May 25, 2018

To: The Honorable Philip Ting
Chair, Budget Conference Committee

Honorable Members
Budget Conference Committee

From: Justin Garrett, Legislative Representative, CSAC
Frank J. Mecca, Executive Director, CWDA
Salena Pryor, Governmental Affairs Advocate, SEIU California

RE: CHILD WELFARE SERVICES – CONTINUUM OF CARE REFORM – SUPPORT ASSEMBLY VERSION

The California State Association of Counties (CSAC), County Welfare Directors Association of California (CWDA) and the Service Employees International Union (SEIU) California respectfully request your support for the ASSEMBLY version of the Budget to provide $49.1 million General Fund in 2018-19 above the May Revise proposal to address unfunded new workload and ensure successful implementation of the Continuum of Care Reform (CCR) effort.

AB 403 (Statutes of 2015) enacted significant changes in the child welfare program known as CCR, intended to reduce the use of congregate care and improve outcomes for foster youth. The CCR effort is designed to increase trauma-informed services and supports available to foster youth within in-home settings, and tailor these services to the unique needs of foster youth through child and family teaming. CCR includes several components designed to produce comprehensive changes, and counties are diligently working to implement these multi-pronged systemic changes. However, as with any large-scale effort, implementation challenges can arise, as they have with the Resource Family Approval process. And county staff have new workload demands which were unanticipated when AB 403 was originally passed yet are critical to CCR’s success. This workload is described below.
**Resource Family Approval:** Beginning January 1, 2017, AB 403 required that all families who desire to provide home-based care to foster children are required to complete the Resource Family Approval (RFA) RFA process, including relatives and non-related extended family members. Families complete steps including pre-approval training to enhance their capacity to care for foster children. Unfortunately, counties have experienced significant delays due in part to implementing a new process concurrently with many other changes under CCR. As a result, approvals are taking longer than expected, and in some counties, are taking several months to complete. RFA requirements were just recently streamlined by the California Department of Social Services (CDSS) in February 2018, and this is helping expedite the process. However, counties need immediate assistance to clear the backlog of applications that have built up since January 2017. Absent this funding, families risk losing critical support to care for foster youth in their care when their eligibility for payment at the time of placement is set to expire under the Administration’s proposed long-term solution.

**Level of Care Assessments:** The Level of Care (LOC) Assessments represents new county workload previously not budgeted. CCR changed the foster care rate-setting system from one solely based on the child’s age to a tiered rate system based on the individual needs of foster youth as determined by a new Level of Care (LOC) protocol. The LOC protocol, a tool developed by DSS, is used by county child welfare social work staff to determine the rate that will be paid to resource families to meet the unique care needs of foster youth. This new LOC rate-setting process went into effect on March 1, 2018 for foster children entering care and placed with a Foster Family Agency. Phase II is expected to implement on July 1, 2018. Absent this funding, the rate paid to caregivers may not be properly assessed nor adequately reflect the needs of the foster youth in care.

**Child and Adolescent Needs and Strengths (CANS) Assessments:** The CANS Assessment also represents new, unfunded workload recently added by CDSS to support CCR implementation. The CANS is intended to ensure all foster children and youth receive a trauma-informed mental health screening and assessment of their strengths and needs that will allow Child and Family Teams (CFT), including child welfare social workers, mental health clinicians, care providers and others, to link the youth and family to the necessary services and supports that will lead to improved outcomes for youth. The CANS is also intended to provide data for state and county leaders to assess provider performance and tailor services to meet
youth’s needs.

However, this new workload and associated costs are significant for counties, who cannot be expected to front-load these costs in anticipation of funding under the true-up process in future years. In order to complete the CANS tool with fidelity, social workers are required to interview, at minimum, the youth and caregivers, as well as service providers and other individuals who support the youth informally prior to a CFT meeting, and to record and share the results of the CANS Assessment during the CFT discussion. Based on information from counties already experienced with the CANS, between four to seven individuals are may be interviewed with each interview ranging from 30 minutes to two hours, and this doesn't include discussion time in the CFT or recording results.

Our organizations remain committed to the vision of CCR. We are working diligently with the state to ensure every child can grow up in a home-based, therapeutic setting equipped with an individualized plan to meet their needs. As with any massive reform, we have learned that change time and resources to do it right.

For these reasons, we respectfully request your support of the Assembly version.
cc:  Gail Gronert, Office of the Assembly Speaker
     Jason Sisney, Office of the Assembly Speaker
     Chris Woods, Office of the Senate President Pro Tempore
     Mareva Brown, Office of the Senate President Pro Tempore
     Nicole Vazquez, Assembly Budget Subcommittee No. 1
     Cyndi Hillery, Assembly Republican Fiscal Office
     Alex Khan, Assembly Republican Fiscal Office
     Theresa Pena, Senate Budget and Fiscal Review Subcommittee No. 3
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     Luan Huynh, Office of Senator Holly Mitchell
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     Jay Kapoor, HHS, Department of Finance
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