



Coalition Members



CHILDREN NOW



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Via Electronic Delivery

Will Lightbourne
California Department of Social Services
744 P Street
Sacramento, CA 95814

RE: Comments on CDSS CCR Report

Dear Mr. Lightbourne,

We deeply appreciate CDSS's thoughtful and detailed work over several years, culminating in the CCR Report. The Report and its recommendations map out essential steps toward improving the quality of placements and services for children and youth, and ensuring that children and youth are cared for in the living situation that best meets their needs, and that they receive the services and supports necessary to achieve permanency while ensuring safety and well-being. We submit these comments in a spirit of constructive dialogue, towards the shared goal of transforming California's current array of out-of-home placements into a truly child-centered and family-focused continuum of care.

INTRODUCTION – GENERAL COMMENTS

Our main concern is that the CCR Report is missing recommendations on how our current rate-setting system should be reformed. We believe any efforts to reduce reliance on congregate care and other institutional placements will be ineffective, without corresponding reforms to our existing rate-setting system. The legislative mandate that resulted in the creation of the CCR charged CDSS with forming a workgroup to “develop recommended revisions to the **current rate-setting system**, services, and programs serving children and families in the continuum of AFDC-FC eligible placement settings.” (emphasis added). The group was further charged with considering how “rate-setting systems for foster care providers, including at least, foster family agencies and group homes, can better support a continuum of programs and services that promote positive outcomes for children and families.”¹

High-level group homes cannot be transformed into short-term treatment centers, and lower-level group homes cannot be phased out, unless there exists an adequate supply of well-supported home-based family care options. As the CCR report acknowledges, “increasing the capacity of home-based family care is a necessary first step to enable a reduction in group care.” (p. 8) Congregate care reform cannot move forward without an adequate supply of high-quality, family-based placements who can each count on receiving a sufficient family care rate as well as supportive services and therapies to meet the child's individual needs.

¹ Welf. & Inst. Code sec. 11461.2(b), (c)(1)

The report aims to shift the child welfare system from one in which services and supports are driven by a child's placement to one in which services and supports are based on a child's individual needs and, to this end, focuses on *programmatic* recommendations for the recruitment, training, and retention of foster homes. However, despite the acknowledgement that an "upfront financial investment in home-based family placements and necessary supports and services will be needed," (p. 22), the report does not propose to change the current foster care *rate-setting* system, in which rates are based on categories of placement (group home, licensed foster home, FFA home, specialized care home, relative home), rather than on an individualized assessment of the needs of the child and the level of care, supervision and support required to ensure that child's safety, stability and well-being.

The current rate system creates strong incentives for county placing agencies to realize short-term cost savings by placing children in the least expensive placement available, often minimally supported placements in the home of a relative – resulting in poor long-term outcomes for children when these underfunded placements eventually disrupt. The current rate system also makes it inevitable that – contrary to the goals of CCR – children will have to "fail up" to more intensive levels of care, and move to new placements to get the level of care, services and support they need.

During the course of the CCR workgroup meetings, participants discussed our current rate-setting system extensively and reached near unanimous consensus to support the adoption of a new rate-setting system that moves away from a placement and geographic-based rate- and towards a child-centered model that provides all foster families (inclusive of relatives, NREFMs, county homes, and certified foster family agency homes) a rate based on an assessment of that child's individualized needs. While we support the CCR recommendations to provide services to families in this comprehensive manner and regardless of placement type, without also providing a rate to the family for the child's day-to-day care, these services will fall short of meeting the child's needs. Ultimately, any recommendation that perpetuates the existing rate model will still result in the child having to "fail up" in order to be with a family – or in an institution – that receives the resources necessary to meet the child's individual needs.

A child-centered foster care rate system is an essential component of CCR – the missing piece without which CDSS's recommended reforms in the use of group care cannot succeed. We urge the Administration and legislative leadership to consider, and CDSS to support, a complementary proposal for foster care rate restructuring being developed by the undersigned child advocacy organizations, along with the recommendations of the CCR Report.

