## **2024 Key Child Welfare Policy Issues**



In the coming year, a cross-section of issues must be addressed to help ensure children and youth in foster care find safety, stability, and success. Together, the State, counties, advocates, youth who have spent time in foster care, and other stakeholders must work on the following key areas:

Child Welfare Cuts in the January Budget: The 2024-25 state budget proposes to eliminate a number of dedicated child welfare supports and services (approximately \$70 million General Fund ongoing). These programs preserve placements and prevent moves into congregate care and the criminalization of children and youth in foster care; connect youth to the stable housing they need for a successful transition into adulthood; and provide prevention services that are critical to keeping children and youth safely at home with their families. These proposals threaten to harm the very children and youth the State has a moral and legal obligation to support and protect. The Legislature must restore the following programs and services:

- The Family Urgent Response System (FURS), which provides immediate trauma-informed support
  to children and youth who have spent time in foster care and their caregivers when they feel they
  need extra help (\$30 million ongoing).
- The Housing Navigation and Maintenance Program, which provides services to youth formerly in foster care with federal Housing Choice Vouchers (\$13.7 million ongoing).
- The Supervised Independent Living Placement (SILP) Housing Supplement, which will provide older youth in foster care with additional funding to help them afford housing (\$18.8 million ongoing).
- The Los Angeles County Child Welfare Services Public Health Nursing Program, which provides public health nursing interventions to children, youth, and their families who are at imminent risk of entering or re-entering the child welfare system (\$8.3 million ongoing).

Family Urgent Response System: FURS was created to ensure children and youth who have spent time in foster care and their caregivers have access to the specialized support they need to navigate the unique challenges they face as they build relationships and seek healing. This coordinated state and local response system consists of a 24/7 hotline and county mobile response teams in all 58 counties that provide an in-person response typically within one hour. FURS preserves placements and relationships, links youth and families to longer-term community supports and services, promotes healing, and prevents unnecessary police involvement with youth. It is also a critical resource to promote stability for older youth (up to age 21) currently or formerly in foster care who are living on their own. The Legislature must reject the current proposal in the state budget to eliminate funding for FURS and, once restored, it will be important to ensure: 1) youth currently or formerly in foster care, caregivers, and other stakeholders continue to be informed about FURS and how it differs from other resources and are utilizing this valuable resource; 2) youth and caregiver feedback is gathered and used to inform FURS quality improvement efforts; and 3) implementation is closely monitored and data on FURS utilization and outcomes is made publicly available consistently for quality assurance purposes.

Home-Based Family Care Rate Reform: The Home-Based Family Care rate provided to support children and youth in family homes is an important component of ensuring their needs are met and caregivers have the resources needed to create stability. California's Continuum of Care Reform (CCR) implemented interim rates in 2017 based on the current level of care rate structure. However, per statute, a permanent rate structure must be developed by January 1, 2025. Moving forward, it will be important to reform the Home-Based Family Care rate structure to ensure: 1) foster families have timely access to adequate resources to meet the unique needs of the children and youth in their care; 2) rates are determined based on the needs and strengths of the child as determined by the Child and Adolescent Needs and Strengths assessment tool (CANS); 3) access to the additional training, support and guidance of the current Intensive Services Foster Care (ISFC) program is considered; 4) critical supports such as extracurricular activities, respite care, and school transportation are funded appropriately and easily accessed as needs arise; and 5) additional resources are provided to support children and youth who are facing natural disasters, stay-at-home orders, or required home-based learning.

Education Supports and Services: Appropriate funding and supports are critical to ensuring students in foster care succeed in school, thrive academically, and graduate adequately prepared for post-secondary education. Moving forward, it will be important to ensure: 1) stronger accountability and transparency for local education agencies (LEAs) by monitoring the impact of the new requirement in the Local Control and Accountability Plans (LCAPs) for LEAs with low performing student groups, particularly students in foster care; 2) schools are adequately resourced and providing the targeted services and supports needed to meet the unique educational needs of youth in foster care; 3) school stability for students in foster care is strengthened by keeping youth in their school of origin when it is in their best interest to do so and reducing the number of school transfers they experience; 4) the State expands the data that it collects and shares on youth in foster care, including enrollment by school setting and the number of school transfers they experience each year, in order to better support and meet the needs of students in foster care; and 5) legislation is passed to require LEAs to report how they are spending supplemental and concentration grant funds, including how much of these funds is directed to students in foster care.

Healthcare Services: Access to comprehensive targeted healthcare services is imperative to helping children and youth in foster care heal and thrive, supporting stable placements in family homes, reducing the use of congregate care, and ensuring young adults aging out of foster care are able to successfully navigate the transition to adulthood. Moving forward, it will be important to ensure: 1) the Health Care Program for Children in Foster Care (HCPCFC), which provides specialized health care coordination for children and youth in foster care, is sufficiently resourced as it transitions to a standalone program by July 2024 as the Child Health and Disability Prevention (CHDP) Program sunsets; 2) the effective formulation and implementation of various state healthcare reforms with the potential to improve service access and quality for children and youth in foster care, including efforts within CalAIM and BH-CONNECT intended to improve service access and quality for children and youth in foster care; 3) a broad continuum of behavioral health services, including non-traditional therapeutic supports, are universally available to children and youth in foster care and can be easily accessed on an ongoing basis; and 4) cross-system collaboration between child welfare and health and strong cross-system oversight and accountability.

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