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CALIFORNIA CHILD WELFARE POLICY

WHAT'S NEW AND LOOKING FORWARD

In 2017, California will begin implementation of Continuum of Care Reform (CCR). The state legislation — comprising AB 403, signed into law in 2015, and AB 1997, signed in 2016 — represents a significant shift in child welfare practice. It not only acknowledges, but mandates providing children and youth in care with services and support that address their overall well-being, particularly for those in congregate care. Concurrent with CCR implementation is the Resource Family Approval (RFA) process for all caregivers—kin and non-kin, regardless of the certifying agency, which standardizes training and assessment requirements, and provides benefits and supports to the family based on the needs of the child.

In addition to CCR, the past few legislative sessions included a number of policies addressing child welfare issues such as parity for relative care, recruitment and retention of foster parents, appropriate use of psychotropic drugs, increased access to behavioral health services, and support to improve educational outcomes.



California Child Welfare
Co-Investment Partnership

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- Summary of recent child welfare reforms
- Data on children in care
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“ We made significant progress in California

through policy and practice reform centered on the needs of the children and families and our hope is to continue to learn, improve and integrate our systems and achieve well being for all children in care.”

Will Lightbourne, Director, California Department of Social Services

“ Our most vulnerable communities and families, particularly

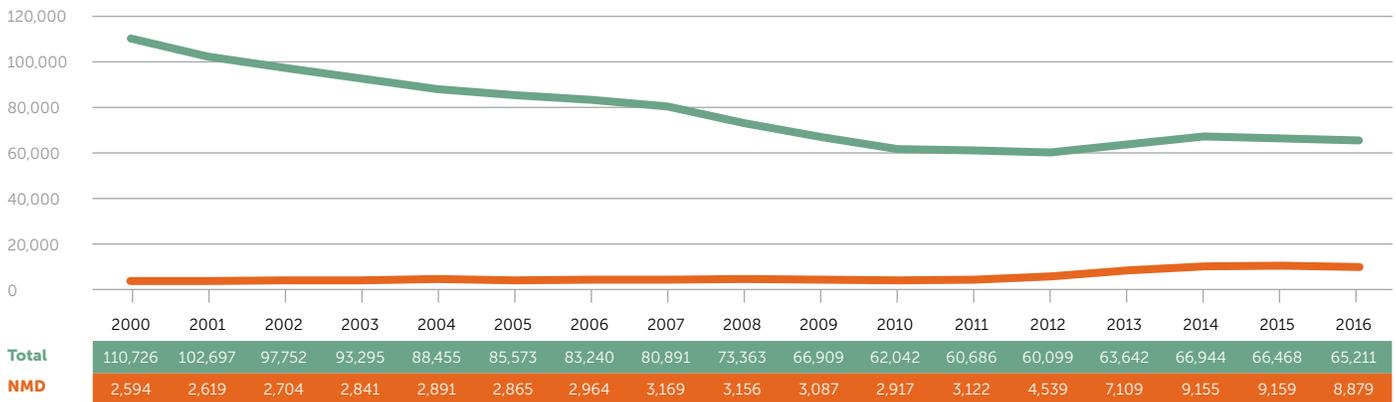
those in the child welfare system, need the steadfast support of our policymakers to ensure that they have every opportunity to not only be safe but to truly thrive.”

Tony Thurmond, Assemblymember, California Legislature

Data on Children in Care

In 2000, the number of children and young people in the California child welfare system was more than 110,000. That number has dropped dramatically, to a low of 60,000 in 2012. The number has risen to 65,000 recently, primarily due to non-minor dependents who have opted to stay in care following the implementation of AB 12, the Fostering Connections to Success Act, which provides youth with the option of extending foster care until age 21.

Total Number of Children and Non-Minor Dependents in Care



Source: California Child Welfare Indicators Project

“Over the decades, and informed by the research, we shifted from a focus which was primarily on safety to a focus on permanency to our present understanding that safety and permanency are integral to child well being—they can’t be separated.”

Greg Rose, Deputy Director, California Department of Social Services, Children and Family Services Division

There are many perspectives as to why the number of children in care has gone down over time. Legislation such as the Adoption and Safe Families Act, the KinGap program which allowed relative caregivers to receive support even after the children exit the foster care system, the introduction of family finding to locate relatives, and the emphasis in child welfare to move children to permanency may all have contributed.

