

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



July 25, 2001

ALL COUNTY INFORMATION NOTICE No. I-55-01

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY PROBATION OFFICERS**REASON FOR THIS TRANSMITTAL**

- State Law Changes
- Federal Law or Regulation Change
- Court Order or Settlement Agreement
- Clarification Requested by One or More Counties
- Initiated by CDSS

SUBJECT: REEXAMINATION OF THE ROLE OF GROUP CARE FINAL REPORT TO THE LEGISLATURE

The purpose of this All County Information Notice (ACIN) is to inform counties of the attached June 2001 Final Report to the Legislature, entitled "Reexamination of the Role of Group Care in a Family-Based System of Care."

The report is part of a multi-year reexamination of group care process that resulted from Senate Bill (SB) 933 (Chapter 311, Statutes of 1998). SB 933 required the California Department of Social Services (CDSS), under the direction of California Health and Human Services Agency (CHHSA) and in collaboration with stakeholders, to reexamine the role of group care in a family-based system of care. The process began with the appointment of a Group Care Reexamination Steering Committee, facilitated by CDSS and CHHSA, and comprised of State and County departments, provider and foster parent groups, advocacy groups, and parent and youth groups. This report reflects the collective efforts of these individuals in conjunction with academia to create a new vision for group care that will provide services that are more effective to children and families. It outlines the principles and values for the new vision and sets out recommendations and an action plan for the next phase of the reexamination process.

Any questions/inquiries regarding the report should be directed to the Foster Care Innovative Programs Unit at (916) 324-5809.

Sincerely,

Original signed by**Sylvia Pizzini****On 7/18/01**

SYLVIA PIZZINI

Deputy Director

Children and Family Services Division

Attachment

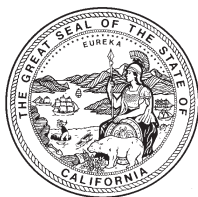
Reexamination of the Role of

Group Care in a

Family-Based System of Care



REPORT TO THE LEGISLATURE
JUNE 2001



State of California
Gray Davis, Governor

Health and Human Services Agency
Grantland Johnson, Secretary

Department of Social Services
Rita Saenz, Director

Children and Family Services Division

THE GOAL OF SENATE BILL 933 and this project is to examine the group care system as part of a family-based approach to foster care, and to develop a plan for positive change.

The statute charged the California Department of Social Services (CDSS), under the direction of the Health and Human Services Agency, to collaborate with public and private agencies in this examination. The process began with the appointment of a steering committee, consisting of representatives from State departments, county departments (social services, probation and mental health), provider and foster parent groups, advocacy groups, and parent and youth groups.

CDSS and the steering committee then developed a Workplan (Appendix A), which was submitted to the Legislature on April 1, 1999. The Workplan set timelines for completing the project.

To assist in collecting data for the project, CDSS contracted with Eastfield Ming Quong Family Partnership Institute to conduct eleven focus groups, consisting of five family groups, five service community groups and one youth group. Additionally, academicians from the University of California, Davis, (UCD) conducted a Group Home Study based on data collected from statistical extracts, case reviews, literature searches, and a survey of other states.

This report examines the history and evolution of group care, the demographics of children in foster care and group care, the policies and practices that have resulted in an uncoordinated, stressed, and fragmented system of group care, and the findings of the research gathered during this study.

The report includes a vision for group care and outlines the principles and values that support that vision as developed by the CDSS and the steering committee.

Finally, the report sets out recommendations and an action plan that will be the foundation for the next phase of this project.

Findings

Group care originally was meant to serve the basic needs of homeless orphans. That is no longer the case. The children in group care today have many complex needs, and they represent every economic, cultural and educational sector of the population.

The Group Home Study looked at data about children who were placed in group care by child welfare services and by probation departments. Most of the children placed in group care by child welfare agencies were originally removed from their homes because of abuse or neglect. Juvenile offenders, on the other hand, often are placed in group homes as an alternative to juvenile hall.

The typical child in group care has experienced an average of five different placements before being put in a group setting. Generally, these are children who lack age-appropriate social skills, have trouble complying with rules, are verbally and/or physically aggressive or are depressed and suicidal. These “high-risk” children require intensive services and a structured, well-supervised environment.

Executive Summary



While the characteristics and needs of these children and families have changed over the years, the group care system has not kept pace with those changes. Some factors that have contributed to this include:

- Well-intended policies have had unintended, sometimes negative consequences. These policies include inflexible state and federal funding mechanisms, conflicting agency mandates, rate setting methods, and federal and state mandates that require placement of a child in the “least restrictive environment.”
- State licensing of group homes is required by law to focus on facilities and health and safety issues, but not on programs or outcomes.
- The current system does not promote sufficient family involvement.

The report concludes that while there is a role for group care, that role has been obscured. There have been no attempts to comprehensively examine or reform the group care system in the last fifteen years. Program development efforts have been directed toward alternatives to group care, while changes to the group care system have tended only to address single elements identified as immediate problems.

Themes

The group care system in California must be largely redesigned if it is to achieve consistent positive outcomes for children and families. The following themes were identified as critical to providing quality group care.

Group care works best when it is a strategically developed system that reflects a planned decision to place a child in group care, a planned process for implementing that decision, and a planned transition out of group care. The following factors are critical to developing this type of system:

- Residential programs must deliver specific sets of services.
- Clients’ needs must be matched with appropriate services.
- Services must be coordinated and connected to all areas of the child’s life and family’s needs.
- Funding must support expectations that are matched to resources.
- All systems, including the judiciary, must uphold the goals of group care.
- Children and families must be partners in planning and implementing services, where appropriate.
- Coordinated interdepartmental statewide policies should ensure consistent delivery of services.
- State policy should encourage replication of effective group care models and practices.

The service and placement options available for children and families must be increased and strengthened. To do this we must:

- Expand the range of group care programs available.
- Link services to resources within the community.
- Develop resources that support family involvement.
- Adopt a statewide policy for resource development.
- Provide a continuum of care for children and families in the community, including the development of additional foster homes and group homes.

The out-of-home care system needs multi-agency accountability to ensure quality services. This includes the need to:

- Clearly define oversight responsibility for quality of care and funding.
- Develop benchmarks for evaluating program effectiveness.
- Establish accountability standards for group home providers.

Recommendations for Change

The steering committee made numerous recommendations for change. The recommendations, which are fully discussed in the report, can be summarized as follows:

Group Care Program Recommendations

1. Develop specific categories of group homes, program models and essential service elements identified as valuable roles for group care.
2. Manage and prepare for a transition process for counties and group homes that will be necessary to implement any new program models.

System-Focused Recommendations—Standards For Practice

3. Establish a statewide independent accreditation process to establish standards for practice for group care providers.
4. Establish a joint accreditation board to conduct program reviews of group homes to determine if standards for practices are being met.
5. Establish group home benchmarks as indicators to measure quality in programming.

System-Focused Recommendations—General

6. Address zoning issues by encouraging counties to work with local zoning agencies on siting and supply concerns.
7. Explore developing, as part of the Child Welfare Services Case Management System, a centralized resources and services directory of group home placement resources and services, and appropriate placement criteria.
8. Promote the development of resources to support placement decisions.

System-Focused Recommendations—Outcomes

9. Develop outcome measures to evaluate the quality of group care.
10. Consider linking State funding and licensing structures to support any outcomes measurement system developed.

System-Focused Recommendations—Oversight

11. Develop a comprehensive oversight process that focuses on two areas: 1) system oversight that uses outcome data to determine how the system is working for the purpose of program evaluation and 2) system compliance that includes monitoring, consequences for non-compliance, efficient due process, State/county/private roles and standards.
12. Explore the development of licensing categories that address the differences among the models for group care. Determine which State agencies should be assigned oversight and licensing authority.

System-Focused Recommendations—Funding

13. Develop an alternative payment system that supports good foster care practices and the new vision for group care.

Child-Focused Recommendations—Assessment

14. Develop a comprehensive process to ensure that children will receive the services they require in the least restrictive environment that is suitable for their particular needs.
15. Emphasize family involvement.
16. Review other efforts, including the “Best Practice Guidelines for Assessing Families and Children in Child Welfare Services,” developed by CDSS to create a statewide assessment protocol.
17. Explore the development of short-term assessment centers for children.

Child-Focused Recommendations—Criteria For Placement

18. Establish criteria that determine when group care is the most appropriate setting for any particular child.
19. Develop statewide placement criteria using guidelines developed in “The Best Placement of Children in Group Homes” document as a foundation.

Child-Focused Recommendations—Case Management

20. Increase coordination between public and private agencies.
21. Provide a single contact person for the child and family in a multidisciplinary environment.
22. Support overall goals and principles, such as local placements, stability, continuity, etc., through the new case management relationship.
23. Develop a transition plan for all the children to be placed in group homes.
24. Eliminate the seven-day notice in favor of an emergency plan for all children.

Child-Focused Recommendations—Education

25. Continue to support county-operated Foster Youth Services (FYS) Programs.
26. Explore centralizing education records of foster children in the county office of education.
27. Encourage county education departments to partner with county placement agencies to ensure that educational assessments are conducted on all children to be placed in group homes.
28. Expedite the time lines for developing an IEP to accommodate the multiple moves that often occur with a child in placement.
29. Develop community college classes that address the specific educational needs of a child in out-of-home placement and the special issues providers need to be aware of to facilitate a positive educational experience for the child.
30. Identify barriers to adequate education services for all children in out-of-home care, and develop recommendations for improving outcomes.
31. Improve oversight of nonpublic schools (NPS) and require specified outcomes for children in foster care.

