

August 6, 2020

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**EXECUTIVE SUMMARY**

**ALL COUNTY LETTER NO. 20-89**

The purpose of this All-County Letter is to inform county child welfare agencies, juvenile probation departments and behavioral/mental health agencies of Section 107 of Senate Bill 80 (Statute of 2019) establishing the Family Urgent Response System for Caregivers and Children or Youth and to clarify the various tasks required to establish a Family Urgent Response System.



**KIM JOHNSON**  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
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**GAVIN NEWSOM**  
GOVERNOR

August 6, 2020

ALL COUNTY LETTER (ACL) NO. 20-89

TO: ALL COUNTY WELFARE DIRECTORS  
ALL CHIEF PROBATION OFFICERS  
ALL COUNTY MENTAL HEALTH DIRECTORS  
ALL INDEPENDENT LIVING PROGRAM MANAGERS  
ALL INDEPENDENT LIVING PROGRAM COORDINATORS  
ALL FOSTER CARE MANAGERS  
ALL TITLE IV-E AGREEMENT TRIBES  
ALL TRANSITIONAL HOUSING COORDINATORS

SUBJECT: IMPLEMENTATION REQUIREMENTS TO ESTABLISH A FAMILY URGENT RESPONSE SYSTEM (FURS) FOR FOSTER CAREGIVERS AND CHILDREN OR YOUTH

REFERENCE: [ASSEMBLY BILL \(AB\) 79, \(CHAPTER 11, STATUTES OF 2020\)](#); [SENATE BILL \(SB\) 80 \(CHAPTER 5.4, STATUTES OF 2019\)](#); [\(AB\) 403 \(CHAPTER 773, STATUTES OF 2015\)](#)

## **PURPOSE**

The purpose of this ACL is to inform county child welfare agencies, juvenile probation departments, and behavioral/mental health agencies about the Family Urgent Response System for Caregivers and Children or Youth originally enacted through Section 107 of Senate Bill 80 (Statute of 2019) and amended by Assembly Bill 79 (Statutes of 2020). Further, this letter clarifies the various tasks required to establish a statewide FURS in California.

## **OVERVIEW**

The FURS is defined as 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.

The FURS builds upon the Continuum of Care Reform<sup>1</sup> and the state's recent System of Care<sup>2</sup> development, in order to provide current and former foster youth and their caregivers with immediate, trauma-informed support when they need it. FURS is intended to have multiple positive effects on the lives of children and youth and caregivers, including:

- Preventing placement disruptions and preserving the relationship between the child or youth and their caregiver;
- Preventing the need for a 911 call or law enforcement involvement and avoiding the criminalization of traumatized youth;
- Preventing psychiatric hospitalization and placement into congregate care; and
- Promoting healing as a family.

The FURS does not infringe on entitlements or services provided through the Early and Periodic Screening, Diagnosis and Treatment program.

To ensure that families are aware of FURS, the California Department of Social Services (CDSS) is working with stakeholders to develop a plan, including materials, for informing all caregivers and current or former foster children or youth about the statewide hotline. The materials developed by the group will, at a minimum, be publicly available on the CDSS website.

The CDSS will ensure that deidentified, aggregated data are collected regarding individuals served through the statewide hotline and county-based mobile response systems and will publish a report on the department's internet website by January 1, 2022, and annually by January 1 thereafter, in consultation with stakeholders.

The CDSS, 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, will assess utilization and workload associated with implementation of the statewide hotline and mobile response systems and provide an update to the Legislature during budget hearings.

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<sup>1</sup> [\(AB\) 403 \(CHAPTER 773, STATUTES OF 2015\)](#) and [AB 1997 \(CHAPTER 612, STATUTES OF 2016\)](#)

<sup>2</sup> [AB 2083 \(CHAPTER 815, STATUTES OF 2018\)](#)

## **REQUIREMENTS**

### **Key Definitions**

The legislation sets forth the following key definitions related to FURS:

A “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.” Caregiver is defined broadly and includes individuals beyond a parent who are acting in a caregiving role.

