

Child-Centered Continuum of Care Concept Paper

Focusing on the Individual Needs of the Child and Prioritizing Community-Based Settings and Families First

INTRODUCTION

The Continuum of Care Reform underway in California is an exciting opportunity to make necessary system reforms to ensure that our state's foster children are fully supported in family settings. The California Department of Social Services (CDSS) launched the massive new effort, dubbed the "Continuum of Care Reform" or CCR, in September 2012. The CCR effort is the result of the 2012 budget bill (SB 1013), which required CDSS to form a workgroup to develop recommendations for reforming the current rate-setting system, as well as services and programs serving children and families in the continuum of placements eligible for foster care benefits.

To date, most of the discussions within the CCR have focused on transforming group homes and foster family agencies from placement agencies into programs that support the overarching goals of the child welfare system – safety, permanency and well-being of children. The vision of the CCR is to ensure that "services and supports are tailored to meet the needs of the individual child and family being served with the ultimate goal of maintaining the family or when this isn't possible, transitioning the child or youth to a permanent family and/or preparing the youth for a successful transition into adulthood." It is clear that in order to truly transform the system and accomplish this vision, there has to be greater attention to support and services provided to youth in the placements where we know young people thrive: with families.

Relative caregivers are a critical part of California's continuum of care that serves our state's foster children. Relative foster placements are legally prioritized, tend to lead to more long term placement stability, and offer better connections to the child's community and to adults who are committed to caring for that child. Yet, counterintuitively, our child welfare system provides the least amount of support and funding to children placed with relative caregivers. This creates a child welfare structure, which both fails to adequately support the preferred out-of-home placement, i.e., relatives, and struggles to fiscally respond to the specific needs of the children in its care.

Our model builds off the Concept Paper developed by the Alliance of Child and Family Services and the County Welfare Directors Association (CWDA/Alliance Concept Paper), expanding upon their proposal to ensure that all of our state's foster children will benefit from their proposed model.

This document was developed jointly by individuals and organizations who have been active throughout the Continuum of Care Reform process including the Alliance for Children's Rights, Bay Area Legal Aid, Children Now, Children's Advocacy Institute, Public Counsel, Youth Law Center, Cherie Schroeder (foster and kinship care educator), and Juline Aguilar (foster and kinship care educator).

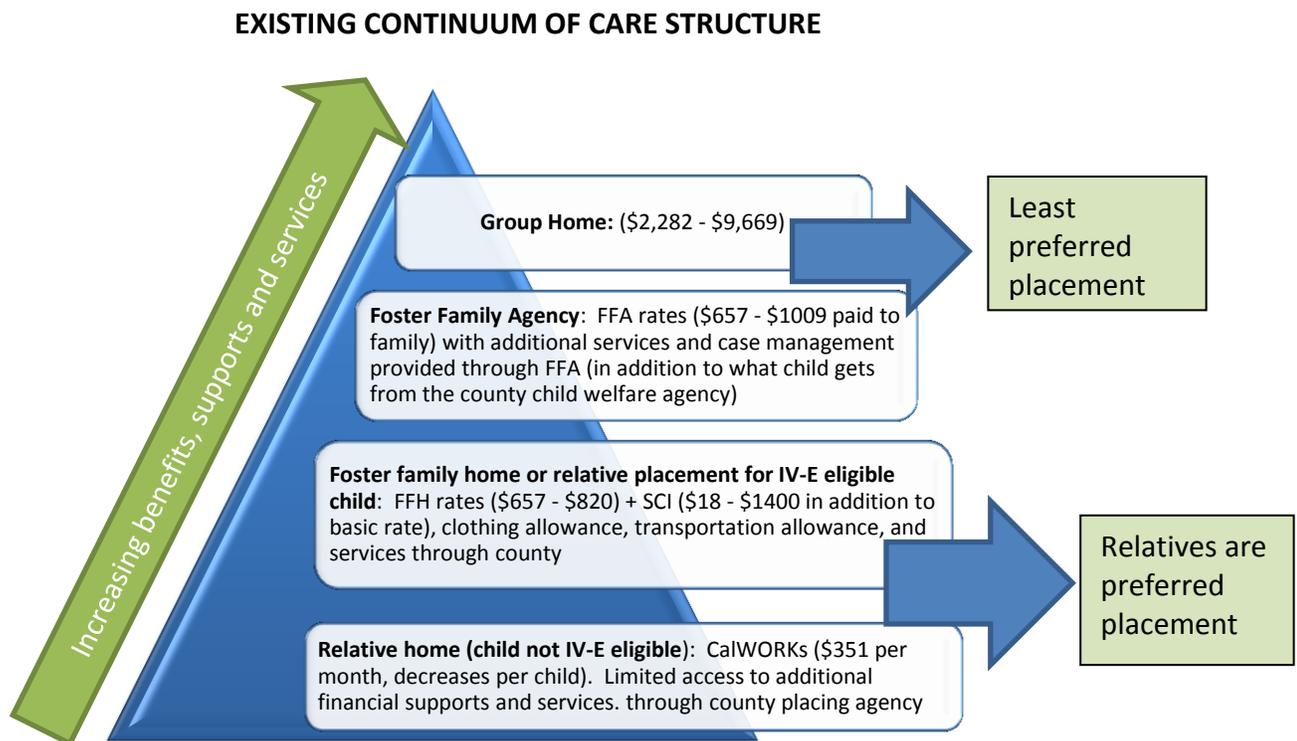
THE CONTINUUM OF CARE REFORM MUST ADDRESS THE FULL RANGE OF FOSTER CARE PLACEMENTS