The demographics of those remaining in care has also changed in the past 15 years. For example, there are many more older youth in care and these young people are experiencing somewhat longer stays in care.

Child well-being outcomes data for children in and exiting foster care is limited. For example, while we know how many exit to permanency, we do not know whether they are healthy, well-adjusted, or in school, etc. That noted, several recent studies have found that [children in and exiting foster care significantly under-achieve their peers in education](#),¹ and they are [more likely to be prescribed psychotropic medication](#).² This is the backdrop for some of the legislation and initiatives in this issue of insights.

Informed by these studies, and the evolving understanding of brain science, the role of trauma, and theories on attachment, child welfare policy has begun to reflect the importance of not only ensuring safety and pathways to permanency but addressing overall well-being of the youth it serves.

1 See *The Invisible Achievement Gap*, <https://youthlaw.org/wp-content/uploads/2015/05/the-invisible-achievement-gap-report.pdf>

2 See Government Accountability Office Report, <http://www.gao.gov/products/GAO-12-201>

Continuum of Care Reform: Major Shift in Child Welfare Practice

Continuum of Care Reform is the result of a decade of looking at data, listening to children and families, and learning from pilot programs that test new approaches. A key premise of this reform is that children should remain with their families whenever possible. If removal is required, the needs of the child should drive the support. Children should not need to fail up to get services in group homes, but rather services should be driven by their needs and provided in family-based settings. Higher levels of care, such as group homes, should be for a specific need, for a specific period of time, as an intervention, not a placement. CCR reform also established a new community care facility category called short-term residential therapeutic program (STRTP). A STRTP is a residential facility operated by a public agency or private organization that provides an integrated program of specialized and intensive care and supervision, services, treatment and supports, to children and non-minor dependents.

Key elements for CCR's success are the Resource Family Approval process and Approved Relative Caregiver (ARC) reforms.

RFA is a unified, family-friendly and child-centered, family approval process. A resource family is considered eligible to provide foster care for related and unrelated children in out-of-home placement and will also be considered and approved for adoption or guardianship, reducing the wait time for permanency. Resource families will receive training and support, including monthly financial assistance and agency sponsored resources.

The ARC Program was recently amended through legislation, (AB 2552), that ensures all relative caregivers will be compensated with financial support equal to the basic foster care support level. This is a critical reform given that relative foster placements are legally prioritized, more cost effective and tend to lead to more long term placement stability.

“CCR gets at one of the aspects of child welfare reform that has been elusive for California: group care. California has been successful with permanency and adoption, and creating better options for older youth, but, until now, had not been able to re-engineer group care.”

Frank Mecca, Executive Director, County Welfare Directors Association of California

“All of the statute in the world is not going to make kinship care work unless we have a culture change in how we engage and support relatives throughout this process.”

Angie Schwartz, Policy Program Director, Alliance for Children's Rights

THE THREE PRE-REQUISITES FOR CCR SUCCESS

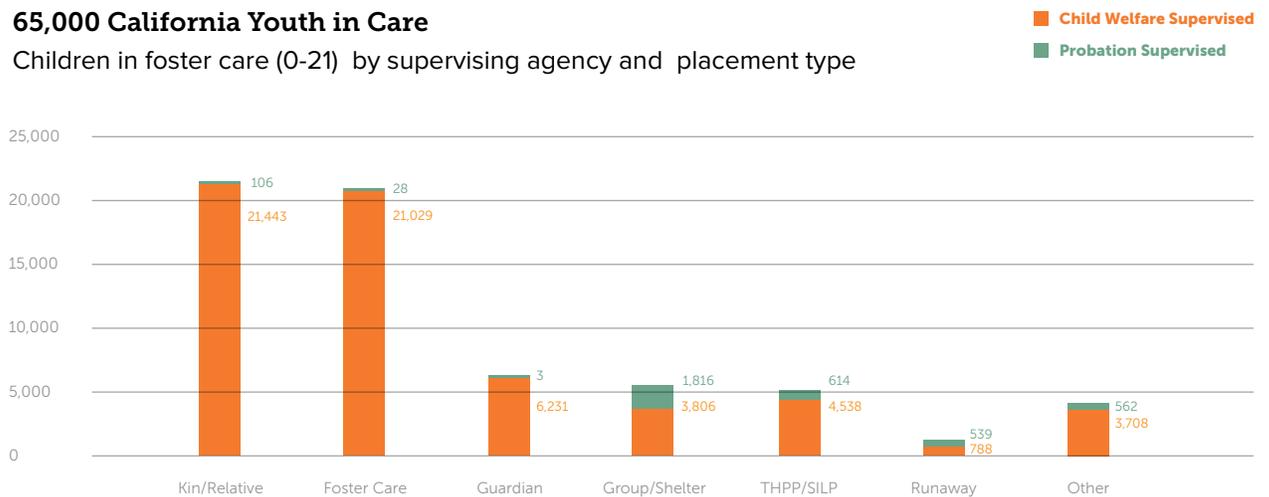
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An adequate and growing supply of quality resource families, both relatives and non-relatives.

