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# Continuum of Care Reform: The Promise, Progress and Moving Forward

The vision of Continuum Care Reform (CCR) is for all children and youth to live with a committed, permanent, and nurturing family with strong community connections and the support and trauma-informed services needed to thrive. Since 2017, when CCR implementation began, considerable progress has been made on several key indicators against a backdrop of significant implementation challenges associated with a reform of this scale and scope. While concerns on the inequities and disparities in our child welfare system remain, renewed attention and efforts to address these disparities are a priority at the state and county level. And while the data are clear that gaps persist in the continuum of care for youth with complex needs, this year’s state budget and legislative reforms hold the promise to address some of these gaps.



California Child Welfare Co-Investment Partnership

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“CCR was the beginning of a paradigm shift, one in which all aspects of the public and private systems that serve children will affirm that children only grow healthy with parenting. And, since parenting only happens in families, it is our responsibility to ensure that the support families need to fulfill that parenting role is provided.”

*Will Lightbourne, Director, California Department of Health Care Service*

“Connecting children to family members they already know and love is a key factor to reducing use of group homes, trauma, and instability. And yet, historically, California did not provide equal support to relatives and when funding was provided it often didn’t start for many months. California acted to change these inequities by ensuring that relatives receive funding equal to non-relatives and that funding starts upon placement into the home, enabling many more relatives to step up and care for their own family members without having to wonder how they would continue to make ends meet.”

*Angie Schwartz, Deputy Director, Children and Family Services Division*



We often see California as planting the seeds for the rest of the country. CCR was one of those examples where you were ahead of the curve.”

*Sandra Gasca-Gonzalez, Vice President, Center for Systems Innovation, Annie E. Casey Foundation*

Continuum of Care Reform (CCR) was passed in October 2015 via [Assembly Bill 403](#) (Stone D-Monterey) with implementation starting in 2017. The guiding vision of the legislation was to significantly reduce the use of congregate care with the goal for all children to live with a committed, permanent, and nurturing family, with services and support tailored to meet the needs of the individual child and family. Achieving the goals of CCR required modifications to system practices including increasing investment in family finding; recruitment, training, and retention of foster care homes; changing how and where behavioral health services are provided; and transforming higher level group homes to short-term therapeutic residential programs. In addition to these structural changes, which alone were significant, successful implementation of CCR required a culture and mindset shift to center youth and families in their path to permanency and healing; embrace the essential role of kin and fictive kin; and engage multiple systems, agencies, and stakeholders to deliver a robust continuum of care.

California was already ahead of the national trend in minimizing the use of congregate care with statewide data from 2016-2017, the time that coincides with CCR implementation beginning in earnest, showing group home placements at around 6% of total placements, versus other states with placements as high as 30%. CDSS leadership and child welfare stakeholders advocated for further reduction in use of congregate care, citing the poor outcomes for youth, which contributed to the passage of CCR.

Prior to and informing elements of CCR reform was the [Residentially Based Services \(RBS\) Demonstration Project](#), a twenty-four-month pilot program implemented in 2010 in response to a number of growing concerns about the amount of time youth spent in group home placements and the lack of continuous services they received when they moved to home-based settings. The RBS framework sought to bring services back into communities and households and away from group homes by combining short-term residential intervention with an extended period of intensive home and community-based services, with both elements of the service provided by the same team of professionals in order to ensure continuity of the therapeutic relationship with a youth and her or his family across environments of care. The pilot project was initially implemented in four counties (Sacramento, San Bernardino, San Francisco, and Los Angeles) with ten group home providers.

Youth in the pilot programs achieved permanency at a higher rate, and faster, than non-RBS peers, fewer returned to group care, and all youth and family members highly rated their experience with RBS. One of the significant learnings and key contributors to the permanency success youth experienced through RBS was the continuity in the service provider and delivery of intensive services for a period after the child exited the residential facility. Unfortunately, those aftercare services were not funded and not part of the initial CCR effort, but will be part of the continued transformation of residential care as a result of the Family First Prevention Services Act (FFPSA), the new federal legislation that begins October 1, 2021. Overall, the pilot showed that it is possible to achieve substantial reductions in group-care length of stay while also increasing permanency and well-being for children, but these improved outcomes require family involvement, committed and sustained leadership, and integrated programs with flexible funding systems.



What we did  
pre-CCR with  
congregate care

was remove youth from connections and restrict their access to relationships. 95% of the young people did not evidence their behaviors when they first came into care. We harmed them and cultivated these behaviors. With CCR, how do we rethink this? What young people need is beyond just services, they need connection. To heal, young people need a loving and caring family; therapy without connection is not enough."

*Bob Friend, Director, National Institute for Permanent Family Connectedness*

CCR undertook an ambitious set of goals over a relatively short (five-year) period of time, which had many implementation challenges affecting progress, notably requiring county child-serving systems to embrace change at three levels:

- Structural: including child welfare agency integration with other agencies, e.g., behavioral health, how services are funded, support for resource parents, and new licensing standards
- Practice: actively engaging caregivers and family members toward permanency
- Cultural: shifting voice and power to caregivers and families, and embracing the fact that permanency is often a journey and not an immediate destination

### GOAL 1

### Center youth and family voice

Key to CCR implementation is the social work practice of Child and Family Teaming (CFT) which enables family members to have a voice in decision-making to ensure that the experience, needs, and desires of children, youth, and families inform and help create the path to safely achieving permanency. It is based on the belief that children, youth, and families have the capacity to address and resolve safety and other issues, with support and resources. Therefore, successful CFT requires cross-system collaboration to effectively surround the child and family with resources and trauma-informed services that they request, so they can feel safe, supported, and heard in the process of working toward permanency.

### GOAL 2

### Focus on connecting with relatives and nonrelative extended family homes

Family finding and family engagement are essential to the key goal of CCR to replace congregate care with home-based placements. This prioritizes relatives based on research showing that children in foster care with relatives and nonrelative extended family members (NREFM) have better mental health and behavioral outcomes, greater stability, higher levels of permanency, and are more likely to stay connected to brothers and sisters, their community, and cultural identity.<sup>1</sup> To do this, a deliberate and sustained culture shift was needed throughout our child welfare, behavioral healthcare, and probation systems to embrace the importance of family and NREFM.

<sup>1</sup> <https://www.campbellcollaboration.org/better-evidence/kinship-care-children-removed-from-home-for-maltreatment.html>

## Resource Family Approval (RFA)

The intent of RFA—to streamline and support a child’s path to permanency and help prepare caregivers for their important role—supports the goals of CCR and is therefore important to consider in evaluating progress. RFA is a child-centered approval process that enables families eligible to provide foster care for related and unrelated children in out-of-home placement to be considered and approved for adoption or guardianship without undergoing any additional approval or licensure. The approval process is concurrent, ultimately reducing the wait time for permanency. The goals were for RFA families to complete the approval process within a ninety-day period to minimize uncertainty and possible placement changes for the child, as well as receive additional training and support, based on the needs of the child, to support placement stability, family strengthening, and permanency.

