AB 403 (Stone): Foster Youth: Continuum of Care Reform

BILL SUMMARY

AB 403 is a comprehensive reform effort to make sure that youth in foster care have their day-to-day physical, mental, and emotional needs met; that they have the greatest chance to grow up in permanent and supportive homes; and that they have the opportunity to grow into self-sufficient, successful adults.

AB 403 addresses these issues by giving families who provide foster care, now known as resource families, with targeted training and support so that they are better prepared to care for youth living with them. The bill also advances California's long-standing goal to move away from the use of long-term group home care by increasing youth placement in family settings and by transforming existing group home care into places where youth who are not ready to live with families can receive short term, intensive treatment. The measure creates a timeline to implement this shift in placement options and related performance measures.

The measure builds upon many years of policy changes designed to improve outcomes for youth in foster care. It implements recommendations from CDSS's 2015 report, *California's Child Welfare Continuum of Care Reform*, which were developed with feedback from foster youth, foster families, care providers, child welfare agency staff, policymakers, and other stakeholders.

PROBLEM BACKGROUND

For over a decade, California has implemented policies to reduce the number of children in out-of-home foster care placements, which has resulted in a decline from a high of over 100,000 youth in foster care in 1999 to about 60,000 in 2014. These policy changes have included preventative efforts to reduce the likelihood that a child is removed from his or her home, early intervention in child welfare cases, and assistance with finding children permanent homes with relatives and through adoption.

County child welfare agencies provide services to about 95 percent of youth in foster care, including making arrangements for where the youth will reside and who will care for and take responsibility for the youth. Juvenile probation departments are responsible for the care of remaining 5 percent of foster youth.

"Continuum of care" refers to the spectrum of care settings for youth in foster care, from the least restrictive and least service-intensive (for instance, a placement with an individual foster family or an extended family member) to the most restrictive and most service-intensive (for instance, a group home with required participation in mental health treatment and limits on when the youth can leave the facility).

Most youth in foster care are placed in homes with resource families, but about 3,000 youth live in group home placements, also known as congregate care. Over two-thirds of the youth in congregate care have remained in such placements longer than two years, and about one-third have lived in such placements for more than five years.

Foster youth who live in congregate care settings are more likely than those who live with families to suffer a variety of negative short- and long-term outcomes. Such placements are associated with the creation of lifelong institutionalized behaviors, an increased likelihood of being involved with the juvenile justice system and the adult correctional system, and low educational attainment levels. Further, children who leave congregate care to return to live with their families are more likely than those who were in placed in family-based care to return to the foster system.

In spite of these well-known problems associated with this type of placement, too many children continue to be placed in, and remain living in, congregate care settings which do not always meet their needs or provide stable, supportive homes. AB 403 addresses this issue through a variety of policy changes.

COMPONENTS OF AB 403

To better meet the needs of youth in foster care and to promote positive outcomes for those youth as they

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transition out of foster care, AB 403 implements the following policy changes:

- Updates the assessment process so that the first out-of-home placement is the right one.
- Establishes core services and supports for foster youth, their families, and resource families;
- Strengthens training and qualifications for resource families providing care to foster youth and congregate care facility staff;
- To the extent that the children are provided needed services and support, transitions children from congregate care into home-based family care with resource families;
- Transforms group homes into a new category of congregate care facility defined as Short-Term Residential Treatment Centers (STRTCs);
- Revises the foster care rate structure;
- Requires STRTCs and treatment foster family agencies to be certified by counties through their mental health plans;
- Evaluates provider performance.

AB 403 accomplishes the above in the following ways:

Home-Based Family Care: Reducing placements in congregate care settings will require specially trained resource families to be available to care for youth in home settings, either in resource families approved by a county or through a Foster Family Agency (FFA). AB 403 increases efforts to recruit and train families to meet the needs of foster youth as they step down from short-term residential placement settings with high service levels to less restrictive settings.

Residential Treatment: In order to reduce reliance on congregate care as a long-term placement setting, AB 403 narrowly redefines the purpose of group care. Group homes will be transitioned into a new facility type, STRTCs, which will provide short-term, specialized, and intensive treatment and will be used only for children whose needs cannot be safely met initially in a family setting. AB 403 establishes a timeline for this transition.

Providing Core Services: FFA programs, STRTCs, and social workers will provide core services and supports to foster youth and their placements. Depending on the type of placement and needs of a youth in foster care, core services may include: arranging access to specialized mental health treatment, providing transitional support from foster placement to permanent home placement, supporting connections with siblings and extended family members, providing transportation to school and other educational activities, and teaching independent living skills to older youth and non-minor dependents.

