



CWDA

Advancing Human Services
for the Welfare of *All* Californians

Continuum of Care Reform (CCR)

*County Efforts to
Effectively Implement
CCR*

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Childrens Roundtable Meeting

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Continuum of Care Reform (CCR) History

CCR was not one policy or practice change at a single point in time – but a ***combination of changes over time*** designed to:

- ✓ Reduce use of congregate care
- ✓ Increase use of family-based care
- ✓ Increase access to services and supports to families and youth, specifically mental health service
- ✓ Improve experience & outcomes for foster youth through individualized assessments & service planning
- ✓ Use of trauma-informed practices to ground the work

CCR – Major Initial Elements

1. Resource Family Approval
2. Child and Family Teaming for all youth in care
3. Comprehensive Assessments (through CANS)
4. Revised Intensive Services Foster Care (ISFC)
5. Short-Term Residential Treatment Programs (STRTPs) with a required Mental Health Services component.
6. Updating of all foster care rates and implementation of the Level of Care (LOC) tool.

Implemented via: AB 403 (2015), AB 1997 (2016), AB 404 (2017), and AB 1930 (2018)

“Post CCR” – Additional Initiatives

1. Foster Parent Recruitment, Retention & Support (FPRRS): one-time funding ended 2019/20 and replaced by Flexible Family Support funds (2023).
2. Placement Prior to Approval Funding (2018)
3. Emergency Child Care Bridge for Foster Caregivers (2018)
4. AB 2083 Systems of Care (2018)
5. Family Urgent Response System (FURS) (2019)
6. SB 354 (Skinner, 2021) Relatives: Criminal Background Exceptions & Court Ordered Placements
7. Family Finding & Engagement (FY 2023)
8. Family First Prevention Services Act (FFPSA) Part IV (2021)
9. Prevention Funding \$100 million (FY 2021-22 for 3 years).

CCR - Successes

Counties have *expanded partnerships* with providers, county mental health plans and others to deliver services to children, youth and families. Examples:

- ✓ Established AB 2083 Memorandums of Understanding
- ✓ FURS implementation
- ✓ Brought mental health services into STRTPs.
- ✓ Implemented Child and Family Teams and CANS by working with mental health *and* providers to facilitate team meetings, complete assessments and identify needed services together with youth and family voice.
- ✓ Continue building innovative models of care (aka STRTPs of One, Enhanced ISFC).