Conclusion

Group care is an important and integral part of the continuum of services in a family-based, child-centered system. But the current system must be redesigned. Changes in services, funding mechanisms, assessment and placement practices, and increased oversight and accountability are central to creating a successful group care system. Changes must be strengths-based, emphasizing family and community involvement in the child's life. Reform of the group care structure will require a collaborative approach to service delivery at the federal, State and local levels. A commitment to this vision will ultimately result in a system that promotes the well being of California's children and families.

SENATE BILL (SB) 933, CHAPTER 311, Section 75, Statutes of 1998 (Thompson), requires the following:

“(a) The California Department of Social Services, under the direction of the Health and Human Services Agency, and in collaboration with appropriate public and private organizations representing state and county agencies, as well as group homes and foster family agencies, current or former foster youth, and other interested parties, shall reexamine the role of out-of-home placement currently available for children served with the child welfare services system. The focus of this reexamination shall be the role of group care within a family-based system of care, including group homes, foster family agencies or certified parents, and foster family homes or foster parents. The Legislature finds and declares that the task of defining the role of group care and establishing the underlying policy is a critically important step to reforming the current out-of-home care system. The reexamination process shall be conducted in collaboration with the primary stakeholders, and shall be based on empirical research and “best practices” data. The process shall include gathering research, holding forums, and entering into partnerships with academia and other stakeholders to complete the task.

(b) Upon a determination of the role of group care pursuant to the reexamination required by subdivision (a), the Health and Welfare Agency shall continue the reexamination to the next phase, which shall be the development of the related programmatic and administrative requirements for group care. The necessary supporting requirements for the development of these programmatic and administrative requirements shall include, but are not limited to, the following:

- (1) Definition of the needs of children to be served, including differentiation if appropriate for the unique needs of wards and dependents.
- (2) Program design and standards.
- (3) Licensing categories.
- (4) Rates and rate setting procedures.
- (5) Performance agreements.
- (6) Outcomes, outcome indicators, and performance measures.
- (7) Mechanisms to ensure continuous quality improvements.
- (8) Related oversight and regulatory scheme.”

Statutory Requirements



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State of California
Department of Social Services
Foster Care Branch

THIS REPORT WAS PREPARED pursuant to Senate Bill 933, Chapter 311,
Section 75, Statutes of 1998, with the support and collaboration of:

Reexamination of Group Care Steering Committee Members

The Center for Human Services, University of California, Davis

Family Partnership Institute, Eastfield Ming Quong Children and Family Services

And the county staff and family members who shared their stories

Acknowledgments





OVER THE LAST 15 YEARS the out-of-home care system in California has seen a dramatic increase in the number of children experiencing abuse and neglect and in need of services provided by group care programs. At the same time, the emphasis has been on alternatives to group care. As a result, caseloads have grown to record proportions sometimes with unintended consequences for the children the system was meant to protect. Yet despite these changes, group homes remain committed to providing the best possible services to the children in their care.

Senate Bill 933 Chapter 311, Section 75, Statutes of 1998, appropriately focuses the spotlight on this very important element in the continuum of a strong family-based, child-centered system of care. This report examines the group care system in that context and recommends steps for positive change.

This report covers Phase I of the activities mandated by SB 933 to define the role of group care within the larger system. In this report, group care refers to the care provided to children within a group living arrangement as defined in the Focus Group Study (See Appendix B) and all county-operated shelters and homes that provide care to children placed pursuant to Welfare and Institutions Code Sections 300, 301 or 602, or under provisions of the education code (special education). It does not refer to kin care, foster families or foster family agencies. The second and final phase (Phase II) will entail developing the programmatic and administrative specifications for the role of group care in a family-based system of care.

The report is organized into seven parts: the history and evolution of group care; current demographics; the important policies and practices that had the biggest impact on the quality of group care; the research findings of this study; the vision, principles and values of reform; the California Department of Social Services (CDSS) and the Steering Committee's recommendations for high quality group care in California; and suggestions on managing the transition to a new system.

Methodology for Study



THE REEXAMINATION PROCESS began with the establishment of a Steering Committee consisting of representatives from State Departments, county departments (social services, probation and mental health), provider and foster parent groups, advocacy groups, and parent and youth groups. The Committee met from December 1998 to July 2000 and was facilitated by the Health and Human Services Agency (HHSA) and CDSS.

CDSS and the Steering Committee, from December 1998 to April 1999, developed a workplan with time lines for completing the project that was submitted to the Legislature on April 1, 1999. The Workplan detailed three steps for completion. (See Appendix A, Workplan.) Step I was the Workplan itself. Step II included the gathering of qualitative and quantitative data regarding group care. Step III involved the development of recommendations regarding the role of group care and completion of a report to the Legislature. To assist in collecting data for the purpose of the reexamination effort, CDSS contracted with Eastfield Ming Quong, Family Partnership Institute to conduct 11 focus groups consisting of 5 family groups, 5 service community groups and 1 youth group.

Participants totaled 155, with 29 representing youth, 42 representing families, and 34 providers and 50 public agency staff representing the service community in various counties throughout the state to respond to questions developed by CDSS and the Steering Committee (see the Workplan in Appendix A for a complete list of questions). Additionally, academicians from the University of California, Davis, (UCD) conducted a Group Home Study and collected data from statistical extracts, case file reviews, literature searches, and a survey of other states to provide additional information in response to the Steering Committee's core questions. Each researcher produced a final report (included as Appendix B—Focus Group Results, and Appendix C—Group Home Study, for reference).

This report represents an analysis of the data presented in each of the research efforts including CDSS and the Steering Committee's findings and conclusions based on the data.

TO ACHIEVE THE GOAL of creating a new, more responsive group care system that is beneficial to the children, youths and families it serves, a number of points must be considered.

Following are several underlying themes that were identified during this project as being critical to providing quality group care.

The current group care system is an evolution of complex social changes, uncoordinated legislative reforms, insufficient resources and poor strategic planning including:

- The state is required by law to oversee group homes with a focus on facility and health and safety issues, but not on program or child outcomes.
- Policy, although well-intended, often has had unintended consequences.
- Funding drives policy. To the detriment of children and youths, federal and state funding frameworks do not support needed residential services and resources.
- The current system does not provide opportunities to promote family involvement.
- New coordinated statewide interdepartmental policies are needed to link issues related to service delivery.

Group care for children, youth and their families will work best when it is a strategically developed system that reflects a planned decision to place a child in group care, a planned process for implementing that decision, and a planned transition out of group care. The following factors are critical to developing this type of system:

- The residential program services are focused on delivering a specific set of services.
- The clients' needs are matched with specific services and supports.
- Children and families are involved in the planning and decision-making.
- Public and private services are coordinated and connected to all domains of the child's life and family needs.
- All systems, including the judiciary, support the group care system.
- The funding systems reinforce expectations that are matched to resources.
- State policy supports the replication of effective models and practices statewide.

California needs to strengthen the range of services and placement options to meet the individual needs of youths and families. To accomplish this:

- There is a need for a range of group care options for children and youths.
- These services must build connections for the child and his or her community.
- Services and placement options need to be based on the principles of: family involvement (family focused, child centered and strengths-based), continuity of care, community-based, long-term outcome focused, permanence, and interagency multidisciplinary collaboration.

Themes for a New Approach to Group Care in California



- The educational needs and success of children and youths served by the foster care system must become a priority for all the child serving agencies.
- Resources to support family involvement should be developed.
- There is a need for explicit statewide policy regarding strategies for resource development.
- There should be a full continuum of care, including group home development in the community and the development of additional foster homes and less intensive levels of care.

California needs multi-agency accountability for outcomes to client, family and programs to ensure quality of services. This includes the need to:

- Link oversight responsibility for quality of care with funding.
- Oversight responsibility for each component should be clearly defined.
- Benchmarks should be developed.
- Expectations must be supported by sufficient funding.
- Providers need to be accountable for client, family and program outcomes and funding.

Transition from old to new will require recognition of the following factors:

- The current multiple, uncoordinated, child serving system cannot support major changes in policies and practices.
- It is time to design group care from the ground up. Don't fix the current system, rebuild it.
- Changes in the current culture and administrative system are necessary. All systems must be involved in this cultural change.
- Change will occur incrementally and must be funded adequately.

History and Evolution of Group Care



GROUP CARE IN CALIFORNIA, as well as in the rest of the United States, emerged from the orphanage movement of the 19th century. The original intent of group care was to provide food, shelter, clothing, safety and supervision to vulnerable children, most of whom had no families. There was no allowance for other needed services.

Over time, however, the needs of children and expectations of the system have changed.

During the last half of the 20th century, studies highlighted the negative effect of congregate care on children, and it became public policy to place them in family settings. Group care became the placement option for children with emotional or behavioral problems.

Although the original intent of group care was to care for orphans of all ages, today the children who are placed in group care usually are adolescents. Most of them have families available to them, although many have suffered abuse or neglect and/or have committed criminal offenses. They tend to have behavioral and/or emotional problems. Most have experienced multiple and ineffective placements, and need intensive services.

