A REPORT BY
THE 2015-2016 CONTRA COSTA COUNTY GRAND JURY
725 Court Street
Martinez, California 94553

Report 1612

Foster Care Under AB 403

A Disconnect Between Policy and Reality?

APPROVED BY THE GRAND JURY:

Date: 6/14/16

Michael Simmons
MICHAEL SIMMONS
GRAND JURY FOREPERSON

ACCEPTED FOR FILING:

Date: 6/10/16

John T. Laettner
JOHN T. LAETTNER
JUDGE OF THE SUPERIOR COURT

Contact: Michael Simmons
Foreperson
925-957-5638

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TO: Contra Costa County Board of Supervisors

SUMMARY

In January 2017 a new law, AB 403 (Stone) will go into effect. This law requires the California Department of Social Services (CDSS) to begin a multi-year plan for replacing privately run group foster homes with short-term residential treatment centers (STRTC). These specialized treatment centers are to serve as homes where foster youth will stay no more than six months before moving to a foster home.

Each California county must create a plan to implement the requirements of the new law and be prepared to place all youth currently living in group homes into foster homes. For Contra Costa County (County) this requires finding foster parents or close relatives to provide homes for approximately 150 of the County's most vulnerable youth.

The County has made conscientious efforts to comply with the law (including formulating its own plan as required by CDSS). However, a significant gap remains between what is currently planned and what must ultimately be accomplished.

While restructuring the current group home system is desirable, there are not enough foster homes with the specialized training and experience needed to handle the youth presently living in group homes. Transferring these youths into foster homes, without an appropriately funded, carefully thought out and managed program, risks failing them.

METHODOLOGY

The Grand Jury conducted multiple interviews with County staff and representatives of non-government organizations, reviewed official reports, visited a Foster Family Agency (FFA- See Glossary) home, and conducted on-line research to obtain information regarding foster care in the County.

BACKGROUND

Foster care has been a hot topic since the State of California passed AB 403 to end the "warehousing" of youth in group homes. Under this plan, youth in group homes will be placed into kinship caregiver homes or foster family homes. AB 403 also seeks to place youth who are new to foster and group homes with relatives or close family friends whenever possible. AB 403 increases the financial support given to relatives or close family friends to the same level that non-relative foster parents receive.

One of the many important functions of County government is to operate the foster care system as mandated by the CDSS. The purpose of the foster care system is to protect children under 18 who have lost their biological parents or who are otherwise unable to live with their biological families or close friends.

Currently, the County has a shortage of foster family homes to care for youth in group homes. Group homes are used as a last resort for foster youth who are too difficult to handle in a typical foster family home. Group homes are relatively expensive to operate and the outcomes of youth placed there have been statistically worse than those placed in foster family homes.

The County has the responsibility of finding foster parents willing to accept these children and raise them as their own. The County, through CDSS, reimburses the foster parents for the living expenses of the foster child at rates set by the State. It also monitors foster placements and furnishes services and support to the foster parents.

In October 2015, there were 1,523 youth and other dependents under the jurisdiction of the County's Child Welfare Services (CWS). The breakdown of those under CWS jurisdiction was as follows:

- Youth under CWS jurisdiction in all types of home-based foster care = 801
- Youth under CWS jurisdiction still at family residence = 566
- Youth under CWS jurisdiction place with group homes = 156
- Youth placed out-of-County = 384
- Youth placed with care of relatives (kinship care) = 307
- Youth placed with in-County foster homes (not kinship care) = 110
- Supervised independent living and other types of care = 60

While there are 338 "non-related, licensed foster homes" in the County, not all of these homes are a match for the youth that currently need fostering. The above breakdown shows there are currently 156 foster youth placed in specialized group homes (with up to five other foster children). These youths cannot be placed in individual foster homes because of physical and/or behavioral issues. The staff in the group homes have specialized knowledge and experience in handling these challenging youth. In addition, the group homes have social workers and support staff available and, depending on the

level of care, some provide health services as well. In Contra Costa County, the group homes are operated by Youth Homes Inc. of Pleasant Hill, Paradise Adolescent Home of San Ramon, and Aspiranet of Antioch.

Once a foster child turns 18 years old, he or she has the option to leave the system or stay in foster care for up to three more years. The youth opting to extend their foster care are provided for by the County until they reach the age of 21 and do not necessarily require individual foster home placement.

CFS has yet to measure how foster youth fared after being in the program, such as whether they graduated with a GED and/or were able to go to college, become employed, etc. While it is difficult to gather such data about outcomes, this data can be obtained from reports that are written about each youth as they exit or age out of the system, and is important in helping to determine which foster care situations yielded the best results.

