California continues to make significant progress on transforming policy and practice with the Continuum of Care Reform (CCR), and legislation this session addressed some of the implementation challenges. Beyond CCR, policies passed both through legislation and via the budget addressed critical issues such as housing, poverty, education, and mental health in order to prevent system involvement and improve life trajectories.

One of the most anticipated child welfare reforms of the last decade, the Family First Prevention Services Act, was signed into law by President Trump in 2018 with implementation scheduled no earlier than 2019 for key provisions, with some state flexibility on those time frames. California stakeholders are focused on ensuring that this new federal law is implemented in a way that is consistent and supportive of state reforms currently in process.

The most encouraging theme underlying both the state and federal legislation is the focus on prevention, and keeping families together through trauma-informed supports and services.

No family has the luxury of being touched by just one government system. We need to approach issues like health, poverty, education, and homelessness from a much more expansive position and broaden our child welfare platform.”

*State Senator Holly Mitchell*

Over the past few years we have been engaged in a transformation of our child welfare system through sweeping policy changes, but the key to making this work is the more challenging culture shift in how we view our role in healing our children and families.”

*Will Lightbourne, Director, California Department of Social Services*
Continuum of Care Reform (CCR): Progress to Date

The key to CCR is that young people and families have voice and choice and that their needs and strengths are honored. We are seeing significant progress on a number of indicators, the number of youth in group homes has shown some decline, and we have certified over 160 facilities to provide the intensive healing and therapeutic services that may be needed for a subset of our young people in care.”

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

While it is early in the CCR implementation process to draw conclusions, a potentially promising trend is that—even though a higher-needs population is presumably being served due to fewer children entering or in foster care—the use of congregate care has not increased and remains quite low while placements with relatives and other family-settings is high.”

Daniel Webster, PhD, Center for Social Services Research, California Child Welfare Indicators Project

Continuum of Care Reform, introduced in 2015 with AB 403, with follow up legislation in subsequent years, is premised on significantly reducing the use of group homes and congregate care with the vision that all children and youth in foster care are loved by—and living with—resource families, which include and prioritize relatives.

The implementation process for CCR has been highly collaborative, with significant and consistent involvement of stakeholders working with both state and county leaders to address challenges in transforming our current child welfare system to trauma-informed, family-based care.

California has been ahead of the national trend on reducing use of congregate care for the last decade, with statewide data indicating that group home placements constitute around 6% of total placements, versus other states with placements as high as 30%. As the table shows, California made fewer congregate care placements in the year 2017-2018 than in 2016-2017. However, the rate remained the same given fewer entries into care, and the impact of CCR may not be seen for several years as policies are fully implemented.

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AB 404: Cleanup legislation allowing resource families to transfer Resource Family Approval (RFA) to another county or Foster Family Agency (FFA); revised the preferential consideration language so that children are preferably placed with any relative as opposed to specific family members; addressed short-term residential therapeutic program (STRTP) rates, respite care, and the intensive services foster care program.

AB 507: At county discretion, requires a resource family or applicant to receive one or more hours of relevant specialized training in addition to the eight hours of training that are required by state law to complete the RFA process.

SB 213: Streamlines placement with relatives by allowing children to be placed with relatives that may have criminal background issues that could be exempted as long as the safety and health of the child are protected.

AB 110: Allows emergency caregivers to receive foster care payments starting at the time of placement, while their RFA certification is pending.

AB 1811: Includes provision that allows families receiving payments under AB 110 to receive those funds for up to 180 days; $4.6 million one-time funding to help counties process backlogged RFA applications.

AB 2083: Provides for local coordination of services to youth with severe trauma, whose needs cross over multiple service systems, as well as state-level coordination and oversight of policy and practice related to serving these high-needs youth.

SB 925: Requires that a child’s or youth’s Child and Family Team include his or her Court-Appointed Special Advocate if one has been appointed, unless the child or youth objects.

SB 1083: Extends the deadline for existing certified or approved foster families who were caring for foster children in 2017 to convert to RFA by a year, to December 31, 2020. It also clarifies that parents through Voluntary Placement Agreements do not require RFA.

AB 1930: Addresses requirements to support implementation, notably extends deadlines for phasing out the use of group homes, revises the RFA application process so that a child may be placed with a resource family before the permanency assessment is complete.

The biggest thing that happened this year is funding at the time of placement (relative or non-relative). If you are a family friend or a relative, we are going to make sure you have immediate access to funding.”

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

We see a significant link between CCR and QPI. QPI lays out the challenges of the child and their family and makes it known that kids come from traumatic situations and their behavior will require interventions. As a resource family you are expected to understand those triggers so you can help model strong parenting to the birth parents.”