## GOAL 3

### Transform the use of residentially based care

In the first quarter of 2017, when CCR was implemented, there were 809 group homes housing nearly 4,600 children and youth. While some of these youth had multiple complex needs, often compounded by the trauma of system involvement, many were spending more than 350 days in a congregate care facility.<sup>2</sup>

With CCR, the goal was to only use congregate care when a child had significant therapeutic needs that could not be addressed in a family-based placement. This meant essentially closing down those group homes which could not transition to Short-Term Residential Therapeutic Programs (STRTP). Under this new license category, providers had to make adjustments to provide trauma-informed care and meet Department of Health Care Services (DHCS) mental health standards, liaise with a County Mental Health Plan (MHP), and obtain national accreditation.<sup>3</sup> The goal of STRTPs was to provide intensive onsite support for a short (maximum of 180 days) period to stabilize the youth’s situation, begin healing, and enable a coordinated team to identify a family-based setting that could meet the youth’s needs.

<sup>2</sup> <https://ccwip.berkeley.edu/childwelfare/reports/MLOS/MTSG/r/fcp/s>

<sup>3</sup> <https://www.cacfs.org/assets/docs/CACFS%20STRTP%20Task%20Force%20Recommendations%2002.2021.pdf>

# The Progress of CCR: Successes and Challenges

“One thing the state got right is mandated Child and Family Team meetings. We think it has changed the face of child welfare. The family members are appreciative of the change. It doesn’t always change the outcome for parents, but with CFTs, they don’t feel pushed aside and talked about behind their backs. They have a chance to present their story and be heard.”

*Lora Larsen, Deputy Director, Calaveras County Health and Human Services Agency*

## GOAL 1 PROGRESS

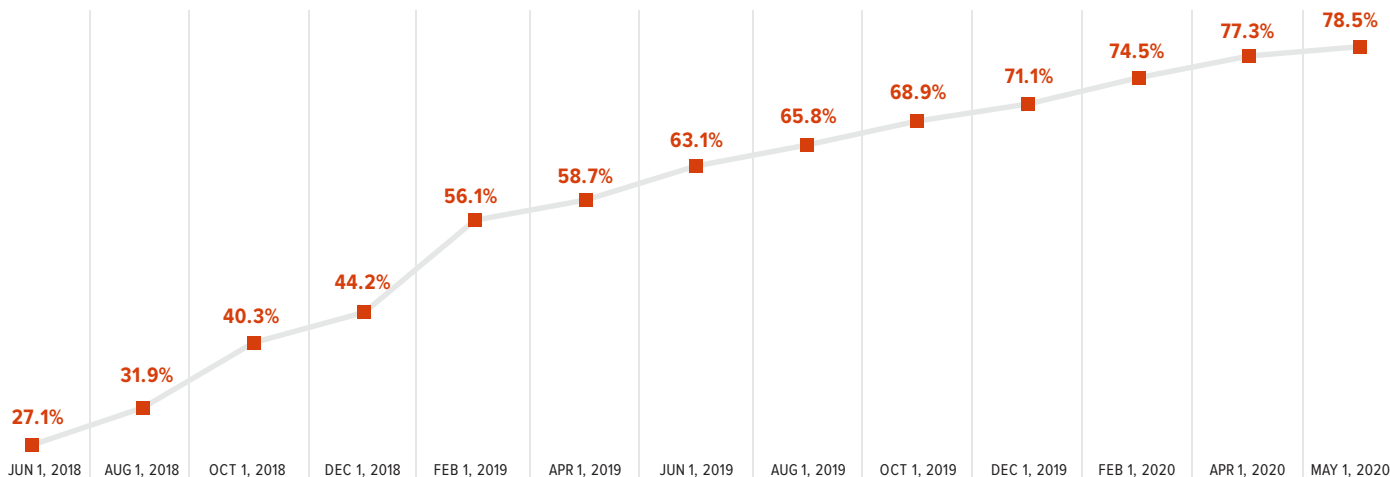
### Center youth and family voice

The Integrated Core Practice Model emphasizes youth and family voice and choice. The State Child and Family Team structure similarly emphasizes how critical it is to have the family members and youth involved in permanency planning. It includes full engagement and allowing youth and family members to have a meaningful voice in decision-making.

#### Progress

The chart below, based on CWS/CMS data, shows a steady increase beginning 2018 in the percentage of foster children and non-minor dependents (NMD) who have received a CFT. However, compliance with the CCR mandate to provide a CFT does not address the questions of quality/fidelity or timeliness of the CFT meetings—both being essential to engaging families in a genuine and respectful decision-making process that can build trusting relationships with youth and families and ultimately help prevent and/or minimize time spent in the child welfare system.

### Percent of Children/NMDs in Foster Care Who Received a CFT Meeting Over Time



Data Source: Child Welfare Services/Case Management System (CWS/CMS). As of February 2019, the CFT reporting methodology was adjusted to exclude children in Non-Dependent Legal Guardian (NDLG) and Incoming Interstate Compact on the Placement Children (ICPC) placements. This change in methodology resulted in a marked increase in the percentage of youth receiving a CFT during that month, as the population denominator declined.

According to 2020 CCR Dashboard data, timely CFTs—delivered within the mandated sixty days after entry into foster care—were consistently near 50% of the foster care population, with the lowest timely delivery being Q4 2020 at 48%. This may signal that although the frequency of CFTs is steadily increasing, there is still a gap in how timely families are engaged in the decision-making process. And, there still isn’t a good proxy for examining the quality of CFTs, for example, whether they are actively engaging children, family, and extended family in the teaming process.

# The Progress of CCR: Successes and Challenges

“ Yes, as a judge, I can say that CFTs are used fairly often when making case decisions, but it’s all about quality. Some social workers are able to do quality CFTs, and they have most likely been including families and youth in decision-making forever—because they are following good social work practices. People should stop talking about including families and youth and just start doing good social work practices!”

*Judge Martha A. Matthews, Los Angeles County Superior Court*

“ Young people need someone with them who isn’t paid to be there. California is starting to take a more critical look at family finding, but people need to be trained as to why it happens and how family can play a role—respite, connection, additional resources, etc. If a youth has less than three connections, our agency immediately starts the process. We must shift the culture and mindset of the workforce in order to make family finding work for children and youth.”

*Ebony Chambers, Chief Family & Partnership Officer, Stanford Sierra Youth & Family*

## Challenge

Even when family and extended family are involved in the CFT, challenges remain to engage in a meaningful and sustained dialogue, acknowledging and making accommodations to address the inherent power imbalance for family members.