AB 403

To better meet the needs of youth in foster care and to promote positive outcomes for these youth as they transition out of foster care, the California legislature passed AB 403 in October 2015. AB 403 requires the following changes:

- An update to the assessment process so that the first placement is the right one
- Establishment of core services and support for foster youth, their families and resource families
- Strengthened training and qualifications for resource families providing care to foster youth and congregate care (Group Homes) facility staff
- To the extent that the children are provided needed services and support, a transition from congregate care to foster family home based care with resource families
- Transformation of group homes into a new category of congregate care facility defined as Short-Term Residential Treatment Centers (STRTCs)
- Revision/increase the foster care rate structure
- Requirement that STRTCs and treatment foster family agencies be certified by counties through their mental health plans
- Performance evaluations of providers

The CDSS believes that recruitment of non-related caregivers alone will be insufficient to meet the foster care needs of the County. Greater effort must therefore be made to find, retain and support related caregivers. However, simply finding related caregivers is also insufficient. These relatives will most likely need to be provided with support and services in their home.

Research has shown that foster youth placed in kinship (related) care experience fewer placements and improved well-being. These youth are more likely to have frequent and consistent contact with siblings and birth parents, which can aid in reunification efforts. The same research suggests that these foster youth: i) will have fewer negative emotions about being placed into foster care than youth placed with non-relatives; ii) are less likely to run away; and iii) are more likely to graduate from high school.

AB 403 increases reimbursement for care by a close relative (kinship care) to the same level as for care by non-relative foster parents. While kinship care is desirable, there are often difficulties in qualifying such families. They may not meet the standards required for state licensing. For example, the house may not have the required number of bedrooms or someone living in the household may have a criminal record that disqualifies the household (although this disqualification standard is less than clear).

On November 18, 2015, the County sent CDSS its *2015 Foster and Relative Caregiver Recruitment, Retention and Support Plan*, as required by law. The Plan contains 16 proposals for finding a sufficient number of home-based family and kinship care family settings for youth currently in group homes. This plan anticipates finding short term capacity for 94 low-risk youth and long-term capacity for 30 high risk youth currently in group homes. The latter group of 30 youth would remain in STRTC until considered ready for relocation to a home-based family setting with related or non-related caregivers.

The plan proposes finding 124 appropriately trained and supported foster parent families. CDSS has provided the County until January 2017 to implement the plan. To achieve the goals outlined in AB 403, the County has requested $3.4 million in funds from CDSS. The latest of three responses from CDSS on March 2, 2016 allocated $443,938 to be spent on six of the proposed county programs by June 30, 2016. The County plans to uses these funds for programs prior to the state imposed spending deadline. However, the County also recently requested an extension to spend the funds, as the current schedule does not permit sufficient time to set up and prepare contractual agreements for services.

DISCUSSION

In her 2014 book about the broken foster care system, To the End of June: The Intimate Life of American Foster Care, author Cris Beam writes, *"And yet nobody – not the kids, not the foster or biological parents, not the social workers, the administrators, the politicians, the policy experts – thinks the system is working."*

Foster care is intended to provide a temporary safe haven for children who are abused and/or neglected. However, temporary is not always brief. On average, a foster child spends 23 months in foster care, often living in multiple foster homes. Nearly 20 percent of foster children experience 10 or more placements.

The current outcome for most foster youths is disgraceful and heart breaking. Almost 40 percent end up homeless, another 40 percent will be incarcerated, and only 20 percent will lead relatively stable, productive lives.

AB 403 is designed to restructure and eventually replace the state's system of foster group homes. The group homes are meant to provide therapy and care for the state's most troubled youths. In recent years, however, several group homes have come under intense scrutiny because of sexual abuse allegations, drug prescription overuse, violence and frequent runaways.

The law, based on a 56-page report from the CDSS, is intended to overhaul group homes, which are viewed as ineffective and costly. Under the new law, group homes will undergo a new accreditation process, retrain staff, and will be designed to provide intensive, short-term assistance to youth. The legislation also aims to improve the process by which children are assessed, so that they are placed in STRTC's that will best meet and treat their specific needs. Additionally, CDSS will create a new, more rigorous method of oversight.

There is much support for the elimination of group homes under AB 403: "You have to break eggs to make an omelet." Unfortunately, there are certain youth who manifest such extreme behavior that it is unsafe or unreasonable to place them in a family-based setting. However, group homes must never be viewed as a long-term placement option. Rather, group homes must only be used as a short-term treatment option, a clearly defined step in the permanency/treatment process. This will require group home providers to have the capacity to provide short-term treatment. These providers must also be team players in a broader collaborative planning process and be willing to transfer youth as quickly as possible to less restrictive, permanent foster homes.