Our existing continuum of care is separated into four main placement categories:

- (1) group homes,
- (2) foster family agency placements,
- (3) foster family homes/non-related extended family members and
- (4) kinship foster care.

Under this four-tiered system, the benefits, services and supports that a youth receives differ according to the youth's placement and, in the case of children placed with a relative, on the youth's IV-E status.

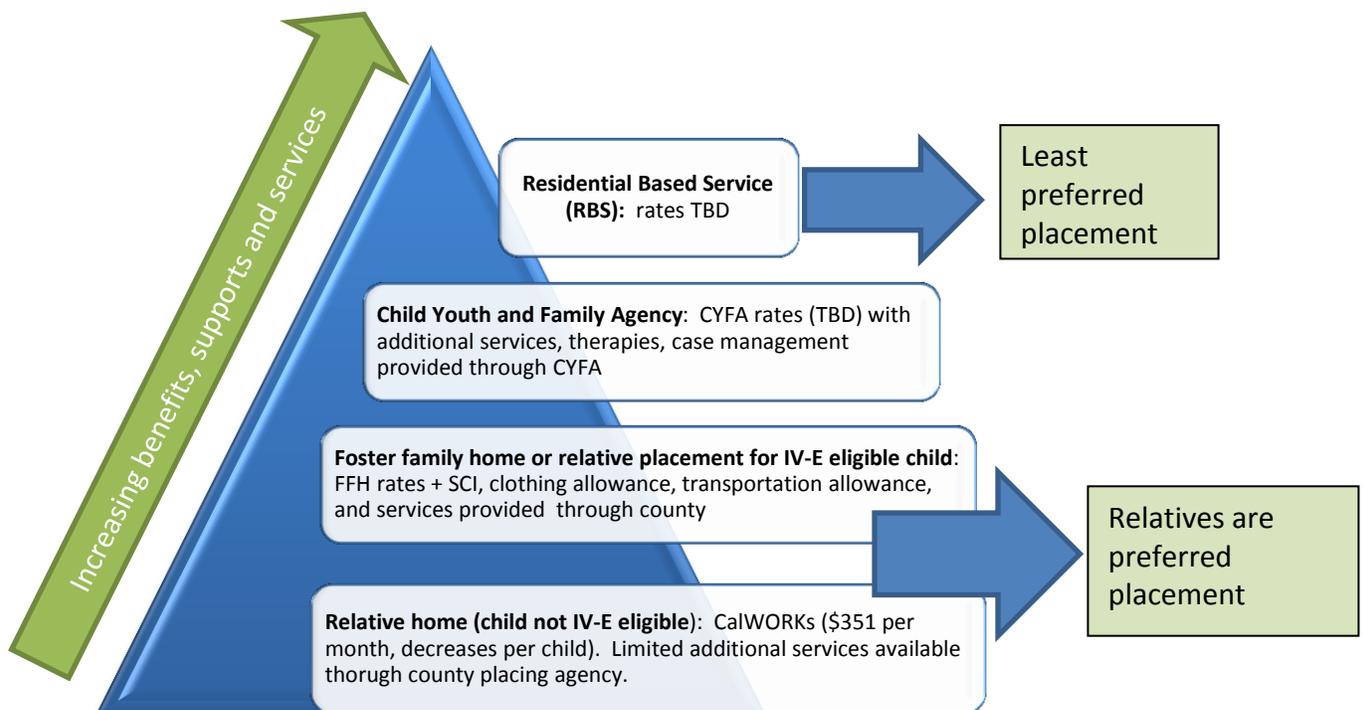
The existing continuum is not aligned with the values and goals of our child welfare system or the vision of the CCR. While the preferred placement for youth in foster care is with relatives, those children who are placed with relatives receive the least amount of support and services, even as compared to other family settings. And while group homes are the least preferred placement for a child in foster care, many of the services offered to a youth in a group home are not available in family settings, even when they could reasonably be provided in such a placement. In other words, our current system ties the services, benefits and supports a youth receives to the placement, which results in many youth being placed in overly restrictive settings.



