

Continuum of Care Reform: Focus on Resource Family Approval and Level of Care



Logistics

- The webinar is being recorded – a link will be sent to all caregiver leaders following the webinar
- All attendees will be on mute – type any questions you have into the chat box or if you experience technical difficulties email Shanti Ezrine at s.ezrine@kids-alliance.org
- Downloads are available in the Handouts section of the GotoWebinar dashboard
- We will be answering your questions – please submit questions using the “chat” function on your GotoWebinar dashboard

RESOURCE FAMILY APPROVAL: OVERVIEW

CCR Vision

- All children live with a committed, permanent and nurturing family with strong community connections
- Services and supports should be individualized and coordinated across systems and children shouldn't need to change placements to get services
- When needed, congregate care is a short-term, high quality, intensive intervention that is just one part of a continuum of care available for children, youth and young adults
- Effective accountability and transparency drives continuous quality improvement for state, county and providers

Key strategies

- Child and Family Teams (CFTs) drive case planning, placement decisions and care coordination
- New licensing requirements for FFAs and STRTPs:
 - Limit use of residential care to when an Interagency Placement Committee finds child requires short-term intensive services
 - Ensures STRTPs and FFAs have an identified ability to meet the varied needs of children (i.e. “core services”) including mental health services
 - Ensures STRTPs and FFAs are nationally accredited and have engaged placing agencies in program development
- New approval requirements and restructured rate system for caregivers provides for a single residential rate and a varied “level of care” home-based rate
- Local collaboration between Child Welfare, Mental Health, Probation, and Education to provide integrated services

RFA Vision

- A family-friendly and child-centered caregiver approval process
- Streamlines and eliminates duplication of existing processes
- Unifies approval standard for all caregivers
- Prepares families to meet the needs of children in foster care
- Allows seamless transition to permanency



Timeline for Implementation

- All **prospective relative, NREFM & foster families** after 1/1/2017 must go through the RFA process.
- **Current caregivers** with a child in placement at some point during 2017 have until 12/31/2019 to begin the RFA process.
 - Current caregivers with an approved adoptive home study completed before 01/01/18 are automatically deemed approved.
 - Approval can continue after December 31, 2019 as long as RFA initiated by that date.

WIC § 16519.5(p)

Approval vs. Placement

- **Approval**- is a process in which DCFS is making sure *generally* that you can provide a safe home for a child by meeting preset criteria
 - Funding begins at the date of RFA approval
- **Placement**- occurs when DCFS or the court places a *specific* child into your home after the required home walkthrough and background check
 - Emergency placement can happen before full approval but eventually you must go through the full RFA process

Kinship vs Traditional Foster Care

Kinship Care	Traditional Foster Care
Unplanned, immediate/crisis-oriented	Planned decision to become foster caregiver
Changes existing relationships/family roles	Builds new relationships
Hopes and expectations for reunification	May hope to adopt
Knowledge of family dynamics	Limited knowledge of a family
Mixed feeling about role change	Excitement of a new role of parent
Mixed feelings about loss of parent to child	Celebration of new family
Limited preparation	Prepared and supports in place
Unanticipated requirements to become approved for placement	Anticipated requirements to become approved foster parent
Guilt over the issues of birth parents	No guilt over issues of birth parents
Feelings of betraying birth parents	Displaying loyalty to the child
Feel entitled to be in “driver’s seat” – distrusting of system	Emotional entitlement is more gradual; legal entitlement only after adoption
Hesitation to legalize – doesn’t indicate a lack of commitment to child	Low motivation to legalize triggers concerns about commitment to child

Overview of RFA process

- All resource family applicants will:
 1. Receive a RFA orientation
 2. Undergo criminal clearances and background checks
 3. Undergo home environment assessment
 4. Participate in 12 hours pre-approval training + 8 additional hours within the first year (some counties/FFAs may require additional training hours)
 5. Provide health screening for applicants and TB screening for all adults in home
 6. Participate in a psychosocial assessment
 7. Receive a written report of the resource family

