**FFPSA: Advocacy and Enforcement Template Letters**

  
Over the last several years, California’s youth-serving systems have undergone major reforms to create a more family-centered approach to serving children and their families. The Continuum of Care Reform (CCR) and the Family First Prevention and Services Act (FFPSA) are two such reforms that brought a host of changes to California law. These and other reforms aim to “reduce reliance on group homes as a long-term placement setting by narrowly defining the purpose of group care, and by increasing the capacity of home-based family care to better address the individual needs of all children, youth, and caregivers.”[[1]](#footnote-1) Ultimately, the goal is for every child to be permanently living with a committed, nurturing family.

Law reform is just the beginning of any meaningful change, and significant efforts to implement the new laws and alter standard practices must follow. This work is important for all young people, but it is particularly critical for young people who have typically been categorized as “high-need” or “hard to place.” Realizing the goal for these youth will take not only additional resources but also significant and creative technical assistance to counties. To that end, a host of new “Complex Care” supports and forms of assistance have been put into place to help develop innovative, highly individualized service models to ensure young people are always in the least restrictive placement and with family whenever possible. More information about these supports is available in the California Department of Social Services’ Complex Care Resource Guide at <https://www.cdss.ca.gov/Portals/9/CCR/Complex-Care-Guide-031122.pdf>.

While these resources are available for use by all county welfare agencies and probation departments, they are not yet widely known or understood. Advocates should familiarize themselves with the resources available and make specific requests for these services, and when possible should make requests in writing to develop a record. In order to assist attorneys and advocates in making these requests, we are providing the following templates that can be easily filled out to make youth-specific requests for these new services:

* [Request for a CFT to Develop Service and Placement Options](#Letter1)
* [Request for a CFT to Develop Placement Preservation Strategies](#Letter2)
* [Request for Family Finding and Engagement Services](#Letter3)
* [Formal Request for a Referral to Daley Solutions for Micro-Targeted Digital Resource Family Recruitment](#Letter4)
* [Request for a Referral for a Consultation from the UC Davis Health Team](#Letter5)
* [Request to Take Part in the QI Assessment Process](#Letter6)
* [Request that the County Request an Enhanced Rate to Fund an Innovative Model of Care](#Letter7)
* [Request that the County Make a Child Specific Request for Exceptional Needs](#Letter8)

[DATE]

[NAME OF COUNTY & DEPARTMENT]

Attn: [CONTACT NAME]

[ADDRESS LINE 1]

[ADDRESS LINE 2]

[EMAIL ADDRESS]

Re: Request for a CFT to Develop Service and Placement Options

Dear [CONTACT NAME],

I am making a formal request on behalf of my client, [CLIENT NAME], that [COUNTY NAME] County convene a CFT meeting to address service and placement options. I am also requesting that you ask for consultation from the Catalyst Center and that a representative from the Catalyst Center be invited to the CFT meeting. The Catalyst Center has been funded by CDSS to provide this type of assistance to the counties and can be reached at 1-833-99YOUTH (999-6884) or by email at [youth@catalyst-center.org](mailto:youth@catalyst-center.org).

I hope as a result of this meeting we can identify a family-based setting and services for my client and consider the following options:

[DELETE this line and edit the following list below as appropriate to your request:]

* In-home services
* Pathway to Wellbeing Wraparound
* Therapeutic Foster Care
* Intensive case management
* Family finding
* Child-specific request for exceptional needs
* Assistance with resources recruiting through Daley Solutions
* Case consultation from the Resource Center for Family-Focused Practice to assist with identifying permanency services

Sincerely,



[SIGNER NAME]

[SIGNER CONTACT PHONE]

[SIGNER CONTACT EMAIL]

[DATE]

[NAME OF COUNTY & DEPARTMENT]

Attn: [CONTACT NAME]

[ADDRESS LINE 1]

[ADDRESS LINE 2]

[EMAIL ADDRESS]

Re: Request for a CFT to Develop Placement Preservation Strategies

Dear [CONTACT NAME],

I am requesting on behalf of my client, [CLIENT NAME] that [COUNTY NAME] County convene a CFT meeting immediately to develop placement preservation strategies. These strategies are to be developed in consultation with the Child and Family Team pursuant to WIC 16010.7 and [ACL 19-26](https://www.cdss.ca.gov/Portals/9/ACL/2019/19-26.pdf?ver=2019-05-13-154257-380).

