




CONTINUUM OF CARE REFORM: SUCCESSSES TO DATE AND LOOKING AHEAD

ABOUT THE CONTINUUM OF CARE REFORM

[Continuum of Care Reform \(CCR\)](#) was founded upon the collective belief among stakeholders involved in California's child welfare system that all children served by the foster care system need, deserve, and have an ability to be part of a loving family, and not to grow up in a congregate setting.

A key principle of CCR is the shared objective among state, county, and care providers to support children and their families, allowing them to heal and thrive. With these goals in mind, CCR implementation began in early 2017, bringing together a series of existing and new reforms to our child welfare services program. Children living apart from their biological parents do best when they are cared for in nurturing family homes. CCR reforms were built around this notion and that reliance on congregate care should be limited to short-term, therapeutic interventions.



[Video](#): Meet foster child Erica, who has lots of good things to say about her Child and Family Team.

The primary policy changes of CCR include:

- Broad expansion in the use of [Child and Family Teaming](#), which ensures that services are delivered to children and families in the context of a single, integrated team.
- Creation of an Emergency Caregiver program, which allows youth to be immediately placed with a relative or family member before that individual is approved as a resource family.
- Establishing rate-equity for children placed in relative homes to ensure funding provided is commensurate with needs and to promote children staying with their own

family even if higher levels of funding and services are required.

- Establishing a new home-based family care rate structure that is tied to the child's assessed level of care needs so that children do not have to move placements to get additional funding or services.
- Expansion of the Intensive Services Foster Care program to support youth with complex needs in home-based settings.
- Funding to support best practices and innovations in family finding and foster parent recruitment and support.
- New requirements for congregate care providers aimed at ensuring that facilities are providing high-quality, therapeutic supports to meet individual treatment needs and ensure that youth are transitioned to a less restrictive setting as soon as they no longer have a therapeutic need for a residential setting.

CCR has transformed California's usage of residential care by moving away from non-therapeutic congregate facilities to more family-based and therapeutic settings. To do this, California created Short-Term Residential Therapeutic Programs (STRTPs), which focus directly on meeting the needs of individual youth by ensuring that there is integrated delivery of specialty mental health services. Also, the recent passage of the federal Family First Prevention Services Act (FFPSA) has brought new requirements aimed at better serving youth. These requirements include a more robust assessment of youth needs before an STRTP placement can be made, more thorough documentation of the youth-specific treatment goals that will support a youth while they are in a STRTP, and the identification and delivery of aftercare services to better support a youth's timely transition into a family-based setting.

OUTCOMES AND DATA

The positive impact of CCR on California's child welfare system – the largest in the nation – was profound. Under CCR:

- Youth placement into congregate care has decreased by almost 60%, while placements into home-based settings – the ultimate goal for foster youth – has increased. For example, over the last five years, for foster youth supervised by county probation departments, there has been a 53% increase in youth that have a first placement with a relative or extended family member and a 92% increase in youth whose predominant placement is with a relative or extended family member. For foster youth supervised by county child welfare departments, there has been a 24% increase in youth that have a first placement with a relative or extended family member and a 7% increase in youth whose predominant placement is with a relative or extended family member.*

Continuum of Care Reform is about long-term stability for children. In just a short time, this effort has resulted in more children being placed with **their own relatives or in other home-based settings.** In the end, this helps youth experience **better outcomes.**

Director Kim Johnson,
California Department of
Social Services

- Placement stability indicators for children remaining in their first placement have also continued to grow. 75% of youth that had their first placement with a relative and are still in care at 12 months are still with that relative.
- The number of [Resource Family Homes](#) approved each quarter – one of the most critical elements of California foster care system – has steadily increased under CCR.
- More than 87% of youth in STRTPs receive critical mental health and therapeutic services. This is a dramatic increase in youth receiving these supports due to the focused reforms under CCR. Not surprisingly, there has also been an increase in the number of residential programs that provide integrated mental health services – two-thirds of STRTPs have received Mental Health Program Approval, allowing more youth with high needs to receive the critical behavioral health treatment they need to begin the healing process.

Evidence continues to show that youth who experience long stays in **congregate care typically experience **worse outcomes**.** For example, research has shown that youth placed into congregate settings are **2.5 times more likely to be arrested**, more likely to drop out of school, and less likely to graduate from high school.