Home Environment Assessment

- Home environment assessment (similar to ASFA approval) requires:
 - 1) Criminal background check (and any necessary exemptions) of each applicant and all adults residing in, or regularly present in, the home
 - 2) An assessment of the home and grounds, outdoor activity space, and storage areas of the applicant's home
 - 3) Total # of children cannot be more than family can properly care for – and shall not exceed 6 children.
 - **Exception**: Exceptional circumstances including but not limited to the need to place siblings together

WIC § 16519.5(d)(2)

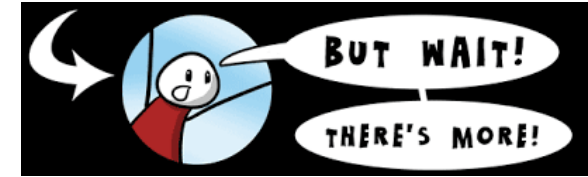
Permanency Assessment

1. Verification that an applicant completed pre-approval training– minimum of **12** hours (**8** post-approval hours annually)
2. A **Family Evaluation**, which shall include a risk assessment of the applicant's:
 - Physical and mental health,
 - Alcohol and other substance use and abuse,
 - Family and domestic violence issues, and
 - Understanding of the needs of children in care and ability to meet those needs

NOTE: When the applicant is a relative/NREFM, psychosocial assessment shall consider nature of relationship between the applicant and the child. *WIC § 16519.5(d)(3)*

NOTE #2: The applicant's preference to provide a specific level of permanency shall not be a basis to deny an application. *WIC § 16519.5(g)(5)(A)(i)(II)*

RFA Written Directives



- Written directives provide more detailed guidance for RFA implementation, processes, requirements, oversight and due process
- Some additional assessment requirements specified in the directives include:
 1. Health screening & TB Test
 2. First Aid and CPR certification
 3. Face-to-face interviews with applicant(s)
 4. 1 face-to-face interview with all other residents in the home, including children
 5. 3 personal references
 6. DMV check on applicant and all adults in the home

What's Changing in the Written Directives?

- Version 5 of the Written Directives will be released soon!
- Includes instructions on aspects of CCR that changed as a result of recent changes to the law
 - Portability
 - Streamlined criminal background checks
 - Inactive status
- Streamlines aspects of RFA process
 - Minimum of 2 face-to-face interviews (instead of 3)
 - Allows CPR and first aid to be completed within 90 days post-approval
- Changes terminology – i.e. psychosocial assessment is now referred to as the “family evaluation”

MAINTAINING RFA

- RFA must be updated annually or more often if “significant changes”
 - Must begin 60 days prior to approval anniversary and be completed no later than 30 days after