The vision of the CCR to align our child welfare services with the outcomes we seek by ensuring “services and supports are tailored to meet the needs of the individual child and family being served” is a great vision. The problem is the recommendations developed to date have only focused on two of the four tiers of the existing continuum.

Under the newly proposed model, our existing Foster Family Agencies would be replaced by Child, Youth and Family Agencies (CYFAs) and group homes would be replaced by Residential Based Service (RBS) providers. RBS placements would be short-term, high quality intensive interventions for the minority of foster youth who require particular treatments or therapies that cannot be provided in a family-based setting. Youth served through CYFA would be assessed through a strengths-based model in order to determine the supports, services, therapies and treatments that particular child receives. Further, the CYFA could work with a range of families, including nonrelative foster homes, non-related extended family members, and relatives. The idea is to divorce the services the child receives from the placement, ensuring that each child receives those services and supports he needs in whatever placement is determined to be the best option for the child.

However, by limiting change to the top two tiers of the existing structure, and leaving the status quo in place for children in foster family homes or relative care who are served outside the CYFAs, the new model simply replaces the existing structure with four newly named tiers. No matter how innovative the reforms that are made to the top two tiers, without restructuring the entire continuum, the existing model will remain largely unchanged.



RELATIVE FOSTER PARENTS ARE AN ESSENTIAL PART OF OUR EXISTING CONTINUUM OF CARE

Relatives are a critical part of the continuum of care that supports California's foster youth. In fact, relative foster parents are the most utilized foster care placement in California. Currently over 38% of California's foster children are placed with grandparents, aunts and uncles, older siblings or other caring relatives.

Placement with relative caregivers offers a family-like setting and can provide consistency and stability, preserving family connections and maintaining cultural customs. Children in kinship care have fewer placement changes and more frequent and consistent contact with birth parents and siblings. Of great import, placement with relatives, as opposed to non-relative foster caregivers, can mitigate the trauma and negative emotions experienced by children removed from their parents' care, reducing behaviors that can result in removal to a group home or other higher level of care.

Importantly, relatives are also the most likely placement option for a youth exiting a group home. Without a family to go to, no amount of reforms to our current group home system will result in these children being moved into a family setting. Conversely, children placed in family settings who are adequately supported are less likely to require subsequent placements in more restrictive settings.

