



Transforming the Foster Care System: Multi-Systemic Approach



Principles Of Continuum of Care Reform

- All children deserve to live with a committed, nurturing and permanent family that will prepare them for a successful transition into adulthood.
- The child and family voice is important in assessment, placement and service planning. Child and Family Team (CFT) meetings will be the foundation for ensuring these perspectives are incorporated through the duration of the case.
- Children should not have to change placements to get the services and supports they need. CCR ensures that children and youth receive mental health services to meet their treatment needs regardless of the placement setting;
- Universal assessment process to identify the needed services and supports;
- Agencies serving children and youth (i.e. DCFS, Probation, DMH, School, and other community service providers) need to collaborate to effectively provide the family with necessary services and supports to eliminate the family's need to navigate multiple systems.
- The goal for children in foster care is normalcy in development while establishing permanent life-long family relationships.

Continuum of Care Reform - Key Assumptions

- Child Welfare foster children in group home care will transition to alternative placements over 24 months and Probation foster children will transition out of group homes over 36 months.
- The majority of group home cases in RCL 1-9 will transition to family-based settings - the remaining will transition to Treatment Foster Care (TFC).
- A proportion of RCL 10-12 cases will transition to TFC – the remaining will transition to STRTP.
- County social workers, probation officers, and mental health staff will require training on CCR implementation.
- All STRTP cases will require a placement review at intervals no greater than six months and require county deputy director approval for placements exceeding six months.

Legislative Initiatives

- Rates
- Resource Family Approvals
- Quality Parenting Initiative
- Interagency Placement Committee
- Expansion of Core Practice Model and Child and Family Teaming

Shared Responsibility and Accountability

- We should no longer assume that child welfare can do this alone or that we will recruit our way to CCR success.
- The time is now to reapportion the responsibility of child welfare across agencies jointly responsible to contribute to achieving the following visionary goals:
 - **Safely preventing removals;**
 - **Placing with kin, if possible, or in homelike settings within community of origin; and**
 - **Supporting children and their caregivers (bio, kin, foster) appropriately to ensure that the first placement is the last placement.**

RATES – Phase One effective Jan 1, 2017

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Home-Based Family Care (HBFC), Short-Term Residential Therapeutic Program (STRTP), Group Home (GH)

HBFC Rate - \$889

Resource Families, county foster family homes, Relatives (both Federal and non-Federal regardless of participation in Approved Relative Caregiver Program), Non-related Extended Family Members home, and Non-Minor Dependents in Supervised Independent Living Placements (SILPs)

GH Rate – Existing RCL Rate w/ approved extension

STRTP Rate - \$12,036

Foster Family Agency Rates

Age	0-4	5-8	9-11	12-14	15-20
FFA Certified Home	\$896	\$954	\$994	\$1032	\$1072
Social Work	\$340	\$340	\$340	\$340	\$340
Services and Supports	\$156	\$156	\$156	\$156	\$156
RFA	\$48	\$48	\$48	\$48	\$48
Administrative	\$672	\$672	\$672	\$672	\$672
Total Rate	\$2,112	\$2,170	\$2,210	\$2,248	\$2,288



Resource Family Approval(RFA)

RFA in LA

- LA County has begun implementing the consolidated process for all foster parents, relatives, and adoptive parents to apply and be approved through one single process. This new process is called Resource Family Approval and will refer to all applicants as resource families;
- LA County has contracted with community organizations that will provide supportive services to relative caregivers as they transition to meet the standards of RFA;
- LA County is working to procure a public-facing website/case management system that will allow DCFS to track and monitor RFA approval process and also allows families to submit RFA documents to DCFS;
- Effective January 1, 2017, LA County expanded the Emergency Placement Stipend for Relatives/NREFM to \$400 per month for up to 3 months.

Foster and Relative Caregiver Recruitment, Retention and Support Plan

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- In January and March 2016, LA County was awarded funding by the State of California to enhance efforts to Recruit, Retain, and Support all caregivers. The following strategies are currently underway:
- Media-Recruitment – Media campaign through commercials, billboards, bus benches, etc.
- Tangible Supports – LA County has pre-purchased items frequently needed to support the care of small children, i.e. crib, diapers, formula, strollers, etc.
 - These items will support the emergency placements of infants and toddlers where the caregiver does not have immediate access to needed basic supplies.
 - Tangible Supports will soon be available in Compton, Palmdale, Kinship Centers and ultimately, countywide.

Quality Parenting Initiative

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- Strengthens efforts for the recruitment and retention of quality caregivers.
- A “Quality Caregiver” is defined as a full partner in a team supporting the healthy development of children with a goal of achieving permanency for children who cannot live with their parents.
 - A quality caregiver is to provide high quality parenting by assuming many of the roles of the child’s parents and provide for the child’s needs while the child is in their home.
 - A quality caregiver provides the foster child with basic needs including, but not limited to support, reassurance, and fosters the development of the child's self-esteem and self-worth.
 - Mentors biological parent(s), if appropriate.
 - Maintains a lifelong commitment to the child, if appropriate.

