

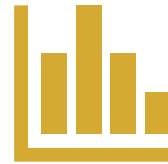
CCR – A Decade In Review

CHILD WELFARE POLICY ROUNDTABLE
FRIDAY, FEBRUARY 3RD

Overview of Discussion



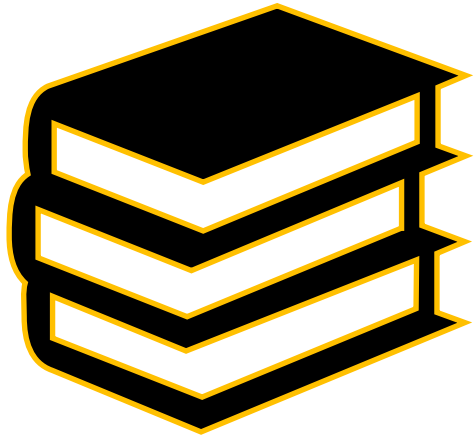
History of CCR



Outcomes and Data



Ongoing Reform



History of CCR

Purpose

- The Continuum of Care Reform (CCR), enacted pursuant to AB 403 (Chapter 773, Statutes of 2015) and AB 404 (Chapter 732 Statutes of 2017) draws together existing and new reforms to child welfare services programs, designed out of an understanding that children who must live apart from their biological parents do best when they are cared for in committed, nurturing family homes.
- The CCR Oversight Report provides updates to the Legislature on progress of CCR implementation, as required by Welfare and Institutions Code: Continuum of Care Reform Oversight [16523.5-16523.59].

Primary policy interventions established under CCR include

Broad expansion in the use of Child and Family Teaming.

Implementation of the Child and Adolescent Needs and Strengths (CANS) functional assessment tool.

Expansion of the Resource Family Approval for all family-based caregivers, including relative caregivers.

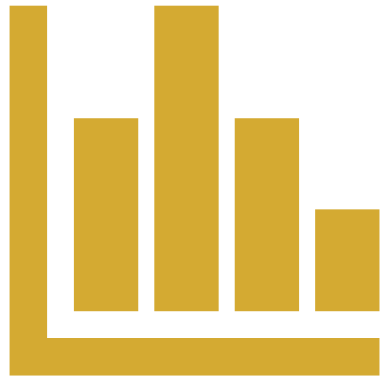
Establishment of a new home-based family care Level of Care (LOC) rate structure and Approved Relative Caregiver (ARC) program.

Establishment of Emergency Caregiver program

Expansion of the Intensive Services Foster Care (ISFC) program model and rate.

Foster Parent Recruitment and Retention funds.

New requirements for congregate care providers and expanded processes for interagency approval for placement into congregate care.



Outcomes and Data

Key takeaways from first 5 years of implementation of CCR

[CDSS CCR Issue Brief
\(ca.gov\)](https://www.cdss.ca.gov/Programs/OPPS/OPPSA/OPPSA2018/Pages/CCR-Issue-Brief.aspx)

Higher percentage of children are being cared for in home-based settings particularly with their own relatives or extended family members.

Percent of youth in congregate care facilities has consistently and steadily decreased

The State has **increased oversight of mental health services for children and youth who reside in congregate care settings**. As of June 1, 2022, there were 314 Short Term Residential Therapeutic Programs (STRTP) that have received Mental Health Program Approval.

Children in foster care are receiving specialized mental health care more frequently. The engagement rate for Specialty Mental Health Services Utilization has increased from 36.1 percent in quarter one of 2017 to 40 percent in quarter one of 2022.

Level of care protocol (LOCP) for counties was fully implemented and effective as of April 1, 2021, having previously been implemented only for Foster Family Agencies. Between October 1, 2019 and July 5, 2022, the percentage of youth for whom the LOCP was completed that have been identified as needing LOC 4 and Intensive Services Foster Care has increased from 7.5 percent to 20 percent.

