Children & Family Services

Continuum of Care Reform
Impact Report

CONTRA COSTA COUNTY

EMPLOYMENT & HUMAN SERVICES

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BACKGROUND

The Continuum of Care Reform (CCR) is a product of AB 403, which was passed in October of 2015, and is one of the largest child welfare reforms in history designed to improve outcomes for youth in foster care. The goal is to ensure 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.

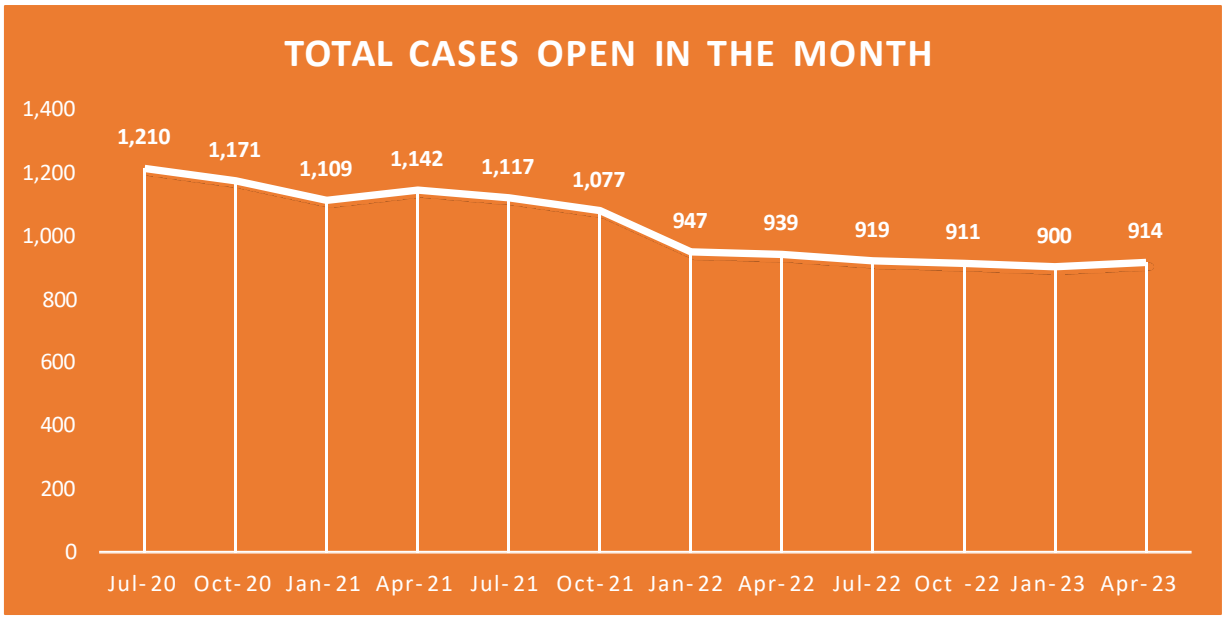
Counties implemented CCR in January 2017, with the initial largest components being Resource Family Home Approval and Child and Family Team meetings which changed the way we approve foster homes and the way we engage with families and include family voice and choice respectively. The year 2017 also marked the start of the conversion of group homes into Short-Term Residential Therapeutic Programs (STRTPs). Group Homes were given a 2 year period to complete a lengthy and complicated conversion process. By the end of 2020, after numerous extensions, the state had issued provisional STRTP licenses to facilities who were still in the process of converting while they continued to pursue accreditation, mental health program development and approval, and Medi-Cal site certification required prior to permanent STRTP licensure.

During this conversion period, many facilities closed and others faced (and continue to face) financial and staffing crises. Statewide, while California had close to 900 congregate care facilities prior to CCR, 500 of these facilities, which included a total licensed capacity of 4,451 beds did not transition to the STRTP model or transitioned and later closed. While many struggled with the initial conversion process, others who did convert are now closing. Since December 2022, four different STRTPs that we used have closed, including one longstanding close partner of CFS who has served dozens of challenging youth and regularly worked with us to accept some of our high needs youth into placement. Counties have been left with significantly fewer and diminishing options for placement of the most challenging youth. These unintended consequences of CCR have greatly impacted our ability to find suitable placements for youth with acute, complex needs.