CCR - Successes

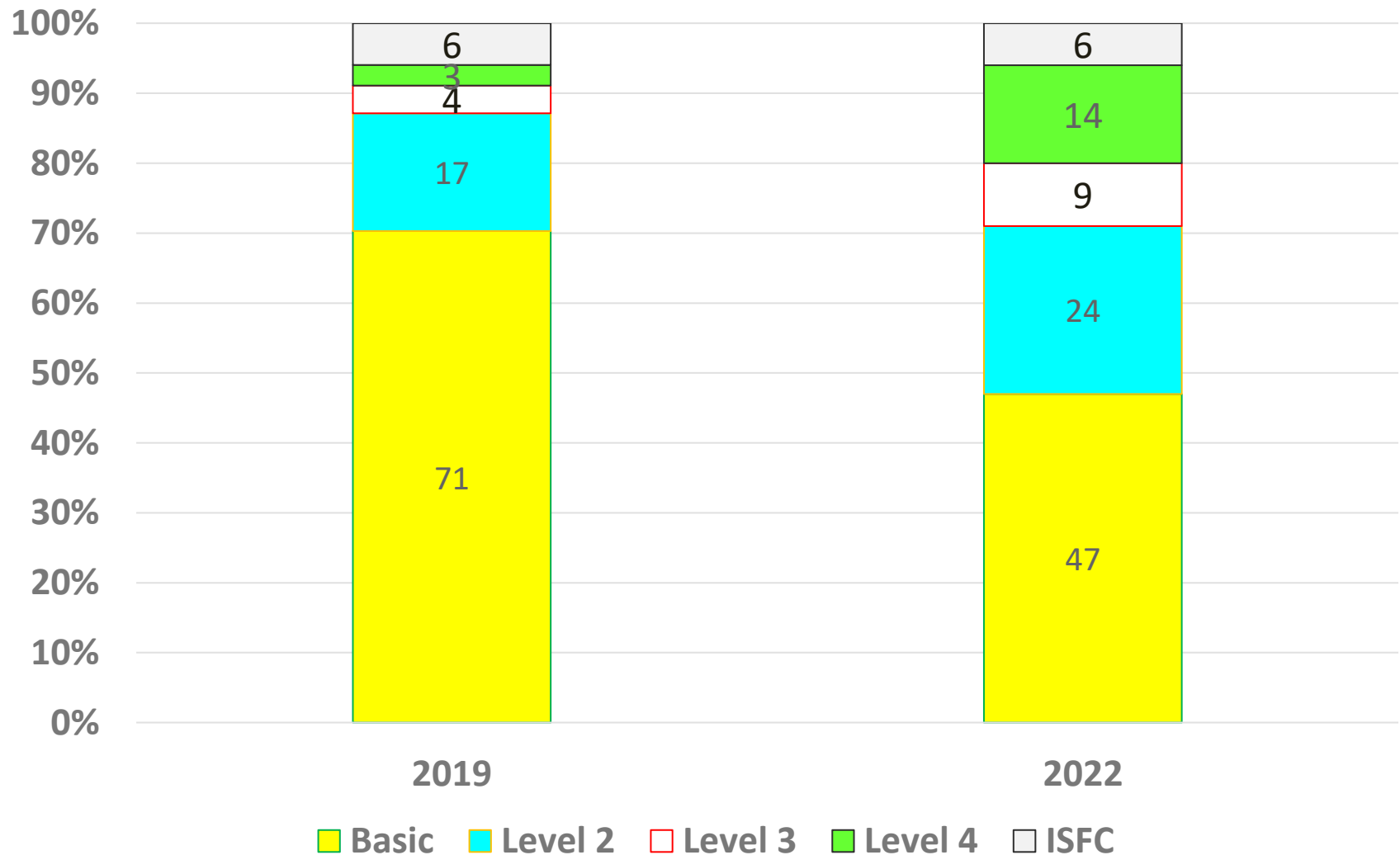
RFA fully implemented despite inadequate funding.

- Provides training to relative caregivers and other supports to help them in their caregiving role.

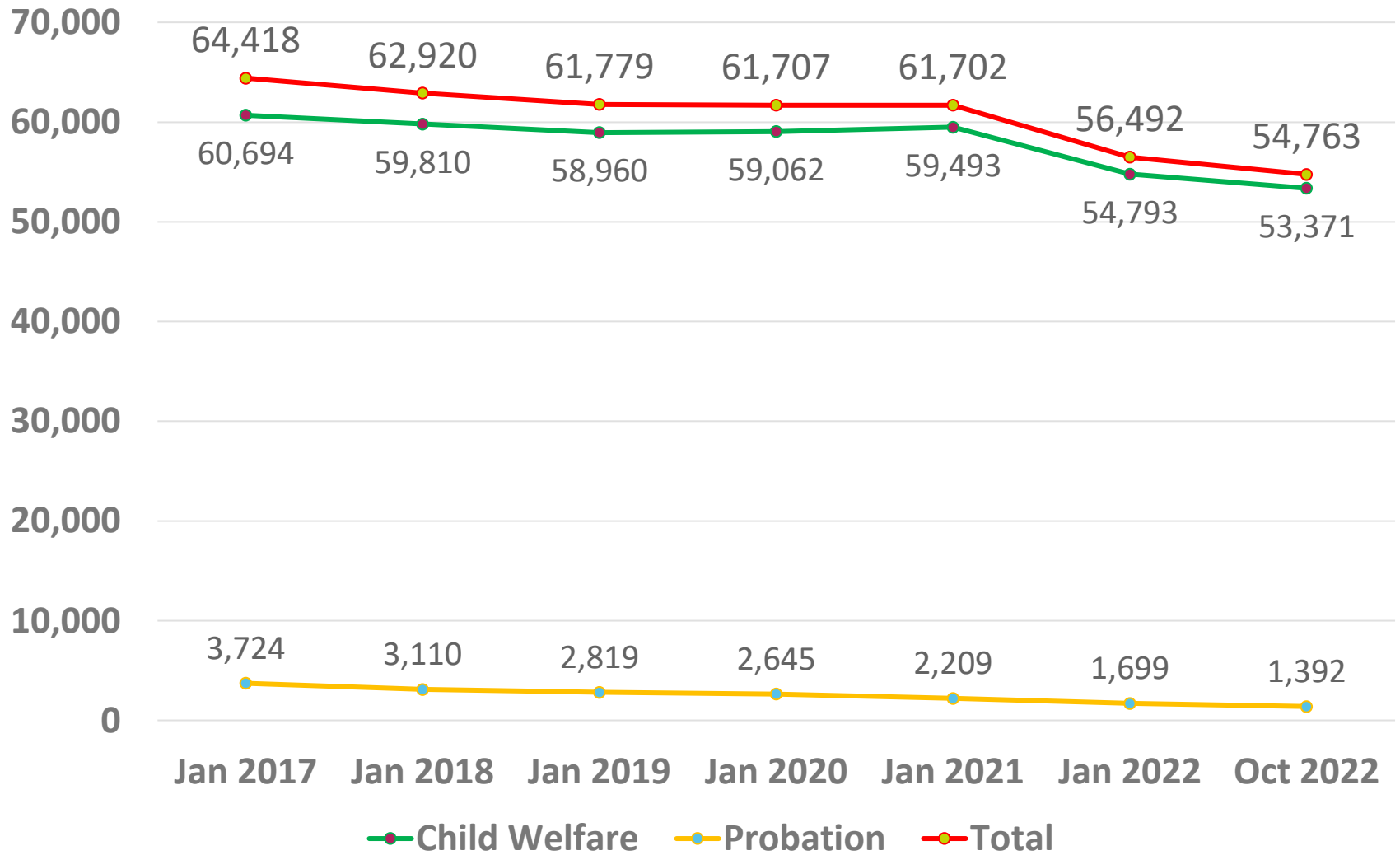
Level of Care Tool implemented.