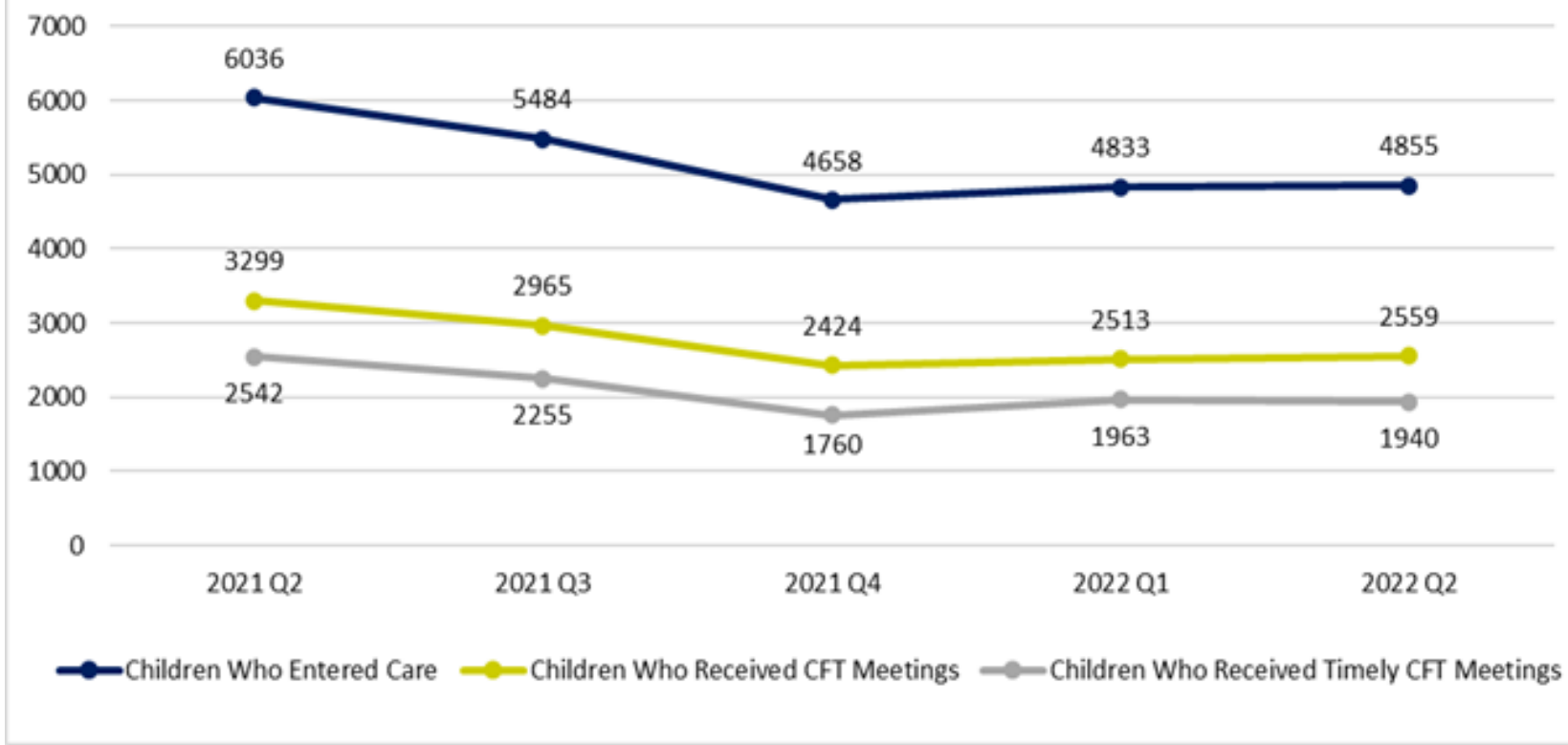
Resource family approval times are returning to pre-pandemic trends. The proportion of Resource Family applicant homes with a pre-approval placement that have been pending over 90 days has decreased from 38 percent to 34 percent since January 2022.

The image features a dark blue silhouette of a group of people, including a child and an adult, set against a bright blue sky with white clouds and several birds in flight. The silhouettes are filled with a lighter blue, cloudy pattern, creating a sense of connection and hope.

