



EMPLOYMENT &
HUMAN SERVICES

MEMORANDUM

Kathy Gallagher, Director

40 Douglas Drive, Martinez, CA 94553 • (925) 608-5000 • Fax (925) 313-9748 • www.ehsd.org

To: Family and Human Services' Committee Members Date: September 27, 2021
Monica Nino, County Administrator

From: Kathy Gallagher, Director, Employment and Human Services
Kathy Marsh, Director, Children and Family Services

Subject: Continuum of Care Reform and Family First Prevention Services Act Report

FFPSA PART I

FFPSA aims to prevent children and youth from entering foster care by allowing federal reimbursement for services to parents and families of children who are assessed to be at imminent risk of foster care entry. Existing Title IV-E funds are to be re-purposed for these efforts which may include Mental Health services, Substance Abuse services, and/or In-home Parenting Skills Training for families of children who are candidates (at imminent risk) for foster care.

California's plan to (that is still pending Federal government approval) includes several categories of potential candidates for these services. Children must be at imminent risk for foster care entry AND:

- Receiving Voluntary or Court-ordered Family Maintenance
- Probation youth subject to a petition under WIC 602
- Guardianship or adoption at risk of disruption
- Indian children
- Substantiated or inconclusive disposition and no case opened
- Have siblings in foster care
- Homeless and runaway youth (e.g., if due to mental health, substance abuse to preserve family)
- Substance-exposed newborns
- Trafficked children (CSEC)
- Exposed to DV (services for non-abusing caretaker)
- Caretakers experience substance use disorder (services for parents' treatment and parenting education)

Parenting and pregnant youth in foster care are also candidates for services.

California counties will have three pathways to services: Community, Agency, or Tribal. In a Community Pathway, anyone may refer to a contracted Community Based Organization, i.e., "Lead Agency," which will assess candidates, formulate a prevention plan, refer for services, monitor safety and risk of children, keep and monitor data, etc., under the administrative oversight of CFS. The Agency Pathway will be available for families who already have some involvement with CFS, i.e., in Family Maintenance, families referred to Differential Response, pregnant and parenting foster youth. The Tribal Pathway ensures that tribes are involved in addressing the needs of Indian children. Prevention services provided in any of the pathways must be classified as one of the ten Well-Supported Evidence Based Practices in the Title IV-E Federal Prevention Services Clearinghouse.

Contra Costa County CFS is working with our existing Differential Response providers to determine if we can expand and better utilize the services they already have in place to meet the new FFPSA requirements.

FFPSA PART IV

The goal of FFPSA Part IV is to prevent foster child/youth placements into congregate care. Federal law states that after two weeks in a congregate care facility, there will be no federal reimbursement for these placements, unless it meets one of four exceptions:

- Qualified Residential Treatment Program (QRTP)
- Specialized setting for pregnant or parenting foster youth
- Supervised independent living for foster youth over 18
- Program for Commercially Sexually Exploited Children

Each QRTP must have a trauma-informed treatment model, nursing and clinical staff onsite, integrate family members in the child's treatment, and provide 6 months of aftercare services after discharge. In addition, in order to receive federal funding, QRTP placements must be reviewed and approved by the juvenile court.

Counties are still awaiting planning and implementation guidance from the state on the anticipated new service and case plan requirements, new court hearing requirements, and new CFT requirements. CFS leadership has initiated Part I and Part IV workgroups, are participating in regular state webinars and meetings to ensure we have the most current information and guidance.

FISCAL IMPACT

FFPSA raises significant fiscal questions as there is a one-time transition grant to be used at least 50% for prevention planning, however beyond that, counties will need to rely on existing funding. Title IV-E funds may need to be re-directed and counties will have to continue serving current children and families while also establishing new prevention services.

The cost of funding high-level placements if the courts do not approve QRTPs is also a concern. Ideally, our existing Short Term Residential Therapeutic Programs will be able to transform into QRTPs, however, many of them have struggled to meet STRTP requirements, and will now have to readjust to even more stringent QRTP regulations. CFS is hopeful that once the Federal government approves California's plan, the State will issue additional guidance.

