

## 2022 CWDA Child Welfare/Foster Care Legislative and Budget Priorities

(1/27/22)

County child welfare agencies continue to face challenges in meeting the diverse needs of foster children, youth and families. This is due to many factors, including pandemic-related impacts, a growing mental health crisis among all children and youth, and incomplete Continuum of Care (CCR) implementation. Additionally, recent juvenile justice reforms are impacting child welfare and highlights the need to invest in services and supports. To address these issues, CWDA is pursuing both legislative changes and budgetary investments in the following areas:

Family-Based Care Proposals	Cost in SGF
<b>Resource Family Approval:</b> Fund the mandated Resource Family Approval (RFA) process.	\$100 million, on-going
<b>FPRRS:</b> Re-instate Foster Parent Recruitment, Retention and Support (FPRRS) Funding to child welfare and probation agencies.	\$100 million, on-going
<b>Up-Front Family Finding/Workforce:</b> Provide dedicated funding to county child welfare agencies to implement evidence-based models of family-finding and child-specific recruitment, such as “30 Days to Family.”	\$15.2 million, on-going
<b>Enhanced ISFC:</b> Update the current Intensive Services Foster Care (ISFC) program to allow mental health services to be delivered by agency staff. This provides an additional option to Therapeutic Foster Care (TFC).	\$100,000 One-time cost to update the regulations.
<b>FURS:</b> Clarify populations of youth eligible for the Family Urgent Response System (FURS), specifically: all children/youth in family maintenance, those investigated by ER but not detained, and emancipated foster youth.	Absorbable within current FURS budget.
<b>Specialized Rates:</b> Amend AB 2944 to allow rates for specialized programming to be implemented on a statewide basis, rather than on a county-by-county basis only. For example, this would allow use of the ISFC static rate for emergency homes.	\$1 million; on-going
<b>Family-based services/Substance Use Disorders (SUD):</b> Establishes a grant program through CDSS to serve youth who have substance-use needs. Requires CDSS and DHCS to identify, for implementation, evidence-based models and promising practices to serve youth with through family-based treatment settings, establish provider incentives to establish trauma-informed models of care and treatment, and provide technical assistance/training to counties/providers to implement models of care.	\$5 million, one-time
<b>Subtotal of Family-Based Care Package</b>	\$221.3 million
Transition-Aged Youth and Insurance	Cost in SGF
<b>Independent Living Programs:</b> Enhance the Independent Living Program (ILP) to better engage child welfare and probation-involved youth in skill-building.	\$18 million; on-going
<b>TAY Transitional Housing:</b> Update the current Transitional Housing Placement Program for Minors (THPP-M) standards, shifting this model from a congregate-care model to a family-based model operated through Foster Family Agencies, and increase the rates.	\$500,000, one-time for workgroup
<b>Insurance:</b> Expand the current Foster Family Home and Small Family Home (FSH) Insurance Fund to create a statewide insurance pool to cover personal and property liability for both family-based and congregate-care facilities. Provide state legal counsel to represent providers if their acts/omissions were in good faith.	\$5 million; on-going
<b>Subtotal of TAY and Insurance Package</b>	\$23.5 million