For AB 403 to work in Contra Costa County, the County must meet a number of challenges, such as recruiting and training an increased number of compassionate foster families, including the relatives of foster children. These families must be sufficiently supported and have the skills to nurture and develop youth who may have suffered years of trauma and can exhibit difficult and in some cases violent behavior. If the County can find such families, fewer youth may need to enter the group care system. Group homes will be reclassified as STRTCs and used only for youth whose mental health and other needs are most extreme. However, youth currently living in group homes will not be relocated until foster parents are recruited, trained and ready to accept them. It is anticipated that AB403 will not be fully implemented until January 2019.

The challenge is finding enough of those qualified foster caregivers, or as they will be called "Resource Parents." AB 403 provides more than $17 million to recruit foster care caregivers in California. Each county is required to report to CDSS the number of families that the county needs to recruit, how the county intends to meet the need, and how much the recruitment effort will cost. The County submitted a plan on November

18, 2015, requesting $3.4 million in funding to achieve the goals of AB 403 and was granted $443,938 on a one time basis.

Between October 2010 to October 2015, the number of Licensed Foster Homes in the County dropped from 421 homes to 338 homes. Over the same period, new license applications were relatively flat at 100 per year, while the number of new licenses issued dipped from an average of 60 per year to below 50 per year. Foster home closure averages increased from slightly over 40 per year at the start of the period to 71 per year at the end. During the past several years, the County made up for the deficit in county licensed foster homes by placing foster youth in out-of-county foster homes.

The County needs to recruit additional foster families to care for the 384 youth currently in foster homes outside of the county. Most of these youth are expected to remain with their current foster parents. However, with the advent of AB403, other counties may have a reduced surplus of foster homes, as their own group homes are closed and displaced foster group home youth will need to be placed in their "home" county. Accommodating youth who are currently fostered out-of-county, but who may return to CCC, adds additional urgency to the recruitment of foster families in the County.

To house the youth presently in group homes, assuming only one youth to a home, the County would need to add 124 caregiver homes. This shortage is exacerbated by attrition among foster families (those opting out of the system). In the past 5 years, the attrition rate was about 50 foster caregivers each year. The most common reasons for attrition are: i) their foster children were adopted; ii) the youth were termed out; or iii) the caregiver decided to retire; and iv) lack of resources to support their care. For these reasons, replacement foster homes must be found,

Finally, many of the County's currently available foster parents want to adopt youth in the birth to 5 years-old age group and are not willing to foster youth who are teenagers, and often have difficult behavior issues. Consequently, to comply with AB 403, the County needs approximately 174 (the current shortfall of 124 foster homes plus 50 for the expected attrition rate) new homes with foster parents willing and able to handle teenage youth. The County has not performed a gap analysis to determine the number of foster parents needed to accommodate various categories of youth from group homes.

Several child welfare experts anticipate that many current California group homes will close rather than meet the bill's new, more stringent requirements. These experts worry that if the foster family recruiting effort fails, the bill will only increase pressure on an already stressed system. Consequently, the existing group homes will need to continue operating, and the foster youth currently residing at the group homes will be given six month extensions until qualified foster homes can be found.

Marie K. Cohen, a former social worker in the District of Columbia, sees this as a major flaw in the legislation and has written about it for the Chronicle of Social Change, a

California-based child welfare website. She asks, *"If you have a drastic shortage of foster homes and you are closing group homes, where are these children going to go?"* The County's "2015 Foster and Relative Caregiver Recruitment, Retention and Support Plan" lists 16 proposed program activities. The activities in the plan include providing child respite care for foster parents, mental health supportive services for caregivers, hiring a caregiver recruiter, and providing direct financial support to relatives. Total cost of proposed programs if approved by CDSS would be $3.4 million annually. At this time, the County alone has been granted only $443,938, and this amount must be spent by June 30, 2016. This leaves the County $2,956,062 short of what the County has determined it needs to be successful, and is also required to spend the provided funds without proper research and Requests for Proposal (RFP).

To comply with AB 403, the County needs two full time recruitment coordinators, among other necessities. The current coordinator's time is shared with two other major job assignments. Past coordinators managed to recruit 40 new foster parents each year on average. Last year, only 11 new foster parents were recruited, an all-time low.

Hiring foster parent recruiters is both a challenge and a key to implementing AB 403. The recruiters need to work weekday evenings and weekends for better access to potential foster parent recruits, and should present in front of different groups including faith-based organizations. To this end, the job classification for foster parent recruiter should be revised and updated. Furthermore, the recruiters must be trained about how and where to recruit the best possible candidates. While FFA's Chief Executive Officer frequently recruits foster parents, rather than line personnel, higher level County staff do not appear to be as actively involved in the recruiting process.

In the 2009-2010 Grand Jury Report # 1011 "Our Foster Children are in Jeopardy," the Grand Jury reported the recruiting unit, then called Home Finding Unit, had been reduced from a staff of 8 to 2.9 Full Time Equivalents. To compare, there is now only one employee acting as the foster home recruiter, allocating just half her time to recruiting new foster home families.