Cost: AB 403 establishes that both congregate care facilities and FFAs will offer the same level of core services to children at a rate that correlates with the level and type of services they provide. Social workers will provide additional core services and support to resource families. An initial state investment will lead to reduced placement costs, and to lower societal costs from improved outcomes.

Performance Measures and Outcomes: A multi-departmental review team will focus on the programs' administrative and service practices, and overall performance, to ensure providers are operating programs that use best practices, achieve desired outcomes for youth and families and meet local needs. To bolster this work, a satisfaction survey of youth and families will be used to determine their perception of the services they received, including whether the services were trauma-sensitive, and to provide feedback that can help programs serving youth and families make continuous quality improvements.

SUPPORT

- California Department of Social Services (sponsor)

OPPOSITION

- None received

FOR MORE INFORMATION

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Methodology for Determining Preliminary Costs for County Mental/Behavioral Health

During the Initial Implementation of the Continuing Care Reform Initiative

This methodology is offered as a means by which a county department of mental/behavioral health can develop an estimate of costs as the Continuing Care Reform is implemented in January of 2017. Given that each county has different resources and requirements, this methodology is offered in general terms that may be applicable for each county to varying degrees.

Initial Stage:
Work with Child Welfare and Probation to identify the number of dependents and wards open in the system.

- Dependents and Wards in Group Homes: Determine the number of group home beds being used currently and identify the likely percentage that you will need in January. Identify those in out of county beds. Work with Probation and Child Welfare to identify the possible number of children and youth who may be moved from group homes to FFAs in the immediate future.
- Contact group homes used in other counties to determine if they will be eligible for use in 2017, i.e. will they be working on or have an accreditation, will they have a MediCal certification/contract. Determine if other counties will allow their contracted facilities to bill services for your county's children through their contract.
- This will assist in determining the number of beds you may choose to contract with in the immediate future. Do not assume group homes in other counties will be contracted by those counties.
- Dependents and Wards in FFAs: Determine the likely number of Intensive Foster Family Agency beds you may need to contract with based on level of services currently provided but including the estimated number of group home children who may be moved to FFAs in the immediate future.
- Dependents and Wards in Wraparound: Identify the number of children who may be at risk of movement to new Resource Homes and consider expanding Wraparound Services to that population.
- Dependents and Ward in TBS: Review the percentage of foster children in TBS and those foster children at risk if their placement is interrupted to expand TBS to meet any potential increase in demand.

- Identify trends in the use of these facilities i.e. increases over past three years, in order to determine the probable expansion of services, as well as the redirection of services.
- Review the totals of the above numbers of children and establish an average annual cost per child for each of the programs. This can be done based on existing patterns of use. Use the annual cost per child, multiplied by the predicted number of children to be served to get placement and services total.

Second Stage

Determine the number of contracts that may be required to meet these demands.

- Work with the Quality Management Program in your Department to evaluate the potential expansion of these programs and the estimated increase in the necessary staffing to meet the new contract requirements.
    - How many new MediCal certifications may be required?
    - What is the average length of time for a certification process for a previously non-certified entity versus a previously certified entity?
    - What is the average amount of training time for each new contractor?
    - What are the ongoing monitoring and auditing requirements?
- Estimate the Administrative Services time for the development of the necessary contracting process. If there are amended contracts or new contracts to be developed, estimate the cost of each process, as well as the time it may take to develop RFPs or RFQs. Include County Counsel review time as needed.
- Identify Fiscal Services time to work on the ongoing number of contracts, both through the initial contracting stage and the ongoing monitoring and auditing of these providers.

Interagency Placement Council Costs

New requirements for reviewing the referrals for those dependents and wards referred to short-term residential therapeutic centers need to determined, as well as the ongoing services and oversight.

- All children referred to STRTC must be evaluated prior to referral to the Interagency Council and determined to meet medical necessity. Currently, children referred to group homes may not have a clinical assessment determining medical necessity. Estimate the volume of children to be referred based on the numbers developed in collaboration with Probation and Child Welfare to develop a number of increased staff available to provide this service in a short time span.

- Mental health will likely need to work closely in this IPC process and will also need to consider providing ongoing case coordination while the child is in placement. Estimate the number of positions necessary to conduct both the management of the IPC committee work and the ongoing Child and Family Team work.

Estimate an overall percentage increase of 15% to the total amount of direct and indirect services to account for administrative costs.