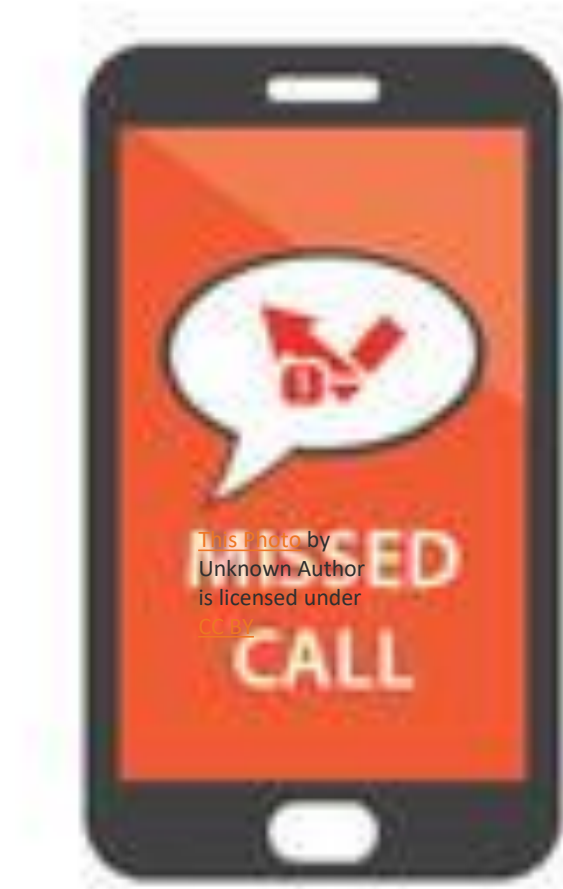
RESOURCE FAMILY APPROVAL: A CAREGIVER'S PERSPECTIVE

La Toya's Story



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Delays in Approval



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Financial Hardship



Reflection



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RESOURCE FAMILY APPROVAL: PUTTING FAMILIES FIRST

The systemic issues

- RFA is taking several months to complete. This is detrimental because caregivers do not receive sufficient funding until they are approved and that funding is not retroactive to the date of placement.
- Thousands of existing caregivers will have to complete the “conversion process.” This is and will continue to hamper retention efforts.
- A caregiver’s application can be withdrawn without any documentation of the reasons for the withdrawal forcing caregiver’s to start the process over
- Permanency can be delayed in some instances because (1) the RFA process is lengthy and (2) legal guardians have to be resource families prior to accepting guardianship to receive Kin-GAP funding.

RFA in practice

- Delays in transition to lower level of care
- Delays in placement with relatives & non-related extended family members (NREFMs)
- Impacting recruitment and retention
- Placement disruptions due to lack of funding
- Ongoing funding issues

Please see the “RFA Case Examples” handout to read stories of families navigating the process.

Breaking Down the Problem

- RFA approval is taking far longer than intended causing long delays in approvals and has led to a statewide crisis:
 - **Delays in placements** with caregiver relatives
 - **Delays in transitioning children to family** settings
 - **Discouraging families** from signing up as foster families or remaining families within our system.
- Families that take in children prior to approval do not receive foster care benefits until they are approved and the funding is not retroactive to the date of placement. This is causing
 - **Placement disruptions** due to lack of funding
 - Relatives and extended family members enduring **months of financial stress and hardship** while simultaneously attempting to navigate a bureaucratic maze and care for traumatized children

Streamlining RFA Approval



Policy Fixes

1. Urgency Bill: Fund at the time of placement
2. Policy Bill: Eliminate barriers and streamline the RFA process

Fact Sheet: “Making RFA Work for Families”

SUMMARY

The California Department of Social Services recently implemented a statewide system for approving individuals to serve as foster families, known as Resource Family Approval (RFA). RFA is intended to be a family-friendly and child-centered caregiver approval process that eliminates duplication of existing processes to approve families. However, in practice, RFA has created bureaucratic hurdles to connecting children to relatives in a timely manner, supporting those relatives through the approval process, and completing approval in a timely and efficient manner.

PROBLEM

RFA approval is taking far longer than anticipated to complete and the average family spends well over 90 days going through the RFA process. This is extremely problematic.

First, it is a deterrent to recruiting and retaining families, which is fundamental to the success of the recently implemented Continuum of Care Reform (“CCR”).

Second, it presents a real hardship to families who accept placement on an emergency basis prior to approval, as they do not have the right to receive monthly foster care payments until they are fully approved. Families are struggling to make ends meet and the process jeopardizes placement stability.

Third, when pre-approval placement options are not used, children and youth are lingering in group homes or foster homes for extended periods of time while they wait to be placed with relatives or non-relative extended family members who have requested placement.

PROPOSED BILL

This bill makes concrete changes in law to support the underlying goal of RFA, which is to create a unified, child-centered and family-friendly approval process.

Specifically, this bill:

1. Initiates foster care funding at the point that a family has met health and safety standards required in federal law (the earliest point that the state is permitted to begin drawing down federal foster care benefits) by permitting counties to waive any approval requirements that are not related to health and safety;
2. Requires counties to secure short-term funding for individuals who accept emergency placement while they work to complete the RFA requirements;
3. Requires counties to complete RFA within 90-days for all applicants, including families who accept placement on an emergency basis, and provides for court oversight when timelines are not complied with for relatives or NREFMs who are seeking placement of a family member;
4. Automatically converts families who are currently caring for a foster child and who were approved prior to RFA;
5. Requires documentation in the court record regarding the amount and source of financial support a youth is receiving;
6. Clarifies that a child welfare agency must document an RFA withdrawal utilizing a statewide form and that a family that withdraws an RFA application can pick up where they left off within 12 months of withdrawal;

