

APPROVED RELATIVE CAREGIVER (ARC) PROGRAM

The ARC Program, enacted by Senate Bill (SB) 855 (Chapter 29, Statutes of 2014), became effective January 1, 2015, increases payments to children placed in foster care with relative caregivers when the children are not eligible for federal foster care benefits. Those federal benefits are higher than the CalWORKs benefits these caregivers typically have received.

This county-optional program provides state funding for participating counties to make per-child, per-month payments to approved relative caregivers in an amount equal to the basic federal foster care rate. A county may “opt-out” of the program at any time, but must meet notification and other requirements.

Eligibility

- Eligible relative caregivers must be approved and live in California. Caregivers who are approved meet health and safety standards that mirror those for licensed foster parents.
- Eligible children must be under the jurisdiction of the California juvenile court in a county that has opted in, and not be federally eligible under Title IV-E of the Social Security Act.

Funding:

- State funding is available for the number of cases that existed in each participating county as of July 1, 2014. Additional cases are paid using county funds.
- There are three funding sources for ARC payments: 1) CalWORKs funds; 2) an ARC ongoing state general fund appropriation; and 3) county funds if the other two funding sources are insufficient to fund ARC payments. Counties may seek reimbursement for any county funds used to make eligible ARC payments if in any given calendar year the entire amount of the ARC ongoing state general fund appropriation has not been fully expended.
- The ARC ongoing state General Fund appropriation is intended to fully fund the base caseload of approved relative caregivers as of July 1, 2014. There is a one-time opportunity to adjust the current \$30 million ongoing state general fund appropriation to do so, on or before October 1, 2015. If proposed trailer bill language is approved, this appropriation also will increase annually in an amount sufficient to ensure that the monthly payment to the caregiver increases by the California Necessities Index.

Implementation Status:

- Program implementation instructions have been issued via All County Letter (14-89), There has been a state general fund allocation of approximately \$15 million for the period January through June 2015; those funds are now available for ARC payments. Data will be collected from the counties to inform the “true-up” process.
- Fifty-six counties submitted non-binding letters of interest. Fifteen counties so far have opted-in (Amador, Colusa, Contra Costa, Inyo, Kings, Marin, Mariposa, Mendocino, Mono, San Benito, San Luis Obispo, Shasta, Sonoma, Yolo and Yuba).

Commercially Sexually Exploited Children (CSEC) Efforts

In the 2014 Budget Act, and consistent with trailer bill SB 855, funding was appropriated for counties to develop protocols on how to handle CSEC cases, to train social workers and out-of-home caregivers on the issue, and to educate children and youth on how to avoid exploitation. Beyond these initial steps, it was envisioned that future funding would be targeted to a select number of counties with significant CSEC caseloads. However, federal legislation (HR 4980) also has been enacted with some CSEC provisions that somewhat overlap with California's program and require statewide efforts.

Eligibility

- Any child identified as:
 - sexually trafficked, as described in Section 236.1 of the Penal Code, or who receives compensation for performance of sexual acts; AND
 - unprotected or inadequately protected by caregiver(s).

Funding:

- The 2014-15 state budget appropriated \$5 million General Fund for:
 - Training of foster youth and other youth on CSE risks;
 - CSEC overview training to foster parents, group home staff and probation staff;
 - Protocol development and capacity building.
- The January Governor's Budget proposes \$17.8 million (\$14 million GF) for:
 - Development and implementation of case management and services, employing local multidisciplinary teams including mandated partner service providers, such as law enforcement, mental health, and others.

Implementation Status:

- Significant coordination has occurred with the county welfare departments, regional training academies, and the Child Welfare Council's CSEC Action Team, for the state program, a \$1.25 million five-year federal grant, and HR 4980.
- An All-County Letter issued in September 2014 allocated \$5 million to counties:
 - \$2.5 million for Prevention and Services and Protocol Development
 - \$1.75 million for training for county social workers and out-of-home caregivers
 - \$750,000 to train foster youth on how to avoid being exploited.
- Later this Spring, counties that have opted into the state program will be provided with a planning allocation funding amount, and instructions request a plan as required by statute. Additional practice tools developed by the Action Team will be included.
- Contract amendments are underway to provide the Regional Training Academies resources to provide overview training to social workers; and a new agreement is under development with the Chancellor's Office to provide training to caregivers through the community colleges.
- Work continues within the administration to define the requirements overlap between the state CSEC program and the new federal legislation, to ensure a consistent program and to seek federal reimbursement for eligible activities.