Statewide Congregate Care STRTP Summary Statistics (Point in Time 6-13-23)						
	Facilities	**Providers**	**Licensed Capacity**	**Child Welfare Placements**	**Probation Placements**	**Total Foster Youth**
Provisionally Licensed	54	40	496	166	40	206
Permanently Licensed	314	192	2406	1144	236	1380
In Process Facilities	11	11	91	0	0	0
Total Licensed and In Process	**379**	**243**	**2993**	**1310**	**276**	**1586**
Group Homes Non Convert	351	275	2992	85	2	87
Closing or Closed STRTP	149	106	1459	5	8	13
Total Not Converting	**500**	**381**	**4451**	**90**	**10**	**100**

Contra Costa County Congregate Care STRTP Summary (Point in Time 6-13-23)			
	Facilities	**Providers**	**Licensed Capacity**
Provisionally Licensed Permanently Licensed	4 10	3 6	24 62
Total Licensed	**14**	**9**	**86**
Non Converted or Closed	**14**	**13**	**84**

When reviewing the Contra Costa County data on how many youth are in congregate care now versus prior to CCR, it is important to note that we have experienced a significant decline in the total number of youth in Open Foster Care Cases over the past several years. Though the number of youth in Congregate Care has decreased from 108 in 2017 to 32 in 2023, the percentage has only decreased from 10% of youth in placement in Congregate Care at the end of 2016 to 5% in 2022 because the overall number of youth in placement has steadily declined.

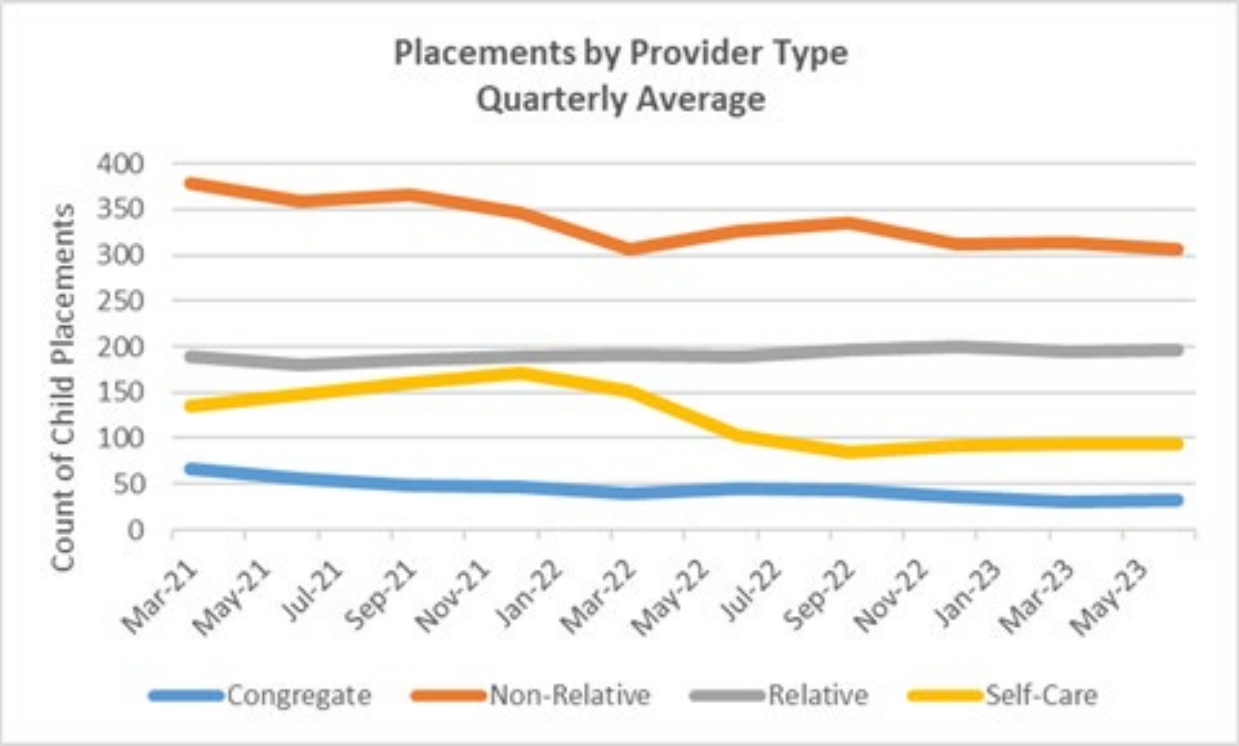


STRTPs/QRTP CHALLENGES

Both the Family First Prevention Services Act (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 under CCR have to adapt to meet the additional federal requirements of Qualified Residential Treatment Programs (QRTPs). 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 standard 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 the youth's individual needs and long term planning.