STRTPs/QRTP CHALLENGES

Both FFPSA and CCR are designed to limit the traditional use of long-term group home care by transforming existing group home care into short term treatment programs for youth who are not ready to live in home-based care. STRTPs (short term residential therapeutic programs) under CCR will now need to adapt to meet the additional requirements of QRTPs (qualified residential treatment programs). By design, youth in QRTPs have access to expanded behavioral and mental health services and support and are assessed regularly for their potential to step down into a lower level of care. Children & Family Services has devoted significant time and energy to ensure that we are utilizing home based family care as often as it is appropriate. However, many children have experienced significant trauma and abuse and have behaviors and conditions that require a higher, more restrictive level of care.

Despite the high level of services QRTP/STRTPs are designed to provide, there are very few such facilities for the very high level youth whose needs exceed STRTP capabilities. Several youth in Contra Costa County have been denied placement by every STRTP with an available bed in the state. CFS is then tasked with finding a safe place for these high risk, high needs youth, often with little notice.

The specialized placements we typically resort to for these youth are costly and often require county only funds as they do not meet eligibility for Title IV-E Foster Care payment, despite the fact that they are often our only remaining option. The lack of placement options for high needs youth also creates a significant barrier to our ability to support their individual needs and long term planning.

As of 08/2021, the number of Contra Costa County dependent youth in STRTP placements has been reduced to 39. The average age of youth in an STRTP is 14 years. Notably, of the 39 youth, there are 6 youth ages 8-10. The average length of placement for the youth currently in STRTPs is 280 days. Although STRTPs/QRTPs are designed to be short term programs, our experience with these programs over the past few years has proven that many youth have needs that cannot be sufficiently addressed within 3-6 months. It simply takes longer to stabilize youth and prepare them for placement in home based foster care or ultimately, return home.

There are several notable factors that routinely come into play when we are trying to find appropriate placement and services for our youth. In addition to youth with increasing mental health needs, we also serve many youth being discharged from Psychiatric Emergency who were there on a 5150 hold, numerous substance affected youth, and commercial sexual exploited children (CSEC). Each of these factors add a significant complicating factor to placement decisions. Not unique to Contra Costa County, these are statewide issues that are compounded by the reduction in congregate care beds from 3,000 to 900 statewide.

Youth in Psychiatric Emergency who were there on a 5150 hold are often discharged to CFS once they no longer present an immediate danger to themselves or others. However, this is often before they are stable, which presents a huge challenge in locating a place where the youth can stabilize. These youth would benefit greatly from a crisis stabilization unit where they could receive follow up care after a visit to PES, be assessed for appropriate medication, and stabilize prior to entering placement. It's possible, and hopeful, that with FFPSA, we may be able to put services in place for these at risk youth and families to prevent it from getting to this point, and will look to meet the needs of this population when planning prevention services.