The County generally uses foster families recruited by County staff before using a family recruited by FFA, because County personnel know those families better than FFA recruited families. Additionally, cost plays a factor in the County's decision since an FFA family costs two-thirds more than a County-recruited family.

To succeed in complying with AB 403 and meeting the needs of the County's foster youth, experienced foster parents must be recruited and retained and close relatives, who are willing and able to take on foster youth, must be located. Identifying and recruiting "empty nest" families who have successfully raised children and for whom the modest foster allowance (payment) may be less important, is one strategy for finding experienced foster parents.

AB 403 places great emphasis on finding a close relative to take a child. It is often time-consuming for CFS staff to locate close relatives and persuade them to foster a child. Such placements often involve extra expense when the close relative lives out of state or outside the country because CFS must monitor the placement. The County plan anticipates that, if successful, close relative placements will absorb 30 of the foster children currently in group homes. Success is not assured, however, since it is presumed that kin or close family friends have already been contacted and asked to take a child into their care, but have not agreed to do so.

Part of the solution to the foster home shortage is to expand the use of kinship care by training and paying these "replacement parents." There is a current program called "Approved Relative Caregiver" (ARC) which pays to adult relative caregivers of federally ineligible children the basic rate paid for other children who are federally eligible. ARC recognizes a policy preference for relative caregivers and enables the funding to support such placements. Eligible relative caregivers must be approved and live in California. Caregivers who are approved must meet health and safety standards that mirror those for licensed foster parents. Further, the children must be under the jurisdiction of the California juvenile court in a county that has opted in to the ARC Program, not be federally eligible under Title IV-E of the Social Security Act, and live in California.

The County could retain non-profits to help recruit and train experienced foster families that have successfully raised a foster child. The non-profit would earn a finder's fee, such as a percentage of the monthly reimbursement rate, for each new experienced foster parent used by the County. The current monthly reimbursement rate is $1200 per month.

Potential cost savings from reduced dependence on group homes can be calculated as follows based on a monthly reimbursement rate for foster families of $1,500 per month:

- Current cost for 80 foster children living in group homes:
  - $8,000/month (avg.) x 80 youths = $640,000/mo.
- Bonus funds (included in cost above) to reserve group home space:
  - 80 youths x $2,000 = $160,000
- Current cost for 80 foster children living in foster homes:
  - $1,500/mo. x 80 youths = $120,000/month.
- Additional mental and social services at foster homes:
  - $500/mo. x 80 youths = $40,000/month
- Comparison:
  - Group homes = $640,000 versus foster homes= $160,000 ($120,000 + $40,000).

Total monthly savings would be ≈ $640,000 - $160,000 = $480,000/mo. or $5.76 million annually.

For these savings to be realized, 80 group home children would be moved into special needs caregiver homes–a tall order, since there are only five active FFAs in the county. The reality is that the projected "savings" will have to be spent up-front to recruit and provide wraparound support for the new resource foster parents. Based on current rates of recruitment, it will take several years of sustained, focused recruitment by the County and FFAs to locate and train a sufficient number of new foster family resource parents to the level required.

Recruitment of new resource parents to make up the shortfall would also help out-of-county foster children move back to the County. Current costs to administer the out-of-county youth would be reduced as there would be less travel time to out-of-county locations and increased efficiency to supervise in-county homes.

The best way to ensure the "resource parent" system works is to increase the pool of homes available. The placement staff can select the resource parent who they think is the best fit rather than be forced to take the only foster home available or to place the youth out-of-county.

Foster Care and Mental Health

Currently, when foster youth first come into the CFS system, they usually go to a County CFS placement center, where an initial assessment of their needs is conducted, including a mental health screening. Mental Health is a division of the County that deals with mental health related issues. Currently Mental Health does not have specialized staff to evaluate foster youth, nor does it provide guidance in placing these youth with foster parents. By law the County has just 23 hours to evaluate a child who is being placed in foster care, select a foster home and coordinate the child's move to foster care. There have been occasions when the required screening by Mental Health was not completed before the selection of the foster home. This leads to a lack of vital information needed to guide the placement decision and could pose risks to the youth and the foster parents.

CFS and Mental Health have had conflicts in the past that management has failed to resolve. This situation will become more critical as many of the youth in group homes have mental health issues that pose unique behavioral challenges.

The County's mental health professionals are prevented by the terms of Memoranda of Understanding (MOUs) from providing after-hours care, which is often when that care is most needed. Consequently, the County has to outsource these services after hours to independent mental health contractors, such as Seneca, at increased expense to the County. The need for such care is likely to increase as the youth residing in group homes who have behavior issues transition to new foster homes. In addition, continuing mental health care when youth are moved from one foster parent to another can be difficult.

