



CONTINUUM OF CARE REFORM

CCR builds on California's current reform efforts

Approved Relative Caregivers Program (ARC)

Currently 45 participating Counties support relative caregivers with a payment equal to the basic foster care rate.

Resource Family Approval (RFA) Program

In 2017, a five-county pilot that provides upfront training and assessment of families seeking to parent children in foster care will expand statewide.

Quality Parenting Initiative

Creating new strategies and practices in the child welfare system for the recruitment and retention of quality caregivers and to support biological parents and reunification efforts.

Child and Family Teaming

The newly developed child welfare "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.

Pathways to Mental Health

Originating from the Katie A. lawsuit settlement, Pathway's aims for children in foster care to receive medically necessary mental health services they are entitled to under Medi-Cal and that those services are available in a family setting.

Other Topics:

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WHAT IS THE CONTINUUM OF CARE REFORM?

The Continuum of Care Reform (CCR) draws together a series of existing and new reforms to our child welfare services program designed out of an understanding that children who must live apart from their biological parents do best when they are cared for in committed nurturing family homes. AB 403 provides the statutory and policy framework to ensure services and supports provided to the child or youth and his or her family are tailored toward the ultimate goal of maintaining a stable permanent family. Reliance on congregate care should be limited to short-term, therapeutic interventions that are just one part of a continuum of care available for children, youth and young adults.

THE FUNDAMENTAL PRINCIPLES OF CCR ARE:

- All children deserve to live with a committed, nurturing; and permanent family that prepares youth for a successful transition into adulthood.
- The child, youth and family's experience and voice is important in assessment, placement and service planning. A process known as a "child and family team," which includes the child, youth and family, and their formal and informal support network will be the foundation for ensuring these perspectives are incorporated throughout the duration of the case.
- Children should not have to change placements to get the services and supports they need. Research shows that being placed in foster care is a traumatic experience and in order for home-based placements to be successful, services including behavioral and mental health should be available in a home setting.
- Agencies serving children and youth including child welfare, probation, mental health, education, and other community service providers need to collaborate effectively to surround the child and family with needed services, resources and supports rather than requiring a child, youth and caregivers to navigate multiple service providers.
- The goal for all children in foster care is normalcy in development while establishing permanent life-long family relationships. Therefore, children should not remain in a group living environment for long periods of time.



IMPLEMENTATION EFFORTS FOR CCR WILL OCCUR IN STAGES BETWEEN NOW AND 2021 IN CHILD WELFARE SERVICES, AND IN SUCCEEDING YEARS IN PROBATION FOSTER CARE.

Statutory Timelines

The current licensure and rate structures for group homes and Foster Family Agencies (FFAs) will sunset January 1, 2017.

The CDSS will establish new licensure and rate systems for STRTCs and FFAs beginning January 1, 2017.

For the next two years, group homes at a county placing agency request can receive an extension to operate for an additional two years. This provides for further annual extensions at the request of county probation agencies.

The accreditation of STRTCs and FFAs will start in 2016 and is expected to take 2-3 years.

Children are expected to start stepping down from group homes 1-2 years into family-based care.

- Group care will be primarily utilized only for Short-term Residential Therapeutic Centers (STRTCs) that provide intensive treatment interventions. When needed, the STRTC placement option will be available to children and youth requiring highly intensive 24-hour supervision and treatment and will be designed to quickly transition children back to their own or another permanent family.
- Facilities seeking licensure as a STRTC will need to meet higher standards of care, be accredited, and be able to deliver or arrange for a set of core services including the mental health services that children need. A new rate structure is being developed for these programs.
- Foster family agencies (FFA) are re-envisioned to provide various levels of care to meet a broader range of individual child needs. Like STRTCs, FFAs will make available a core set of services that are trauma-informed and culturally relevant, including specialty mental health services. The FFAs, at the request of a county, may provide supports and services to county-approved families, including relatives. A new rate structure is being developed to support this change.
- Statewide implementation of the Resource Family Approval (RFA) process will improve selection, training and support of families under a streamlined, family friendly process for approving families (including relatives) seeking to care for a child in foster care, whether on an emergency, temporary or permanent basis. All families will receive training.
- Resources are being provided to counties to support the development and implementation of creative strategies for supporting, retaining and recruiting quality relative and non-relative resource families.
- Services and supports will be tailored to the strengths and needs of a child and delivered to the child/youth in a family-based environment. These services and supports will be informed by an assessment and developed through a child and family team process.
- Increases accountability and transparency of FFAs and STRTCs. This approach includes:
 - Accreditation by a national accrediting body
 - Publicly available provider performance measures
 - Consumer satisfaction surveys
 - Interdepartmental oversight framework