Congregate Care and Cross-Over Issues	Cost in SGF
<p><b>Revisit STRTP Model:</b> Establish a workgroup to revisit and establish new licensing standards for multi-model STRTPs that include those with, and without, integrated mental health programs. Establish SUD-specific STRTPs. Require certain elements be included including, but not limited to, 90 day no eject/no reject, enhanced staff training, required use of CQI tools by providers. Consider RBS-type financing, regional rate-setting and use of CANS for rate. Require DSS to perform actuarial analysis of STRTP operational costs.</p>	<p>\$1.0 million one-time cost; unknown future costs due to new rates.</p>
<p><b>Preserving Treatment for Youth:</b> Implement legislation to require “bed holds” for foster youth returning to an STRTP from a brief hospitalization or psychiatric stay. Allow child-specific funding to be used to cover the cost of the bed holds.</p>	<p>No cost.</p>
<p><b>Staffing Unused Facilities:</b> Permit counties to utilize existing STRTP facilities that are vacant or which have empty beds, to staff those facilities for use by foster youth requiring either temporary care or STRTP-level placement, through MOU agreements with STRTP providers, without a change in licensure.</p>	<p>No cost.</p>
<p><b>Intensive Assessment and Transition Facilities:</b> Amend the current Transitional Shelter Care Facility (TSCF) statute into “Intensive Assessment and Transition Facilities” that are focused on foster youth who require STRTP or other higher level of care and who are in transition to other high-intensity treatments. Model would be co-staffed with behavioral health, regional center and other agencies pursuant to the AB 2083 MOU agreements. Establish a Title IVE rate for these facilities. Reduce allowable use from 90 days to 30 days.</p>	<p>\$5.8 million, on-going</p>
<p><b>State Intensive Assessment and Transition Facility:</b> Require DSS to establish two regional care facilities in California for the temporary care of foster youth with intensive needs.</p>	<p>\$2.5 million, on-going</p>
<p><b>Placement Identification:</b> Require DSS to explore and make recommendations for an automated solution to placement matching, including identifying the appropriate care setting that meets the youth’s therapeutic and other needs, and to improve matching foster youth with care providers.</p>	<p>\$500,000, one-time.</p>
<p><b>Subtotal of Congregate Care Package</b></p>	<p>\$9.8 million</p>
Complex Care	Cost in SGF
<p><b>Complex Care Child-Specific Funding:</b> Reduce administrative barriers to the use of the funds by allowing counties to spend their allocations immediately, upon the identification of child-specific needs, and require counties to report thereafter on the use of the funds. Increase allowable uses for these funds to address a wider range of child-specific needs.</p>	<p>No cost</p>
<p><b>Complex Care Capacity Building:</b> The 2021-22 State Budget provide \$43 million one-time over five years to counties for capacity building to serve foster youth with complex needs. This proposal would modify allowable uses of the funds to enable counties to increase capacity of care options locally.</p>	<p>No cost.</p>
<p><b>CWS Secondary Support Staff/Workforce:</b> Augment the \$1.4 million for staffing complex care to provide a secondary social worker (or similar level) dedicated to supporting youth with congregate-level needs with 1:15 caseload ratios.</p>	<p>\$20 million, on-going</p>

<b>Probation cross-over youth/Workforce:</b> Co-staff Probation with child welfare to provide additional a team-based approach to serving youth with trauma-based needs who are in transition between juvenile justice and child welfare agency programs.	\$9.2 million; on-going
<b>Community Treatment Facilities:</b> Increase State Supplemental Rate for Community Treatment Facilities (CTFs) and require DHCS and DSS to evaluate model for continued use and any necessary future changes.	\$4.5 million, on-going + \$100k one-time cost
<b>Regional Care Administrator:</b> Establish a pilot project for one or more regionalized Administrative Care Organization (ACO), permitted under Medicaid to manage and coordinate the complex care needs for some foster youth, to include direct contracting with service providers, quality assurance and oversight, blended funding, and specialized rate-setting.	\$3.2 million, one-time
<b>Subtotal Package Cost</b>	\$37.0 million
<b>Regional Center Youth</b>	
<b>Regional Center Youth:</b> Provide funding to (1) Co-staffing of regional center staff when youth are in shelters or other temporary settings pending placement into a regional center facility; (2) expand regional center facility capacity based on AB 2083 gaps analysis, for example, Enhanced Behavioral Support Homes, Mental Health Rehab Centers; (3) Implement provisional eligibility for children and youth in foster care and who are candidates of foster care.	\$30 million, on-going
<b>Total Cost</b>	<b>\$ 321.4million</b>