### GOAL 2 PROGRESS

## Focus on connecting with relatives and non-kin family homes

Children and youth should always have a connection to kin and/or NREFM, preferably in a permanent living arrangement. Kin is defined as: parents, relatives (grandparent, aunt, uncle, etc.), NREFM (longtime family member, person related to a relative but not biologically related to the child, e.g., girlfriend of the father, a CASA, etc.). Better outcomes with relative care are well documented, and even if a child is not able to live with family, maintaining and facilitating lifetime connections is imperative to a child’s well-being. This goal is supported by these principles:

- Families and fictive kin must be consistently, respectfully, and appropriately engaged in any decision-making process related to a change in their child’s living situation.
- Kin and fictive kin deserve and need the same level of support and resources as nonrelative (stranger) caregivers.

A practice reform and culture shift with this level of complexity takes time, training, and a systemwide commitment—which does not mean there is lack of urgency for the children and families. Although there are some successes associated with this goal, challenges still remain. Moving forward, the recently passed state budget does include an investment into Child Welfare service training of staff that should support the adoption of these practices and the necessary culture shift.

# The Progress of CCR: Successes and Challenges

## Progress

### More Children and Youth Are Living with Families

After accounting for the decrease in the overall foster care population, total youth in residential care (group home and STRTPs) has decreased from 4,588 (8.2%) in Q1 2017, to 2,746 (5.2%) in Q4 2020. Based on the chart below, the decrease in Group Home placements beginning in 2017 correlates with an increase in Relative/NREFM care.

POINT-IN-TIME FOSTER CARE YOUTH PLACEMENTS, CALIFORNIA CHILD WELFARE INDICATORS PROJECT (CCWIP)

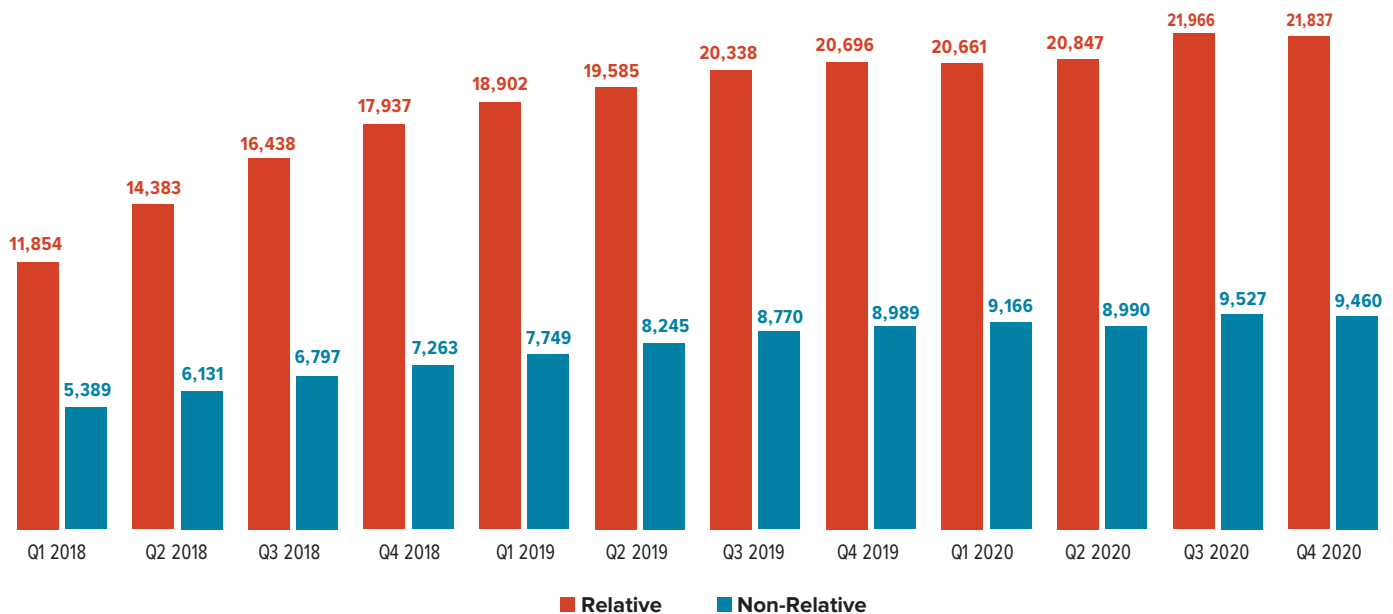
Placement Type	Oct 1, 2016 (n)		Oct 1, 2017 (n)		Oct 1, 2018 (n)		Oct 1, 2019 (n)		Oct 1, 2020 (n)	
Pre-Adopt	1,870	3.1%	1,936	3.2%	2,094	3.5%	2,347	4.0%	2,677	4.5%
Relative/NREFM	21,002	34.3%	19,537	32.4%	19,167	32.3%	19,266	32.5%	19,869	33.3%
Foster	6,270	10.2%	7,084	11.7%	7,682	13.0%	8,227	13.9%	8,243	13.8%
FFA	14,590	23.8%	14,305	23.7%	12,965	21.9%	12,603	21.2%	11,949	20.0%
Court Specified Home	199	0.3%	231	0.4%	310	0.5%	463	0.8%	497	0.8%
Group	3,503	5.7%	3,490	5.8%	3,154	5.3%	2,699	4.5%	2,299	3.8%
Shelter	91	0.1%	82	0.1%	123	0.2%	191	0.3%	124	0.2%
Non-FC	374	0.6%	413	0.7%	425	0.7%	417	0.7%	446	0.7%
Guardian – Dependent	1,094	1.8%	993	1.6%	863	1.5%	785	1.3%	747	1.3%
Guardian – Non-Dependent	5,162	8.4%	5,190	8.6%	5,236	8.8%	5,152	8.7%	4,928	8.3%
Runaway	712	1.2%	706	1.2%	642	1.1%	631	1.1%	742	1.2%
Trial Home Visit	365	0.6%	393	0.7%	438	0.7%	404	0.7%	441	0.7%
SILP	3,154	5.1%	2,918	4.8%	3,091	5.2%	3,152	5.3%	3,823	6.4%
Transitional Housing	1,416	2.3%	1,583	2.6%	1,740	2.9%	1,824	3.1%	1,964	3.3%
Other	1,492	2.4%	1,511	2.5%	1,379	2.3%	1,185	2.0%	982	1.6%
Missing	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
<b>TOTAL</b>	<b>61,294</b>	<b>100.0%</b>	<b>60,372</b>	<b>100.0%</b>	<b>59,309</b>	<b>100.0%</b>	<b>59,346</b>	<b>100.0%</b>	<b>59,731</b>	<b>100.0%</b>

# The Progress of CCR: Successes and Challenges

## Increased Recruitment and Support of Relatives and NREFM

One indicator of the progress of CCR is whether counties, supported by the state, were able to recruit, support, and retain more relative and NREFM families. Although statewide Resource Family recruitment data are not available by placement type, e.g. kin vs non-kin, both CCWIP data (page 7) and CCR Dashboard data (below) confirm a consistent increase in placements with relatives or NREFMs, suggesting improvements in recruiting these families. More specifically, CCR Dashboard data shows an 84% increase in Relative Resource Family Homes from Q1 2018 to Q4 2020.