Obtaining mental health records regarding diagnosis, treatment and prognosis of foster youth poses another challenge for CFS trained staff in providing mental health care to foster youth. This data is critical to the assessment and placement of these children. However, HIPAA regulations and client privacy can make it difficult to obtain these important records when support activities are separated into different departments.

There is an urgent need for family counseling to assist the family in crisis and prevent the youth going into foster care, unless absolutely necessary. For example, youth have been placed into foster care after receiving Mental Health care after a crisis at their home under Section 5150,[1] because the parents did not want them to return home.

There are many potential advantages to creating a Mental Health unit in CFS:

- Better coordination between CFS and Mental Health services
- Faster and more comprehensive assessment of new foster youth coming into CFS may contribute to a better informed selection of foster parents
- Better understanding and communication between the placement unit and mental health professionals on all issues regarding foster youth
- Better understanding by mental health professionals of the intricacies of providing foster youth services
- Quicker and better identification of the best type of ongoing therapy needed for foster youth
- More "just in time" therapy for youth, foster parents, kinship care givers, and group home staff, as mental health professionals would be more easily accessible
- Enhanced training of new and existing foster parents in relationship management and de-escalating potential crisis situations
- Ready availability of specialized and experienced mental health professionals able to coach and counsel CFS staff, Foster parents, and foster youth as situations arise
- Closer monitoring and tracking of all therapists treating foster youth
- Better identification of those therapists who are able to achieve the best outcomes with foster youth, and better ability to identify therapists who do not achieve consistent positive results
- Improved ability to assist in the training of relative care givers and increased guidance as to the availability of family counseling services

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[1] Section **5150** is a section of the California Welfare and Institutions Code (WIC) (in particular, the Lanterman–Petris–Short Act or "LPS") which authorizes a qualified officer or clinician to involuntarily confine a person suspected to have a mental disorder that makes him or her a danger to self and others.

- Better training of CFS staff in all mental health issues and quicker diagnoses, treatment recommendations and prognoses of the foster youth

- Less friction and better coordination between two large County departments
    - For example, County has initiated a Continuous Quality Improvement (CQI) [see Glossary] process to evaluate the handling of cases to determine lessons learned, resources that worked, and various compliance aspects. At present, this process is done by CFS staff and does not include personnel from Mental Health who are frequently key players in the therapy programs needed by the youth and could add valuable insights.

Changes to the Foster Care Model

The big change in foster care attributed to California's "Continuum of Care Reform" (CCR) is exemplified in the role of a "foster family," soon to be rebranded in California as a "resource family." The practice of a foster child going into a group home and basically remaining in the "foster care system" until they age out is ending. Group home placement or "congregate care," as some refer to it, is being dismantled and reconstructed as only a short-term service provider.

Therapeutic Foster Care has moved to center stage as the intervention of choice for children and youth, including those who have been commercially sexually exploited (CSEC) and whose lives have been impacted by trauma and adverse childhood experiences.

The role of the traditional foster parent is transforming into a "professional" parent who serves as a resource for the foster child. There will no longer be "long-term foster care." In the new system, resource parents will only provide short-term care to help expedite the child's move to permanency.

Under this new model, resource parents will provide the following types of care:

- Emergency shelter services
- Short-term foster care bundled with permanency services and support
- Therapeutic Foster Care, with resource parents playing a critical role in the treatment process in order to stabilize children's behaviors and enhance successful permanency placement
- Adoption/guardianship, with resource families becoming the child's permanent family

Many County-recruited foster families tend to be younger and some are mainly interested in taking foster youth with the hope of eventual adoption. So, while there may be a number of potential foster parents on the rolls, the number can be deceiving in

that few are available for the placement of teenage youth. The majority of the group home foster youth needing placement are teenagers.

Foster Family Agency (FFA)

By statute, FFAs are organized and operated on a non-profit basis and are engaged in recruiting, certifying, and training foster parents; providing professional support to foster parents; and finding homes (other temporary or permanent) placements for children who require more intensive care. Licensed FFAs often work to move children who are residing in group homes into foster homes after the County has been unsuccessful in finding foster homes for them.

Foster parents certified by FFAs tend to be more experienced and many were previously foster parents under the County system. FFA management provides more support than the County does to these parents. FFAs furnish social workers and their caseloads are approximately 50% less than the County social worker caseloads (average FFA social worker has a caseload of 15 foster youth compared to an average of 30-35 for a County social worker). FFAs are also often faith-based, such as Hosanna Pathways and Agate Homes.

Faith-Based Foster Parents

Experts have reported that many faith-based foster parents are successful as they usually had many activities to engage the foster child and make them feel more at home. Additionally, faith communities can provide support for the families who take on the challenge of parenting children who need extra care and attention. For this reason, these communities have the potential to be a center of caring and hope for children who have suffered neglect, abuse, and disappointment.