[Ryan, Marshall, Herz, Hernandez, Juvenile delinquency in child welfare: Investigating group home effects \(Children and Youth Services Review, 2008\)](#)

CONNECT SILOED SYSTEMS

CCR is focused on breaking down silos and integrating various systems to holistically meet the needs of the children and youth served. Below for context are links to profiles of some of the systems working together to best address the needs of children and youth:

- [Child Welfare Services](#)
- [Specialty Mental Health Services](#)
- [Rehabilitation Services](#)
- [Regional Center – Early Start Services](#)
- [Regional Center – Lanterman Act Services](#)
- [California Department of Education – Special Education Services](#)
- [California Department of Education – Foster Youth Services](#)

CURRENT EFFORTS AND WORK TO DO

Despite the well-documented and continued success of CCR, some critical gaps in care remain: More work must be done to appropriately support and serve California's foster youth with the most complex care needs. As California addresses these gaps, it is essential that investments support a robust continuum of care designed to ensure transition pathways for all children to be cared for in a family-based environment. To help jump-start this work, the [recently enacted State Budget](#) included several significant investments in child welfare and

behavioral health, such as [\\$139.2 million](#) specifically to assist counties in serving foster youth who have complex needs. This funding is in addition to other [supports and funding available](#) to counties to assist in finding placements for and supporting youth with complex care needs. Also, the [implementation of AB 2083](#) is allowing more foster youth to receive coordinated, timely, trauma-informed services.

In addition, \$480.5 million was allocated through the Behavioral Health Continuum Infrastructure Program to help address urgent gaps in the continuum of care for youth.

Additional information and research on the use of **congregate care, compliments of **Casey Family Programs**, can be found [here](#).**

Well-defined partnerships between the state and local system-of-care agencies who are devoted to overcoming barriers to coordinated care and responding to identified gaps in cases are key to improving outcomes for children with complex needs. These partnerships have been strengthened over the course of CCR implementation, and CDSS and its state partners continue to provide counties with direct technical assistance and support to help them access a continuum-of-placement settings and

services for youth as quickly as possible. This often includes multi-agency coordination and child-specific technical assistance in identifying potential options for appropriate placements, addressing barriers to acceptance, and supporting placement preservation for youth with complex needs.

The state also established a [strike team](#) to provide counties with real-time guidance and support to help them find appropriate placements more quickly. The strike team is charged with: (1) promoting collaboration and communication across systems to meet the needs of children, youth, and families; (2) supporting timely access to trauma-informed services for children and youth; and (3) resolving technical assistance requests by counties and partner agencies, as requested, to meet the needs of youth.

California also continues to implement new initiatives to better address the behavioral health needs of youth. A recent example is [California Advancing and Innovating Medi-Cal \(CalAIM\)](#), a groundbreaking new initiative aimed at improving prevention and whole-person care. CalAIM will offer Medi-Cal enrollees coordinated and equitable access to services that address their physical, behavioral, developmental, dental, and long-term care needs throughout their lives.

Further, CalAIM will allow children in California's child welfare system to receive immediate access to these critical mental health services by [eliminating the need of a diagnosis](#) prior to accessing services.

Since 2017 the **Continuum of Care Reform** has closed **critical gaps in policies to support foster youth** with complex care needs. We need to **continue to build on its success every year and strengthen our collaborative efforts with counties** to further limit the reliance on congregate care facilities for foster youth.

Assembly Member Mark Stone

As a part of CalAIM, CDSS and the Department of Health Care Services are also leading efforts to assess options related to the models of care for best serving foster children and youth. California also recently implemented the [Family Urgent Response System \(FURs\)](#), a coordinated statewide system designed to provide timely phone and in-person support to foster families during situations of instability to help preserve relationships.

It is critical to remain committed to continuous quality improvement. The items above represent some of the ways California continues to improve and evolve the overall system of care serving our youth. The only constant is change, and California's system of care must be nimble to meet ever-changing needs.

LOOKING AHEAD

Consistent with the original intent of CCR, **working together, we must all remain committed to doing what it takes to ensure that all foster youth have the opportunity to be loved by a permanent family.**

As we move forward together, our focus must be on meeting the needs of each youth served by our foster care system. The data is clear: Expanding the use of congregate care or locked facilities as a method to secure placements for our youth with the most pressing needs is not the answer – this hurts our children and has been proven to worsen outcomes. California's children deserve better. It is incumbent upon all of us to work together to make the vision of CCR a reality for every child in California's foster care system.

**Edited 3/11/2022 to include data for foster youth supervised by both county probation and child welfare departments.*