### Children in County Resource Family Homes, by Relationship to Substitute Care Provider



“Early on, RFA was one of the biggest challenges of CCR because it was a more intensive process for relatives. Most nonrelative foster care parents are prepared, but with relatives it’s often a call in the middle of the night from CPS, and the RFA process has sometimes had a chilling effect. There were more denials, huge waits for approval, and families were not prepared. The process has improved a great deal. When relatives are approved, they are getting more tools and resources, including immediate funding for emergency placements. The result is increased placement stability.”

*Sue Abrams, Director of Policy and Training, Children’s Law Center of California*



## The Progress of CCR: Successes and Challenges

Even before CCR, California was leading the country in moving children and youth out of congregate care and into family settings. Recruitment of relatives and NREFM was the main, and probably best, path for achieving the goal of continuing to reduce use of group homes while prioritizing family placement. To support increased recruitment and retention of kin and fictive kin families, California has implemented the following changes:

- Compensates relative families at the same rate as nonrelative families, including the immediate start of financial support for emergency placements.
- Provides new levels of support and training to kin and fictive kin families to acknowledge that unlike nonrelative families who have months to prepare and secure training to be a foster parent, kin and fictive kin often have not proactively chosen to care for their relative child and therefore need more support and training, on a faster timeline.
- Supports kin families in overcoming barriers to placement including meeting housing standards, providing transportation and other resources, and addressing denials based on previous criminal records.
- Approved the [Emergency Childcare Bridge Program](#) that enables caregivers to quickly find and pay for childcare so they can maintain their jobs and income, and support the learning needs of a young child if the caregiver is unable to do so. Although available to all caregivers, it has significantly supported the increase in placements with relative caregivers. The childcare Bridge provides a navigator to help find a childcare provider, vouchers to cover childcare costs, and trauma-informed training for the provider to ensure the childcare placement is successful.
- Approved the [California Family Urgent Response System \(FURS\)](#) to provide “collaborative and timely state-level phone-based response and county-level in-home, in-person mobile response during situations of instability”. Although implementation has been slow, FURS is a significant step toward supporting foster youth and caregivers in home-based settings and providing a trauma-informed alternative for families to minimize law enforcement involvement.

### Increased the Recruitment of Resource Families

In 2015, to address an anticipated increase in the needed number of caregivers from the implementation of the Continuum of Care Reform, CDSS initiated a time-limited, multi-year augmentation of realigned recruitment funds, known as [Foster Parent Recruitment, Retention, and Support \(FPRRS\)](#). With this one-time funding, counties were given flexibility to develop and implement a wide range of recruitment, retention, and support activities, and they were required to submit to the CDSS plans for each fiscal year outlining activities and/or strategies that are proposed to be undertaken using FPRRS funds.

These funds, which again were time-limited and have since tapered off, were allocated for a range of activities, including:

- Direct support to help retain caregivers, e.g., childcare, respite care, clothing, furniture, transportation, behavioral/mental health services, etc.
- Media, advertising, community events, and targeted outreach campaigns and contracting with community-based organizations and Foster Family Agencies to recruit caregivers
- Locating and tracking additional relatives for possible placement of children by purchasing computer software to support online searches.

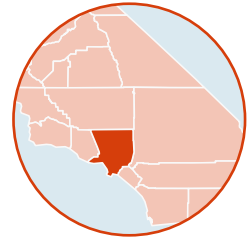
“What is working well is the mindshift in child welfare—everyone is speaking about foster care differently. The biggest shift is having all players at the table—education, courts, child welfare, mental health, and probation. This has absolutely been impacted by CCR and probably would not have happened without the legislation.”

*Kym Renner, Deputy Director, LADCF*

“The power of our new real-time data mapping and analytics capabilities to address inequities in care, set priorities, and allocate resources cannot be overstated.”

*Anneli Stone, Senior Program Officer, W. M. Keck Foundation*

## Los Angeles Foster Together Network and DCFS Community Analysis Dashboard



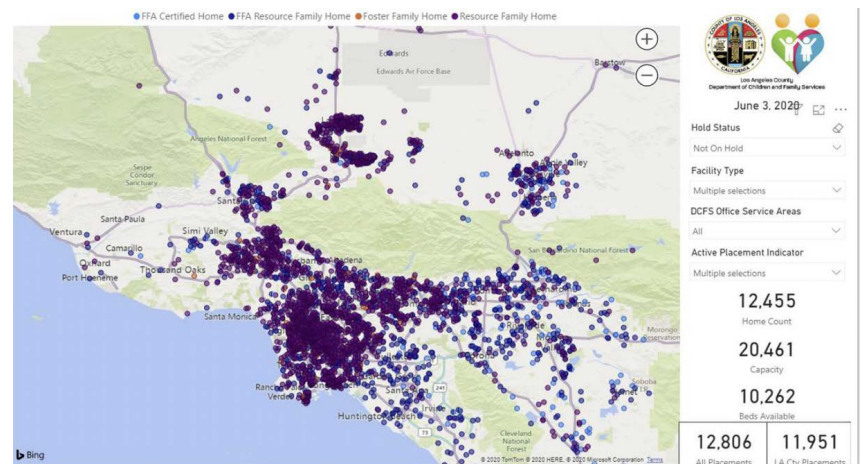
In response to a critical shortage of foster homes in 2017, First 5 LA and The Ralph M. Parsons Foundation launched a collective impact effort in collaboration with the Center for Strategic Partnerships and the LA County DCFS, which engaged a broad based coalition including foster family agencies, community based organizations, individuals with lived experience, LA Dept of Mental Health, and LA County Probation.

The Foster Together Network (FTN) acts as a synergistic group of public and private partners committed to helping recruit and retain resource families in LA County. It strives to ensure that all children are welcomed into a loving family that can support their growth, learning, healing, and reunification or other permanency plans.

Of particular note is the 2020 launch of the Community Analysis Dashboard, developed by DCFS’s Business Information Systems (BIS) team and FTN Data Workgroup members. The web-based Dashboard was developed to:

- provide a centralized, real-time, shared platform for monitoring system-wide child needs
- identify resource parent availability in communities where children live
- deliver a tool for analyzing the data, including zooming in on sub-populations and outcomes
- guide future strategic investments in recruitment and retention efforts to optimize resource families’ capacity to meet child needs

### SCREEN VIEW OF COMMUNITY ANALYSIS DASHBOARD



# The Progress of CCR: Successes and Challenges

“Getting ISFC recruitment and retention right is a make-or-break for CCR. We know kin and NREFM are the best placement, so instead of trying to recruit a special caregiver, we find and train kin to provide this specialty level of care while also nurturing the family relationships that may help heal some of the deep trauma these children and youth mostly likely have.”

*Jennifer Rexroad, Executive Director, California Alliance of Caregivers*

“We’re actively working with providers to integrate mental health services into their programs and we’ve made significant progress, but it should be noted that California’s Specialty Mental Health Medicaid billing requirements are uniquely onerous and complex. The need to shift away from this focus on compliance to allow providers and County Behavioral Health plans to better support children and families is a matter of urgency. This is why CBHDA focused on the CalAIM proposal to lead a complete overhaul of how we do business.”