As of 06/2023, the number of Contra Costa County dependent youth in STRTP placements has been reduced to 26, or 5% of youth in placement. The average (mean) age of youth in an STRTP is 15 years. The average (mean) length of placement time for the youth who are currently in STRTPs is 248 days. **Although STRTPs/QRTPs are designed to be short-term programs, 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. Unfortunately, average lengths of stay and placement stability indicators for children placed in STRTPs have largely remained stable throughout CCR and have not decreased.

There are several notable factors that routinely come into play when we are trying to find appropriate placement and services for our youth at this level. In addition to youth with increasing mental health needs, we also serve many youth being discharged from Psychiatric Emergency Services who were there on a 5150 or 5585 assessment to determine if they pose a danger to themselves or others, numerous substance affected youth, and Commercial Sexual Exploited Children (CSEC). These are significant complicating factors to placement decisions. Not unique to Contra Costa County, these are statewide issues that are compounded by the reduction in congregate care beds statewide.

During the calendar year of 2022, Children and Family Services served 81 youth with one or more complex needs, including 30 youth with hospital/psychiatric hospital visits, 22 who were detained in Juvenile Hall, 10 who have CSEC involvement, 13 with substance abuse, 9 with intellectual/developmental disability, and 6 with needs related to supporting gender identity/expression. We also had 9 youth enter foster care directly from Psychiatric Emergency when a parent or guardian refused to pick up the child being released and CFS was called.

Youth in Psychiatric Emergency (PES) who were there on a 5150 assessment or hold are often discharged to CFS once they no longer present an immediate danger to themselves or others. While in PES, youth are often medicated, which reduces or temporarily eliminates some of the challenging behaviors and affects whether they meet the criteria for a longer stay. PES is not equipped to hold these youth longer than needed while CFS locates an appropriate placement. In addition, the hospital's accreditation and license may be jeopardized if a youth is held beyond the designated time frame but no longer meets the requirement for the hold. These youth, and our system of care, need a short term stabilization unit where youth could receive follow up care after a visit to PES, be assessed for appropriate medication, and stabilize prior to entering placement.

It is possible, and hopeful, that with FFPSA, we may be able to put services in place for these at risk youth and families to prevent getting to this point. In 2022, we had 30 youth with hospital/psychiatric hospital visits. The FFPSA implementation workgroups will look to meet the needs of this complex population when planning prevention services. For the time being, without a stabilization unit or additional placement options, youth being released from PES often turns into a crisis situation for CFS requiring significant staff overtime and county resources.

One of the other ongoing placement concerns is that older youth in foster care have often experienced significant trauma and disrupted attachments, which can lead to poor self-soothing and coping mechanisms, aggressive behaviors, increased CSEC risk or involvement, and substance abuse. Contra Costa County currently does 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. Additionally, youth who are involved or at risk of involvement in CSEC need 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 being met by the STRTP/QRTP level facilities, causing this to fall on the county placing agency to try to piecemeal a way to meet the child's needs. The goal is to continue to improve availability of and access to Behavioral Health and other supportive services wherever youth are residing.

STATE RESPONSE

The state has acknowledged these challenges in their CCR Legislative Report 03-2023, Continuum of Care Reform Oversight Report, and have taken several actions in response. There are several state budget investments for capacity building within counties, specific funding request processes for youth with complex needs, and general fund dollars for prevention services under FFPSA. They have opened the door to innovative models of care such as an STRTP with single or reduced capacity and other specialized STRTP programs with the intent to serve CSEC youth or another specialized population. Thus far, we have applied and been approved for two Innovative Model of Care rates for two of our high needs youth in enhanced STRTP settings. Each approval allowed us to place one of our highest needs youth in an STRTP with a reduced capacity which allows their individual needs to be met more effectively. These enhanced STRTPs are costly, and each county is designated a limited allocation of Complex Care dollars. We plan to use our full county allotment.

The state is also attempting to support counties and STRTPs with technical assistance calls on specific children. Since July 2021, Contra Costa County has participated in five technical assistance calls with the state on children who have critical placement needs and were not accepted by any STRTP available. While these state calls allow room to discuss behavior, they do not support the immediate needs for placement.