As of July 2016, approximately 5,500 children and youth were placed in congregate care, 1,816 of whom were supervised by probation. Many of these youth can have their needs met in family-based settings and are expected to step down into home-based care starting in 2017. County child welfare and probation agencies in the meantime continue to provide needed investments to ensure California has enough resource families who are supported to provide care to these youth.

65,000 California Youth in Care

Children in foster care (0-21) by supervising agency and placement type



* Source: California Child Welfare Indicators Project; Point in time data, July 2016.

The profile of the youth in congregate care varies considerably. Some may be in this placement because there was no available foster family, others because of a severe behavioral health issue, and for some of these youth, this may have been a step down from previous incarceration.

The State has allocated a total of \$43 million since 2015 through 2017 for counties to recruit and retain resource families. However, even with these dedicated resources, finding and retaining quality caregivers necessitates creativity and commitment from agencies and the community.

“It’s not just a focus on protecting children from harm, but how we can meet our obligation to help them heal and thrive. CCR begins to transform policy to reflect this moral responsibility, and RFA and the Quality Parenting Initiative start changing culture to prioritize that every child, every day, is loved and parented.”

Jennifer Rodriguez, Executive Director, Youth Law Center

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An adequate supply of timely and quality behavioral health support and services.

The behavioral health system will need to evolve to meet CCR requirements in order to provide timely services, including specialty mental health services, while overcoming the shortage of clinicians. Trauma-informed care should be integrated not only into congregate care settings, but must be available in family-based settings to support both the foster child and his/her caregiver to prevent placement disruptions.

“Overcoming trauma requires empathy, space to heal and system supports that are responsive and relevant. Quality and timely behavioral health services must be braided into the fibers of CCR in order to create systemic change that children and youth can truly experience in their daily lives.”

Vanessa Hernandez, Statewide Legislative Coordinator, California Youth Connection

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Implementing the practice change in child welfare, probation, and behavioral health, and engaging the necessary partners for child focused family team meetings.

Engaging the systems that are required to assess, plan and support the well-being of children in care, and their families, will necessitate a concerted and unprecedented effort to integrate, collaborate and coordinate resources and responses. CCR is intended to break down the silos of disparate systems to work, encourage systems to leverage their individual resources towards a common goal of child safety, permanency and well-being, with youth and family voice at the center of these teaming efforts.

“The promise of all of these reforms going forward is that we realize an integrated child and family serving system, where all of the different agencies, locally and at the state level have responsibility for shared outcomes for children, youth and families.”

Dana Blackwell, Senior Director of California Strategic Consulting, Casey Family Programs

“We are 100% in support of the CCR rollout and understand that it will take several years, and there will be some bumps, but it’s the right thing to do for our youth.”

Laura Garnette, Chief Probation Officer, Santa Clara County

Recent Child Welfare Policy in California

While CCR and related legislation (RFA and ARC) are major reforms, there are several other laws related to child and youth well-being are pending or in process of being implemented. These efforts address various aspects of what is needed to support a vision of well-being for children and families in foster care.

AB 1603 AND STATE BUDGET ACT OF 2016-17: BRINGING FAMILIES HOME

CDSS to award program funds (\$10 million allocation), to counties for the purpose of providing housing-related supports to increase the number of families reunifying and prevent foster care placement.