By the mid 1960s, sentiment against institutionalization resulted in many children, who previously were served in large mental health or juvenile justice facilities, being placed in group care.

While the demands on the foster care system have increased over the past several decades, many organizational structures, such as current funding practices, have limited our ability to respond to the changing needs of children and families.

Over the last 15 years, there have been no attempts to systematically and comprehensively examine or reform the group care system. Any changes that have occurred were reactive—addressing immediate issues requiring resolution—rather than proactive. All concerted efforts toward program development have been directed toward alternatives to group care. For a list of statutes affecting group care see Addendum 1.

In California, where over 15,000 children are in group care, any detrimental policy or practice in the system has an immediate and long-term impact on a large population of children, their families, and their communities.

Demographics of Children in Group Care



TODAY, IT IS USUALLY ONLY OLDER CHILDREN who are placed in group care, many of whom have been moved several times. As of September 30, 1999, 15,188 California children were living in group care as a result of social services and probation placements. This number does not include children placed in group care through mental health, education or private placements, although the characteristics of these children are similar.*

Three-fourths of children in group care are 12-years-old or older. The children who are in group care tend to lack age-appropriate social skills, exhibit externalizing behavior, have trouble complying with rules, respond poorly to discipline, are verbally and physically aggressive, use alcohol and other substances, and may be on psychotropic medication, such as anti-depressants.

The Group Home Study (see Appendix C) cited data collected from 1996–1998 by the California Association of Services for Children, an association of group care providers, foster family agencies, and other service providers to children, regarding children placed in their member agencies as follows:

At least 75% of the children presented as: disobedient (93%) , depressed (92%), having parental relationship problems (91%), impulsive (89%), problems with self-esteem (88%), peer relationship problems (87%), stubborn (85%), and lying (77%).

At least half of the children presented as threatening (74%), fighting (74%), grieving (70%), guiltless (64%), hyperactive (63%), running away (62%), stealing (62%), chemical abuse (61%), vandalism (54%), and acting younger than chronological age (51%).

Behaviors such as being suicidal were a problem for 45% of the children, reality distorted (34%), self mutilating (24%), sexually assaultive (12%), fire setting (10%), and cruelty to animals (9%) were progressively less frequent.

Typically, children who end up in group care arrived there via a difficult path. Some were moved from one temporary home to another, usually more than five times, before finally ending up in a group home. Some of the moves may have represented a significant loss for the child, who already was separated from his family.

Children placed in group care by child welfare usually are removed from their homes because their caretakers are abusive or negligent. Juvenile offenders who are placed in group care usually are there because of personal or property offenses. They often are placed in group care as an alternative to juvenile hall.

The following case studies represent typical situations involving group care placement in California. The names have been changed to protect the privacy of the people involved.

*Children placed in group homes by regional centers are not included in this report. These children are primarily classified as having developmental disabilities. At this time, the administration and structure of the placement and funding practices for these group homes are independent from those designed to serve children placed by welfare, probation, and mental health.

Case Study 1

Jenny is a 14-year-old Caucasian girl.

She was removed from her home when she was 18-months-old because her mother, who was a substance abuser, neglected her. No one knows the whereabouts of Jenny's father.

The toddler was placed in a foster home where she lived for two years until her foster parents moved. Jenny then was sent to live with another foster family.

Six months later, when Jenny was four, her new foster family gave up their license. Jenny was moved again.

Jenny's third foster home placement lasted for six years, but when she became too unruly—behaviors that included school failure and physical aggression with other children in the home—her foster parents asked that she be removed from their home. Jenny was 10-years-old.

She lasted six months in her fourth foster home, four months in her fifth foster home and three weeks in her sixth foster home.

At that point, Jenny was placed in a group home. She lived there for nine months before they asked that she be removed because she was fighting with other children in the home and she disobeyed staff members.

Jenny's second group home placement lasted 14 months before she was removed for stealing from other children, smoking and leaving the house without permission.

Jenny is now 14 and is in her third group care placement. She is two years behind in school, has been diagnosed as depressed and is on antidepressants, she has suicidal thoughts and has had one psychiatric hospitalization. She is sexually active and is frequently absent from the group care home.

Case Study 2

Tom is a 17-year-old male, Native American, who lives alone with his mother in a small, rural community.

He was originally arrested for assault and battery after a fight with a peer, who was identified by law enforcement as belonging to a local "gang."

Tom was placed on probation. He has three prior offenses, all diverted: petty theft and two counts of shoplifting.

Tom has been violating conditions of his probation by missing school, violating curfew and disobeying his mother. Law enforcement officers report seeing him with "gang affiliations."

The California Youth Authority is not considered an appropriate setting for Tom. He was placed in group care where he failed after one month. He was put in another group home where he failed after three months. A third placement ended when he ran away after three months. Six months later, he was found living with his mother, not attending school.

Today's children and families in foster care are culturally and socially more diverse than ever before. They represent every economic, cultural and educational sector of the population. Although the majority of children supervised by welfare and probation come from the lower economic range, the children and families involved with the group care system are from several systems—welfare, probation, adoption assistance, mental health and education. Other children in group care are private placements and their costs are funded by their families or private insurance.

Of the children in group homes who are supervised by child welfare and probation, child welfare supervises 60 percent and probation supervises 40 percent. However, probation far outpaces welfare in its use of group care as a placement option.

The Workplan (Appendix A) contains data from the Foster Care Information System on total placements by welfare and probation. In March 1998 only 8 percent of the total welfare supervised children in out-of-home care were in group homes, while 85 percent of the probation supervised children in out-of-home care were in group homes. Current data not included in this report supports the consistency of these placement percentages over time.

The following excerpts from the Group Home Study (Appendix C) describe the diversity of children and families in out-of-home care and more specifically group care.

Ethnicity of all California children in group care as of September 30, 1999		
<i>Ethnicity</i>	<i>Frequency</i>	<i>Percent</i>
African American	4,556	29.61
Latino/Latina	4,390	28.54
Caucasian	5,726	37.22
Asian/Pacific Islander	434	3.82
Native American	228	1.48
Unknown	50	0.33
Total	15,384	100.00

(Source: CWS/CMS)

Ethnicity of all California children in foster care as of September 30, 1999		
<i>Ethnicity</i>	<i>Frequency</i>	<i>Percent</i>
African American	39,961	35.63
Latino/Latina	34,067	30.38
Caucasian	33,690	30.04
Asian/Pacific Islander	2,278	2.03
Native American	1,475	1.32
Unknown	675	0.60
Total	112,146	100.00

(Source: CWS/CMS)

Family characteristics—mothers of children in group care by placement agency			
<i>Percentage with mothers who are</i>	<i>Percent of total</i>	<i>Percent of probation</i>	<i>Percent of child welfare</i>
Unknown	6.91	9.14	4.81
African American	24.86	14.86	34.22
Asian/Pacific Islander	3.88	5.70	2.13
Bi-cultural	1.12	1.14	1.06
Caucasian	40.06	39.43	40.64
Latina	19.9	26.85	13.34
Native American	3.04	2.86	3.21
Other	0.28	0.00	0.53

(Source: Case file reviews)

Family characteristics—fathers of children in group care			
<i>Percentage with fathers who are</i>	<i>Percent of total</i>	<i>Percent of probation</i>	<i>Percent of child welfare</i>
Unknown	22.93	13.71	31.55
African American	2.22	3.99	0.53
Asian/Pacific Islander	0.28	0.00	0.53
Bi-cultural	33.70	36.00	31.55
Caucasian	16.88	20.57	13.35
Latino	2.49	1.71	3.21

(Source: Case file reviews)

Proportionally, more Caucasian children in California are placed in group care than are represented in foster care.

Among those mothers for whom primary language data was available, 88.43% were English and 8.31% were Spanish. The remaining were spread principally among Southeast Asian languages. The median age is 36 to 40, and median age at birth of the child was 20 to 24. While the mother’s education was recorded in less than 15% of the cases, the median education was 8th grade. Income was recorded in less than 35% of the cases, but indicated that the median was less than \$10,000 annually. Very few mothers, of those cases reviewed, are on any form of public assistance. The largest categories are General Assistance with 11.05%, TANF with 11.33%, and SSI/SSP with 8.56%.

Fathers of children in group care, who were placed by welfare and probation, are predominantly bicultural followed by Caucasian. Among those fathers for whom primary language data was available, 87.09% were English and 10.93% were Spanish. The remaining were spread among Southeast Asian languages. Present median age is 41 to 45, and median age at birth of the child was 25 to 30.



Unintended Outcomes of Current Policies in Group Care

Many existing policies promote and maintain an uncoordinated, stressed and fragmented system that can neither anticipate the outcomes of individual programs nor be responsive to their users. Examples of these policies include:

Least Restrictive Environment

Welfare and Institutions Code, 16501.1(c) states:

When out-of-home placement is used to attain case plan goals, the decision regarding choice of placement shall be based on selection of a safe setting that is the least restrictive or most family like and the most appropriate setting that is available and in close proximity to the parent's home, consistent with the selection of the environment best suited to meet the child's special needs and best interest, or both.

Originally, this policy was intended to ensure that a child's needs were met in the least restrictive environment (LRE) whether that setting was a family home or a residential facility.

However, over the years, the intent of the mandate has been distorted.

LRE sometimes has been interpreted by the courts and others to mean that the fewest services in the least restrictive setting should be tried first, without regard for the needs of the child.