- More youth are receiving differentiated rates – above the Basic Rate level.
- Next slide shows the percentage of those with a “Basic Rate” went from 71% in Jul 2019 to 47% in June 2022 partially reflecting higher precision of assessing youth.

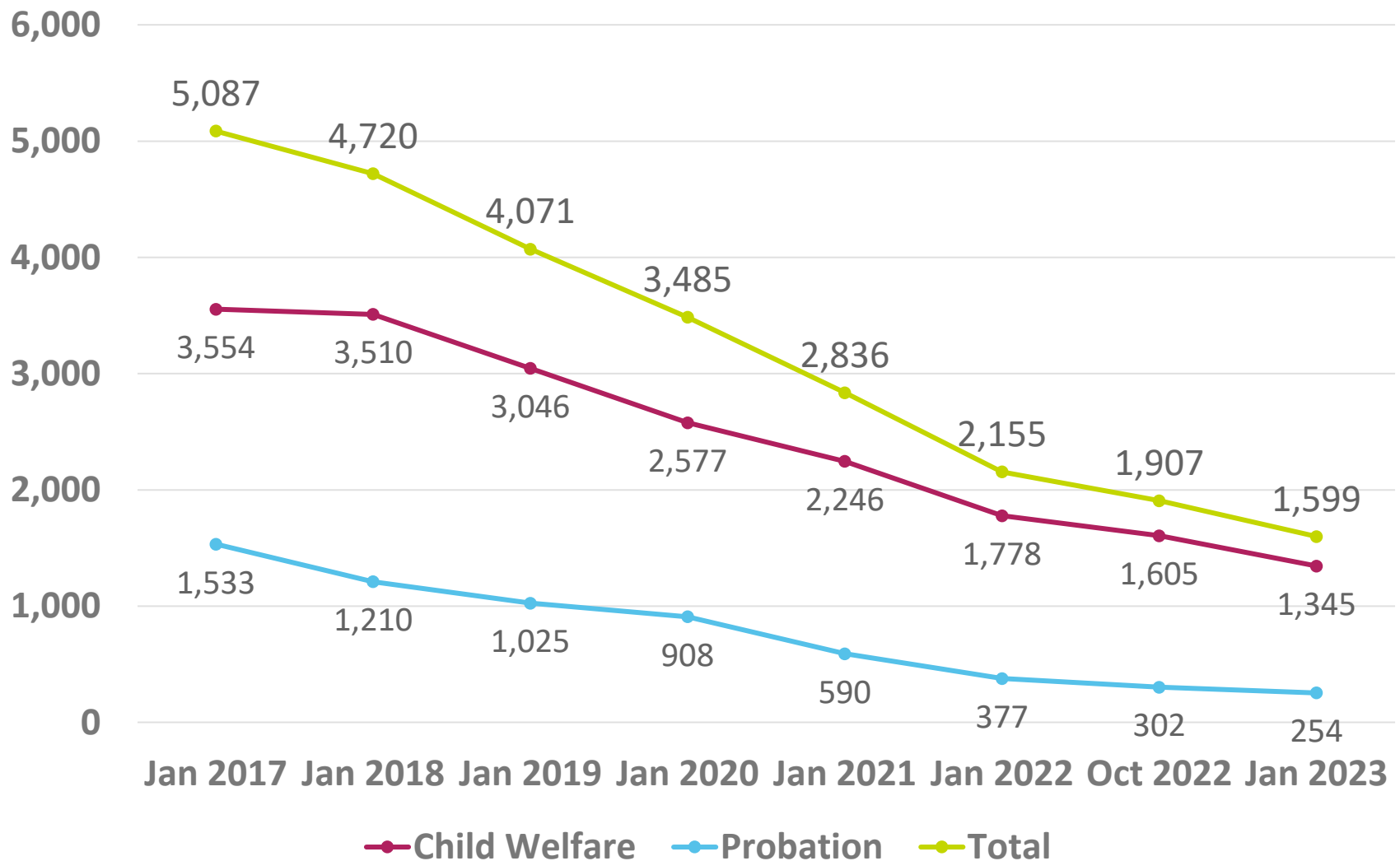
Percentage of Basic Rate has dropped from 71% in 2019 to 47% in 2022