CURRENT SITUATION

Contra Costa County has approximately 10 youth who are regularly denied placement in any available STRTP bed. Placement denials are based on youth's needs that exceed the ability of the STRTP to meet them, including (but not limited to) untreated mental health needs, substance abuse treatment needs, intensity and frequency of verbal and/or physical aggression, concerns for safety of staff and other residents, and significant property damage. We regularly utilize our two 72 hour Transitional Shelter Care Facilities (TSCFs) to temporarily house youth who are awaiting an appropriate placement. However, several of these youth are unable to remain safely at our TSCFs (due to property damage, assault of staff members, and safety risks to other children). When the denial into the TSCFs occurs, CFS's only option is to care for youth in hotels and/or county offices with One-on-One 24 hour per day supervision provided by CFS Staff. One or two Social Workers, depending on the behavioral needs of the youth are required per youth for daily supervision, and no fewer than two Social Workers are necessary for overnight stays.

Aside from the risks of having youth in an unlicensed placement, the following details the projected salary, lodging, and incidentals costs of these alternative (unlicensed) solutions we have had to utilize.

Summary of Costs Incurred: CFS Support of One Youth in Hotel for 28 days		
Staff Overtime	$	140,647.47
Hotel Costs	$	4,722.33
Per Diem/Food/Incidentals	$	3,360.00
Total Expense	$	148,729.80
		$148,729.80/ 28 days = $5,311.78 per day
Projected Fiscal Impact for One Youth		
Daily	$	5,311.78
Monthly	$	159,353.36
Annually	**$**	**1,938,799.18**

Beyond cost, the most critical, time sensitive issues are safety and emotional supports for our dependent youth, increased safety and well-being concerns for our Staff, liability to the County for damaged or destroyed property, and non-compliance with California State requirements.

The practice of using unlicensed hotels and office buildings is not sufficient, nor sustainable to support youth who are not able to stay in traditional placements, and more importantly, it is impacting the safety of children and staff supervising those children. It has created:

- Increased safety concerns: High risk, CSEC, and older adolescents are staying in a hotel with CFS Staff. CFS Social Workers/Staff are supervising youth with presenting behavioral/mental health issues such as aggression, violence, and sexual acting out. Documented incident reports involving these youth include property damage, physical aggression toward staff and law enforcement, as well as unhealthy, potentially dangerous interaction with strangers in the community. Documented incidents from several other counties include assaults on Social Workers.
- Increased liability to County: Hotel damage, property destruction, and hotel staff liability are all concerns that need to be taken into consideration.
- Insufficient CFS staffing to support the needs: CFS Staff are re-assigned to cover the needed supervision of youth in unlicensed placements and/or work overtime shifts which results in:
  - Shifted priority from their normal caseload
  - Reduced productivity
  - Increased risk for being out of compliance on their regular caseload
  - Increased staff burnout and impacted emotional well-being
  - Increased secondary traumatic stress for non-Social Worker staff and other EHSD customers in the building for personal business
  - Increased risk for errors impacting case, documentation, service delivery and youth oversight

  - Supervisor and Manager time being diverted to arrange accommodations and schedule additional staff shifts
- Stress and strain on the relationship with our Psychiatric Emergency Facilities: PES has been holding our youth despite the fact that they are not a placement and do not have the capacity or ability to meet the ongoing needs of our youth. The extended PES stays of several of our youth have strained our relationship with our medical facilities and taxed our Public Health Nurses and their ability to navigate and advocate for improved health services.

It is important to note that statewide, a large number of foster youth are now residing in "non-foster care" settings, which include hospitalizations, detention centers, and unapproved placements. The state CCR Oversight Report reports that there were 1,243 foster youth in "non-foster care" settings as of 07/01/2022.

POSSIBLE SOLUTIONS

CFS contracted with one Enhanced STRTP provider with 2 beds who is staffed appropriately to maintain placement of our youth with the most complex needs. CFS plans to utilize these beds for our highest needs youth and/or emergency STRTP placements as appropriate and when available. The Enhanced STRTP became available July 1, 2023 and CFS is already utilizing it for one youth with unmet complex needs.

CFS is also in final contract stages with an Enhanced Intensive Services Foster Care (ISFC) provider who will have 2 homes who can take one enhanced ISFC placement each. The Enhanced ISFC homes and caregivers still need to be identified and developed, so this program will not be up and running until winter of 2023 at the earliest.