*Michele Doty Cabrera, Executive Director, CBHDA*

## Challenges

To help realize the goals of CCR, a more robust continuum of care must be fully developed to support youth with multiple and complex needs. Three programs exist to fill this gap are Intensive Services Foster Care (ISFC), Professional Parent (PP) Homes, and Therapeutic Foster Care (TFC).

In 2018 an intensive care rate structure was approved and the Intensive Services Foster Care (ISFC) program began implementation. The program was developed to ensure that youth in foster care who have complex mental health, developmental, neurological, and behavioral issues for which a STRTP or other group setting is contraindicated receive the services they need in a home-based family care setting to avoid or exit a short-term residential therapeutic program, group home, or out-of-state congregate care facility. The program provides 24/7 support services to provide intensive intervention for these youth, including engagement of the family and support network.

As of July 1, 2020, there were 587 placements with an ISFC designation, which is 155 more placements than on January 1, 2020 (36% increase). Despite an increase over this 6-month period, there remains a shortage of ISFC homes for youth with complex needs.

Similar to the ISFC program, Professional Parent resource families (PP homes) provide in-depth short-term treatment to children/youth in a home-based family setting, usually providing 24/7 in-home support to meet the child/youth’s needs. A key difference from ISFCs is that PP placements are typically ninety days to six months.

In February 2016, CMS approved a state plan amendment that would allow the Department of Health Care Services (DHCS) to offer Therapeutic Foster Care as an allowable expense under Medicaid. Therapeutic Foster Care (TFC) is for children and youth who require intensive and frequent mental health support in a one-on-one environment. In both the ISFC and TFC models, the Resource Family plays an integral role in implementing and managing the service delivery plan for the child or youth. However, since the TFC service model allows for the provision of certain Medi-Cal Specialty Mental Health Services (SMHS) components available under the ESPDT benefit as a home-based alternative to high level care in institutional settings, the Resource Family must be trained to manage and document the care under the supervision of a clinician.

Per CCR oversight report: As of June 29, 2020, there were twenty-three providers approved to deliver TFC services.

# The Progress of CCR: Successes and Challenges

“ In hindsight, my siblings and I could have benefited from having mental health support earlier to help us understand why we felt and acted the way we did. We just thought something was wrong with us. We also didn’t have anyone to help us follow our passions.”

*JJ, former foster youth and current Fellow with [Blaze Forward Fellows Program](#)*

Addressing these challenges to creating ISFCs, Casey Family Program and the Catalyst Center have created the [Youth First project](#), a demonstration project for the state of California that seeks to identify new program designs that meet the needs of youth with complex challenges, with a focus on individualized services and support focused on permanency. The project will build on the existing ISFC and STRTP license categories as the foundation for the new programs (also referred to as “Enhanced ISFC,” “ISFC Plus,” “STRTP of One”). The project team will work with both county agencies and service providers that are interested in designing these specialized support and services for youth. The team will provide technical assistance and a learning community for participants to design programs, staffing models, clinical practices, budget development, licensing, and funding sources.

## GOAL 3 PROGRESS

### Reduce and transform the use of congregate care

A key goal of CCR was to reduce the use of congregate care and establish a short-term residential placement option that delivered onsite therapeutic support to quickly (within 180 days) stabilize youth and help transition them to a family-based setting where the needed therapeutic services would follow them to support the child’s success.

#### Progress

Progress has been made on the reduction in the use of congregate care and the transition to STRTPs. According to the [CCR dashboard](#), 712 group homes either closed or transitioned to the STRTP model between Q1 2017 and Q4 2020 resulting in 441 federally accredited STRTPs over the same timeframe.

Additionally, according to point-in-time data from June 2021, [CDSS reported](#) a total STRTP capacity of 4,355 beds with total placements of 2,088 (80.5% child welfare and 19.5% probation supervised). The decrease in total congregate care facilities, coupled with the underutilization of STRTP capacity, signals that CCR has been successful at transitioning children and youth out of group care facilities and into family-based settings.

Additionally, over this same four-year period, the number of youth in congregate care (child welfare and probation-supervised) decreased by 4,273 youth, while the STRTP population increased by 2,431 youth. Accounting for the decrease in the overall foster care population, total youth in residential care (group home and STRTPs) decreased from 4,588 (8.2%) in Q1 2017, to 2,746 (5.2%) in Q4 2020. Again, this indicates progress on the goal of placing children and youth in family-based settings.

# The Progress of CCR: Successes and Challenges

“CCR brought a renewed effort to strengthen and preserve families through wraparound and other services to avoid removal from the home when possible and we see evidence of that in the decreasing numbers of youth entering foster care.”

*Rosie McCool, Executive Director, Chief Probation Officers of California*

## Probation-Supervised Foster Care

CCR has accelerated the commitment from Probation to “step down” from congregate care/group homes to home-based settings for youth in probation-supervised foster care.

Based on the below California Child Welfare Indicators Project (CCWIP) data for probation supervised youth, the percentage of youth placed in congregate care/group homes has significantly decreased from a pre-CCR level of 43.3% to 27.8% in Q4 2020.

Additionally, CCR Dashboard data shows probation-supervised youth consistently experienced a shorter stay in STRTPs compared to their child welfare counterparts. Specifically, as of Q4 2020, probation youth in STRTPs were averaging a 149-day stay—less than the legislatively mandated 180-day time period permitted before additional Deputy Director approval is required—versus the 196-day average stay of their child welfare counterparts.

POINT-IN-TIME PROBATION YOUTH PLACEMENTS, CALIFORNIA CHILD WELFARE INDICATORS PROJECT (CCWIP)

Placement Type	Oct 1, 2016 (n)		Oct 1, 2017 (n)		Oct 1, 2018 (n)		Oct 1, 2019 (n)		Oct 1, 2020 (n)	
Pre-Adopt	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Relative/NREFM	112	3.0%	64	2.0%	91	3.2%	114	4.3%	89	4.0%
Foster	M		21		51		59		36	
FFA	23	0.6%	18	0.6%	14	0.5%	19	0.7%	27	1.2%
Court Specified Home	32	0.8%	11	0.3%	12	0.4%	M		M	
Group	1,645	43.3%	1,282	40.5%	1,066	36.9%	929	35.0%	616	27.8%
Shelter	M		M		0		M		M	
Non-FC	251	6.6%	220	6.9%	240	8.3%	243	9.2%	176	7.9%
Guardian – Dependent	M		M		M		M		M	
Guardian – Non-Dependent	M		M		0		0		0	
Runaway	394	10.4%	256	8.1%	203	7.0%	125	4.7%	121	5.5%
Trial Home Visit	53	1.4%	23	0.7%	M	#VALUE!	M	#VALUE!	16	0.7%
SILP	341	9.0%	337	10.6%	344	11.9%	398	15.0%	490	22.1%
Transitional Housing	300	7.9%	320	10.1%	342	11.8%	331	12.5%	333	15.0%
Other	632	16.6%	605	19.1%	505	17.5%	412	15.5%	309	13.9%
Missing	0		0		0		0		0	
<b>TOTAL</b>	<b>3,796</b>	<b>100.0%</b>	<b>3,167</b>	<b>100.0%</b>	<b>2,888</b>	<b>100.0%</b>	<b>2,653</b>	<b>100.0%</b>	<b>2,218</b>	<b>100.0%</b>

“I think attitudes have changed with regard to home-based placements because we realize that youth come to us with a variety of needs and the tools that we’ve had in our toolbox have not always met those needs. If we can make those connections and really support the family unit and the youth in that moment of transition, I think we can all envision better outcomes.”