UNDERSTANDING FOSTER CARE BENEFITS AND THE NEW HOME BASED FAMILY CARE RATE SYSTEM

Types of Funding to Support a Child in Foster Care

- **Foster Care Maintenance Payment:** provides for the cost of (and the cost of providing) food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to a child, reasonable travel to the child's home for visitation, and reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement.
- Additional types of foster care payments:
 - Specialized Care Increments
 - Dual Agency Rate
 - Infant Supplement
 - Clothing allowance
 - Intensive Services Foster Care

Special Rates for Special Needs - Dual Agency Rate (WIC § 11464)

- Dual agency rate available to foster children who are Regional Center consumers AND receiving foster care benefits
 - \$2,417 (children with developmental disability diagnosed) + up to \$1,000 additional supplement (available in increments of \$250)
 - \$1,081 (Early Start program children 0-3 not diagnosed yet)

Special Rates for Special Needs - Specialized Care Increments (WIC § 11461(e))

- Specialized Care Increments: supplemental payments to foster parents for youth who have been identified as needing more intensive care than typical because of behavioral and health needs.
 - Specialized Care Increment (SCI) = the increment only
 - Specialized Care Rate = basic foster family home rate + increment



Specialized Care Increments con't

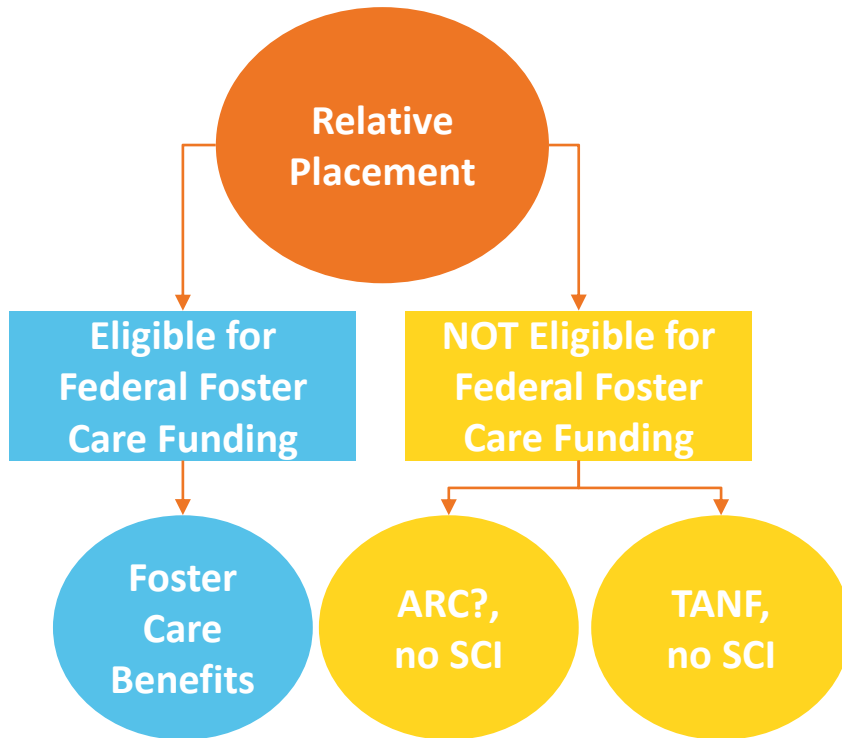
- What placements are eligible to receive specialized care increment?
 - ALL approved resource families, regardless of whether the child is federally eligible
 - Non-related legal guardians
- SCI Not Available
 - Group Homes/STRTP, THPP, THP-Plus
 - Supervised Independent Living Placements (SILPs)
 - Any placement in any county that has not implemented a SCI system