Positive Trends: Number of Youth in Foster Care has decreased 15% in nearly 6 years.



Number of Youth in Congregate Care (STRTPs, Group Homes, etc.) has decreased 68% in 7 years.



CCR - Challenges

Counties report increases in unplanned discharges from STRTPs or STRTPs not accepting foster youth. This is due in part to the large drop in STRTP capacity and higher acuity of youth concentrated in these settings:

- As of Jan 2023, there are 2,931 STRTP beds and 71 beds pending approval.
- General practice has been approximately 30% of STRTP beds are for non-foster youth (i.e. health care, private pay, educ.).
- This means CA has nearly the # of foster youth needing STRTPs as we do bed capacity (approx. 2,000 beds for 1,600 youth).
- Need is likely greater as there were another 1,200 youth (Oct 2022) missing from care or in temporary, non-foster care settings (hospitals, juvenile halls, shelters).

CCR - Challenges

Data shows that for black and American Indian children, disproportionality increases as they go deeper into child welfare, the highest occurring in congregate care.

- There are nearly 6 times as many black children in congregate care as there is in the general population, and 4.6 times as many American Indian Children.
- This underscores that CCR is not succeeding for everyone – especially children of color.

CCR Challenges:

Struggle to meet the needs of foster youth with more complex needs – those served by multiple child/family-serving systems (I/DD, mental health/substance use, special education, probation, child welfare).

- Youth require coordinated services across agencies – yet silos remain at the state and local levels.
- As a result, these youth are experiencing higher amounts of placement disruptions, separation from family, and other undesired outcomes that exacerbate their trauma.
- CWDA sponsored AB 2083 to begin to address this issue/need.

Trauma-informed systems of care

AB 2083 – Systems of Care (2018) which requires:

- All counties to establish local MOUs across agencies for serving foster youth with severe trauma and complex needs.
- CalHHS and CDE to establish a State Interagency Resolution Leadership Team to:
 - ✓ Provide guidance to counties for those MOUs
 - ✓ Assist counties in identifying and securing appropriate services for youth with complex needs
 - ✓ Develop a gap analysis in placement types or needed services
 - ✓ Develop and submit to the Legislature a statewide plan to address those gaps by 12/31/22.

Conclusion

For any questions contact:

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