Judy Webber, Deputy Director, Department of Children and Family Services, Ventura County

QPI helped us to understand how important our relationships are with caregivers: that they have a voice, and are a part of the team and the most important intervention with children that we have.”

Nick Honey, Director, Family, Youth, and Children’s Services, Sonoma County
This last legislative session included many bills addressing various aspects of child welfare reform with the goal of preventing and reducing the number of children in care, and improving the overall well-being of children and families. While passing bills at the state level is an important first step, the real challenge often comes in the county implementation. It may take several more years to see progress reflected in outcomes data.

**State Legislation Highlights**

**Family Stability**
- An increase in CalWORKS, the first in forty years, which has the potential to reduce childhood poverty, a key driver of foster care.
- Ending SSI Cash-Out for SNAP (food stamps) benefits to reduce food insecurity.
- The Homeless Emergency Aid Program provides localities with $500 million in one-time funding to reduce homelessness and requires local plans to set aside a minimum of 5% of granted funds ($25 million statewide) to better serve their homeless youth population (SB89).

**Housing**
- **SB 612**: Codifies elements of the Transitional Housing Placement + Foster Care (THP+FC) program to clarify and update regulations to reflect best practices obtained over the past five years of the program.
- **SB 918**: Adds new responsibilities specifically related to homeless youth to the state’s Homeless (Coordinating) and Financing Council, and sets specific, measurable goals to prevent and end homelessness among California’s youth.

**Youth Stability and Support**
- **AB 2337**: Clarifies that young adults between eighteen and twenty-one who were in foster care and who receive Supplemental Security Income (SSI) are permitted to re-enter extended foster care when they meet all other eligibility criteria.
- **AB 2247**: Requires a social worker or placement agency to implement a placement preservation strategy prior to changing a child’s placement and requires at least fourteen days’ written notice to be given prior to a placement change. This replaces the current seven-day notice structure.
- **AB 2207**: Requires CDSS to develop model policies based on consultation with stakeholders, to assist counties in identifying and serving Commercially Sexually Exploited Children (CSEC) survivors no later than Jan. 1, 2020.
- **AB 2992**: Requires the Commission on Peace Officer Standards and Training to develop a course on CSEC and victims of human trafficking.

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“Through our #FosterStability Campaign, CYC members were really able to paint a picture about how 7 day notices (abrupt placement changes) were incredibly detrimental to them and their wellness. We learned that there are no placement change protections or procedures in California written into law.”

*Vanessa Hernandez, Directory of Statewide Policy, California Youth Connection*
Education and Employment

• **AB 2448**: Supports foster youth and probation-supervised youth in out-of-home placements safely and securely in accessing computer technology and the internet to complete school assignments, gain important career skills, stay connected to supportive family members, and experience age-appropriate activities.

• **SB 233**: Clarifies access to current education records for caregivers of foster children who are not the child’s education rights holder.

• **AB 1661**: Requires local education agencies to develop and implement transportation procedures that help to maintain foster youth in their school of origin, when it is in the youth’s best interest to do so.

• **AB 3089**: $4 million expansion to the Chafee Education and Training Voucher Program.

• $5.3 million for Expanded Entitlement to Financial Aid (Cal Grant) for Foster Youth until age twenty-six.

• **SB 12**: Increases access to the Pell Grant by assisting foster youth in their application process, streamlining the verification process, and expanding campus-based assistance.

• **AB 766**: Enables foster youth under age eighteen to reside in college housing as a Supervised Independent Living Placement.

• **AB 1567**: Notifies self-identified foster youth enrolling into California Community Colleges and California State Universities of existing on-campus programs at the point of enrollment.

• **AB 2608**: Gives priority to former California foster youth over other applicants for loan repayment grants to help them complete graduate school to become Licensed Mental Health Service Providers.

• **AB 2830**: Requires counties to develop programs for internships and student assistant positions that provide preference to members of disadvantaged groups, including foster youth.

Physical and Behavioral Health

• **AB 340**: Establishes an advisory working group to update, amend, or develop tools and protocols for screening children for trauma as part of routine health screening provided through the Medicaid EPSDT benefit.

• **SB 1287**: Revises the Medi-Cal definition of “medically necessary” to incorporate the existing federal standards related to EPSDT services.

• **AB 2119**: Confirms that children and youth in foster care have a right to gender-affirming care and requires CDSS, in consultation with the DHCS and other stakeholders, to develop guidance and describe best practices.