California's Specialized Care Rate "System" Is Not a System

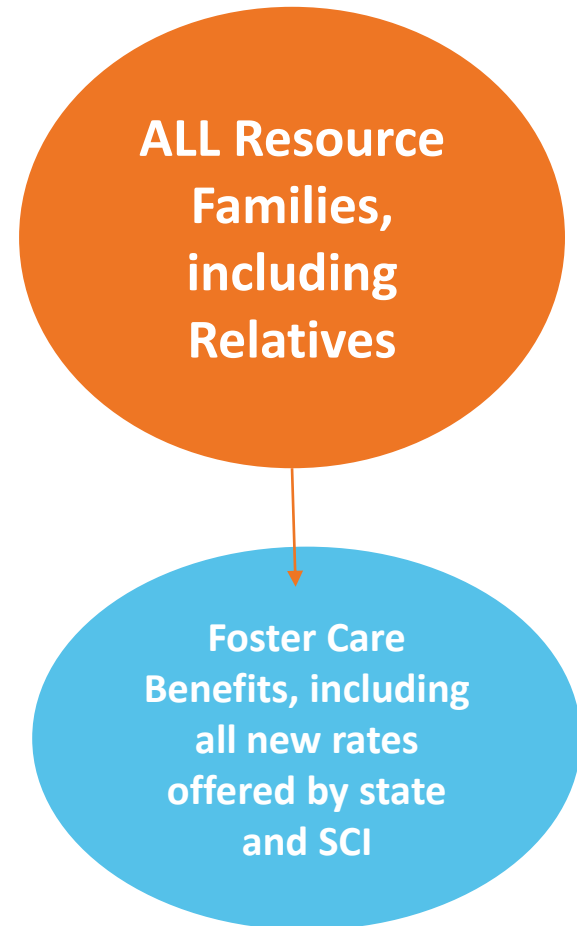
- Not standardized throughout the state: The levels of these payments vary greatly by county*
- No system to track who actually receives SCI: CDSS has not had a way to accurately determine how many children in each county are receiving which kinds of SCI payments.
- UC Davis Study recommended **"CDSS might consider developing a standardized statewide SCI payment system. A more uniform payment system might also include a uniform assessment system. For example, a number of states use a standardized psychological assessment tool such as the Child and Adolescent Needs and Strengths (CANS) measure for each child that enters foster care."**
- *Find county SCI rates here: <http://www.cdss.ca.gov/inforesources/Foster-Care/Specialized-Care>

How Did CCR Change Our Rates?

Old Rate System



Home Based Family Care Rate System



“a child placed with a resource family is eligible for the resource family basic rate... at the child’s assessed level of care” (WIC § 16519.5(l))

Home-Based Family Care Rate (ACL 16-79)

- AB 403 (2015) mandates new child-centered rate system
- For children placed in family-like settings (i.e. approved resource family home)
- How is HBFC different from previous rate structure?
 - Rates no longer dependent on age
 - No distinction between community placement types
 - Special rates for FFAs that provide supports and services to children placed with non-FFA families

Home Based Family Care Rate Structure

The HBFC Rate paid to the Resource Family is based on the amount of care and supervision the child needs from the family. A Level of Care (LOC) Protocol tool is being developed to guide the county LOC determination.



Intensive Services Foster Care

Intensive Services Foster Care replaces ITFC and is intended to accommodate probation placements, MTFC, special health care or certain medical placements, an alternative to or step down from residential care, Therapeutic Foster Care or other special populations. The Resource Family must meet a level of specified training and competencies based on the child's needs.

Paid to the Resource Family	\$2,410
Administration	\$3,482
Services & Supports	\$200
Total	\$6,092

Home-Based Family Care Rate: PHASE 1

- Was effective January 1, 2017
- All placements received standardized basic rate (\$889, then \$923 after 7/1/17), unless already receiving a higher specialized rate
- Counties retained option to supplement with SCI and clothing allowance
- Higher rates (by age) for FFA certified families

Home-Based Family Care Rate: PHASE 2 (impacts new FFA Placements)

- Intensive Services Foster Care implemented statewide effective December 1, 2017
- FFA Placement – Phase in of Levels 2 – 4
 - Basic rate will continue to be paid to FFA placements made December 1, 2017 through February 28, 2018
 - Levels 2 – 4 of the new Home Based Family Care Rates will implement in **new** FFA entries beginning March 1, 2018
 - Independent researchers will study the implementation of Levels 2 – 4 in the FFA placements during March and April 2018