“Current or former foster child or youth” is defined to include “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.” There is no time restriction on when an exit must have occurred for a former foster youth. For example, a 17-year-old former foster youth adopted, reunified, or appointed a legal guardian at 2 years old can still access FURS.

“Instability” is defined as “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.” Instability is defined broadly to include situations in which the child, youth, or caregiver feel they need support and does not require the child or youth to be the presenting problem or for the situation to rise to the level of a mental health crisis.

“In-home” is defined as “the place where the child or youth and caregiver are located, preferably in the home, or at some other mutually agreeable location.”

“Mobile response” is defined as “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.”

### **Statewide Hotline**

The CDSS is tasked with establishing a statewide, toll-free hotline available 24 hours a day and seven days a week in order to effectively engage caregivers and children and youth currently or previously in the foster care system who are experiencing tension or conflict in their relationships, emotional distress or behavioral or other difficulties that

may threaten their relationships. Using the essential principles, values and practice behaviors elucidated within the state's Integrated Core Practice Model for Children Youth and Families, the statewide hotline will be staffed with operators trained in conflict resolution and de-escalation techniques for children and youth impacted by trauma. Operators will provide immediate assistance over the phone to help defuse conflict and to provide focused engagement and assessment to make a referral to the county mobile response system for further support.

State hotline staff will also be trained on risk assessment which will enable the hotline worker to provide the most appropriate de-escalation and conflict resolution to the family and to provide the relevant information to the County Mobile Response Team during the warm hand-off, including information regarding the recommended level of response, when appropriate. Counties will develop coordinated plans, which should consider various circumstances to determine the appropriate composition of the responders for the county mobile response teams.

It should be noted that referrals from the hotline will be routed to counties based on the location where the face-to-face mobile response services are needed and not based on the county of jurisdiction. For example, if a child or youth has been placed out of county by the placing agency, the statewide hotline will route the call to the host county mobile response team and will not route the call to the county of original jurisdiction.

When a referral to the county mobile response system for in-person support is made:

- The hotline worker will seek to engage each caller to establish a direct and live connection through a three-way call that includes the hotline worker, caregiver, child or youth, and the county's mobile response contact in order to conduct a "warm handoff" to the mobile response system. The warm handoff allows for the transfer of information between the statewide hotline and the mobile response system without requiring the family to repeat information or undergo a second triage process. 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.
- If a direct communication cannot be established, the hotline worker will make a referral directly to the community- or county-based service and a follow-up call to ensure that a connection to the caregiver, child, or youth occurs. When the call involves a child or youth who is a member of an Indian tribe, a Tribal agency or service provider may be an appropriate support. Additionally, an involved Foster Family Agency (FFA) may be an appropriate support if it provides case management, conflict resolution and support to their resource parents.
- The hotline worker will contact the caregiver and the child or youth within 24 hours after the initial call to offer additional support, if needed.

The statewide hotline will 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. The department may establish the hotline 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.

### **County Mobile Response Systems**

County child welfare, probation, and behavioral/mental health agencies, in each county or region of counties, are required to establish a joint county-based mobile response system that includes a mobile response and stabilization team. This team will provide face-to-face, in home response on a 24 hours per day, seven days a week basis to provide 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. Counties may collaborate with other counties to establish regional, cross-county mobile response teams, in close partnership with their county mental health crisis services.

County mobile response systems should utilize the information provided by the statewide hotline during the warm handoff to determine how to respond and, when a mobile response and stabilization team will be sent. For example, not every circumstance that requires in-person mobile response will warrant mental health or substance use disorder treatment/services. The single, coordinated plans for mobile response systems, discussed in more detail below, will describe the process and criteria for determining mobile response, including the various circumstances and levels of intensity that determines the composition of the responders.