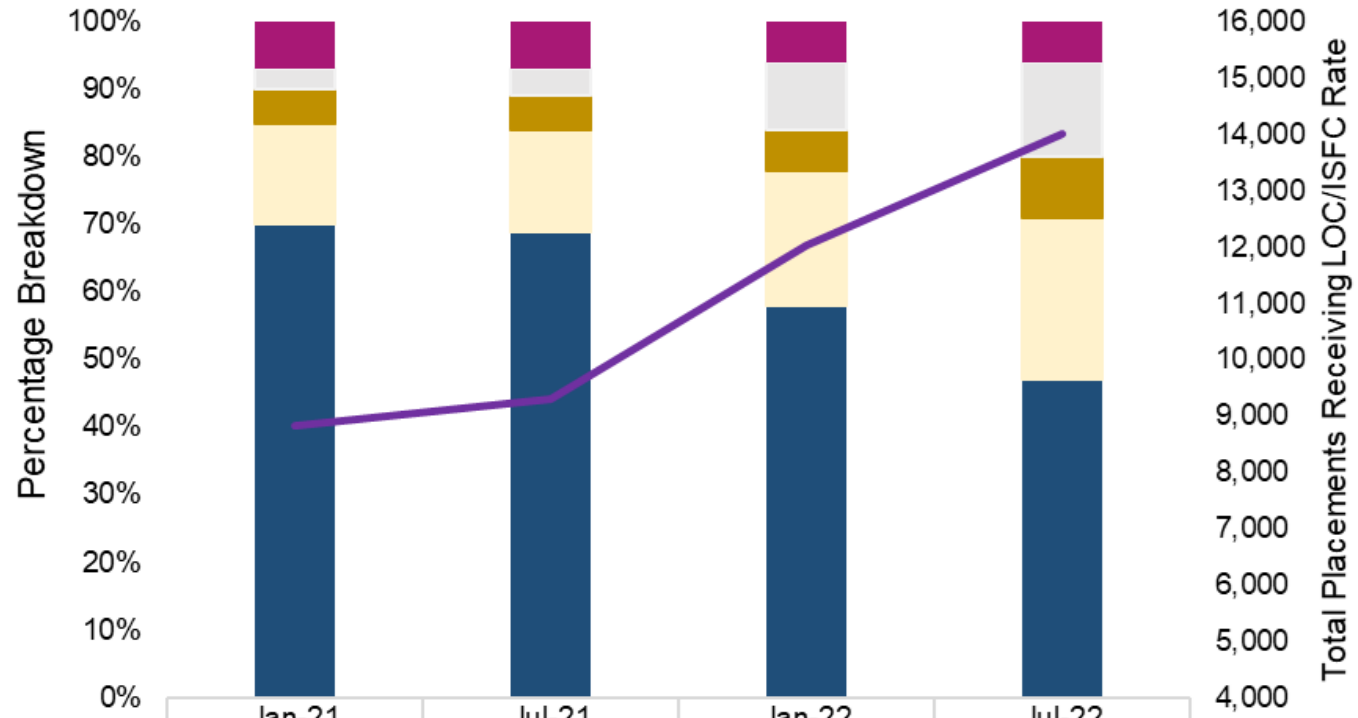
Family Connections

- Youth placement into congregate care has decreased by almost 60% since 2017
- Since 2017, for foster youth supervised by county child welfare departments, there has been a 24% increase in youth that have a first placement with a relative or extended family member and a 7% increase in youth whose predominant placement is with a relative or extended family member.
- Since 2017, for foster youth supervised by county probation departments, there has been a 53% increase in youth that have a first placement with a relative or extended family member and a 92% increase in youth whose predominant placement is with a relative or extended family member.
- 72% of children with a first placement with a relative are still with that relative if they are still in care 12 months later

CFTs/Timely CFTs: 2021 Quarter 2 (Q2) - 2022 Quarter 2 (Q2)



Percentage Breakdown and Total Number of LOC and ISFC Placements Over Time



ISFC	7%	7%	6%	6%
Level 4	3%	4%	10%	14%
Level 3	5%	5%	6%	9%
Level 2	15%	15%	20%	24%
Basic	70%	69%	58%	47%
Total Placements Receiving LOC/ISFC Rate	8,828	9,287	12,044	14,013