As a result of this practice, many children have been caught in a revolving door of inappropriate placements, experiencing multiple losses and unsuccessful placements before their needs are adequately addressed. These policies also have ignored those children who have experienced success in a program and would benefit from continued placement in that program to allow for a smooth transition to another program. Moving a child to another setting solely because it is considered "least restrictive" may create a crisis that sabotages the child's progress. These children often end up with even greater problems. The system, it appears, often contributes to the problem.

Funding Policies

Attempts to meet the changing needs of children and families have been hampered by federal and state funding mandates that prevent spending the money for expanded services.

When California policy makers have attempted to meet the changing needs of clients, they have been restricted by funding mandates that prevent the use of dollars for expanded services. The current out-of-home foster care payment system was developed in response to the passage of Public Law (PL) 96-272 in 1980, which created the Aid to Families with Dependent Children–Foster Care program by establishing Title IV-E of the Social Security Act. This entitlement program pays for part of the out-of-home placement costs of eligible children who cannot remain at home because of the risk of abuse or neglect.

Title IV-E foster care funds are open-ended and reimbursed to the State based on the actual costs of eligible children in out-of-home care. These funds are restricted in use to the reimbursement of out-of-home board and care costs and may not be used for program services. While Title IV-B (Child Welfare Services) funds provide for additional services, they are capped and are, therefore, limited. Furthermore, Title XIX (Medicaid/MediCal) funding is specifically allocated for medical services.

The limitations on funding sources seriously impair attempts to help children in out-of-home care and their families. Policy makers have tried to get around the problem by various means, such as demonstration projects, but these efforts are frequently limited in scope and difficult to implement.

Coordination of Service Delivery System Policies

Often, the conflicting and rigid nature of different agency mandates makes it difficult to place a child in a setting that is based strictly on the needs of the child. These same mandates create conflict among agencies that discourages cooperation and shared responsibility. For instance, a child categorized as an “education placement” or a “mental health placement” or a “social services placement” may be denied access to services that could help him or her.

Part of the problem is that any transfer in the supervision of a child between agencies means assuming legal responsibility for the child as well as an increased caseload and an additional drain on the reserves of the receiving agency.

Group Home Rate Setting System

The current foster care rate-setting system in California for group homes was created by the enactment of SB 370 in 1989 and was initially implemented on July 1, 1990, for the 1990–91 fiscal year.

Foster care providers are paid a “per child per month” rate in return for the care and supervision of foster children placed with them. Care and supervision includes food, clothing, shelter, daily supervision, school supplies, a child’s personal incidentals, liability insurance with respect to a child, and reasonable travel to the child’s home for visitation. For a child placed in a group home, care and supervision also includes reasonable administration and operational activities needed to provide the aforementioned items. For historical reasons, group home rates in California also include social work services.

Under the current group home rate-setting system, all group home programs are placed into one of 14 Rate Classification Levels (RCLs) using a point system designed to reflect the level of care and services they provide. With the exception of a handful of programs with “grandfathered” rates,* all programs in the same RCL receive the same “standard rate” for their RCL. The 14 rates comprise the “Schedule of Standard Rates” or the “Rates Schedule.”

*Group home programs with “grandfathered” rates were receiving rates higher than those associated with RCL prior to the implementation of the current rate-setting system in 1990

The RCL point system measures the number of “paid/awake” hours worked per month by the program’s child care and social work staff and their first-line supervisors. It also counts the number of hours of mental health treatment services received by the children in the program, although these services do not have to be paid for by the provider. These hours are then weighted to reflect the experience, formal education, and ongoing training of the child care staff and the qualifications of the social work and mental health professionals. These “weighted hours” are then divided by 90 percent of the program’s licensed capacity to compute the program’s RCL points.

Although mental health treatment services are not an allowable activity in California’s foster care program, they were included in the RCL point classification methodology because the amount of mental health services received by the children in a group home was believed to be an “indirect indicator” of the allowable care and supervision needs of the children. That is, programs serving children needing intensive mental health treatment services were believed to have higher foster care “allowable” costs than programs serving children needing a lower level of mental health treatment services.

The standard rates were originally intended to cover, *on average*, the actual allowable and reasonable costs for programs classified at each RCL. The rates were developed using actual cost data for calendar year 1985 from a survey of group home programs. These costs were then adjusted to reflect the increase in the California Necessities Index from 1985 until the original rates schedule was implemented in 1990. An adjustment was also made to take into account the impact of the increase in the minimum wage that occurred on July 1, 1988.

In the ten years since the original group home schedule of standard rates was implemented for fiscal year 1990–01, the standard rates have been increased by a cumulative total of 14.3 percent.

For foster children who meet federal eligibility requirements, the State receives approximately 50 percent reimbursement for federally allowable foster care activities under Title IV-E of the Social Security Act. The federal definition of foster care maintenance payment is basically the same as the definition of care and supervision used by California. However, social work services are not covered by the federal definition of foster care maintenance payment. Their costs must be factored out of the rate for federal claiming purposes.

Both the federal and State foster care programs recognize that the children may need a wide variety of services that fall outside of their definitions of allowable activities. These include medical, dental, mental health, and educational services. However, the foster care programs are based on the premise that there are other federal, State, and local government programs that are designed to provide these services to foster children, such as Title XIX Medicaid/MediCal, Title XX Social Services, and Title IV-B Child Welfare Services.

Since the payment system is based on a per child rate, it gives group care providers an incentive to keep their beds full and to sometimes take more difficult children than the program can adequately serve. This shifts the focus from helping the child to reacting to problems and containing threatening behaviors.

Current Practices in Group Care

Many group care practices are an outgrowth of the history and evolving policies of the foster care system. They result from social change and competition for limited resources. Additionally, regulation and enforcement of health and safety in group homes is the responsibility of Licensing, which was not intended to assess the quality of group home programs.

Some current practices are:

Family Involvement Practices

Although it is well established that family involvement in decisions about the child is in the best interest of the child, the current group care system often minimizes the importance of family connections.

Parents of children in group care, who sensed that their children needed help, sometimes have had difficulty getting access to services. Often, they get access to the system only after a crisis has arisen. Parents sense that they are blamed for their children's problems and children get the message that their parents are bad.

While it is true that some families are unavailable to the child or may always present a risk, that is not true for the majority of families. The Group Home Study (Appendix C) reported that the long term best interest of children is served by having birth parents and family members involved in their child's lives, even if the goal is not reunification. Extended family and close family friends can also be important supports to the child.

Snapshot

A mother of a boy who was diagnosed with Attention Deficit Disorder tells a sad tale about a child who became more and more out of control. The mother's experience with the system was a continuous fight to get help and information. Her son ran away from a group home when he was 14 and was sent to juvenile hall. He later was admitted to a psychiatric hospital. In the end, he was put in an out-of-state group home. The mother said it was devastating for her to leave her child with strangers in another state.

Placement Practices

Although it is the goal of placement workers to match needs with services and to carefully assess the child before he or she is placed, that sometimes doesn't happen.

Too often, placements take place during a crisis without the comprehensive assessment that would determine the best course for the child. There are several reasons for this. They include:

- Caseload-driven funding that results in caseloads that are too large to carefully manage.
- A lack of alternative placement options for emergency services and assessment.
- A lack of foster homes, especially for adolescents.

- Pressure to place quickly because of the seven-day notice to remove a child from placement. (Providers are required to give a seven-day notice to a placing agency prior to discharge.)
- Pressure to remove children from juvenile hall and shelters as quickly as possible.

Snapshot

A social worker tells about reviewing a backlog of 25 children who needed emergency foster care. She said it often takes as many as 10 phone calls to find a place that will take one child, and it isn't necessarily a permanent or good solution. Every time a child fails in one placement it becomes more difficult to find another placement for him or her. Group homes tend to shun kids with a history of behavior problems.

Group Home Staffing Practices

There is a high turnover rate among group home staff. The job is difficult, the pay is low and benefits are minimal. For those reasons, many of the men and women who are hired to care for the children are inexperienced and undereducated.

The long-term success of any redesign of the group home system depends on the recruitment of high-quality, well-trained staff, who are genuinely interested in and dedicated to working with young people. Ideally, group home staff should respect youth, understand the foster care system, understand youth development, recognize the importance of maintaining family connections, and act as mentors for youth in group homes.

Maintaining qualified staff also provides continuity of care for children who often can benefit from a relationship with staff members who are positive role models and mentors.



Overview

There is a need for group care. However, for group care to be effective it must fit within the continuum of services for children in a family-based and child-centered care system.

The current system needs to be redesigned to meet today's needs.

The long-term lack of systematic planning in the group care system has resulted in practices that lack early intervention, comprehensive assessment, placement stability, family connectedness and good outcomes.

Although some group homes have produced good outcomes for some children, those good outcomes are too often by chance. Programs that effectively provide those services are rare and usually rely on innovative agency leadership and community support.

It is crucial that group homes function as a part of a range of services for children and be connected to community services and resources. Some group homes operate under the philosophy that group care should isolate the child from the community and the family, and function as a self-contained unit.

There is a lack of early intervention services for families. This often results in the escalation of a bad situation and the removal of a child from his or her home. That is especially unfortunate when timely support and intervention could have prevented such a drastic action.

If a child must be removed from his or her home, preventing inappropriate and multiple placements is in the best interest of everyone, especially the child.