COMMENTS ON SPECIFIC RECOMMENDATIONS

Recommendation #1: All placing agencies will utilize tools with common domains and will utilize Child and Family Teams in assessing the child and family's needs and strengths and use that assessment for case planning and to match a child to the most appropriate placement setting.

We strongly agree that a comprehensive needs assessment, including all the domains listed on p. 24 of the report and implemented through the Child and Family Team model, is essential to ensure that decisions regarding where a child lives, and the services and supports needed to achieve permanency while ensuring safety and well-being, are driven by the needs and strengths of the child and family.

The Report, however, stops short of recommending a uniform statewide assessment instrument. Children's needs do not vary by county; the goal of building a truly child-centered needs assessment and placement matching process should not be compromised out of deference to local autonomy.

Recommendation #2: All STRTCs and FFAs must be accredited by a national accrediting body, selected by CDSS, as a condition of receiving a foster care rate.

We strongly support the recommendation that any public or private nonprofit agency operating a STRTC or FFA would be required to have the program accredited by an approved national accrediting body.

Recommendation #5: Strengthen resource family recruitment, training requirements and retention strategies

and

Recommendation #6: FFA programs must provide core services and supports to FFA/NT and FFA/T placements. FFAs or other community based organizations using the same standards can, at county request, provide core services and supports to resource families, including relatives and NREFMs.

We support these recommendations, but as stated above, we believe that efforts to increase the supply and improve the quality of home-based family care settings cannot succeed without a new foster care rate structure determined by the needs of the child, not the category of placement. Both of these recommendations focus on the provision of services, ignoring the need to also reform the rate that the foster family receives for the day-to-day care of the child, which could include reducing the hours worked outside the home in order to provide more stable and consistent care, paying for extracurricular activities, making modifications to the home, spending additional resources on educational toys, books, laundry, and other home expenses in order to ensure the well-being of the child, and a myriad of other things that our foster families provide on a daily basis. Currently the rate these families receive is based on the type of family they happen to be (i.e. a relative foster family is eligible only for the basic rate, a county foster home or a non-relative can receive specialized care, a foster family agency receives a flat child increment, etc.). Even for the minority of children who are eligible for specialized care, the specialized care rates vary dramatically by county and the rate a child receives changes whenever a family moves across county lines.

Efforts to recruit and retain quality homes will hinge on how well those homes are supported in meeting the individualized needs of children. Our current rate-setting system cannot meet those needs because the rates are divorced from an assessment of those needs.

We also believe the term FFA should be replaced with a new descriptor, such as CFA (Child and Family Agency) or HBFCA (Home-Based Family Care Agency), since the role of these agencies in the future would extend beyond recruiting, training, and supporting foster families, to encompass providing a broad range of services and supports, including specialty mental health care, permanency-related services, transitional services for older foster youth, etc., for biological families and resource families.

Recommendation #7: All STRTC programs will provide core services and support for children and youth that need short-term, intensive treatment interventions and who initially cannot be safely maintained in a home-based family care setting. Placements must be reviewed at intervals not greater than six months, with continued placement requiring county Deputy Director, Probation Chief or Assistant Chief approval.

and

Recommendation # 9: Children currently placed in group homes with a Rate Classification Level (RCL) 1-9 will be transitioned into home-based family care. Groups homes rated 10-14 will be either re-rated to the residential treatment rate or to a foster family agency rate.

We support the overall goal of transforming group homes into short-term intensive treatment facilities focused on stabilizing and supporting youth so they can return to family settings, but we are concerned that these recommendations do not fully take into account the needs of probation-supervised youth. As the report recognizes, “group homes remain the placement setting most used by probation departments in lieu of locked settings” (p.8). Some probation youth who currently reside in group care may not have intensive mental health treatment needs, but may have other special needs for care and supervision. Also, many probation youth can be appropriately served in public schools, and do not need to attend on-grounds nonpublic schools. We are concerned that eliminating Level 1-9 group homes and requiring the remaining group care providers to focus on mental health treatment could have the unintended negative effect of increasing placements of probation youth in camps and other locked settings.

We suggest that renewed efforts be made to engage county probation departments in the CCR process, to ensure that the overall array of placements, including both home-based and group care, takes into account the needs of probation youth and the supervision and behavior management concerns of probation departments.