*Marlon Yarber, Interim Chief Probation Officer, Sacramento County*

# The Progress of CCR: Successes and Challenges

“CCR is an acknowledgment of what young people have been saying forever and brain research has shown, if you want to cultivate resilience—ensure that children and youth are in a family. Research also says that the most harmful thing to do is to have children outside of their family and not being parented—for any period. CCR attempts to align policy with that fact.”

*Jennifer Rodriguez, Executive Director, Youth Law Center*

## Challenges

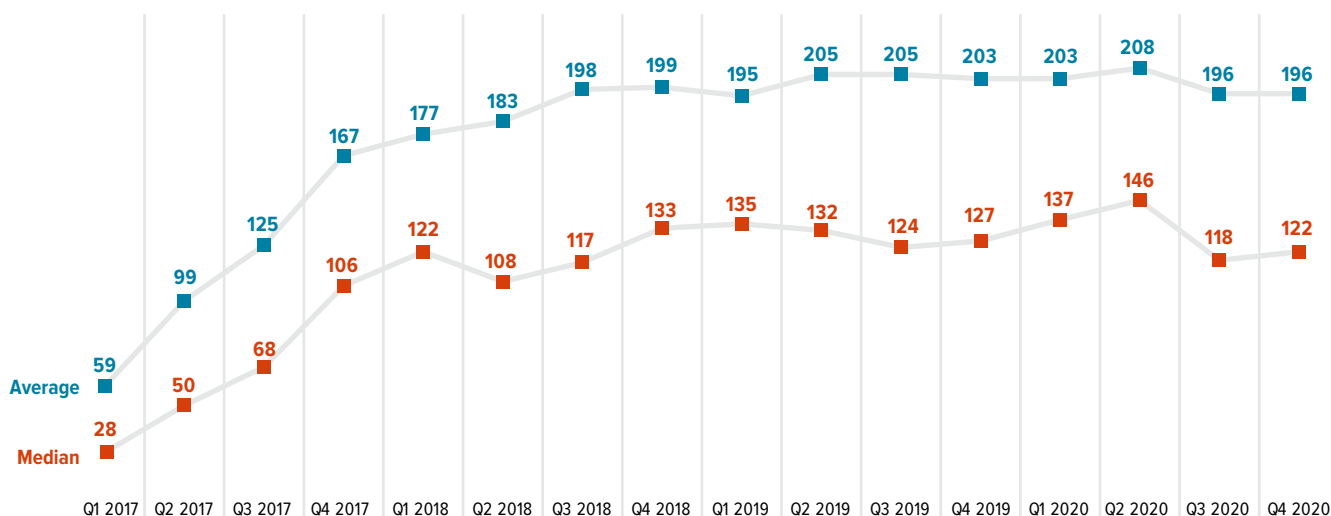
The success of CCR hinges not only on dramatically reducing the use of congregate care, but on ensuring that those youth with complex needs who do reside temporarily in congregate care have support and services to facilitate healing, a plan for a rapid transition/exit, and aftercare in place as needed.

### Maintaining the Short-Term use of STRTPs

One key requirement of CCR was that use of STRTPs be limited to short-term (180 days or less) placement to stabilize, begin healing, and develop a permanency plan. Progress has been made on this goal, per the graph below: as of Q4 2020 youth are spending an average of 196 days (6.5 months) in STRTPs. Successful use of STRTPs as a temporary (180 days or less) placement option is directly linked to onsite delivery of comprehensive therapeutic support, which is discussed below.

## How Long do Children Stay in STRTPs?

Median and Average Length of Stay (in Days), for All Children





“The crisis with out-of-state youth has clearly demonstrated the need for greater coordination of care, as well as the need to address specialized populations at a state level, rather than simply through county systems that do not have consistent capacity for meeting all youths’ needs. CDSS Technical Assistance efforts have certainly helped to bring together all parties involved in a youth’s care. The infrastructure for this type of coordination and ensuring inclusion of family and youth in this process is still being built and requires resources that are sustainable.”

*Chris Stoner-Mertz, CEO, CACFS*

## Provide Comprehensive Onsite Therapeutic Support

It has been estimated that up to 80% of children in foster care may have mental health issues, compared to approximately 18-22% of the general population.<sup>4</sup> According to the American Association of Pediatrics, mental and behavioral health is the largest unmet health need for children and teens in foster care. CCR’s success significantly hinges on the ability to screen for, and provide, the needed therapeutic services on-site at STRTPs in order to both minimize the time in a congregate care setting, and prepare and support the youth and caregiver in a successful and sustainable transition to a family setting.

The transition from group homes that were previously reserved for more acute needs to STRTPs has been challenging, and in some cases, has strained their capacity to serve the youth.

Some factors that may be contributing to this challenge include:

- Youth may be having more acute needs.
- Fewer facilities to support youth with complex needs, and the fact that child welfare “competes” with other public agencies and private sources for placements in these settings
- Higher demands on the subset of providers who can serve youth with complex needs, including challenges in recruiting and retaining staff
- Fewer community treatment facilities and crisis centers overall

As seen in [the data](#), 77% of children and youth who are screened are found to be in need of more mental health attention, yet only 22% received a referral to services.<sup>5</sup>

<sup>4</sup> <https://www.ncsl.org/research/human-services/mental-health-and-foster-care.aspx>

<sup>5</sup> Source: [Continuum of Care Reform Oversight Report, April 2021](#)

## Out of State Youth

In December 2020, California decertified all out-of-state foster care facilities for failing to meet California’s most basic standards for caring for youth in foster care, and 133 youth from twenty-seven counties were returned to the state.

The California Department of Social Services’ provided technical assistance (TA) to the counties, reviewing and working on each youth’s case plan to return youth to California within forty-five days as required by the decertification. What was unique about this TA was that it included a high level partnership with Education, Regional Centers, Wraparound Providers, and Mental/Behavioral Health. There is continuing monitoring of the status and stability of each youth, with ongoing support offered as needed.

Since this crisis, there has been considerable focus by state lawmakers and CDSS to address needed reforms to better respond to youth with complex needs, notably provisions of AB 153 and new resources in the state budget.