Increasing the number of foster homes for older children and assessing children's needs can prevent inappropriate placement into group homes and reduce the number of multiple placements.

Role of Group Homes

Group homes have evolved into facilities for children with complex needs. These are the children whose behaviors are increasingly harmful to themselves and others, a "high-risk" population who require intensive services and a structured well-supervised environment. They are children whose needs cannot be addressed in a family environment without 24-hour professional supervision.

Group homes are also used as emergency placements for counties that do not have county shelter facilities and where there is a lack of foster family home placements.

Role of Licensing and Evaluating Group Home Quality

Unfortunately, California has no comprehensive program policy for group care that systematically addresses the needs of the children. Instead, policy is driven by incremental decisions including reimbursement rates and by licensing requirements.

The role of licensing is to ensure the health, safety and personal rights of children in foster care. In practice, that includes monitoring staff qualifications and training, supervision, facility safety standards, food storage and preparation, available medical services, and documentation requirements.

It does not include monitoring program effectiveness.

Programs only are required to provide the State with a program statement of the services available and the populations served. Placement workers often rely on anecdotal information shared by other workers regarding “good and bad” programs because there is no evaluation process that looks at program quality and effectiveness. Without information about what programs work for which children, some children will continue to be placed inappropriately.

What Doesn’t Work

There is a role for group care services in the range of care options for children and families. Obscuring that role, however, are the following questionable conditions and practices:

- Placement workers often are unable to match needs with services.
- Programs often provide a wide array of services with no unique specialized target population or coherent program philosophy.
- Many programs have no direct connection with the community.
- Children are often sent to group homes as a “last resort.”
- There has been an expectation that the group home would “fix the child.”
- Group home programs have neither been encouraged nor funded to function as a viable part of a range of care options.
- Children in group care tend to have behavior problems and the focus has often been on containing the behaviors rather than helping the child. In many instances the expectation of the group home was to keep the child away from the community rather than provide services to the child.
- The RCL funding system is disconnected from program quality and child and family outcomes.
- The RCL funding system lacks accountability for how public monies are spent.

What Works

There are group home programs with records of positive outcomes with children. In those cases the children have successfully reunited with families, been adopted by other families or have successfully moved on to independent lives.

These successful models incorporate the following elements that can be replicated statewide.

We know that group care works best when:

- Programs are focused on delivering a specific set of services.
- Clients are specifically targeted by need.
- Public and private services are coordinated and connected to all domains of the child's life.
- Funding systems and structures reinforce expectations that match resources.
- All systems, including the judiciary, support the goals of group care.
- Children and families are active partners in planning and implementing treatment goals.

The Vision for Group Care

We envision group care as “a strategically developed system that reflects a planned decision to place a child into group care, a planned process for implementing that decision, and a planned transition out of group care.”

- A system that is an integral part of the larger children’s services system, not a place of last resort.
- A system that offers a range of programs to serve the different needs of different children.
- A system that works with families (including extended families) in the areas of prevention, transition and aftercare.
- A system that incorporates the services and resources of multiple agencies and resources.
- A system that incorporates standards of accountability and is expected to show positive outcomes.

This system embraces the child and the family and provides individually targeted services to meet a full range of needs. It unites the resources and expertise of multiple sources. The system extends to prevention, transition, and aftercare and it builds on the strengths of the child and the family in providing services. It provides stability within a “positive care” environment that respects the dignity of the child and family and can look beyond behaviors to see potential.

Each group home model will offer a full array of services that supports the purposes of the model and the principles and values of this vision. Clear performance and outcome measurements will enhance program quality and provide accountability. Group home practices will promote thorough assessment before placement, family involvement and permanency. Group home programs will operate under performance agreements based on best practice models of treatment and client outcome measurement. They will have a continuous quality improvement focus.

Group care should be a temporary option that meets children’s and families’ individual needs and builds on their strengths. The underlying theme of the focus group and group home study was the importance of keeping children connected to their families.

When connection to a family becomes the premise of group care, its function and role in the range of care options becomes clear. The active participation of family and community in the overall planning and support of each child in group care is the underlying foundation for the ultimate well-being of the child and the family.

Vision, Principles and Values of Reform



Principles and Values of Redesign

Family involvement—The entire process of assessment, placement, providing services and planning for transition must involve the family. Family includes substitute family and extended family and any other group or person that has a supportive and permanent connection with the child.

Connection for child—All services must encourage a positive connection for the child with the family, the community, and county and program staff, including significant provider relationships that are developed in group home settings.

Family focused, child-centered and strengths-based—Group care services will be individualized and build on the strengths of both the child and the family. They will be culturally sensitive and age/developmentally appropriate.

Continuity of care—Group care services should provide assistance and support in the various phases of treatment: assessment/admission, placement, transition planning and aftercare.

Community based—Group care services must mesh the child and family with the community and develop the use of community resources to the greatest extent possible.

Long-term outcome focused—Group care services will achieve outcomes based on benchmarks that promote the child's and family's well-being and increase stability in the child's life.

Permanence—Group care services will make achieving permanence and stability in a child's life a top priority, whether by successful reunification, placement with a relative, adoption, guardianship or long-term foster care. The system should ensure that children are moved as infrequently as possible, and that when the child has developed a significant relationship with group home providers they are allowed to maintain that relationship.

Interagency multidisciplinary collaboration—Group care services must be provided through the cooperative efforts of all agencies whose programs meet the needs of the child and the family.

IN ORDER TO ACHIEVE THE VISION of group care as a part of a continuum of a family-based care system, we are making recommendations in three different categories.

First, we are suggesting six models for group homes that would offer the specific services we believe are needed to serve children with different needs.

In addition, we are recommending specific child-focused and system-focused changes.

Each recommendation is a crucial and integral part of any comprehensive systemic change.

Expanded Recommendations



Group Care Program Recommendations

1. Develop specific categories of group homes, program models and essential service elements identified as valuable roles for group care.

Each of these models offers a unique set of services to meet the specific needs of children. This list is preliminary and it should be understood that others may be added or these may be modified during Phase II of this project. The initial categories and services are displayed in Appendix D and include:

Emancipation—These homes are designed to serve teens who need very little supervision. The services would include experiential training in independent living skills, vocational training, community involvement, mentoring, aftercare and educational services. This would help them make the transition to independence.

Life-skills—These programs would serve boys and girls requiring “tight structure, clear rules and expectations,” as well as pregnant and parenting females and their babies. Services offered would include structure, emphasis on self-care, self-management skills, mentoring, social skills, close coordination with schools, aftercare, therapeutic services and emancipation skills.

Emergency shelter and assessment—Services provided would include 24-hour admission, family visits, specialty services (such as medical screening), school, educational assessments, mentoring, social and mental health assessment, and mental health services. Assessments may be provided on a non-residential basis.

Residential treatment (mental health oriented)—Designed to serve children with serious emotional problems. Services would include intensive psychiatric services, 24-hour nursing, behavior management, crisis response, specialized group therapy, special education services, therapeutic activities, mentoring, family therapy, day treatment, intensive foster care/wrap around services, assessment, and aftercare.

Residential treatment (behavior management oriented)—This program would serve adolescents who have conduct disorder or substance abuse as a primary diagnosis. Programs in this category would also be designed to treat adolescents with a history of sex offenses. Services would include behavior management/socialization, crisis response, specialized group therapy, therapeutic activities, mentoring, educational services, family therapy, aftercare, independent living skills, vocational training, 12-step programs, detox, and individual therapy as needed.

Community treatment facilities—Designed to treat seriously emotionally disturbed children who require intensive supervision and a secure environment to benefit from treatment services and out-of-home placement. Services include intensive psychiatric services, mentoring, day treatment, medication monitoring, group therapy, nonpublic school, ability to secure perimeter, family counseling, aftercare, and crisis response.

2. Manage and prepare for a transition process for counties and group homes that will be necessary to implement any new program models.

Provisions should be made to assist existing programs in making the transition to the new program types. Children in existing group homes will need to be assessed for 1) continued need for group care under the new system, and 2) appropriate placement if it is determined that the youth still needs group care.

System-Focused Recommendations — Standards for Practice

In California, there is no statewide method to determine the quality of services provided by group homes. Standards need to be developed that would identify those practices that result in positive outcomes for children and families, and group home programs need to be periodically reviewed to determine if they are in compliance with those standards.

3. Establish a statewide independent accreditation process for group care providers.

Standards for practice should be developed as a collaborative effort between the State, counties, and providers and should promote the values outlined in this report.

The application and evaluation processes as well as standards for practice may differ for each type of program. Standards for group homes should be shared with families and children as a child enters the group home program.

4. Establish group home benchmarks as indicators of quality.

Benchmarks should be reassessed periodically. After benchmarks have been established and evaluated for correlation to quality of service, the State should determine the feasibility of linking accreditation to eligibility for funding and the licensing function. Data measuring benchmarks for outcomes developed should be collected for at least a year before implementing each type of program.

5. Establish a joint accreditation board to conduct program reviews of group homes to determine if standards for practices are being met.

Members would include providers, counties, education, parents, families, children and child advocates. The board's function would be to review group home programs and to address quality of care, ensure higher standards of practice, and enforce desired values and outcomes in group homes.

System-Focused Recommendations — General

6. Address zoning issues.

Counties should be encouraged to work with their local zoning agencies to support local group home programs on siting and supply issues.