Some of the positive reasons to seek recruiting foster parents in communities of faith include the following:

- The shared faith of people within a congregation can provide comfort and support to families in times of crisis.
- Congregations provide an extended family network for foster and adoptive families that often need that support, especially when they are raising children with serious physical, emotional, and/or behavioral problems.
- Children in the child welfare system desperately need to feel a sense of belonging and connection, and they often find this as a member of a religious family and a church congregation.
- Families recruited through their religious institutions often come to see foster care and adoption as a way of living out their faith, answering a calling, and making a difference in the world.

- In addition to needing a strong community of people to support them, adoptive families sometimes need crisis-intervention services. A church or synagogue can provide a safe, familiar setting for counseling and other professional services.

To the extent that faith-based foster parents are more motivated and can more easily draw on community support, the outcomes of faith-based foster children are often better than children fostered in secular homes. Children tend to stay with faith-based families longer than the average and the youth gain an increased sense of belonging to a community. Before such a placement is made, the foster child is informed that the foster parents are religious and attend church services and programs regularly. To be part of this foster family, the foster child is expected to participate in their religious practices. If the foster youth declines, then the child is placed into another available foster home.

To be effective, child welfare professionals need to recognize that faith, religion, spirituality, and community are significant dimensions of the human experience and can have a powerful influence on people's well-being. When we connect foster youth with families in their communities, as well as the right social services, we provide youth a better opportunity to develop their talents, interests and social lives within a community to which they feel connected.

Conclusion

Being a foster parent is not easy and requires special skill sets and training to succeed. While there are many reasons people become foster parents, some people do so because they have a higher calling based on love of another human being or as a commitment to their spiritual faith.

The deadline for full implementation of AB 403 is January 2019. This allows the County limited time to react and respond to the challenge of finding, training and supporting enough parents willing to foster children who have extreme mental health or other needs.

The County needs to redouble its efforts to locate, recruit and support more kinship and foster care givers, enhance its current programs, seek more funding to support the transition of youth now in group homes, as well as to provide in-county space for those youth placed in out-of-county care. This work must be done in time to comply with the January 2019 deadline set and to provide the County's most vulnerable youth with more permanent care, and avoid what one interviewee described as "a train wreck waiting to happen".

FINDINGS

F1. The attrition rate of families in the County who are willing to foster children is high.

F2. Many potential foster parents have been eliminated from the list of currently available foster parents, after it was found that they were only interested in adopting and were not willing to take in older foster youth.

F3. The County uses FFAs after first trying to locate suitable potential homes in the County system.

F4. The foster caregivers identified through FFAs are sometimes more experienced, and receive more support and training from the FFA.

F5. FFA social workers have lighter caseloads than County social workers.

F6. There is a shortage of available, qualified foster homes in the County, as evidenced by the 384 youth that are currently located in out-of-county foster homes.

F7. CFS selects foster parents recruited by the County instead of by FFAs because they cost approximately 40 percent less and the County foster parents are better known to the CFS Placement team as they were selected, trained and licensed by the County.

F8. The County has not performed a "gap" analysis to specifically identify the type of foster homes most needed.

F9. There is a shortage of foster parents willing and able to take in teenagers.

F10. Foster family recruitment efforts have not kept up with the need for foster families.

F11. The CFS recruiting position, which is the position that is responsible for foster parent recruitment, has not been filled and is currently staffed by one person on a half-time basis.

F12. CFS is not accumulating information to help measure outcomes of County foster youth and determine which providers are the most effective (where applicable).

F13. Mental health professionals do not participate in the new CFS Continuous Quality Improvement process.

F14. The County Mental Health Department does limited screenings/assessments of new foster youth.

F15. CFS Placement staff often does not have a complete mental health diagnosis, suggested treatment plan or prognosis prior to placing a new foster youth with foster parents.

F16. Ongoing mental health therapy for foster youth is frequently not as effective as it could be because it is difficult to arrange and often interrupted due to the movement of youth between foster homes.

F17. Out-of-county placement strains the resources of CFS both monetarily and in terms of staff time as CFS staff have to travel to wherever the foster youth is located.

F18. CFS is experiencing significant challenges in coordinating with all the necessary agencies involved to meet the requirements of AB 403.

F19. The outcomes of faith-based foster children are often better than for children fostered in secular homes, as their stay with such families is longer than the average and the youth gain an increased sense of belonging to a community.

F20. Current MOUs or job classifications do not permit sufficient flexibility to allow for mental health professionals to respond after hours to situations that arise in the treatment of foster youth.

F21. Based on the current costs of Group Home care, millions of dollars of State support money will be saved when foster youth transition to individual foster families.

F22. High level executives at FFAs frequently recruit foster parents, whereas lower level line personnel usually perform this function at the County.

RECOMMENDATIONS

R1. The Board of Supervisors should consider creating a special task force with staff from CFS, Mental Health, County administration, Group Home facilities, and Foster Parents Association to assess the potential safety impact on the community to place foster youth currently in group homes into less qualified foster parent homes.