Short Term Residential Therapeutic Program (STRTP) Capacity

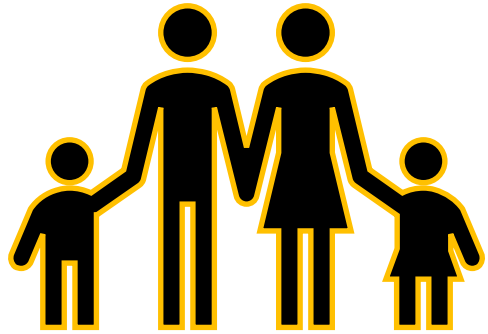
Key Gaps in Continuum of Care:

- Specialized clinical assessments
- Emergency settings that provide highly intensive (up to 24/7) home-based supports
- Short term (~30 day) residential stabilization with integrated transition planning

Licensing Status of STRTPs	Number of Facilities	Licensed Capacity	Child Welfare Placements	Probation Placements	Total Foster Youth in STRTPs
Provisionally Licensed	66	426	184	9	193
Permanently Licensed	323	3,167	1,205	303	1,508
Total	389	3,593	1,389	312	1,701

Ongoing and Emerging Challenges

- Anecdotal reports from child welfare and probation agencies, as well as STRTP providers, highlighting an increase in the frequency of unplanned discharges and unavailability of placement options for children with the most complex needs.
- There are a number of foster children identified as residing in a “non-foster care” placement (e.g. hospitalization, detention centers) and absent from placement. The data indicates some variation in the total numbers from quarter to quarter. On 4/1/2022, there were 1,255 children identified as residing in a “non-foster care” designation.
- Average lengths of stay and placement stability indicators for children placed in STRTPs have largely remained stable throughout CCR and have not decreased.
- There are opportunities to strengthen partnerships between STRTP providers and county partners to ensure access to needed Specialty Mental Health Services (SMHS), including during the time before a provider has obtained a Mental Health Program approval.
- The Pathways to Mental health data report included in the April 2021 CCR report to the Legislature continues to identify challenges in the screening and referral process between placing agencies and county behavioral health.



Ongoing Reform

Current Reform Efforts that Deepen the Impact of CCR



PREVENTION



KIN-FIRST CULTURE



TRAUMA INFORMED CAREGIVING
AND ADDRESSING UNMET
COMPLEX CARE NEEDS OF
YOUTH



RATES REFORM

New investments to support current reforms

Family First Prevention Services block grant (\$224 million one-time)

Family Finding, Support and Engagement funding (\$150 million one-time)

Flexible Family Supports (\$50 million in 2022/23 and \$50 million in 2023/24 one-time)

Caregiver Approval funds (\$50 million ongoing)

Child-Specific Complex Care Funding (\$18.1 million ongoing)

Capacity building funding to support youth with unmet complex care needs (\$43.3 million one-time)

Crisis Continuum Pilot (\$61.3 million one-time)

IMD Transition Funding (\$10.4 million in 2021/22 and \$10.4 million in 2022/23 one time)

Supports available to counties to assist in meeting the needs of youth with unmet complex care needs

Intensive multi-agency coordination and child-specific technical assistance.

Access to a contract with UC Davis for neuro-psychiatric assessments for children with co-occurring developmental disabilities, medical and mental health needs.

Child-specific technical assistance for specialized permanency services, Active Supportive Intensive Services for Transition (ASIST).

Access to a child-specific social media recruitment service.

Technical assistance and support to expand and enhance wraparound models.

Intensive technical assistance to utilize rate flexibility to support innovative models of care.

Access to the Catalyst Center to support provider engagement and matching.

Support from the AB 2083 System of Care strike team.

Innovative Models of Care

Current number of approved IMC Rates:

IMC Rate Models	Program-Specific	Child-Specific
STRTP of 1	1	9
STRTP of 2	2	0
STRTP of 3	2	0
Intensive Services Foster Care (ISFC) Plus	6	7
TOTAL	11	16

CCR, in combination with recent investments and continued reforms, moves us further toward realizing a kin-first culture where children remain with or are immediately connected to their own family and toward providing integrated care coordination and access to timely, trauma-informed services and supports.