Home-Based Family Care Rate: PHASE 3 (statewide implementation)

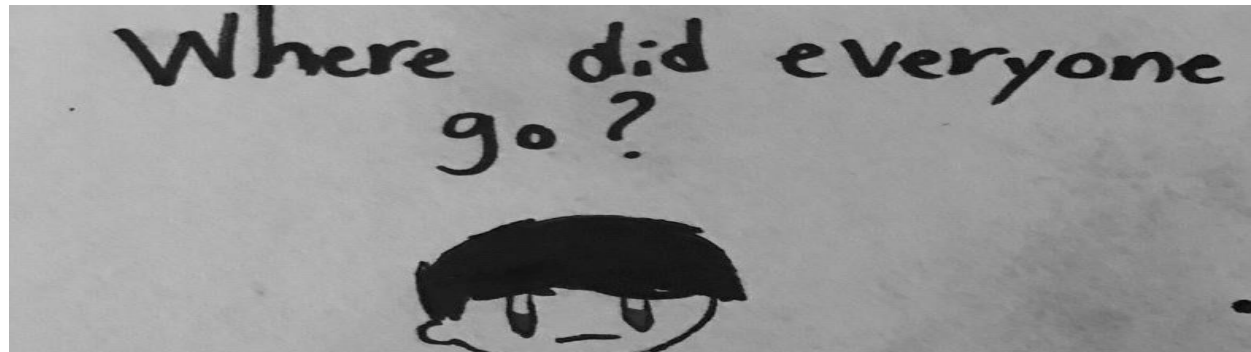
- May 1, 2018 – all placements statewide will begin receiving the Home Based Family Care Rate as a triggering event occurs
- Triggering Events
 - New HBFC placements that enter foster care
 - Change of placement to/from any resource family and a child/youth needs have changed
 - Change of placement from an FFA home receiving an age-based rate to a different FFA within a different FFA agency
 - Child moves from FFA home to a relative/county home
 - Caregiver requests reassessment
 - Transitions from a group home or STRTP into a HBFC setting
 - Transition from ISFC home to HBFC setting

Equal Funding for Unequal Needs

Equal funding helps support youth with relatives and NREFMs to ensure adequate and appropriate family placements.

However, delaying funding to youth in these placements and/or a rate system that makes it difficult for families to receive the appropriate level of funding destabilizes the placement and undermines CCR.

- Relative caregivers are more likely to be on a fixed income or to be unprepared to take in a youth in need. Delays in approval and funding can be devastating.



LEVEL OF CARE (LOC) PROTOCOL

LOC Vision

- Establish a rate-setting system that can better support a continuum of programs and services to promote positive outcomes for children and families.
- Intended to better define the expectations of caregivers to meet child needs.
- Include the Child and Family team as part of the rate assessment.
- Create a statewide, standardized assessment.

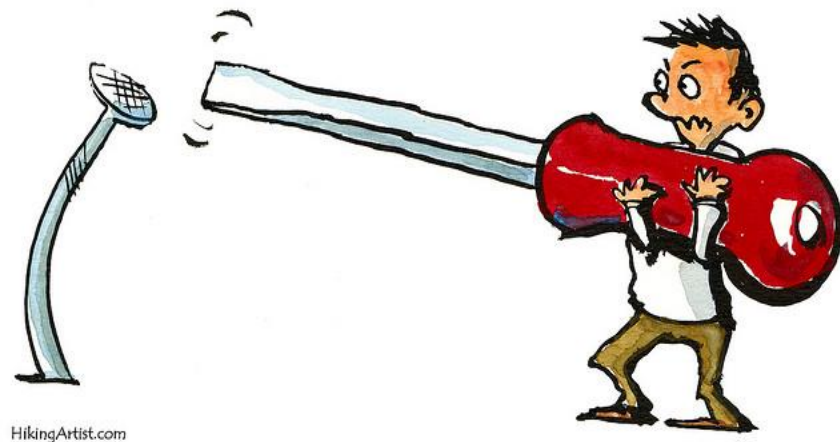
Level of Care Protocol

- The LOC Protocol is based on 5 Domains:
 - Physical, Health, Education, Behavioral/Emotional, and Permanency/Family Support.
 - Static Factors are established that identify an automatic ISFC designation.
- Designed to interact with child welfare assessment tools and interpret the various assessment tool scores, including an optional Resource Parent Report to be completed by the caregiver.