Mobile response systems should avoid conducting a new triage process before providing in-person response to meet with the caregiver and child or youth unless new information is offered that indicates a different response may be needed. For example, if the youth and caregiver state they no longer want in-person support or the situation changes, or if a family is requesting to schedule a response and there are no safety concerns, then mobile response teams can work with families to determine the timing of the response and the responding team members.

Mobile response systems must be prepared and able to provide immediate, in-person support 24 hours per day, seven days per week, including during normal business hours. While a social worker, probation officer, or other provider may be involved with

the child, youth, or caregiver, those individuals may not be able to respond immediately and/or the caregiver, child, or youth may have contacted the statewide hotline because they wanted support from someone else. The single, coordinated plan must describe how the mobile response system should coordinate, as appropriate, with other involved professionals, such as FFAs and Tribal agencies, to support the family. FURS does not eliminate the responsibilities of FFAs which will continue to provide case management, conflict resolution and support to their licensed foster/resource parents, as contracted. The system should inform caregivers, children, and youth that resources are also available to them and can be utilized if future situations of instability arise.

There is no requirement that children or youth be living in a family-based setting in order to receive mobile response services. The CDSS is working with stakeholders to develop guidelines to ensure children and youth residing in congregate care facilities do not face any negative repercussions for requesting support through FURS. Additional policy guidance will be developed jointly between Department of Health Care Services (DHCS) and CDSS related to claiming considerations for which a child or youth is residing in a Short-Term Residential Therapeutic Program (STRTP) or home-based setting and presumptive transfer has been waived.

In addition to providing trauma-informed, in-person support, mobile response teams will be expected to provide the family with a plan of action to address identified additional support or ongoing stabilization needs and connect them to needed ongoing services through the existing local network of care service systems. County-based mobile response systems may be temporarily adapted to address circumstances associated with COVID-19, consistent with the Governor's Proclamation of a State of Emergency, issued on March 4, 2020.

A county-based mobile response system must include the following:

- 1) Live phone response at the county level that facilitates entry of the caregivers and current or former foster children or youth into mobile response services from the statewide hotline;
- 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 three 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 de-escalation, 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 developing a plan for, or referral to, appropriate youth and family supportive services within the county. Supportive services may also be available through community-based organizations, FFAs, or tribal agencies.
- 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.

### **Single, Coordinated Plans for Mobile Response Systems**

In each county or region of counties, the county child welfare, probation, and behavioral/mental health agencies, in consultation with other relevant county agencies, tribal representatives, caregivers, and current or former foster children or youth, are required to submit a single, coordinated plan to CDSS that describes how the county-based mobile response system will meet the requirements outlined in the County Mobile Response System section of this letter and 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 CDSS including, at a minimum, collection of data necessary to evaluate county-based outcomes such as placement stability, rate of return into foster care, movement from child welfare to juvenile justice, and timeliness to permanency;

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 so that efforts can be coordinated to address the instability, and a plan can be made for ongoing care to support that relationship in a trusting and healing environment;
5. A process and criteria for determining responses;
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. At their discretion, county behavioral health departments that operate mobile crisis units may share resources between mobile crisis units and the mobile response system required pursuant to FURS.
8. Response protocols for the child or youth in family-based and congregate care settings based on guidelines developed by CDSS, in consultation with stakeholders. The response protocols shall ensure protections for children and youth to minimize use of congregate care settings, psychiatric institutions, and hospital settings;
9. A process for identifying whether the child or youth has an existing mental health treatment plan and a placement preservation strategy through child welfare or probation, and for coordinating response and services consistent with the plan and strategy; and
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.

The single, coordinated plan shall be signed by representatives from the county child welfare, probation, and behavioral agencies. Counties implementing a regional approach shall submit a single plan signed by all agency representatives and identify a lead county.