• **SB 1004**: Requires the Mental Health Services Oversight and Accountability Commission to create a statewide strategy for how counties can spend the estimated $500 million per year in MHSA prevention and early intervention services.

"[Access to technology] is a basic right in this era. It’s a gateway to maintaining relationships, succeeding in school, preparing to transition to adulthood, allowing access to physical and mental health care, and obtaining information about opportunities."

Jennifer Rodriguez, Executive Director, Youth Law Center

“One in four young people in care are age sixteen or older, and helping them into and through college is critical to equipping them with what they need to combat poverty as adults.”

Amy Lemley, Executive Director, John Burton Advocates for Youth
We work very hard to ensure that our practices are evidence-based and mirror the latest research on adolescent brain development to prevent youth from entering the criminal justice system.”

Rosie McCool, Deputy Director, Chief Probation Officers of California

**Juvenile Justice**

- **Youth Reinvestment Fund**: $37.3 million specifically dedicated to improve outcomes for youth accused of status and misdemeanor offenses by offering trauma-informed and community-based services in lieu of arrest and incarceration to avoid deeper system involvement.

- **Fostering Success Fund**: Supports foster youth at risk of being criminalized for minor offenses by allocating funds for select counties with significant numbers of foster youth in group care crossing over to the delinquency system to expand trauma-informed, culturally relevant training and services to youth in these facilities focused on promoting healthy development.

- **SB 439**: Sets twelve as the minimum age for youth to be placed in the jurisdiction of delinquency juvenile court. If a minor under twelve years of age comes to the attention of law enforcement because of his or her behavior or actions, the county is required to release the minor to his or her parent, guardian, or caregiver.

- **SB 1391**: Prohibits youth ages 14 and 15 from being tried as adults, and retroactively alters convictions.

- **SB 1106**: Young adults ages eighteen to twenty-one who commit nonviolent felonies are now eligible to serve their sentence in juvenile hall, rather than in adult county jail, if determined suitable by local stakeholders.

- **AB 1214**: Prevents lengthy institutionalization in juvenile halls of young people who have committed a crime and were declared mentally unfit. Requires counties to provide timely mental health services to stabilize youth. If timely care is not possible, requires to less restrictive placement.

**Indian Child Welfare Act**

- **AB 3047**: Waives the $500 fee for out-of-state tribal attorneys so they can represent their clients without the $500 fee.

- **AB 3176**: Indian Child Welfare Conformance Bill: Conforms the California Welfare and Institutions Code to the 2016 Bureau of Indian Affairs Indian Child Welfare Act regulations on situations where a child is a member of several tribes, and clarifies “active efforts” to support the preservation or reunification of families.

- **AB 1962**: LCFF Funds for Tribal Youth: Allows public school districts to include dependent children of tribal courts as “unduplicated pupils,” allowing supplemental and concentration grant add-ons to meet their educational needs.
Federal Policy Reform: Family First Prevention Services Act (FFPSA)

This new legislation, intended to significantly change child welfare systems across the country, was signed into law on February 9, 2018, as part of the Bipartisan Budget Act of 2018 (H.R. 1892). Implementation of key provisions of FFPSA is expected to begin in 2019 and continue into 2020 and 2021. States have some flexibility to determine the extent to which they will adopt certain aspects of this new law, as well as the ability to delay implementation of other aspects for up to two years.

FOUR FAST FACTS (KEY PROVISIONS)

1. Eligibility for prevention services is without regard to income, eliminating the 1996 AFDC look-back requirement for children eligible under the new FFPSA provision. To be eligible, children must be found by the state/county to be candidates for foster care, meaning they are at “imminent risk of entering foster care” without the provision of these prevention services. The enumerated services also can be provided to pregnant or parenting youth who are in foster care.

2. Title IV-E, the primary source of child welfare funding, can now be used for a specified set of prevention and aftercare services. Previously, Title IV-E funds (which operate as an open-ended entitlement) could only be used to help with the costs of foster care maintenance for eligible children; administrative expenses to manage the program; training for staff, foster parents, and certain private agency staff; adoption assistance; and kinship guardianship assistance. In addition, FFPSA allows for the use of these funds for eligible children and their parents to pay for mental health and substance use disorder treatment services and in-home parenting skill-based instruction.

The implementation of FFPSA needs to be done very thoughtfully, and in a state like California, which is so diverse and with the high volume of children and families served, child welfare needs to think on a scale beyond the child welfare agency, and engage partners, including the judicial community, providers, caregivers, education, and housing so there is a joint vision, commitment and effort to achieve better outcomes.”