Issues with the LOC Protocol

- Protocol not demonstrated to be reliable among users
- Protocol may not accurately assign children with higher needs to higher levels



Issues with the Protocol (continued)

- It is not clear how the new assessment interacts with county specialized care increments.
- Counties are struggling with others aspects of CCR implementation



***Please see the “LOC Case Examples”
handout.***

If Counties Suspend or Stop SCI, then Youth May Be Worse Off

- LOC is clearly not intended to supplant SCI.
- LOC on its own is not adequate for youth with special needs.
- Dual agency rates are only for youth who qualify for regional center services.
- Currently, 45 counties have a SCI that is more than basic level 4.

Me trying to make a situation better but accidentally making it worse



Multiple Assessments: Confusion and Delay

	Purpose	Process	Timing
CANS	Assess well-being, identify a range of social and behavioral healthcare needs, support care coordination and collaborative decision-making, and monitor outcomes of individuals, providers, and systems.	CANS Core 50 and counties can opt to add questions specific to their local needs Must be informed by the CFT	Continuous assessment that must be informed by the Child and Family Team (which occurs at least every six months)
LOC Protocol	a strength-based rate methodology as opposed to behavior deficit model to identify the individual care and supervision expectations that are paired to the daily needs of a child/youth based on the five core domains. The LOC Protocol's primary focus is centered on the role of the Resource Family (RF)	Completed by the social worker/probation officer who draws information from case carrying SWs/POs resources typically utilized in core practice: CFTs, CANS, case records, Specialized Care Increment (SCI) assessments, and Resource Parent Report Tool	Within 60 days of a triggering event – child provided Basic Level Rate until completed unless they meet criteria for ISFC. Rate re-evaluated when triggering events occur
Specialized Care Assessment	County-based system to provide additional funding to account for individual behavioral and healthcare needs	55 counties use SCIs and each has their own set of protocols and scoring systems	No timeline or requirement for assessment for SCI – varies county by county

Negative Impacts on Youth

The current RFA processes are having other negative impacts that may be exacerbated by premature implementation of LOC protocols.

1. Delays in funding undermine the stability of kinship and NREFM placements.
2. De-stabilizing kinship and NREFM placements lead to an increase in institutionalized and congregate care settings especially among older youth.
3. Foster youth in the delinquency system are especially vulnerable. RFA implementation problems have led to some youth being confined in juvenile hall longer or being stripped of foster care protections and supports.
4. The real risk of continued problems with RFA layered with a problematic LOC system is a sharp decrease in kinship and NREFM placements leading to more homelessness on the front end and more congregate care longterm..

Implementing LOC Statewide

Only proceed with implementation of the LOC Protocol statewide **once the following has been determined:**

1. The Protocol has been piloted through a formal process to demonstrate **accuracy** in assessing a child's needs and **reliability** among users;
2. **County readiness** to implement the LOC Protocol has been demonstrated through certification that the county has hired and trained necessary staff, has finalized written procedures to implement LOC, and has conducted necessary outreach to caregivers to inform them about the new rate system;
3. **Written guidance on how to revise county SCI** have been released and counties have been afforded adequate time to make adjustments to SCI protocols, train staff, and inform caregivers of the changes.

Ultimate Vision for LOC Determination

- UC Davis Study recommended “CDSS might consider developing a standardized statewide SCI payment system. A more uniform payment system might also include a uniform assessment system. For example, a number of states use a standardized psychological assessment tool such as the Child and Adolescent Needs and Strengths (CANS) measure for each child that enters foster care.”

Questions