When counties are developing their single, coordinated plans, they should keep in mind that FURS is intended to provide immediate, trauma-informed support to current and former foster youth and their caregivers in a broad array of circumstances in order to improve child and youth and family outcomes, improve retention of current foster caregivers, help maintain children and youth in their current living situations, improve the trust and relationship between the child or youth and their caregiver, connect children or youth and their caregivers to existing services in their communities, and provide children and youth and caregivers with the tools that they need to heal from trauma and to thrive. Fulfilling the primary objectives of FURS by providing immediate,

in-person support during situations of instability, closes the gap for families experiencing conflict that previously had nowhere to turn and provides a trauma-informed alternative for families who may have previously resorted to calling 911 or law enforcement.

A FURS mobile response necessitates an approach that focuses on de-escalation, problem solving, and relationship preservation. While the response may, at times, require behavioral health support or lead to a county mental health crisis intervention, other times a behavioral health response may not be warranted. A child or youth does not need to meet any clinical criteria in order for the caregiver, child, or youth to receive a mobile response through FURS. This is an important distinction for counties to recognize, consider and address in their Mobile Response Plans, especially when implementing a plan that utilizes shared resources from existing programs.

### **TIMELINES FOR PROGRAM IMPLEMENTATION**

County Mobile Response System plans (or request for extension, as described in the following section) must be provided to the CDSS on or before November 15, 2020. Plans must be submitted to the FURS mailbox at [FURS@dss.ca.gov](mailto:FURS@dss.ca.gov). Once submitted, CDSS will review the single, coordinated plan of each county or region of counties for completeness and provide feedback and technical assistance as needed.

The Mobile Response Systems and Statewide Hotline are required to be implemented no sooner than January 1, 2021. The statewide hotline may operate sooner than January 1, 2021 or prior to all counties creating a mobile response system, as long as each county has notified the Department that they satisfy one of the following requirements:

- (A) County has an existing mobile response system that meets the requirements outlined in this letter; or
- (B) County has an alternative method to accept and respond to referrals from the statewide hotline pending the establishment of the county mobile response system.

### **Process for Requesting an Extension for Mobile Response System Implementation**

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. Although an extension may be requested, the Department does not intend to extend the launch date for the statewide hotline. Therefore, counties requesting an extension need to develop an interim plan to address FURS Statewide Hotline referrals to the county for a Mobile Response until the county or region of counties fully implements their Mobile Response

System. Request for extensions must be submitted in writing to CDSS at [FURS@dss.ca.gov](mailto:FURS@dss.ca.gov), and must include the following information:

- Explanation for the requested extension
- Demonstration of actions thus far to implement Mobile Response System
- Progress toward implementation of the Mobile Response System
- Alternative method for accepting and responding to referrals from the FURS Statewide Hotline pending the establishment of a Mobile Response System; and
- Plan for completing implementation of the Mobile Response System by July 1, 2021

In order to be granted, requests for extension must demonstrate that actions have been taken and progress has been made towards implementation and that the county or region of counties has developed an appropriate interim plan to address referrals for mobile response services and supports.

The Fiscal Year 2020-21 state budget allocated \$30 million for FURS infrastructure-building, start-up costs and implementation of the statewide hotline and the County Mobile Response Systems. The allocations and instructions to counties for funding of the Mobile Response Systems, including claiming of federal funding, will be issued in a forthcoming County Fiscal Letter.

The Department will issue additional guidance regarding FURS implementation as needed, including guidance regarding the composition and training requirements of statewide hotline staff, recommendations regarding the composition and training requirements for mobile response systems, and the development of methods and materials for informing all caregivers and current or former foster youth about the statewide hotline.

If you have any questions concerning this letter, please contact the Placement Services and Support Unit, at (916) 657-1858, or by emailing [FURS@dss.ca.gov](mailto:FURS@dss.ca.gov).

Sincerely,

***Original Document Signed By***

GREGORY E. ROSE  
Deputy Director  
Children and Family Services Division