Sincerely,



[SIGNER NAME]

[SIGNER CONTACT PHONE]

[SIGNER CONTACT EMAIL]

[DATE]

[NAME OF COUNTY & DEPARTMENT]

Attn: [CONTACT NAME]

[ADDRESS LINE 1]

[ADDRESS LINE 2]

[EMAIL ADDRESS]

Re: Request for Family Finding and Engagement Services

Dear [CONTACT NAME],

I am requesting that a referral be made for family finding and engagement for my client, [CLIENT NAME], pursuant to WIC 309 (e)(1). If a referral has already been made, or within 30 days of a referral being made, I am requesting a meeting to learn the status of family finding and engagement.

At the meeting, I hope we can discuss the following:

[DELETE this line and edit the following list below as appropriate to your request:]

* What technology was used to complete family finding?
* How many relatives were identified using technology?
* How many relatives were identified reviewing the case file?
* How many relatives were identified after speaking with my client and other family members?
* Was a genogram completed?
* How many relatives and kin have been identified?
* How have the identified relatives been engaged?
* What is the status of the responses of the relatives identified?
* What support was offered to each family member identified?
* What opportunities to provide support to my client and their family were offered?

Sincerely,



[SIGNER NAME]

[SIGNER CONTACT PHONE]

[SIGNER CONTACT EMAIL]

[DATE]

[NAME OF COUNTY & DEPARTMENT]

Attn: [CONTACT NAME]

[ADDRESS LINE 1]

[ADDRESS LINE 2]

[EMAIL ADDRESS]

Re: Request for a Referral to Daley Solutions for Micro-Targeted Digital Resource Family Recruitment

Dear [CONTACT NAME],

I am writing to make a formal request for a referral for my client, [CLIENT NAME] to Daley Solutions so that they can do micro-targeted digital recruiting.  I believe this referral is needed to ensure that my client makes progress to achieving permanency and is placed in the least restrictive setting. The referral for the services, which are funded by CDSS, can be found here: <https://resourceparents.us/cdss-recruitment-application/>.

Sincerely,



[SIGNER NAME]

[SIGNER CONTACT PHONE]

[SIGNER CONTACT EMAIL]

[DATE]

[NAME OF COUNTY & DEPARTMENT]

Attn: [CONTACT NAME]

[ADDRESS LINE 1]

[ADDRESS LINE 2]

[EMAIL ADDRESS]

Re: Request for a Referral for a Consultation from the UC Davis Health Team

Dear [CONTACT NAME],

I am making a formal request that [COUNTY NAME] County refer my client, [CLIENT NAME] for a consultation from the UC Davis Health Team.

My client has or may have one of the following challenges: [ADD DETAILS HERE BASED ON THE FACTS OF THE CASE, e.g. a neurodevelopmental disorder and psychiatric comorbidity, including autism, ADHD, traumatic brain injury, PTSD, and depression.]

[IF YOU HAVE A SENSE OF THE SPECIFIC ASSISTANCE YOU NEED, include that information in this paragraph (or omit it if you do not), e.g., chart and file review, review of psychological testing and other assessments, participation in a planning meeting, diagnostic clarification and specific recommendations, and/or specific therapy and service recommendations.]

I believe this consultation is needed to develop appropriate service and placement options for my client and to promote placement stability, permanency, and well-being. A referral can be made at <https://docs.google.com/document/d/1syl9bBIR3QgoL6S9W8ngUAbeHNzi4eLk/edit>.