AB 2506: CHAFEE GRANTS

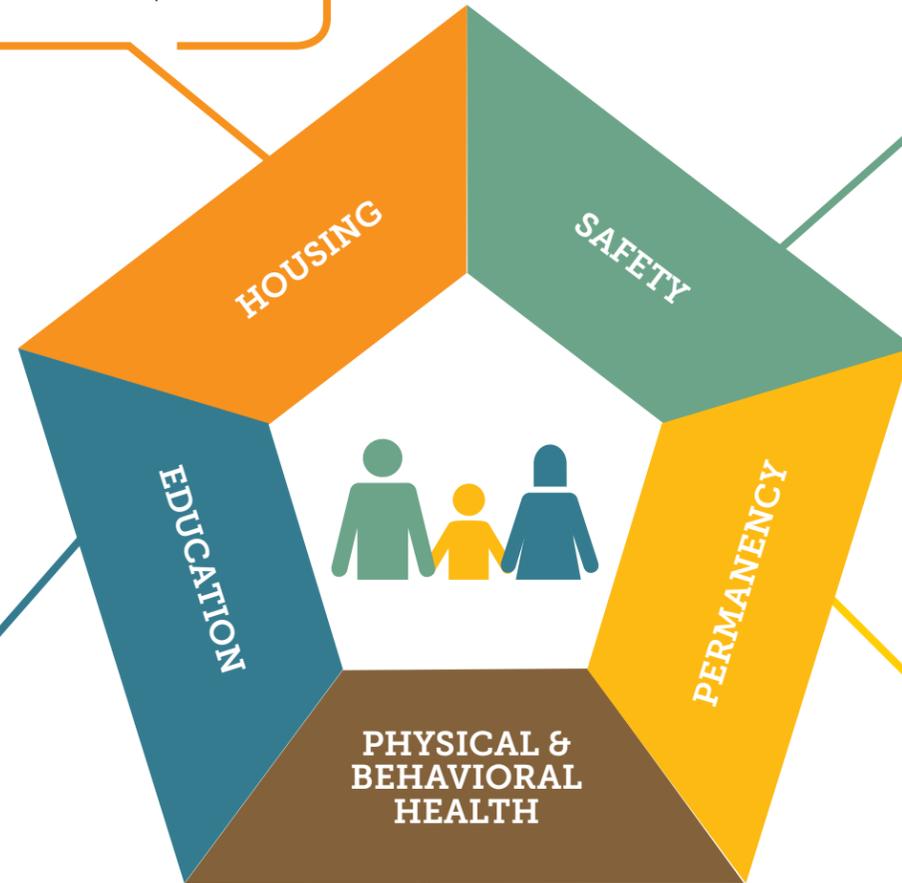
Provides \$3 million to allow for additional access to Chafee Education and Training Voucher grants to eligible foster youth. An additional 922 students will be able to receive an average grant of \$3,251 to assist with higher education expenses.

SB 1023: COMMUNITY COLLEGE SUPPORT FOR FOSTER YOUTH

Passed in 2015, this bill authorizes the Office of the Chancellor of the California Community Colleges to enter into agreements with up to 10 community college districts to provide additional funds for services in support of postsecondary education for foster youth. outreach and recruitment, service coordination, counseling, book and supply grants, tutoring, independent living and financial literacy skills support, frequent in-person contact, career guidance, transfer counseling, child care and transportation assistance, referrals to health services, mental health services, and housing assistance.

LOCAL CONTROL FUNDING FORMULA (LCFF)

The LCFF was enacted in 2013–14 to replace the previous kindergarten-through-grade-12 finance system. In addition to base funding and other grants, it provides targeted funding to schools based on the population of eligible students, including foster youth.



Recent Child Welfare Policy in California

COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN (CSEC)
The State Budget Act of 2016-17 provides a \$5 million increase for services to youth who are victims of commercial sexual exploitation, to support child welfare agencies in meeting their mandate of serving victims.

SB 1322: COMMERCIAL SEX ACTS, MINORS

Decriminalizes prostitution for minors in California, including acts of soliciting or engaging in prostitution or loitering in a public place with the intent to commit prostitution.

AB 1838: INFANT SUPPLEMENT FUNDING FOR FOSTER YOUTH

Provides \$4 million in order to support an increase of \$489 to the monthly rate for the infant supplement provided to eligible parenting foster youth, starting July 1, 2016.

SB 1060: POSTADOPTION CONTACT, SIBLINGS OF CHILDREN OR WARDS

Requires a county placing-agency or court to convene a child and family team meeting regarding postadoptive contact with the child's siblings to be attended by at least a facilitator, the siblings of their respective caregivers, and the prospective adoptive parent or parents.