Recommendation # 8: Require all STRTCs and FFA/Ts to be certified by the DHCS or county mental health plans to provide medically necessary specialty mental health services.

We support this recommendation, but emphasize that the option of DHCS certification must be available to providers, because county mental health agencies may not have capacity or incentives to provide such certification in a timely and responsive manner.

Recommendation #16: Revise the FFA rate structure to account for two types of FFAs: 1) FFA/Ts that provide core services, intensive treatment foster care and therapeutic foster care, and 2) FFA/NTs which function as specialty or home-finding agencies. Also, increase the FFA Social Worker Rate to account for expanded core services and supports to be provided to resource families.

We appreciate the Department’s recognition that current FFA rates are inadequate to support the current roles of FFAs, and the increase in the Governor’s proposed budget for the social work component of the FFA rate. However, while we support the goal of building the capacity of FFAs to provide support and services to caregivers (including not only their own FFA homes but also, at county request, other relative and non-relative caregivers of foster children), we are concerned that a piecemeal approach to rate structure reform will be ineffective.

FFA rates should instead be merged into a single, comprehensive child-centered rate structure that ‘follows the child’ and applies to all categories of family placements, including relative and NREFM homes, county licensed homes, and FFA certified homes. Further, the distinction between “treatment” and “non-treatment” FFAs implies that a child with more extensive needs would have to be uprooted into a “treatment” FFA home to receive the more intensive support. Again, this is inconsistent with a truly child-centered system and fails to meet the goal of having a child avoid multiple placements to get the services they need.

Recommendation 17: Evaluate STRTC and FFA provider performance based on a series of performance domains and measures.

We strongly support the recommendations for enhanced outcome-based evaluation of provider performance. However, we believe that those standards should be applied to all placements, not just STRTCs and FFA providers. It is critical that our family homes are also held to high standards and have access to high-quality and timely training.

Further, we are concerned that these recommendations do not focus on performance measures that would truly assess whether we are improving child well-being as a result of these reforms.

For example, measuring the “% of children enrolled in school within 30, 60, or 90 days of placement” implies that a delay of up to 30 days in enrollment is acceptable. It is not.² Measuring only enrollment and attendance implies that STRTCs’ and foster care providers’ responsibilities stop at the schoolhouse door. They do not. While providers cannot control all the factors that may impact foster youths’ school performance, they can provide ongoing and intensive educational support – frequent contact with teachers to monitor progress and address any issues, tutoring, help with homework, access to computers and libraries, transportation to enable youth to participate in afterschool activities, clubs and sports, encouraging youth to plan for college and careers, etc. The educational outcome measures should also include, at a minimum, educational progress from baseline (i.e. youth earn credits toward graduation or otherwise make age- and developmentally-appropriate progress in school while placed in the facility).

Recommendation # 18: Utilize a client satisfaction survey that captures the perception of children and their families regarding services they have received from STRTC and FFA/T providers.

We support these recommendations, but they should apply to all placements, not just FFA homes and group homes, in order to gather outcome and client satisfaction data concerning the full array of placements.

CONCLUSION

We sincerely appreciate the work of the Department in developing these recommendations and hope that our comments will further the conversation on how to best implement these recommendations and other necessary reforms in order to accomplish our collective vision of reducing group home utilization and connecting children to stable and permanent families.

Sincerely,

Alliance for Children’s Rights

California Alliance for Child and Family Services

California Youth Connection

² State law requires that foster youth be enrolled in school within two business days of a change in placement. Education Code sec. 48853.5

Children Now

Children's Advocacy Institute

Children's Law Center of California

Dependency Legal Group of San Diego

East Bay Children's Law Offices

John Burton Foundation

National Center for Youth Law

Public Counsel

cc: Senator Kevin de León, President pro Tempore
Assembly Member Toni Atkins, Speaker
Assembly Committee on Budget, Subcommittee on Health and Human Services
Assembly Committee on Human Services
Senate Committee on Human Services
Senate Committee on Budget, Subcommittee on Health and Human Services