Sincerely,



[SIGNER NAME]

[SIGNER CONTACT PHONE]

[SIGNER CONTACT EMAIL]

[DATE]

[NAME OF COUNTY & DEPARTMENT]

Attn: [CONTACT NAME]

[ADDRESS LINE 1]

[ADDRESS LINE 2]

[EMAIL ADDRESS]

Re: Request to Take Part in the QI Assessment Process

Dear [CONTACT NAME],

I am writing to ask that you help me arrange a meeting with the QI or convene a CFT including the QI so that the case planning team can understand the assessment process and provide input. This is necessary to ensure that the assessment is comprehensive and helpful in identifying the appropriate services and support for my client, [CLIENT NAME].

The QI assessment should be done in accordance with [ACL 21-113](https://www.cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/2021/21-113.pdf?ver=2021-10-06-134855-840), should include the CFT team, and should seek to gather relevant information about the youth that can help determine the needs of the youth and the options for care and placement. At the meeting, I am hoping we can discuss whether there are family-based options for my client, including, but not limited to: therapeutic foster care, Enhanced Intensive Services Foster Care, and an Enhanced STRTP for one or two people.

Please let me know if you are able to convene a meeting as soon as possible.

Sincerely,



[SIGNER NAME]

[SIGNER CONTACT PHONE]

[SIGNER CONTACT EMAIL]

[DATE]

[NAME OF COUNTY & DEPARTMENT]

Attn: [CONTACT NAME]

[ADDRESS LINE 1]

[ADDRESS LINE 2]

[EMAIL ADDRESS]

Re: Request that the County Request an Enhanced Rate to Fund an Innovative Model of Care

Dear [CONTACT NAME],

I am writing to request that the County submit a request pursuant to AB 2944 and [ACL 22-21](https://www.cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/2022/22-21.pdf?ver=2022-03-10-144744-350) for an enhanced rate to support an Innovative Model of Care (IMC) for my client, [CLIENT NAME], so that they can be in a family-based setting. I believe my client would benefit from services that may include: an intensive child-to-staff ratio, intensive clinical supports and care coordination, home-based services, and wraparound. To develop the proposal for funding, I am requesting that the County convene a CFT meeting and work with me, the CFT members, and technical assistance providers to develop a plan for care, which may include an IMC, and submit a request for funding.

Sincerely,



[SIGNER NAME]

[SIGNER CONTACT PHONE]

[SIGNER CONTACT EMAIL]

[DATE]

[NAME OF COUNTY & DEPARTMENT]

Attn: [CONTACT NAME]

[ADDRESS LINE 1]

[ADDRESS LINE 2]

[EMAIL ADDRESS]

Re: Request that the County Make a Child Specific Request for Exceptional Needs

Dear [CONTACT NAME],

I am writing to request that the County submit a Child Specific Request for Exceptional Needs pursuant to AB 153 and ACL 21-119 so that my client, [CLIENT NAME] can be placed in the least restrictive, most family-like placement. I believe that my client would benefit from receiving additional services and supports that would enable them to stay in a current setting or develop a new setting. [ADD FURTHER INFORMATION HERE BASED ON THE FACTS OF YOUR CASE, if you know what you need, e.g. more supervision/staffing, training for caregivers, funds for activities, and/or additional treatment services]. To develop the request pursuant to [ACL 21-119](https://www.cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/2021/21-119.pdf?ver=2021-10-01-164028-800), I ask that the County convene a CFT meeting and work with me, the CFT members, and TA providers to develop a proposal for funding. 

Sincerely,



[SIGNER NAME]

[SIGNER CONTACT PHONE]

[SIGNER CONTACT EMAIL]

1. Cal. Dept. of Social Services, California’s Child Welfare Continuum of Care Reform (Jan. 2015) p. 8 <https://www.cdss.ca.gov/cdssweb/entres/pdf/CCR_LegislativeReport.pdf> (as of Jan. 29, 2020). [↑](#footnote-ref-1)