California's Child Welfare Continuum of Care Reform

SB 1013 (Chapter 35, Statutes of 2012) required CDSS to consult with a number of stakeholder organizations to develop recommendations for revisions to the State's current system, services and programs serving children and families across the continuum of Aid to Families with Dependent Children–Foster Care (AFDC-FC) placement settings. The result of this robust process, referred to as the Continuum of Care Reform (CCR), is a series of inter-dependent recommendations to improve assessments of children and families to make more informed and appropriate initial placement decisions, emphasize home-based family care placements of children, appropriately support those placements with available services, change the goals for congregate (group home) care placements, and increase transparency and accountability for child outcomes. Together, the recommendations in the CCR report represent a paradigm shift from traditional group homes as a long term placement to Short-Term Residential Treatment Centers (STRTC) as an intervention.

The CCR report describes the substantial and needed steps that the Administration will pursue in collaboration with its partners, stakeholders, the courts and the Legislature, to achieve these improvements in child experiences and outcomes. The recommendations contained within the report are divided into the following areas: General; Home-Based Family Care; Residential Treatment; Fiscal; and Performance Measures and Outcomes. Successful implementation of these inter-dependent recommendations will take time and occur over multiple years. This will allow for development of critical elements including increasing the supply of home based family care, provider program statements, accreditation and training. The Department of Social Services, with its numerous partners and stakeholders, is committed to ongoing evaluation and improving outcomes using a continuous quality improvement approach.

GENERAL RECOMMENDATIONS

1. All placing agencies will utilize tools with common domains and will utilize Child and Family Teams in assessing the child and family's needs and strengths and use that assessment for case planning and to match a child to the most appropriate placement setting.
2. All STRTCs and Foster Family Agencies (FFAs) must be accredited by a national accrediting body, selected by CDSS, as a condition of receiving a foster care rate.
3. Temporary transition strategies will be implemented to address the need for placement options and resources for older youth and young adults who do not wish to transition from current group care to home-based placements.

HOME-BASED FAMILY CARE RECOMMENDATIONS

4. Allow public agencies to be licensed to operate an FFA.
5. Strengthen resource family recruitment, training requirements and retention strategies.
6. FFA programs must provide core services and supports to foster family agency non-treatment (FFA/NT) and foster family agency treatment (FFA/T) placements. FFAs or other community based organizations using the same standards can, at county request, provide core services and supports to resource families, including relatives and nonrelative extended family members.

RESIDENTIAL TREATMENT RECOMMENDATIONS

7. All STRTC programs will provide core services and support for children and youth that need short-term, intensive treatment interventions and who initially cannot be safely maintained in a home-based family care setting. Placements must be reviewed at intervals not greater than six months with continued placement requiring county Deputy Director, Probation Chief or Assistant Chief approval.
 - 7A. County-operated children's shelters will be phased out over a multi-year period.
 - 7B. Group homes that are educationally-based boarding school models will adapt and align their programs to meet the CCR goals supporting home-based family care and permanency.
8. Require all STRTCs and FFA/Ts to be certified by the DHCS or county mental health plans to provide medically necessary specialty mental health services.
9. Children currently placed in group homes with a Rate Classification Level (RCL) 1-9 will be transitioned into home-based family care. Group homes rated 10-14 either will be re-rated to the residential treatment rate or to an FFA rate.
10. Increase the minimum age for all newly hired STRTC child care workers.
11. Increase the minimum qualifications for all newly hired STRTC child care workers.
12. Enhance the training for new and existing STRTC staff.
13. Establish "STRTC peer partner" and "STRTC volunteer" staff classifications and allow STRTCs to use these classification as needed to support their program.

FISCAL RECOMMENDATIONS

14. Replace the group home RCL system with a statewide residential rate for all STRTCs.
15. Implement a new STRTC program audit in accordance with the proposed program plan and treatment competencies. Program, fiscal and health and safety reviews coordinated with joint activity by CDSS' Children and Family Services Division, Community Care Licensing Division, and DHCS' Mental Health Division.
16. Revise the FFA rate structure to account for two types of FFAs: 1) FFA/Ts that provide core services, intensive treatment foster care and therapeutic foster care, and 2) FFA/NTs which function as specialty or home-finding agencies. Also, increase the FFA Social Worker Rate to account for expanded core services and supports to be provided to resource families.

PERFORMANCE MEASURES AND OUTCOME RECOMMENDATIONS

17. Evaluate STRTC and FFA provider performance based on a series of performance domains and measures.
18. Utilize a client satisfaction survey that captures the perception of children and their families regarding services they have received from STRTC and FFA/T providers.
19. Create a method for ensuring public transparency of provider performance.