7. Explore developing, as part of the Child Welfare Services Case Management System, a centralized resources and services directory of group home placement resources and services, and appropriate placement criteria.

A statewide resource directory would enhance the placement workers' information base and available options. It would provide a global, flowing snapshot of available resources and services.

8. Promote the development of resources to support placement decisions.

Family and community resources should be developed to provide a range of support services to children and families who are a part of the group care system. The development of both community support services, including foster homes and other placement resources, would result in better services for children and families with special needs. Additionally, it would provide the balance necessary to ensure that children are not placed in group homes because of a lack of family-based foster homes.

System-Focused Recommendations — Outcomes

Currently there is no standardized way to predict the outcomes of either the overall system or individual group home programs. Establishing outcome standards would allow programs to compare themselves with other programs, document their strengths, identify and improve where there are weaknesses and provide placement agencies with valuable data regarding program options for children and families.

9. Develop outcome measures to evaluate the quality of group care.

Without outcome measures, the success of placement practices is often by chance. Measures should be consistent with the federal Adoptions and Safe Families Act outcome measures and reflect the principles outlined in this report. They should be measured on three levels: system, program and individual. A system should be created at the state level for reporting outcomes. This will help to anticipate needs in group home services and track program trends. This information should be used to evaluate program effectiveness and identify needed changes.

10. Consider linking State funding and licensing structures to support any outcomes measurement system developed.

Consider linking funding to positive outcomes after benchmarks have been developed. A program's consistent high quality practices could be linked to incentives. Those programs that produce good outcomes with high risk children should receive additional financial incentives.

System-Focused Recommendations—Oversight

There is no systematic oversight process to assess how the entire group care system is functioning. Without a global perspective of the issues and problems that impact the system, there can be no ongoing comprehensive recommendations for change. Outcome data can be used as part of an oversight process to determine how the system is working and what changes are necessary. The oversight process could also monitor county placement needs, program stability, and client satisfaction.

11. Develop a comprehensive oversight process that focuses on two areas: 1) system oversight that uses outcome data to determine how the system is working for the purpose of program evaluation and 2) system compliance that includes monitoring, consequences for non-compliance, efficient due process, State/county/private roles and standards.

The oversight process should address all activities that link to group care, such as assessment, placement practices, etc., and ensure that the principles outlined in this report are fundamental to all policies and practices.

The oversight function should be linked to outcomes, be based on the principles of reinforcing positive change, and focus on strength-based results. One objective of oversight should be to provide relevant and timely information for policy makers to evaluate what is happening and make needed changes at the system level. There should be enough flexibility within the system to allow for immediate corrective actions to address non-compliant practices.

The State (including the Office of the Ombudsman for Foster Care), counties, providers, youths, families and child advocates should be part of the oversight process to ensure that all practices are carried out properly. The roles of all parties should be clearly defined in the oversight process. Oversight should also address issues of health and safety, individual progress, and program stability.

An important function of the oversight process should be to monitor the number of available placements within any given community. Attention could then be given to resource development planning when needs are identified. Additionally, the oversight process should incorporate data on client satisfaction. Children need adequate access to ombudsmen to voice their personal and program concerns. Since the role of the Ombudsman for Foster Care is to obtain information on how children perceive foster care programs, data should be evaluated annually for issues of concern to children.

12. Explore the development of licensing categories that address the differences among the models for group care. Determine which state agencies should be assigned oversight and licensing authority.

The State/counties/private sector (including youth, families and child advocates) should explore the development of multidisciplinary oversight teams for periodically evaluating program quality. In program evaluation, the lead agency in the oversight process could be the agency with the greatest level of expertise in that particular program area. For example, the Department of Mental Health could be the lead agency in evaluating programs that specialize in mental health treatment services.

System-Focused Recommendations—Funding

There is a need to develop a payment system that provides flexibility, matches expectation and resources, and promotes individualized services, agency collaboration, and family involvement.

13. Develop an alternative payment system that supports good foster care practices and the new vision for group care.

The system should allow flexibility and the blending of funding from multiple sources to meet individual child circumstances. The payment system should be guided by the principles outlined below:

- Be flexible enough to provide services to children in care situations other than a group home.
- Be conducive to effective monitoring and enforcement to ensure that providers are accountable for the public monies they receive.
- Be able to adjust/respond to changing mandates, industry costs, etc.
- Have the ability to respond to and recognize local/State dynamics.
- Be flexible enough to permit programs to hold beds vacant to accommodate the needs of local placement agencies.
- Should consider different types of payment methods to accommodate the needs of different group home programs.
- Should consider varying regional costs of housing and wages and other factors.
- Should maximize federal financial participation. The impact on State/county sharing ratios and impact on counties should also be considered.

Funding levels and expectations for services should match. The payment system needs to promote ethical, positive child welfare services practices.

The cost of recruitment, payment and retention of qualified staff and the cost of developing family and community resources, such as aftercare, should be reflected in the payment system. The system should give county agencies the financial flexibility to conduct a multi-agency approach to placement and case management and should pay for any oversight process.

The payment system should also take into account all new costs from added mandates and not be based only on existing costs. Group home programs with funding from private sources should not be expected to contribute private funds for the costs of care.

Any payment system should recognize the different cost factors for small and large group home programs and for types of program, and should allow for program diversity and economy of scale. A separate payment method should be considered to help pay for start up costs for providers, for program/resource development, and use allowance for properties that have no cost indebtedness.

The payment system should be accompanied by a financial oversight system that is funded to ensure that all providers are reviewed on a regular and periodic basis.

In developing the new payment system, it is recommended that the State engage the services of an independent contractor. To assist in evaluating funding strategies, it is suggested that several types of payment systems or combinations of payment systems be considered, including but not limited to:

Cost-based rate—Providers would be reimbursed by a method developed from cost-based data.

Client-based incremental rate—Funding is determined by the individual needs of the child. The rate could be incrementally graduated by amounts reflecting the type of services to be provided to the child, regardless of the type of program.

Managed care rate—A specific amount is paid for each child for a defined period of time. This can be a specific amount based on diagnostic-related groups or a specific amount, regardless of services provided.

Program-type specific rate—A rate would be established for each program type. The rate could be adjusted in increments for layers of additional services the program might be expected to provide.

Negotiated rate—The payment would be negotiated with a program to provide all services identified by the county's needs assessment for the child and family.

Child-Focused Recommendations—Assessment

Each child who comes into the foster care system must have an appropriate assessment. Without an assessment it is difficult to develop an individualized treatment plan and to select a proper placement for the child. Improper placement often results in movement of children. Assessments also help to gauge the effectiveness of the services the child is receiving.

14. Develop a comprehensive process to ensure that children will receive the services they require in the least restrictive environment that is suitable for their particular needs.

The improved assessment process/criteria should include:

- Identification of individual needs (educational, mental health treatment, etc.)
- Identification of available resources (family, activities, etc.)
- Evaluation of safety, living arrangements, health and medical, psychological, educational, recreational, cultural situation
- Family’s and child’s input (when the child is old enough to provide input)
- Information from former placements
- Treatment goals/needs services plan (including methods and time frames)
- Crisis plan to preserve placement
- Delineation of responsibilities of all parties (group home, family, workers, child)
- Transition plan for return to community
- Process for transferring important information from county to placement resource

15. Emphasize family involvement.

The concept of “family partnership” should be promoted in the assessment process as well as in all areas of services, planning and implementation. Family members should be involved as early as possible. The children also should be included in the decision-making process to the greatest extent possible. The best care and protection for children happens when communities and agencies work with the strengths of the family.

Every effort should be made to locate appropriate family. Community resources, such as mentors, faith-based organizations, school counselors, or others the child considers important in her/his life, can be engaged to support the child. There needs to be resource development to support family participation.

16. Review other efforts, including the “Best Practice Guidelines for Assessing Families and Children in Child Welfare Services” to create a statewide assessment protocol.

Current pilot programs are using the assessment guidelines developed by CDSS as required by SB 933. The state should adopt any successful pilot protocol processes that are identified, and ensure there are no competing requirements. All appropriate staff members should receive training in the assessment process.

During Phase II (see Addenda) of the reexamination project, efforts along these lines should continue, and time lines should be developed to ensure expeditious and thorough assessments. All statutory requirements should be adopted where feasible. (See Appendix E for “Best Practice Guidelines for Assessing Families and Children in Child Welfare Services.”)

17. Explore the development of short-term assessment centers for children.

Assessment centers could serve as a valuable alternative in completing assessments for emergency and other placements. Assessments could take place on a residential or non-residential basis and in a child-friendly environment with adequate time and resources to ensure that children receive complete evaluations, and could be a valuable resource in collecting health and education information.

Centers could employ staff with the necessary expertise to assess children's needs (i.e., mental health, educational, etc.) and determine needed services.

Child-Focused Recommendations—Criteria for Placement

Appropriate placement decisions are crucial to the long-term well-being of the child. Unfortunately, under the current system placements often take place during a crisis. Considering that many counties lack adequate services, children often end up in the wrong setting. There must be standardized guidelines for making placement decisions and a better way to evaluate the availability of group care resources, as well as the ability to develop additional resources when needed. Establishing statewide criteria for placements will help placement workers make decisions. Counties need multidisciplinary/resource teams with knowledge of available resources to help the placement workers.

18. Establish criteria that determine when group care is the most appropriate setting for any particular child.

The following key elements should be considered when making a decision to place a child in group care.