R2. The Board of Supervisors should consider directing this Task Force (R1) to track progress of the recruiting and training of kinship care and new foster families, and network with surrounding counties as to best practices in recruiting and supporting resource families.

R3. The Board of Supervisors should consider directing the Task Force (R1) to explore the feasibility of creating a Mental Health Unit within CFS that would be responsible for the initial assessment and providing and/or supervising ongoing mental health care for foster youth.

R4. The Board of Supervisors should consider directing CFS to carefully monitor the costs of supporting a foster family and lobby the CDSS for more financial support for wraparound services to these families based on the documented actual costs.

R5. The Board of Supervisors should consider making it a priority to hire at least two full time foster family recruiters, who are classified to be able to work flexible hours, and are expected to be involved with higher level staff in recruiting presentations to recruit new Foster parents, at such time as funds to do so become available. .

R6. The Board of Supervisors should consider directing CFS to organize more recruitment presentations to prospective foster families, including scheduling some of these presentations on weekday evenings and weekends.

R7. CFS should reach out to FFAs to increase foster parent recruitment efforts and consider paying a fee to FFAs for each foster family recruited that resides in the County.

R8. The Board of Supervisors should consider directing CFS to create specific transition plans for County youth currently in Group Homes, including plans to conduct in depth mental health screenings of those transitioning youth to certify that they are safe to move from the relative safety of the Group Home environment into care of qualified foster parents, and plans for frequent follow up visits by CFS to the new foster parents to ensure the move is successful.

R9. The Board of Supervisors should consider directing CFS to review all current out-of-county placements to determine if and when any can be safely brought back to the County.

R10. The Board of Supervisors should consider directing CFS to create a more defined database of all available foster parents, including those identified through FFAs, to identify available foster parents' particular skills, backgrounds and other pertinent attributes, such as whether they reside in-county and out-of-county, and to enable the Placement Unit to more quickly identify the best match for youth in the system.

R11. When a foster youth may have mental health issues, the Board of Supervisors should consider requiring CFS to include a mental health professional in the Continuous Quality Improvement process, and also requiring that the process is coordinated with Continuous Quality Improvement processes used by FFAs, so that all Continuous Quality Improvement methods track and trend essentially the same issues.

R12. The Board of Supervisors should consider directing CFS to track outcomes of foster youth in the county and then trend these outcomes to guide future policy decisions.

R13. The Board of Supervisors should consider negotiating amendments to the applicable MOUs to make certain job descriptions/classifications for mental health professions to make working hours more flexible so these mental health care professionals can respond to after-hours situations that arise in the treatment of foster youth.

REQUIRED RESPONSES

	Findings	**Recommendations**
County Board of Supervisors	F1 - F22	R1 - R13

These responses must be provided in the format and by the date set forth in the cover letter that accompanies this report. An electronic copy of these responses in the form of a Word document should be sent by e-mail to epant@contracosta.courts.ca.gov and a hard (paper) copy should be sent to:

Civil Grand Jury – Foreperson

725 Court Street

P.O. Box 431

Martinez, CA 94553-0091

Glossary of Terms and Acronyms

ARC = Approved Relative Caregiver (A screened and qualified relative of the foster youth

CCR = Continuum of Care Reform (The name of the reform legislation initiated to improve foster care)

CFS = Child and Family Services (The division responsible for foster care and part of EHSD)

CDSS = California Department of Social Services

Congregate care = Group Foster Homes

CQI = Continuous Quality Improvement (The industry term for Quality assurance programs incorporating a "Lessons Learned" approach)

CSEC = Commercially Sexually Exploited Children

EHSD = Employment and Human Services Division

FFA = Foster Family Association (The designation of all nonprofit Foster Care agencies that are not County run)

HIPAA = Health Insurance Portability and Accountability Act (of 1996)

Kinship care = Care provided by relatives of Foster youth

MOUs = Memoranda of Understanding

RFP = Request for Proposal

STRTC = Short Term Residential Treatment Centers (The name given by the CDSS to the facilities that will replace the current Group Homes)

Appendix 1

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

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

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

Contact: Arianna Smith
Office of Assemblymember Mark Stone
Phone: (916) 319-2029
arianna.smith@asm.ca.gov

Appendix 2

CONTRA COSTA COUNTY — EMPLOYMENT & HUMAN SERVICES DEPARTMENT

FOSTER CARE & KINGAP RATES
AID PAYMENT COMPUTATIONS

LICENSED FOSTER HOME/RELATIVES/NREFM RATES EFFECTIVE 7/1/15					
AGE	0-4	5-8	9-11	12-14	15-21
Basic Monthly	$688	$744	$783	$820	$859
Basic Daily	$23	$25	$26	$27	$29