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“ The real value of CCR is bringing family and child voices to the table. It’s not easy, but it is the right concept and when it works the results speak for themselves.”

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“ We always try to get the entire family network to the meeting. One time we had six kids from five dads, and all of those kids and dads were in the room.”

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“ Traditional mental health services are not the ‘end-all’ solution, especially for Black and Latino children and youth. Monterey is trying to step away from talk therapy being the main service that is offered to these families because it is often not the right cultural fit.”

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“ Our team mantras are ‘First placement is the only placement,’ and ‘One family, one social worker.’”

### Monterey: Transforming Practice Through Innovation and Leadership: Perspectives from Laura Neal, Deputy Director of Family and Children’s Services, Monterey County



Through a number of innovative practices, and leadership that is facilitating a culture shift across the child welfare workforce and bridging the work between child welfare and behavioral health, Monterey is demonstrating the positive impact of CCR.

#### Pre-Custodial CFT Model

No child is removed from a family, moved from a placement, or given a change to their permanency plan without a CFT. For example, if an incident happens late at night, there will be a CFT first thing in the morning with the entire family network before any decision is made about removing the child. There are two key questions asked at every CFT: 1) what happened, and 2) what does the family need?

#### Safe transitions from STRTPs

In March 2020, there were thirty-three children and youth in STRTPs; the youngest child was nine years old. Over a one-year period, twenty-five of the children and youth were transitioned out of STRTPs with only one child moved outside of Monterey county. Transitions out of STRTPs included services following the youth to support family stability.



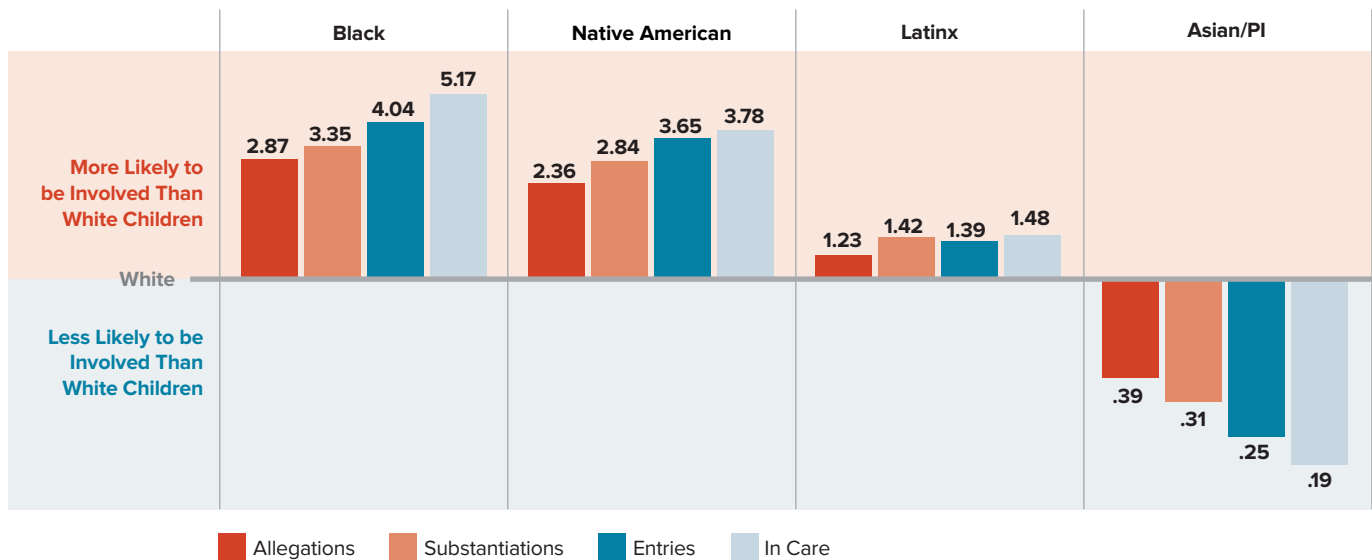
# Racial Disparity

## The Disproportionate Impact of Child Welfare on Children of Color

The data provided by the California Child Welfare Indicators Project (CCWIP) demonstrate that Native American and Black families are overrepresented and experience disparity in most aspects of California’s child welfare system. As seen in the chart, Black and Native American children and youth are disproportionately more likely to be involved in the child welfare system, receive child maltreatment allegations, and be currently in foster care.

### Racial Disparity Indices, January-December 2020 (General Population)

Baseline California Data Trends: Ethnic Group Disparity Compared with White Children Along Child Welfare Continuum



“Kinship Care is a focus area for us because it is on the path toward racial equity. As a country we are far more willing to put resources into finding and supporting strangers to care for our children and youth than to invest in family. The percent of placements with kin varies widely by state, but no state exceeds 50%. This requires a shift in our mental model and systems—fully embracing the idea that children belong with family and fully supporting the family to make it happen.”

*Marie Zemler Wu, Co-Founder and Executive Director, Foster America*



The vision of CCR is exactly what every child needs, a loving and stable family and the support to succeed. However, the implementation did not acknowledge the systemic racism embedded in the child welfare system. If we are truly committed to improving the outcomes of Black and Brown youth then we must engage BIPOC communities and work together to find a solution that both heals and moves us forward in addressing the disproportionate impact of child welfare on these communities.”

*André Chapman, Founder and CEO,  
Unity Care*

Whether CCR reforms will ameliorate these disparities remains an open question, somewhat complicated by the challenges in accessing demographic data, including age and race/ethnicity for key indicators. That noted, there are important opportunities in CCR reforms and pending legislation that can and should address some of the systemic issues that are indicated by these data, specifically:

- Deeper investment in family finding to keep children and youth connected to their culture and community.
- Continued emphasis on the recruitment, training, and support of kin and extended family with parity of resources.
- Greater commitment to consistent, high quality, and culturally sensitive Child and Family Teaming practices.
- Creation of more Peer Parent programs to support birth families in reunification
- Pending legislation (SB 354) with accommodations to allow kin with criminal history to become resource parents.

Early in the implementation of CCR, some stakeholders raised concern about a missed opportunity to address the system’s overrepresentation of Black and Brown children and youth, in supporting the smaller (six-bed) group homes, many of which were led by Black and Brown community members. For many, the STRTP licensing requirements and mandates did not translate into an achievable nor sustainable business model.

“ Basically, there are only three things we need to be focused on, in this order: Keeping kids at home, finding them a home (focus on kin), and returning them home. No child should ever age out of the system. Aging out of the system means the system has failed.”

*Judge Michael Nash, Executive Director, LA County Office of Child Protection*

“ With CCR, the counties were asked to basically ‘fly the plane, while building it,’ and given the many components, e.g., resource family approval, family finding, CFTs, transitioning group homes to STRTPs, we know there was uneven implementation as counties had to choose which to focus on first, and not every county prioritized the same components. As we now move into FFPSA, there are clearly some lessons we can take forward.”