Need for group placement—The child's assessment, as well as individual and/or family circumstances, must point to group care as appropriate and in the child's best interest, and appropriate for his or her special needs. The need and reason for group home placement should be documented in the case plan.

Safety—A child's need for a safe environment is crucial. Safety issues include protection from harm by others, protection from harm to self, protection from harm to others.

Use of community-based services—The counties should decide if resources are available in the community that, if provided to the child and family, make it possible for the child to remain safely in his present home and function well in his community. For example, developing resources through the Supportive and Therapeutic Options Program that expands day treatment and aftercare services.

Mental health treatment—It should be determined whether the child needs mental health services beyond those offered locally on an outpatient or day treatment basis.

Educational needs—The educational needs of the child should be determined.

Social adjustment needs/conduct disorder—The social development needs of each child should be determined.

Influential relationships—The type of relationships that influence the child in his or her family and community should be determined.

Available placement resources—Counties need to look at available placement resources and determine if local resources promote all the values attached to a long-term positive outcome.

Competing demands—Placement criteria must be prioritized to avoid competing demands. (For example, determine if remaining close to home would be more important than placement in a job training program.)

Local placement should be a guiding principle—The system should encourage placements that allow family involvement, including extended family.

19. Develop statewide placement criteria using guidelines developed in “The Best Placement of Children in Group Homes” document as a foundation.

SB 933 called for the development of guidelines to set protocols for the placement of dependent children in group homes for both emergency and non-emergency situations. While the guidelines developed in the Best Practice Placement document (Appendix F) were designed around the existing group home structure, they do provide a foundation for statewide placement criteria for the new group care structure. As such, the guidelines should be evaluated and revised as appropriate during Phase II reexamination activities to be consistent with the vision and philosophy of strength-based needs-driven decisions that include both families and children. These guidelines detail the responsibilities of both county and group home staff in emergency placement, regular placement, ongoing case management, and termination/discharge from group care.

Child-Focused Recommendations—Case Management

Effective case management determines the eventual outcome for children in group care. Each party with a role in service delivery has a critical responsibility for implementing the case plan and monitoring the well being of the child. It is crucial that they have clearly defined responsibilities and that they work together for the benefit of the child.

20. Increase coordination between public and private agencies.

County agencies and group homes should be partners in promoting the effective delivery of services, such as implementing case plans and working with families.

There sometimes is a lack of cooperation between agencies and a tendency to pass the child and family between systems. Case management relationships must address the entire spectrum of care from assessment and placement through aftercare. Collaboration, openness and information sharing are absolutely essential to a good outcome for the child.

The relationship between group homes and placing agencies should be outlined in Memoranda of Understanding between the county and the provider. Families should be involved in the development of expectations.

Currently, some mechanisms are in place that partially provide structure for this relationship. However, these need to be strengthened and improved, and others need to be developed.

Group homes should have a direct and active role in implementing case plan goals such as treatment, family reunification, emancipation, etc. Group homes should have flexibility to work directly with families, ensure access to services and aftercare, and maintain relationships with the child and family after transition from group care. Agencies and providers must have the flexibility and funding to serve the children and families in their care.

21. Provide a single contact person for the child and family in a multi-disciplinary environment.

The contact person should oversee case plan implementation, including the treatment plan, to ensure case goals are met.

22. Support overall goals and principles, such as local placements, stability, continuity, etc., through the new case management relationship.

Counties should establish a process to identify incidents that would result in an immediate reevaluation of children in placement. Group home program statements and case plans need to address family involvement. If a child is to be placed at a distance, the case plan should address how the family will be involved. The State, county placing agency and the group home should recognize and accept that they have overlapping responsibilities.

23. Develop a transition plan for all children to be placed in group homes.

Transition plans should spell out what services will be provided, reduce the potential for movement between placements, maintain family connections, and support the permanent plan and its implementation.

Treatment plans and needs and services plans should identify what goals are to be met that would indicate a child's readiness to "step down" to a less restrictive more family-like setting. The "step down" should be part of the range of services to which the group home is connected.

24. Eliminate the seven-day notice in favor of an emergency plan for all children.

Providers are required to give seven days notice to a county when a child needs to be removed from a group home. This creates a crisis for the child and placement workers, who must find another home for the child.

An emergency plan would provide a specified process and options to assist the provider when a child needs to be removed from the group home.

Child-Focused Recommendations—Education

Children placed in foster care (including group care) often have suffered debilitating and emotional trauma. They frequently languish in the foster care system, moving from placement to placement and school to school. A new placement usually results in lost school days because the enrollment process, especially for students in special education, takes days and sometimes weeks.

Coupled with adjustments to ever-changing schools, these absences take an incredible toll on the child's success in school. When these children change schools, knowledge of their educational needs often stays with the prior group home or school. Records should be transferred promptly, providers should be trained about educational issues and educational services should be coordinated.

25. Continue to support county operated Foster Youth Services (FYS) Programs.

In an effort to support children in their foster care and school placements, six pilots for education-based programs have been introduced since 1973. These Foster Youth Services (FYS) Programs provide services to foster children with a focus on monitoring educational records and providing tutoring services. The demonstrated success of the six FYS program sites has resulted in continuing legislative support and annual funding for the programs. The goals of these programs reflect the key concepts of SB 933 that affect the educational support of foster youth.

26. Explore centralizing education records of foster children in the county office of education.

There is a need to clarify responsibility for keeping track of school records for children in out-of-home placement. With the frequent moves of some foster children, records often are lost or misplaced. Education coordinators should be allowed to work across district lines so they can help the child maintain continuity in his or her education. Consideration should be given to issuing waivers to foster children so that they wouldn't have to change schools when they move into a different school district.

27. Encourage county education departments to partner with county placement agencies to ensure that educational assessments are conducted on all children to be placed in group homes.

This includes both initial and ongoing assessments and taking responsibility for tracking and making available all of the children's education records. A staff person should coordinate and track Individualized Education Plans (IEPs) and services for children countywide. This would help provide educational continuity for children in group care who might move several times.

28. Expedite the time lines for developing an IEP to accommodate the multiple moves that often occur with a child in placement.

IEPs are often not completed in a timely manner. Children without IEPs, who have disorders that are disruptive to the classroom, often are expelled. (Children with IEP status cannot be expelled without due process.) Having an IEP also entitles the child to education funds made available through AB 3632. It is imperative that the money stays with the child if the child is moved to a different school district.

29. Develop community college classes that address the specific educational needs of a child in out-of-home placement and the special issues providers need to be aware of to facilitate a positive educational experience for the child.

Colleges should be required to collaborate with local Foster Youth Services staff to coordinate educational services. Foster parents should be required, as part of their initial and ongoing education, to attend a class on education and foster children, and teachers should have more training about available services for foster children.

30. Identify barriers to adequate education services for all children in out-of-home care, and develop recommendations for improving outcomes.

In order to provide comprehensive coordinated educational services for children in group homes, the barriers to that goal must be identified. A study would assist in identifying those policies and practices that are in need of modification or change. The goal of the study would be to provide supportive educational services that would improve behavior and social interaction skills as well as the academic performance of children in out-of-home care. The effectiveness of public schools in meeting the needs of children in out-of-home care should be evaluated.

31. Improve oversight of nonpublic schools (NPS) and require specified outcomes for children in foster care.

The quality of educational services in NPS should be monitored. Since many children in group care rely on NPS to provide the academic skills they will need when they transition to public schools or emancipate, the quality of educational services is an important determinant of their future success. All efforts should be made to ensure that children are provided educational services that are appropriate for their grade level and academic skills.

ANY MAJOR TRANSITION PRESENTS A CHALLENGE. The changes proposed by this report reflect a massive change in culture and system. Strategic planning for time lines and anticipation of barriers to implementation will help smooth the way. (See Addendum 2 for actual plan and time frames.) All systems will be involved in this culture change, which encompasses everything from procedures to hard-core opinions and attitudes. It is essential that the rewards that have been built into the system for maintaining the status quo be eliminated.

Managing the Transition from Old to New

Overcoming Barriers to Transition

Critical to any far reaching change in a major system are resources, the coordination and cooperation of all stakeholders, and communication and information management. A breakdown in any of these could mean failure.

Existing mandates must be examined. An unintended consequence of well-intentioned policies and service initiatives that focus on “family settings” may be to increase movement among placements, creating unnecessary disruption. Public policy should emphasize the “best interests of the child.” Services should be consistent for all children and families, depending on need, rather than on placing agency. Interagency training should teach all parties how to share critical information within confidentiality guidelines regarding children and families.

Funding issues must be addressed. Without the ability to maximize federal financial participation, the fiscal deficit may prevent fully implementing the core principles and values for the vision of group care. Providing enhanced services to families, such as counseling, aftercare, community support services, depends on flexible rather than categorical funding. Without federal cooperation, we can pursue the vision but realize that some sacrifices in services may have to be made as the result of resource deficits.

Licensing’s role may be expanded. Although some group home models may be licensed by other agencies, CDSS Community Care Licensing will likely oversee a number of the new models.

More foster homes and group homes will be needed. A shortage of placement options is a major barrier to the success of the goals outlined here. Central to developing appropriate resources are adjustments in zoning laws, the costs of starting new programs, and a resistance on the part of some providers to accept difficult children. Without changes in these areas, many children and families will not be able to be served in their community.