“ Instead of services responding to their trauma, foster youth were getting too much medication, at adult doses, without monitoring or support. The five bills signed into law should address this. The challenge now is implementation and monitoring of this new response.”

Anna Johnson, Policy Analyst, National Center for Youth Law

AB 1299: MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES FOR OUT-OF-COUNTY FOSTER YOUTH

Ensures that foster children who are placed outside of their county of original jurisdiction, are able to access mental health services in a timely manner consistent with their individualized strengths and needs.

SB 1291: DATA ON MEDI-CAL-ELIGIBLE FOSTER YOUTH

Requires county mental health plans to gather and track data for annual foster care mental health plans, to be shared with boards of supervisors, the state, and an external quality review organization.

SB 238: PSYCHOTROPIC MEDICATION OVERSIGHT

Provides caregivers, youth and court-appointed special advocates the opportunity to provide input to the court on psychotropic medications being prescribed for the child, and enhances oversight by the court regarding orders for the administration of medications.

SB 319: FOSTER CARE PUBLIC HEALTH NURSES

Passed in 2015 and funded in 2016 to provide \$1.7 million to access information and authority necessary to monitor thousands of foster children who are currently prescribed psychotropic drugs.

SB 484: PSYCHOTROPIC MEDICATION OVERSIGHT IN FOSTER CARE

Requires CDSS to compile data on at least an annual basis concerning the prevalence and use of psychotropic medications among youth in group homes.

AB 1849: SECURING HEALTH INSURANCE DURING TRANSITION TO ADULTHOOD FOR FOSTER YOUTH

Current law does not require social workers to explain to youth, information about automatic Medi-Cal eligibility. This bill provides a technical fix to ensure that youth in care have appropriate health and mental health coverage.

MOVING FORWARD: Recommendations

“Many resource families are relatives and a great concern is child care and it is not offered as a core service. We have working families who would take in a younger sibling but can not afford to without a child care subsidy.”

James Rydingsword, Director, San Benito County Health & Human Services Agency

“We are seeing ripples of policy changes, but we may need new strategies to address the full implication of extended foster care.”

Amy Lemley, Executive Director, John Burton Foundation

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Integrate and coordinate supports and services with behavioral health.

For so many of the legislative reforms pending implementation, a critical factor is the access to behavioral health services. Whether it's for resource families who are supporting a traumatized child, a parent with substance abuse issue, providing alternatives to psychotropic medication, or to help a victim of criminal sexual exploitation, the availability and support from behavioral health is essential.

Provide child care subsidy.

Recruitment and retaining resource families, particularly relatives, requires that we acknowledge the need to provide access to child care subsidies. California's high cost of living requires that many families include two parents who work outside of the home. Access to high quality child care, particularly for young children, supports school-readiness for children, and a critical component for recruiting and retaining resource families.

Evolve responses for foster youth aged 18-21.

The Fostering Connections to Success Act, or AB 12, the extension of foster care services to age 21, passed in 2010 and was implemented in 2012. California now has 9,000 foster youth aged 18-21 and based on recent data, many of these young people are parents, and many of them are now pursuing higher education. These factors present new challenges and opportunities for their transition to independence.

Create more affordable housing.

Many counties in California are experiencing very high housing costs that have rippling, negative consequences for youth and families. Lack of affordable housing inhibits resource family recruitment, and is a barrier especially to relative caregivers, who often take in sibling groups but cannot find affordable housing for their growing family.

Provide education and training for courts.

The courts, including child and parent counsel, as well as judges, play an important role to ensure that the child and family needs are represented and that the required supports and services are provided. Given the complexity of many of these new reforms and policies, there will need to be consistent and ongoing training and support to the court system, as well as sufficient resources to ensure that all children and parents receive quality counsel.



**California Child Welfare
Co-Investment Partnership**

The California Child Welfare Co-Investment Partnership is a collaboration of private and public organizations working to improve outcomes in the child welfare system. The Partnership comprises five philanthropic organizations (Casey Family Programs, Conrad N. Hilton Foundation, Stuart Foundation, Walter S. Johnson

Foundation, and Zellerbach Family Foundation) and the California Department of Social Services, the Judicial Council of California's Center for Families, Children & the Courts, and County Welfare Directors Association. *insights* is an ongoing publication of the Partnership that examines the links between data, policy, and outcomes for our state's most vulnerable children and families. Download previous editions of *insights* and find out more about the Partnership at co-invest.org.