

# Continuum of Care Reform

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## Report and Implementation Recommendations

**Sacramento County Children's Coalition**

**Policy and Advocacy Committee**

**August 2017**

*Attachment to Sacramento County Children's Coalition's letter of support for funding related to services to support implementation of Continuum of Care Reform in Sacramento County. Pertains to Sacramento County Budget, Fiscal Year 2017-2018 and future fiscal years.*

## What is Continuum of Care Reform?

Continuum of Care Reform (“CCR”) is a culmination of legislative reform efforts to improve and reduce the use of congregate care, particularly group homes, for children who are removed from their parents because of abuse or neglect and found to be dependent children of the court.<sup>1</sup> Studies done over the past decade show that despite gains achieved in other areas of child welfare reform, such as the decline in overall caseloads over the course of the last decade, group home utilization as a percentage of overall foster care placements has remained almost completely static since the state started compiling child welfare services data in 1998.<sup>2</sup> In addition, there is broad recognition of poor outcomes for children placed in group homes for long periods of time. Out of this framework, the core CCR legislation was developed in Assembly Bill (“AB”) 403 (2015), Continuum of Care Reform, and clean-up bill AB 1997 (2016).

The fundamental goal of CCR is to build a framework where all children can live with committed, nurturing, permanent families that provide permanent connections and prepare youth for successful transition into adulthood.<sup>3</sup> CCR calls for comprehensive child assessments including child and family team meetings; increased use of, and supports for, home-based family care; reduced use of congregate care; core services available to children regardless of their placement setting (a child should not have to move to receive services); and faster paths to permanency. CCR involves two significant paradigm shifts: 1) Discontinuation of group homes in favor of “Short-Term Residential Therapeutic Placements” (“STRTPs”) so that children who cannot be safely placed in a family setting can receive “short-term residential care” with intensive therapeutic interventions that support transition to a permanent family; and, 2) A single unified, “Resource Family Approval” (“RFA”) process that applies to all types of foster families (relative caregivers, foster families, and adoptive families).

CCR requirements began on January 1, 2017 at which time all new foster and kinship placements must meet the new standards under RFA. As such, all out-of-home relative or foster placements for dependent children must be able to pass the same licensing standards that will allow the caregiver to adopt the child. In addition, no new group home rates will be established, though current group homes can receive an extension for up to two years (December 31, 2018) if the county requests it from CDSS and there is a material risk to the welfare of children due to an inadequate supply of alternative placement options to meet the children’s needs.<sup>4</sup> Now Foster Family Agencies and group homes planning to convert to STRTPs must provide core services, particularly mental health services that are trauma informed and culturally relevant. Both STRTPs and the new RFA paradigm shifts allow for incredible new opportunities for Sacramento County’s foster youth but also involve challenges as our county begins to implement this new practice model. The following information is provided to alert the County to some of the challenges and costs that must be born as the first year of CCR is implemented.

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<sup>1</sup> Continuum of Care builds on prior legislative and legal mandates for reform such as SB 933 – Reexamination of the Role of Group Home Care, the Katie A v. Bonta lawsuit, Residentially Based Services pilot program, group home rates lawsuits, and development of Wraparound Services.

<sup>2</sup> Assem. Joint Oversight Hearing on Human Services Com. & Select Com. on Foster Care, Background Paper, Jun. 28, 2011, pp. 2.

<sup>3</sup> CDSS, *Continuum of Care Reform Fact Sheet*, pp. 1, <http://www.cdss.ca.gov/ccr/res/FactSheets/CCRFS.docx>.

<sup>4</sup> Cal. Welf. & Institutions Code § 11462.04.

## **Sacramento County CCR Implementation Challenges Mental Health Service Requirements under Core Services**

Prior to the start of CCR, Sacramento County suffered from a substantial unmet need for mental health services among dependent and other Medi-Cal eligible youth in the County. With CCR the need for mental health services expands as core services are required. In Sacramento County, there were 2,017 children (ages 0-17) in out-of-home placement and only 403 (20%) were receiving mental health services as of June 2017.<sup>5</sup> While not all children placed in care are in need of mental health services, a majority do qualify for services based on the trauma they have experienced. Under CCR, Sacramento County must provide core services to children placed in both resource family placements and STRTPs, which started January 1, 2017. These core services include mental health services (specialty and non-specialty), transitional support services for placement changes, permanency services and aftercare, educational support, transition age services, and services to achieve permanency and maintain/establish familial connections.<sup>6</sup>

Relative and non-related extended family (NREFM) care and group home care are two specific areas that had unmet needs for mental health services prior to CCR implementation. In June 2017, there were 200 youth in group home placements with only 99 (49.5%) receiving mental health services.<sup>7</sup> Youth in group home care are considered to have the most intensive needs for services, yet only half were receiving services outside of the therapeutic support offered by their placement, some of which do not include licensed/trained mental health professionals. Notably, these therapeutic supports offered by the group home itself also leave the child if they change placement for any reason. In addition, relative and NREFM caregivers were historically the least supported group of caregivers, who care for 31% of the children in out-of-home care, yet receive only 21% of the mental health services.<sup>8</sup>