CFS continues to hold monthly calls with our Behavioral Health Partners and the state in order to try to come up with alternative solutions to meeting the needs of our youth.

Contra Costa County CFS is also partnering with San Francisco and several other counties in their Crisis Continuum Pilot Program which aims to add additional capacity for high needs foster youth throughout the Bay Area and we hope to be able to utilize the increased regional capacity created by this pilot program. San Francisco is the lead county on this project but we will participate in planning and implementation meetings with them in an attempt to develop regional solutions to the current placement gaps.

JAMES

James first entered foster care in late 2006 at the age of 2, based on allegations of abuse from his mother. He was ordered into custody with his father in 2008, and then in 2012 re-entered foster care at the age of 8. He has been in and out of placement for the past 10 years. James spent several years at an STRTP. James has been diagnosed with schizophrenia and has suffered from auditory hallucinations. He has been prescribed psychotropic medication, which he has taken on and off, depending on his placement and cooperation. He has a history of substance use and AWOL, and verbally aggressive behavior. He is significantly behind in school credits and has an IEP for Emotional Disturbance and Specific Learning Disability.

James has had several temporary stays at the Receiving Center, who would only allow him to stay there with a 24 hour CFS person assigned to him for one-on-one supervision. The Receiving Center later refused to take him and CFS was forced to utilize a hotel setting with one-to-one or two-to-one staffing ratios. During this time CFS has sought placement, unsuccessfully, with approximately 60 STRTPs.

James is currently being investigated for multiple criminal charges. He was placed in Juvenile Hall after his most recent arrest. The DA chose not to press charges, and James was set to be released from Juvenile Hall into Psychiatric Emergency (PES), as he was still considered a danger to himself and/or others. Unfortunately, with very short notice the afternoon he was being released from Juvenile Hall, EMS was unable to transport James to PES. CFS arranged for 2 social workers to borrow a Probation vehicle with a safety cage to assist with safe transport of James to PES. When they arrived at PES, James was non-cooperative, and the Sheriff's department was called to assist with intake at the hospital. Unfortunately, this resulted in James being tackled to the ground by the Sheriff's department in front of the CFS staff members at the hospital in order to get him admitted.

James states that he is not schizophrenic and does not need to be on medication, contributing to the county's level of difficulty in finding him an appropriate placement.

MARY

Mary came into foster care in 2015 at the age of 11. Her family's case originated in another county, and was transferred to Contra Costa. Mary is a Regional Center client with extensive trauma, whose diagnoses include Major Depressive Disorder with Psychotic Features, PTSD, and an intellectual disability. She has a history of running away from placement, and was considered a chronic runaway prior to entering the child welfare system. Mary has been found wandering the streets unsupervised multiple times since the age of four. During a period where Mary was absent from care, she was exploited and assaulted by a sex trafficker who coerced her into engaging in commercial sexual activity. Prior to entering foster care, Mary was also gang raped. She has had 19 placements while in foster care. The majority of her placements have been STRTP homes. Mary has also stayed in several secured psychiatric facilities due to a history of suicide attempts and auditory hallucinations telling her to harm herself. Mary is currently facing property destruction charges. She is in a mental health/special needs unit at a detention facility while CFS is working to identify a placement that can support Mary's high-level needs.

JUNE

June came into foster care in 2015 at the age of 10. Her parents, who adopted her as an infant, left her at a child welfare agency in another state, and waived their right to reunification services. June's first psychiatric hold came at age 10. June's diagnoses include Reactive Attachment Disorder, Global Developmental Delay, High Functioning Autism Spectrum Disorder, and Bipolar Disorder. For a long time, June thought she was a wolf and part of a wolf pack. June has had 17 placements since coming into care. CFS has had to advocate for June to receive Regional Center services. June has a history of running from placement, and throughout 2021, was hospitalized six times for being a danger to herself. She has frequently run into traffic after leaving placement, and has also visited random houses and knocked to be let in. There have been occasions where June was located by law enforcement while absent from care, and certain providers have refused to pick her up, reporting that June has behaviors they cannot handle, and insufficient staffing. June has been on a psychiatric hold where CFS was called to pick her up while still seriously concerned for June's stability and safety to herself and others. June has had multiple extended periods without good hygiene habits, to the point where it has impacted both her placement and her health. June has been in a general acute care medical facility since May. Prior to this, CFS was providing 1:1 social worker staffing for June, as this was the only way to keep June safe in a placement. June has been charged with several counts of felony vandalism.