Jerry Milner, Acting Commissioner for the Administration on Children, Youth and Families
Federal Policy Reform: Family First Prevention Services Act, continued

FOUR FAST FACTS (KEY PROVISIONS), CONTINUED

3 Services must meet new evidence-based guidelines to be reimbursed. These categories are further defined in statute, but in general require the following:

- **Promising Practice**: Created from an independently reviewed study that uses a control group and shows statistically significant results.

- **Supported Practice**: Uses a random-controlled trial or rigorous quasi-experimental design. Must have sustained success for at least six months after the end of treatment.

- **Well-supported Practice**: Shows success beyond a year after treatment. At least half of a state’s spending on prevention services claimed under FFPSA must be in this category.

4 Prioritizes placement in family-like setting, including relatives and foster homes, and significantly reduces group homes and congregate care as a federally funded placement option.

- Federal reimbursement for group homes or congregate care limited to two weeks unless the home and each individual placement meet specified requirements.

- Time-limited placements in newly created qualified residential treatment programs (QRTPs) for children with emotional and behavioral disturbances.

- Exceptions include use of congregate care for prenatal, postpartum, or parenting support for youth in foster care; supervised settings for children eighteen or older; and programs for youth who have been victims of and/or are at risk of human trafficking.

The Family First Act codified a lot of things California was already doing through the Continuum of Care Reform to reduce congregate care placements, with a few departures that we will need to work through in order to maintain and build on the progress we’ve already made. Looking forward, we are working with our counties, the state and advocates to identify and implement the opportunities for California in Family First to improve outcomes for our families, youth, and caregivers.”

*Cathy Senderling-McDonald, Deputy Executive Director, County Welfare Directors Association*
• **Increase recruitment, training, and support for child welfare workforce to meet changing requirements.** The number and depth of child welfare policy and practice reforms, including Child and Family Teaming, puts significant new demands on the child welfare workforce. Future success of these efforts will require more resources for training, coaching, and mentoring to support an already overburdened workforce.

• **Continue to focus support on strengthening resource families.** As congregate care settings are minimized, the breadth and depth of supports needed for resource families is increasing, with an even greater emphasis on services being trauma-informed and able to help children heal. QPI is showing promising results in many counties as a unique support model that should be encouraged for adoption statewide. Efforts to “bring services to the child” in the home, such as through the proposed Family Urgent Response System (AB 2043, described below), are also needed to preserve and strengthen placements.

• **Prioritize immediate and integrated behavioral health supports.** The Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT) has been an entitlement for decades, yet the majority of children and youth in the child welfare system do not receive needed behavioral health services and supports as part of their routine care. New efforts, like California Children’s Trust, are tackling the system-wide change needed to ensure all children receive the behavioral health care they need to thrive.

• **Address the need for crisis response services.** Proposed legislation (AB 2043, Arambula, D-Fresno) would have developed a statewide hotline for foster children and youth and their caregivers, as well as a mobile response unit available around the clock in every county. This proposal did not pass in 2018, but moving forward this legislation shows great promise to improve system responses and coordination of services.

• **Promote awareness of new policy.** Title IV-E, the federal entitlement program for child welfare services, can now be used to pay for legal support to children and parents who are involved with the child welfare system. The decision opens up potentially millions of dollars for state and county agencies willing to spend on greater legal protections for families.

> “A child should get mental health care right when they come into the system, and NOT have to wait until they have a diagnosis. All of these children have had some level of trauma. They have mental health needs. They should not have to wait for a formal diagnosis to get some mental health support.”

*Assemblymember Mark Stone*
For this issue of insights, we would like to thank the following individuals for sharing their perspectives:

Diana Boyer, California Welfare Directors Assn. (CWDA); Kimberly Giardina, County of San Diego Health and Human Services Agency; Vanessa Hernandez, California Youth Connection; Nick Honey, Sonoma County Family, Youth and Children's Services; Amy Lemley, John Burton Advocates for Youth; Will Lightbourne, California Department of Social Services; Rosie McCool, Chief Probation Officers of California; Frank Mecca, CWDA; Jerry Milner, Administration on Children, Youth and Families; Holly Mitchell, California State Senator, District 30; Gordon Richardson, Uplift Family Services; Jennifer Rodriguez, Youth Law Center; Greg Rose, California Department of Social Services; Carroll Schroeder, California Alliance of Child and Family Services; Angie Schwartz, Alliance for Children's Rights; Cathy Senderling-McDonald, CWDA; Mark Stone, California State Assemblymember, District 29; Judy Webber, Ventura County, Department of Children and Family Services; Daniel Webster, California Child Welfare Indicators Project