Change should be anticipated. Any impact of changing the county placing agency or group home provider culture, such as additional workload, needs to be anticipated and addressed.

Agencies must welcome collaboration and family involvement. Partnerships between agencies require understanding one another’s organizational demands and that decisions will be made by teams. Families must be cast in a new and positive light and should be included in all phases of decision-making. That requires a sensitivity on the part of the system to cultural and social differences, as well as additional training.



There needs to be training and incentives to help placing agencies and providers understand the reasons for the new requirements. Some may believe they have been offering quality services and achieving good outcomes without any documentation. Accreditation and developing formal outcome standards will require providing additional documentation in a system that many believe already demands a lot of paperwork.

Information management is important. Multiple changes are planned for every level of the group care system. The focus on collaboration means that various agencies, advocacy groups, associations, and other interested stakeholders will be involved. Communication and coordination is critical to maintaining a unified effort. With the emphasis on interagency collaboration, system and program oversight, and data collection to track outcomes, information management becomes crucial.

Conclusion



THIS EXAMINATION PROCESS uncovered some compelling issues about group care in a family-based system of care. While there is a role for group care in the range of services for children and families, recent public policy has focused on other programs.

Furthermore, the social and cultural dynamics of families and children and their needs have become more complex. Many families enter the system in crisis; children exhibit extreme behaviors and need mental health treatment. The group care system that once effectively served the singular purpose of substituting for families in a “stand alone” environment has been forced to respond to new multiple and critical demands. Providers who have been successful in meeting the challenge did so through trial and error with no formal guidelines for assessment, placement and service delivery.

Changes in the group home scheme and services, funding mechanisms, assessment and placement practices, and increased oversight and accountability are central to building a successful group care system that meets the needs of our children and families. Expectations must be realistic.

Any meaningful reform depends on the values of family participation and keeping the child connected to the community and significant relationships, while providing continuity of care and permanence in the child’s life.

Funding levels must match expectations for services. We should expect that resistance will be encountered; transformations in attitudes and practices will come slowly; positive results will not be far-reaching or easily recognized at first, but will begin as small, individual successes.

The paradigm shift that becomes the impetus to transform a system is also essential to supporting children and families: It should be strengths-based. If the process recognizes and rewards team building practices by placement agencies and providers that set up the essential continuum of services, movement toward the vision will occur. Achieving this end will require a commitment from all levels of government and the service community, a willingness to share resources, and an underlying belief that the vision can be realized.

1. Legislative Efforts Impacting Group Care

2. Action Plan

Addenda



1. Legislative Efforts Impacting Group Care

During the 1990s the focus of legislative changes addressing children in out-of-home care has been on promoting permanence and alternatives to group care. Key to this effort was an emphasis on family preservation services (wrap around) kinship care and adoptions. Very little emphasis has been placed on group care with only minor changes occurring to address immediate problems. Some notable examples of federal and state legislation that chartered these efforts are listed below.

PL 96-272 (The Adoption Assistance and Child Welfare Act). This bill created a categorical funding stream for out-of-home board and care and provided adoption assistance for special needs children.

SB 282, Chapter 451, Statutes of 1993, Relative Placement. This legislation provided that whenever a juvenile court decides against placement of a dependent minor with a relative who has been considered for placement, the juvenile court must document, for the record, the reason(s) that placement was not approved.

AB 1197, Chapter 1088, Statutes of 1993, Limitation of Placement of Children Under Six in Group Homes. This legislation imposed limitations on the placement of children under six years of age into group homes and temporary shelter care facilities. When detained, a child under six may be placed in these facilities only when it is necessary to secure a complete and adequate evaluation, including placement planning and transition. AB 1197 limited such placements to 60 days unless a case plan has been developed and the need for additional time is documented and approved.

AB 1198, Chapter 799, Statutes of 1993, Intensive Treatment Pilot. This legislation allowed participating foster family agencies in the intensive treatment pilot project to accept the placement of 25 children per year, five of whom are at imminent risk of psychiatric hospitalization or placement in a group home at Rate Classification Level 12 or above.

Family Preservation/Family Support, PL 106-66. This bill provided federal funds for family preservation and family support.

AB 3364, Chapter 961, Statutes of 1994, Family Preservation and Support Services. This bill required the State Department of Social Services to implement a program of family preservation and support services that meets federal requirements and established specified procedures for funding those programs.

AB 2297, Chapter 832, Statutes of 1995, Wrap-Around Services. This bill provided for the placement into an intensive foster care pilot program those children who are emotionally disabled or who, because of their emotional distress, have been subject to placement in a group home, or have been adjudicated a dependent child of the court. The bill revised eligibility requirements for the program and the payment procedures and funding for the intensive foster care program.

Adoptions and Safe Families Act of 1997 (PL 105-89). This federal law made changes and clarifications to policies established under the Adoptions and Safe Families Act of 1997 to promote adoptions and other permanent homes for children and to support families. The law made changes and clarifications to the Adoption Assistance and Child Welfare Act (PL 96-272) and expanded the family preservation and support services program, funded time limited reunification services and reduced available reunification time by six months. It also authorized adoption incentive payment for states, required states to document efforts to adopt, expanded health care coverage to non-IVE eligible adopted children with special health care needs, and made other changes to expedite and increase adoptions.

AB 1193, Chapter 794, Statutes of 1997, Kinship Support Services. This bill requires the department to conduct a Kinship Support Program that provides start-up and expansion funds for local kinship support programs that provide community-based family support services to kinship caregivers.

AB 1544, Chapter 793, Statutes of 1997, Foster Youth Barriers to Adoption. This bill declared the intent of the legislature to remove barriers to adoption by relatives of children current in, or at risk of entering the dependency system.

SB 163, Chapter 795, Statutes of 1997, Wrap-Around Services. This bill permitted counties to participate in a pilot program to provide intensive wrap-around services to children in foster care or at imminent risk of placement in foster care to avoid the need for out-of-home care.

AB 2773, Chapter 1056, Statutes of 1998, Implementing the Federal Adoption and Safe Families Act. This bill enacted the provisions of the federal Adoptions and Safe Families Act of 1997 in California.

SB 1901, Chapter 1055, Statutes of 1998, Kinship Guardianship. This bill established the Kinship Guardianship Assistance Payment program for children who are placed in legal guardianship with a relative.

SB 933, Chapter 311, Statutes of 1998, Foster Care. This bill provided reforms to the group care system and required the reexamination of group care.

2. Action Plan

Time Frames

Pursuant to SB 933, upon a determination of the role of group care by CDSS, the Health and Welfare Agency is to continue the reexamination to the next phase (Phase II), which is to develop the related program and administrative requirements for group care. This phase is to begin after the Final Report to the Legislature has been submitted.

The culmination of this effort will be proposed legislative changes to implement identified administrative and program structures. Depending on actual legislative mandates, it is anticipated that the implementation phase would span a 5-year period beginning in 2002 and ending in 2007.

Short-Term Phase II Activities

The short-term activities of Phase II include but are not limited to:

- Finalize the categories and services for the types of group homes that will be the standard for the role of group care including defining the needs of children to be served.
- Propose licensing standards and licensing entities based on the new categories of group homes and the needs of the children to be served.
- Determine the role of licensing versus the role of accreditation in determining the quality of care provided to children and families in group care.
- Evaluate the feasibility of creating short-term assessment centers.
- Continue to make linkage to assessment processes and the Best Practice Guidelines for Assessing Families and Children in Child Welfare Services.
- Using the services of an independent consultant, design a payment system that will support the recommendations and principles of CDSS and the Steering Committee.
- Develop standards for Memoranda of Understanding to be used as contractual agreements between counties and providers.
- Revise the Best Practice Placement of Children Guidelines to be consistent with the new group care structures.
- Design an accreditation requirement to provide mechanisms to ensure consistent standards for practice and continuous quality improvement in group care.
- Design an oversight requirement to include monitoring of system outcomes, program evaluation, and enforcement of standards and regulations.

Long-Term Phase II Activities

The long-term activities identified by CDSS and the Steering Committee are projects that will be initiated during Phase II but are expected to be ongoing activities and influenced by any legislation that is developed. They include but are not limited to:

- Develop benchmarks for outcomes measurement.
- Enact legislation to support the transition goals.
- Implement training on new procedural requirements.
- Create a system at the State level to collect and evaluate outcome data.
- Pursue ongoing federal financial participation to support continuing comprehensive services for children and families.

Roles of Participants

The Steering Committee will be instrumental during Phase II. The Committee will be a critical part of developing the program and administrative requirements necessary to implement the recommendations presented in this report. Crucial to this process is the participation of all interested stakeholders: State, counties, associations, providers, families, foster parents and current or former foster youth, private organizations, child advocates and ombudsmen. During Phase II, subgroups of the Committee will be formed to concentrate on specific areas. All recommendations will be developed by CDSS with the input of the Steering Committee.

The State will provide help and guidance during all Phase II activities. Furthermore, counties will need to take the lead in training county staff on required changes in principles and practices related to all system elements identified during Phase I. The counties will also be the liaison between their agencies to develop enhanced partnerships. Private associations representing stakeholders, such as foster youth and families, advocacy groups, etc., will be instrumental in ensuring that the best interests of their membership are being served and to offer advice on appropriate strategies for change. Provider groups will also have a critical role in conducting outreach and training to individual providers on the proposed recommendations for change.