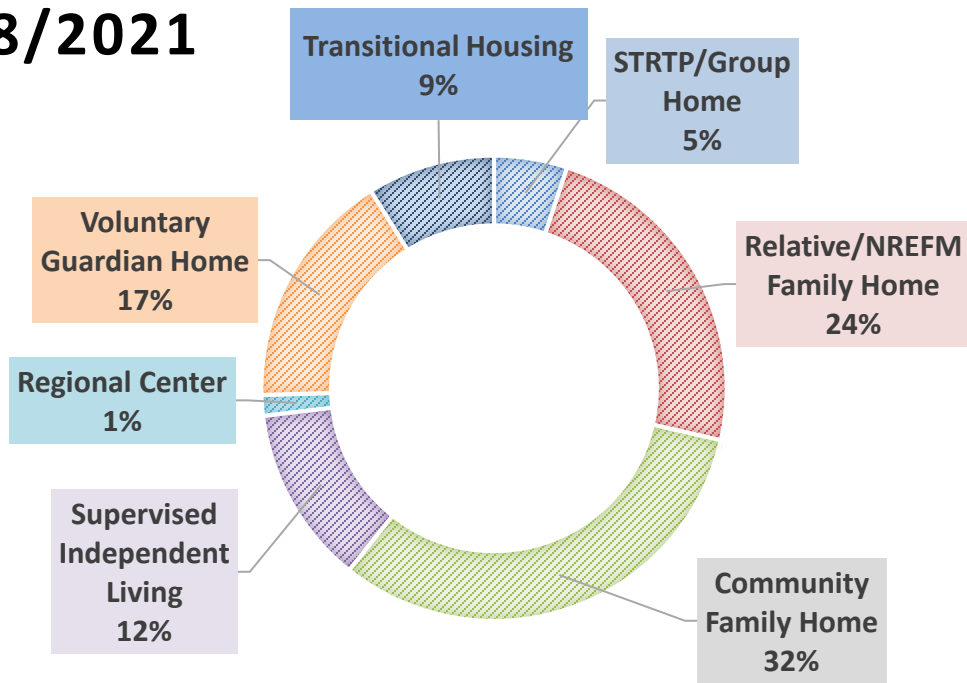
We also currently do not have the capacity or the appropriate facilities to address and treat youth with substance abuse who need that addressed concurrently with their trauma or other mental health diagnosis, or for youth who are involved in Commercial Sexual Exploitation and need that specialized support and safety within their placement.

As an agency we strive to be able to serve our youth better by making appropriate treatment more accessible and available, but these special needs are not even being met by the STRTP/Q RTP level facilities, causing this again to fall on the county placing agency to try to piecemeal a way to meet the child's needs.

Despite these challenges, CFS has consistently been stepping down youth when safe and appropriate with a collaborative transition plan that includes ensuring supportive services are available and in place prior to a child changing placements and encouraging caregivers and youth to build their support networks.

PLACEMENTS

08/2021



CONCLUSION

FFPSA, building upon of the implementation of CCR, is designed to ensure that children and youth in foster care or at risk of entering foster care, and their families, receive the services they need to achieve federal and state child welfare goals of safety, permanency, well-being; and to allow children and youth to thrive in safe, permanent living situations that meet their social, emotional, cultural, and behavioral needs.

This report from EHSD serves to inform FHS Committee on CCR progress and the upcoming FFPSA changes and challenges and to acknowledge and express appreciation for the continued support from Contra Costa County Board of Supervisors.

APPENDICES

A. August 2021 CCR Dashboard Excerpt

APPENDIX A

CONTINUUM OF CARE REFORM DASHBOARD EXCERPT – JUNE 2021

STRTP Placements July 2021		
	<i>End of Last Mo</i>	<i>Current Placements</i>
In County STRTP	20	20
Out-Of-County STRTP	23	19
Total	43	39

Step Downs/Step Ups in July 2021		
Children Stepped Down from STRTP	6	3 to RFH (1 relative) 1 home to parent 1 to Transitional Housing
New Placements into STRTP	5	1 from AWOL 2 Initials (1 from 5150) 1 failed step down to RFH 1 from RFH

**Other County Children/Youth – Placed in Contra Costa
Point in Time August 2, 2021**

	In Home	Non Foster Care	STRTP	Group Hm/Reg	Small Family Hm	FFA Comm	FFA Rel/NREF	Fam Home Comm	Fam Home Rel/NREF	SILP	Guardian	Total
Alameda	19	1	13	5	2	44		34	29	18		165
San Francisco	9	1	1			63	1	7	12	9		103
Solano	3					17		4	10	2		36
San Joaquin	1				2	1	1	2	8	5		20
Sacramento			7		1	5	1	1	1	3		19
Los Angeles	1		1					1	8			11
Santa Clara					1	6		1	2	1		11
San Mateo	1			1		3		1	2	2		10
Napa					1	6			1			8
Riverside			2			2			2			6
Stanislaus				2		1			2	1		6
All Other Counties	8		5	3		10				3		29
Total	42	2	29	11	7	158	3	51	77	44	0	424