*Cathy Senderling, Executive Director, CWDA*

The 2021-2022 State Budget, and associated legislation, includes unprecedented new resources that should directly or indirectly address many of the challenges identified in this report. This includes the investment of \$4.4 billion for the Youth Behavioral Health Initiative and resources for youth with complex needs along with a prohibition on out of state placements in provisions contained in AB 153, to legislation (pending) allowing families with history of criminal justice involvement to become resource parents. In addition, the ongoing development of a System of Care via AB 2083 is a key driver for increasing integration of support and closing gaps in the continuum of care.

Below are some recommendations selected from the many stakeholders who contributed to this *insights* issue, offering additional guidance on realizing the promise of CCR, notably adapting and adopting lessons from CCR into FFPSA planning and implementation.

### 1. Provide wraparound services, both for “aftercare” and as needed for all children/youth in family based placement

Offering support and trauma-informed services for children, youth, and families based on a “wraparound model “ and meeting needs with “whatever it takes” is a practice that is currently part of case plans, with wraparound providers contracted by county child welfare and probation agencies. Uneven adoption and support for wraparound has been a challenge with CCR.

Moving forward, California’s plan for implementation of FFPSA Part IV includes a provision to provide what is referred to as the California Wraparound Program, which is pending approval as a “well supported program” to allow for federal funding. The Part IV mandate will require that all counties provide California Wraparound (meeting standards set by state) for STRTP youth transitioning to home-based settings. As this implementation progresses, there is an opportunity to offer Wraparound with fidelity to prevent entry, using FFPSA prevention resources, as well as support home-based placements.

“Early CFTs, with state funding support, combined with FFPSA prevention services, can bring much-needed resources and support to all children and families at risk of foster care to prevent entries into the child welfare system.”

*Diana Boyer, Director of Policy for Child Welfare and Older Adult Services, CWDA*

“You have to change the behavior of the system if you want real change. For example, we need legislation to create a Parent Advocate Corps made up of parents who have successfully exited the system and can be mentors to other parents, as well as teach caseworkers about the culture and community so they can be more effective.”

*Judge Abby Abinanti, Chief Judge, Yurok Tribe*

“Simply putting a child with a family is not enough. The caregivers and the child or youth need additional support to be successful. The most significant change with CCR was adding the mental health component of care up front, when youth come into the system, with the goal of it following them into a home-based placement. It has been a mixed bag in terms of implementation and impact because of how DHCS saw its role with child welfare.”

*Assemblymember Mark Stone, 29th Assembly District*

### 2. Child and Family Teaming early, consistently, and with fidelity

Currently CCR only funds Child and Family Teams after placement, specifically within sixty days. While Monterey (see spotlight) and other counties, e.g. Los Angeles through its Title IVE waiver, have been conducting CFTs pre-placement, the practice should ideally start at the hotline/emergency response level.

In addition, CFTs are not a one-off meeting, but an ongoing practice that is intended to include the child, youth, family, and extended family, as well as other identified individuals and integrated with other agencies beyond child welfare (notably behavioral health), and are a key component of the Integrated Core Practice Model. Moving forward, as of this fiscal year, a significant investment in training has the potential to embed these critical practices in everyday social work, which would benefit from including those with lived experience.

### 3. Include peer parents in CFTs and court processes to support birth families

There is an inherent power imbalance in the child welfare system and for many parents facing removal of their children, it can be daunting to be involved in the decision-making and case planning, as well as the court processes. Facilitating that involvement with peer parents is a model increasingly being used in multi-disciplinary legal representation, with evaluations demonstrating improved outcomes, including quicker reunification.

### 4. Increase use of therapeutic services (mental health) to avoid crisis and residential placements

The anticipated investment through the Youth Behavioral Health Initiative, and the CalAIM Foster Care Workgroup recommendations, promise to bring more mental health resources to support youth and caregivers, with provisions including removing diagnosis to receive care.

## Selected Resources and Reports

### Youth Perspectives

- Think of Us: Released July 2021, Away From Home: Youth Experiences of Institutional Placements in Foster Care, shares the stories of foster youth living in long-term institutional placements within the foster care system.
- Young Women Freedom Center: Released February 2021, Through their Eyes is a collection of stories on juvenile incarceration from San Francisco cis and trans young women & girls, trans young men & boys and gender expansive youth.

### Provider Reports

- California Alliance of Children and Family Services:
  - Released September 2021, Keeping Youth Close to Home: Building a Comprehensive Continuum of Care for California's Youth, analyzes service gaps for children and youth in foster care and juvenile justice, and provides specific recommendations on programs and funding needed to begin to close the gaps.
  - Released February 2021, Short-Term Residential Therapeutic Program (STRTP) Member Task Force offers recommendations from CACFS member agencies representing STRTP licensed programs.

### State Plan

- California Department of Social Services: Submitted to the Federal Children's Bureau in August 2021, California's Five-Year State Prevention Plan: Implementing the TitleIV-E Prevention Program Established By the Family First Prevention Act, presents California's proposed plan for implementing FFPSA.

### LA County Report and Evaluation

- Los Angeles County Office of Child Protection: Released June 2021, A Report from the Short-Term Residential Therapeutic (STRTP) Task Force Report. Following a tragic incident in January 2021 in Los Angeles which resulted in the death of a staff person at an STRTP, as well as unrelated incidents of two youth fatalities who had AWOL'd in 2020, senior leadership of LA County convened the Task Force to propose reforms to STRTP treatment option for high-needs foster youth.
- Child Trends: Released April 2021, Evaluation of LA Upfront Family Finding Program. Before implementing the Upfront Family Finding (UFF) program, DCFS focused its family finding efforts on children who had been in care for long periods of time. This report summarizes an evaluation of UFF, including longer-term outcomes for children placed with relatives.

### Casey Family Programs Research Reports

- Questions from the Field for relevant research, experiences and insights on CCR and related topics on safely reducing the need for foster care.
- Family search and Engagement Includes a number of programs that have produced successful results in finding and engaging families in the out-of-home placement process, including a California program that connected 76 percent of the participating youth with a permanent relationship and increased the average number of connections for youth from 3.2 to 7.7.



## California Child Welfare Co-Investment Partnership

The California Child Welfare Co-Investment Partnership is a collaboration of private and public organizations working to improve outcomes in the child welfare system. The Partnership comprises six philanthropic organizations (Casey Family Programs, Conrad N. Hilton Foundation, The Ralph M. Parsons Foundation, Reissa Foundation, Walter S. Johnson Foundation, and Zellerbach Family Foundation) and the California Department of Social Services, the Judicial Council of California's Center for Families, Children & the Courts, and County Welfare Directors Association. *insights* is an ongoing publication of the Partnership that examines the links between data, policy, and outcomes for our state's most vulnerable children and families. Download previous editions of *insights* and find out more about the Partnership at [co-invest.org](http://co-invest.org).

**For this issue of insights, in addition to those quoted, we would like to thank the following individuals for sharing their perspectives:**

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