CALIFORNIA'S APPROACH TO KINSHIP FOSTER CARE IS IN NEED OF REFORM

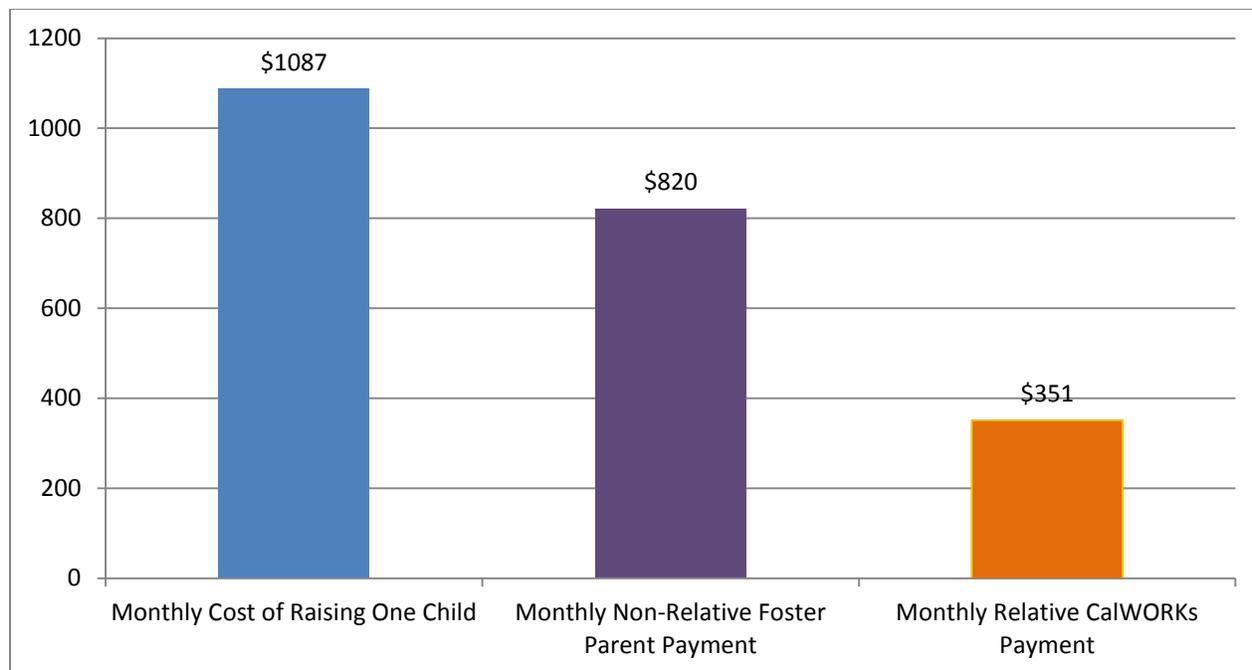
Despite the known benefits of placing children in a relative's home, in California relative foster placements are the least supported of all the foster care placements. Under our existing model, in every other type of foster care placement there is at least an attempt to tie the services and benefits the child receives to the needs of the child. However, this is not true for a majority of the children placed into relative care.

At the root of the inequity is California's reluctance to provide state-only foster care benefits to those relatives caring for children who do not meet federal eligibility standards. For a non-federally eligible child, California has chosen to provide state-only foster care benefits only if the child is placed in non-relative foster homes or group homes.¹ ***Relatives caring for a non-federally eligible child do not receive foster care benefits at all.*** Instead, the relative foster parent can only receive CalWORKs benefits, which provides less than half of what the state of California has determined to be the minimum amount necessary to provide for a foster child's needs.

¹ Notably, 56% of California foster children **do not** qualify for federal foster care benefits due to antiquated eligibility rules, based on a requirement that the child's home of removal meet the 1996 eligibility rules for the now defunct Aid to Families with Dependent Children (AFDC).

	Relative Foster Parent	Non-Relative Foster Parent
Federally Eligible 15-Year Old	\$820/month	\$820/month
Non-Federally Eligible 15-Year Old	\$351/month	\$820/month
Non-Federally Eligible 15-Year Old who is a Regional Center Client	\$351/month	\$2,162/month
Non-Federally Eligible Sibling Set of 3 (ages 15, 16, and 17)	\$714/month	\$2,460/month

Funding for Foster and Kinship Care Fall Short of the Real Cost of Raising a Child



To put the funding paid to relatives caring for non-federally eligible youth in context:

- A child who is **not federally eligible and placed with a relative currently receives funding at 37% of the federal poverty level** regardless of the child’s specialized needs.
- A CalWORKs grant for three children (\$714) is **less than** the basic foster care rate paid for a single foster child between the ages of 15 – 21 (\$820).
- By comparison, while the state spends \$4,212 annually on a federally ineligible youth placed with a relative, it will spend **\$102,348 annually if that same youth goes into a level 12 group home (where 52% of youth in group homes are placed).**

A lack of adequate family income impacts a child's healthy development, including the child's physical, emotional and cognitive development. The risks associated with income instability are compounded for children who are victims of abuse and neglect, removed from their homes, and placed into foster care. While placement into kinship care can help mitigate the trauma of coming into foster care, it is critical that these positive outcomes not be undermined by the negative outcomes associated with raising a child in deep poverty.

Beyond the inadequacy of the monthly stipend that is intended to provide for the daily care of the child, relative foster parents also receive fewer supports and services. Numerous studies have documented that child welfare caseworkers provide less supervision and fewer supports and services to kinship foster parents as compared to non-kin.² These studies have documented that children in kinship care are less likely to receive health screenings, psychological assessments, substance abuse treatment, education services, employment and training services, or legal assistance. Kinship foster parents are also provided less information about the child welfare system or the services and supports available to children in that system.