While it is unknown how many of the group homes will ultimately transition into STRTPs, the need to provide core services to children in these placements has already begun. There are 23 group home providers with licensed group homes in Sacramento County and 43 Foster Family Agencies utilized by the County.<sup>9</sup> Of the 23 group home providers in Sacramento County only three are currently on contract with the County to provide mental health services.<sup>10</sup> The children placed with the other 20 group home providers may receive mental health services if they are served by community providers with whom the County contracts or through their managed healthcare provider, or they may not be connected to mental health services at all. Wraparound (Wrap) services are the most effective service delivery and identified as a quality program by the State, yet there are only 201 Wrap contracted slots available within Sacramento County's Division of Behavioral Health Services, which are distributed among four providers.<sup>11</sup> This number is not sufficient to serve the number of youth in group home care as well as the number of children currently in RFA homes that may need Wrap to avoid moving to higher level STRTP care.

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<sup>5</sup> Sacramento County Child Protective Services, *Children's Coalition Data Request 4*, Jul. 2017.

<sup>6</sup> Cal. Welf. & Institutions Code § 11463.

<sup>7</sup> Sacramento County Child Protective Services, *Children's Coalition Data Request 4*, Jul. 2017.

<sup>8</sup> *Id.*

<sup>9</sup> *Id.*

<sup>10</sup> *Id.*

<sup>11</sup> *Id.*

## **Sacramento County CCR Implementation Challenges Targeted Recruitment and Family Finding**

The reduction in congregate care placements, which is a core component of the Continuum of Care Reform (CCR) initiative, has resulted in an increased need for counties to identify, recruit and retain both relative and non-relative foster caregivers. With RFA in place, efforts are being made to address the unique training, assessment, and support needs of Resource Families with hopes of increasing the capacity for home-based family care.

The shortage of viable Resource Families in Sacramento County still remains. More specifically, there remains a need for Resource Families who are willing to take teenagers, sibling sets, LGBTQ and African American youth. Because of the lack of placement options, youth have been placed out of County, separated from their siblings, and/or removed from their school of origin. Identifying placements for these youth can be extremely difficult. The Department of Probation also utilizes RFA placements under CCR. As of June, in Sacramento County 100 Probation youth were in out-of-home placement, less than 10% of which were placed within the county.<sup>12</sup> We recommend that funding streams are preserved, increased, and dedicated toward foster parent recruitment strategies, which may include an increase in dedicated positions in CPS, funding for increased opportunities to host fairs and events, access to social media, community outreach, and increased financial incentives for recruitment.

Many Resource Families discontinue fostering after a very short period of time, reporting not to receive enough communication and support. There is a need for increased support, communication, and consistency around information and expectations discussed with families throughout the approval process and after. There is a need for consistency of information regarding policy and practice expectations across all systems, and families involved in the ongoing delivery, receipt, and monitoring of services for children in care. In order to address this need and support retention of our Resource Families, we recommend an increase in funding to provide Resource Families with financial incentives, culturally relevant and trauma informed training, respite and crisis stabilization services. Increased funding can also contribute to the development of recruitment designs that may include Family Advocates and experienced Resource Families willing to mentor new Resource Families. We also recommend an increase in funding to provide additional services and supports to Kinship Families. There is a specific need to include financial support given to families going through the formal process of approval while continuing to care for the youth in their home. These families do not yet have access to foster care funding and the funds they currently receive are not adequate in providing care for these youth for any length of time.

Among all efforts to increase the capacity for home based family care, family finding remains a significant strategy. There is a need to identify new revenue sources to expand access to family finding efforts for all youth in need. This may include financial support for access to adequate family finding search engines, a potential for cross training from agencies providing successful outcomes with their family finding models, increased contracts with community partners, and/or dedicated positions in CPS toward this effort.

As the vision of CCR is to ensure that all children in foster care who cannot be reunified with their birth parents will have loving, permanent families, support needs to be given toward engaging resource families, community members, social workers, advocates, and youth through innovative, practical strategies that lead to successful outcomes.

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<sup>12</sup> *Id.*

## Recommendations

- **Mental Health** - Increase the number of mental health contracts available to STRTPs and FFAs, as well as the number of WRAP slots available to all dependent children to support the requirement for increased mental health core services.
- **Recruitment** - Preserve and increase funding streams dedicated to adequately target foster parent recruitment strategies, which may include an increase in dedicated positions in the Department of Health and Human Services, increased opportunities to host community outreach fairs and events, accessing social media, and increasing financial incentives for recruitment.
- **Retention** - Increase funding for services and supports to our Kinship families. There is a specific need to include financial support given to families going through the formal process of approval while continuing to care for the youth in their home. Expedited applications for Cal Works, travel vouchers, and recruitment money for emergency needs are examples of how financial support can be given to Kinship caregivers. Additional funding can also support financial incentives, culturally relevant and trauma informed training, respite, crisis stabilization services, access to recruitment designs that may include family advocates, and experienced Resource Families willing to mentor new Resource Families.
- **Family Finding** - Identify new revenue sources to expand access to family finding efforts for all youth in need. This includes financial support for access to adequate family finding search engines, a potential for cross training from agencies providing successful outcomes with their family finding models, financial support for increased contracts with community partners, and/or dedicated positions in CPS toward this effort.