parents. I knew that foster care would be a temporary situation and that life would get better for me as long as I stayed focused on my future goals and I have been attending college with the goal of obtaining a BA in Journalism. I also volunteer with various organizations and have been an active member of the California Youth Connection and also volunteer with the Foster Youth Education Fund's Annual Fashion Show. I continue to work to improve the lives of foster children and youth, because I know how it feels to be separated from family. ~MAHOAGANY

## 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 Program	916-654-1541

## 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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