EMERGENCY FOSTER HOME AND DIFFICULT TO PLACE RATES EFFECTIVE 7/1/15					
EFH	$30	$32	$31	$33	$32
EFH w/ DTP	$33	$34	$36	$38	$38

KINGAP/NRLG RATES EFFECTIVE 7/1/15 FOR GUARDIANSHIPS ESTABLISHED PRIOR TO 5/1/11					
AGE	0-4	5-8	9-11	12-14	15-21
Basic monthly	$503	$547	$586	$646	$708

KINGAP/NRLG RATES EFFECTIVE 7/1/15 FOR GUARDIANSHIPS ESTABLISHED ON OR AFTER 5/1/11					
AGE	0-4	5-8	9-11	12-14	15-21
Basic monthly	$688	$744	$783	$820	$859

FOSTER FAMILY AGENCY RATES EFFECTIVE 7/1/15					
AGE	0-4	5-8	9-11	12-14	15-21
	$1789	$1866	$1923	$1992	$2060

FAMILIES FIRST FOSTER FAMILY AGENCY RATES (FROZEN RATES) 7/1/15					
AGE	0-4	5-8	9-11	12-14	15-21
	$1867	$1867	$1923	$1992	$2060

ALTERNATIVE FAMLY SERVICES FOSTER FAMILY AGENCY RATES (FROZEN RATES)7/1/15					
AGE	0-4	5-8	9-11	12-14	15-21
	$1865	$1866	$1923	$1992	$2060

INTERIM INTENSIVE TREATMENT FOSTER FAMILY AGENCY RATES EFFECTIVE 7/1/15			
ALL AGES	LEVEL I $5741 Previously Levels A &B	LEVEL II $4958 Previously Levels C &D	LEVEL III $4194 Previously Level E

MINOR MOTHER INFANT SUPPLEMENT EFFECTIVE 1/1/08 **For rates applicable to SB 500/720 (Minor Dependents in Foster Care) refer to Desk Guide FC 500**	
Foster Home/FFA/THPP/THP +FC/SILP/Kin-GAP	$411 per month
Group Home	$890 per month

TRANSITIONAL HOUSING PLACEMENT PROGRAM RATE EFFECTIVE 7/1/07 Ages 16-17	
Contra Costa County	$3805

TRANSITIONAL HOUSING + FC PROGRAM RATE EFFECTIVE 7/1/15 Ages 18-21	
Remote and Single Staffed Site	$3007
Host Family Model	$2393

1

CLOTHING ALLOWANCES EFFECTIVE 1/1/08 (Paid to all placements including legal guardians) Refer to FC CA 400					
AGE	0-4	5-8	9-11	12-14	15-21
Initial*	$252	$252	$252	$252	$252
Supplemental**	$252	$252	$252	$252	$252

* Initial: $252 maximum per dependency period for all age groups
** Supplemental: $252 annual maximum
$100 State Supplemental has been eliminated effective FY 11/12
Annual Clothing allowances have been eliminated effective 2013. Host rates still apply for children residing out of county.

GROUP HOME RATES EFFECTIVE 7/1/15	
RCL 7	$5960
RCL 8	$6557
RCL 9	$7150
RCL 10	$7746
RCL 11	$8339
RCL 12	$8935
RCL 13	$9538
RCL 14	$10,130

REGIONAL CENTER VENDORIZED RATES EFFECTIVE 1/1/16			
1	$1014	4C	$3767
2O	$2187	4D	$4041
2S	$2428	4E	$4332
3O	$2548	4F	$4631
3S	$2861	4G	$4978
4A	$3317	4H	$5351
4B	$3543	4I	$5878

Effective 1/1/15 the P&I expense rate is $131 and is only paid when the child received SSI/SSP benefits

REGIONAL CENTER/DUAL AGENCY NON-VENDORIZED RATES EFFECTIVE 7/1/15	
Under 3 years old	$1013
3 years and older	$2265

REGIONAL CENTER/DUAL AGENCY NON-VENDORIZED SUPPLEMENT TO THE RATE EFFECTIVE 7/1/07	
LEVEL 1	$250
LEVEL 2	$500
LEVEL 3	$750
LEVEL 4	$1000

SB163 WRAPAROUND RATES EFFECTIVE 7/1/15		
Stepping Down From RCL Level 10/11	$8,043 (nonfed)	$4,022 (federal)
Stepping Down From RCL Level 12/13/14	$9,538 (nonfed)	$4,769 (federal)

EDUCATION TRAVEL REIMBURSEMENT			
Distance from FC placement to School of Origin	Rate per month per child	Public Transportation Flat Rates -Monthly	
Up to 3 miles	$0	Low	$25
4 to 8 miles	$58	Medium	$50
9 to 13 miles	$154	High	$75
14 to 18 miles	$250		
19 to 23 miles	$347		
24 or more miles	$443		