Failure to adequately support relative foster parents can result in significantly higher costs to the state and counties. While it is inexpensive to place a non-federally eligible child with a relative, these costs skyrocket if that youth subsequently ends up in group care. In a Los Angeles County Department of Children and Family Services study that compared placement outcomes and associated costs of children who graduated from a community-based program (CBP) to similar children who were discharged successfully from residential care settings, they found that children discharged from community-based care:

- Were 3.5 times more likely to have case closure within 12 months (58% versus 16%)
- Experienced 100 fewer total mean days in out of home placements (193 days compared to 290)
- Cost the community 60% less than children discharged from congregate care.³

The success of the Continuum of Care Reform effort hinges on the ability to move youth out of group home placements and into family homes. To do this, the CCR must address the lack of family placements available to foster youth. Given the inequities that plague our existing continuum of care when it comes to family placements, it is difficult to imagine how we would build the additional capacity needed without focusing many of the reforms on those family settings.

² U.S. Dep't of Health and Human Service, *Report to the Congress on Kinship Care Foster Care* (Chapter 4: Experiences of Public Kinship Care Families) see <http://aspe.hhs.gov/hsp/kinr2c00/full.pdf>

³ Source: <http://www.choicesteam.org/documents/whitepapers/StayingAheadoftheBudgetShortfallOnline.pdf>

RECOMMENDATIONS

Uniform Assessment Tool

We recommend the development of a uniform assessment tool to standardize placement decisions by county child welfare/probation. This assessment process will identify:

1. Supports and services that the individual child needs;
2. Appropriate Board and Care rate to provide for the child's day-to-day care;
3. Treatment and therapies that the individual child needs;
4. Most appropriate placement setting for the child, providing preference to relative and family placements.

If the child is identified as having specific treatment needs that indicate placement in a residential setting is most appropriate, the assessment must specifically address the following questions:

1. Why would this youth be better serviced in an RBS?
2. What can an RBS provide that cannot be offered by a placement in the community?

The assessment would occur at the time of removal in order to determine the range of treatments, benefits, supports and services to be provided to the child in whatever placement is deemed appropriate. After initial placement, the assessment would be conducted at least every two years but could be conducted more frequently either at the request of the caregiver or provider or based on the changing needs of the child.

Development of a Two-Tiered Continuum of Care

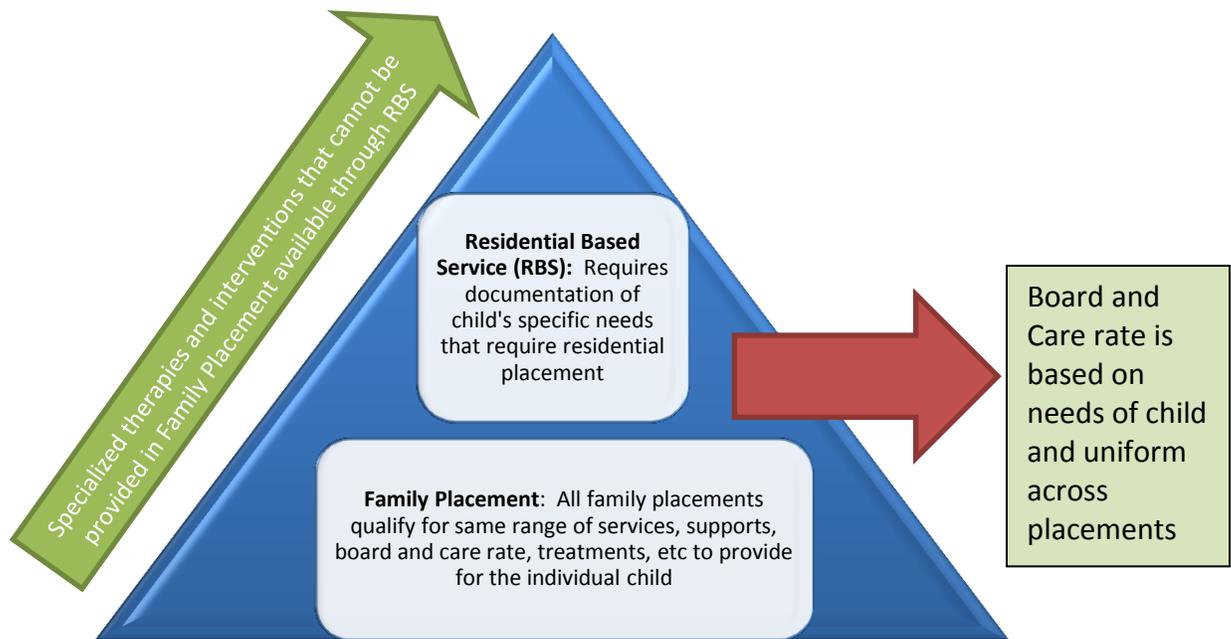
We recommend replacing California's four-tiered continuum of care with two tiers: (1) Family Placements and (2) Residential Placements. Family Placements would encompass the full range of existing placements, except for group homes. This includes children placed through existing foster family agencies or through county licensed or approved placements (ie: certified family homes, licensed foster family homes, approved homes of a relative or non-related extended family member).