CCR and the effects on our Foster Family Agencies

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- Implementation of RFA processes for all FFA recruited families;
- Must be certified with Mental Health or ensure access to directly delivered EPSDT Mental Health services.
- Requires the development of new plans of operations, training, and program statements that reflect the changed practices of the FFA program.
- Must be nationally accredited.
- Must make available Core Services:
 - ❑ Transitional Services
 - ❑ Education, Physical, Behavioral, MH and Extracurricular Supports
 - ❑ Transition to Adulthood
 - ❑ Permanency Supports
 - ❑ Active efforts for ICWA eligible children

INTENSIVE SERVICES FOSTER CARE & **NEW** TFC SPECIALTY MENTAL HEALTH SERVICE (SMHS)

- ▶ **Child Welfare Level of Care: Intensive Services Foster Care ISFC**
 - ▶ Replaces Intensive Treatment Foster Care as of 1/01/2017
 - ▶ One rate \$5941 with \$2259 to ISFC Caregiver
 - ▶ Exact care & supervision requirements not yet released by State for this Level of Care
- ▶ **Child Welfare ISFC is the platform** upon which the new state mental health TFC Services Model can be added if all requirements are met.
- ▶ **Current LA County ITFC Contractors will continue** as of 1/01/2017 until a new solicitation can take place.

CCR and Groups Homes:

Short-Term Residential Therapeutic Program (STRTP)

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- Group Homes must develop a plan to transition away from being a Group Home and develop a program to become the licensing category of a Short-term Residential Therapeutic Program – STRTP, and must have an approved STRTP Program Statement.
- Group Homes or new facilities seeking to become a STRTP must meet the treatment level of children to provide “core services” including Mental Health services in order to assist the child’s transition back to home-based placement.
- Must be certified with Mental Health or have a Mental Health contract and directly deliver EPSDT Mental Health services.
- Requires the development of new plans of operations, training, and program statements that reflect the changed practices of the GH program.
- Must be nationally accredited.
- Must develop a plan to assist in stepping down youth to lowest level of care from the initial entry into the program.

Interagency Placement Committee

- The purpose of the IPC is to review and evaluate the needs of children and adolescents of Los Angeles County and make referrals for placement.
- The IPC consists of members of DMH, DCFS, Probation, and other interested parties (e.g., Regional Center, Education, Mental Health Service Providers) when appropriate and necessary.
- The IPC will screen all youth entering STRTPs, and youth being considered for entry into Intensive Services Foster Care.
- The IPC reviews all available information (mental health, child welfare, probation, education, etc.) to help determine if a youth is eligible for placement in an STRTP or ISFC.

Integrated Core Practice Model and Child and Family Teams (CFT)

- Katie A. and the Core Practice Model recognizes that a team approach to case planning and care delivery is critical to effectively care for all children and youth in foster care.
- The ***New Integrated Core Practice Model** expands on the requirements of CPM and CFT decision-making.
- LA County's goal is to ensure that all children will receive a child and family team meeting. CFT is our approach to supporting strengths-needs practice, case planning, and provisions of individualized, intensive home-based mental health services.
- Placing agencies will utilize CFTs for all out-of-home placement case planning purposes and in an effort to continuously assess needs.
- The needs of the child will determine the duration/frequency of CFTs.

What this looks like...

➤ **Res-Wrap 2004**

- Infusing Wraparound in residential treatment
- Continuum of Care across settings
- Sparked the process for creation of RBS – Open Doors Pilot

- CCR was informed by the Open Doors Pilot, also called Residentially Based Services, which was a statewide pilot involving 22 agencies that had demonstrated positive results for clients when they successfully graduated from the pilot.
- Open Doors is a pilot to transform traditional residential and group care.

What this looks like...

- **LA County had three participating agencies**
 - Hathaway-Sycamores
 - Five Acres,
 - Hillsides.
- LA County providers chose to elect the clients that had the highest need for the pilot, as evidenced by longest time spent in residential care and had no identified permanency options.
- Our LA County pilot which served the largest number of children in the statewide pilot also had the most significant results in the pilot.

What this looks like...

► Re-entry

- When children successfully graduated re-entry decreased to 10%.
- During the initial two years of the pilot the median time to achieve permanency was 8 months.
- For the life of the pilot, which is now a little over 4 years the median time is 10.96 months.

► RBS-CFT

- RBS involved the child and family as part of the treatment team and through this engagement there was a high level of satisfaction when it came to child and family voice.



Questions?