All Family Placements would be eligible to receive the same range of supports, services, and board and care rates for a foster child. The precise compilation of services, supports and benefits that any individual child received would be determined by the Child and Family Team and the use of the Uniform Assessment Tool, described above and described more fully in the CWDA/Alliance Concept Paper.

Counties could determine how best to offer the services, supports, benefits, treatments and therapies identified through the uniform assessment, whether through contracting with the

newly created CYFA, contracting with other private providers, or offering the services and supports directly through county programs and personnel.

Under our proposed model, rather than focusing on the entity that is providing the services and supports, we focus on the child. By requiring that all family placements be treated equitably with regard to the services and supports offered, all children will be guaranteed access to the supports, services and assistance they need to thrive.



Uniform Board and Care Rate Setting System

Implicit in the first two recommendations is the need for a uniform Board and Care rate that is based on the individual needs of the child, as opposed to the child's placement. The Board and Care Rate is paid to the foster family (inclusive of relatives, NREFMs, and non-relative foster homes) in order to reimburse the family for the cost of the day-to-day care of the child. The Board and Care Rate is not payment to the family for its time, but rather reimbursement for the actual cost of caring for the child, inclusive of providing for the child's specialized needs. Development of a uniform Board and Care Rate will ensure that the family caring for the child has adequate resources to meet the child's daily needs.

As a result of recent litigation, California developed a minimum basic foster care rate, based on a study done out of the University of California at Davis, that determined the minimum adequate care rate to cover the cost of food, clothing, shelter, transportation to the child's home for visitation, and incidentals. The only youth who do not receive the minimum adequate foster care rate are youth who are not federally eligible, who are placed with a relative, and who do not receive the foster care maintenance payment at all. The funding that federally ineligible children receive who are placed with relatives is not based on any adequacy measure and does not take into account the needs of the child whatsoever. Under the proposed model,

that basic foster rate would be applied to all children, regardless of placement type (including to youth placed in a relative's home, regardless of the child's federal eligibility).

The biggest challenge to developing a uniform Board and Care rate will be determining how to provide for the specialized needs of the youth. Currently, California has 55 different specialized care systems (3 of our 58 counties do not offer specialized care at all), and those specialized care rates are only paid to children placed into a county foster family home (this includes youth placed with a NREFMs or youth placed with an approved relative, provided the child is federally eligible). Children placed into a certified foster home through an FFA are not eligible for specialized care, even though those families incur the same expenses caring for special needs children. Our proposed model would develop a uniform specialized care rate system that would be added to the basic Board and Care rate to provide for children with additional needs. Many counties have well developed specialized care rate systems that could serve as a model for this new, uniform system.

While the uniform Board and Care Rate would be used to determine the monthly stipend paid to the individual family caring for the child, private agencies, like the proposed CYFAs and RBS providers, would receive additional monies to pay for administrative and social work staff, services and supports, and mental health services. In addition, families who are not served through a CYFA or by an RBS provider would also be eligible for those additional services, supports and treatments, which would then be provided by the county child welfare agency.

CONCLUSION

By utilizing a foster care rate setting structure based on the type of placements rather than the needs of the child, California leaves many of our state's foster children without adequate funding and penalizes the very placements that are prioritized under state and federal the law. To remedy this significant inequity and create a system that is truly based on the individual needs of the child, the Continuum of Care Reform model should ensure that **all** children in foster care receive appropriate funding and services to meet the child's specialized needs, regardless of the youth's federal eligibility or the youth's placement in relative versus non-relative foster care. In order to ensure that all children live with a committed and nurturing family and to limit the use of congregate care to situations requiring short-term, intensive interventions, then we must have a continuum of care where the policies and rules are aligned with our values and goals. Simply put, if we want children to thrive in family settings, we must ensure that foster children receive equal financial support and services in those settings.