Stanford Law School
Law and Policy Lab

Implementation of the Continuum of Care Reform Act in Sonoma County

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Executive Summary

In 2015, the California Legislature enacted AB 403, generally known as the California Continuum of Care Reform (CCR) Act. The overarching goal of the legislation is to reduce reliance on residential treatment facilities (RTFs) as a long-term placement setting for children who are placed in foster care by the child welfare or juvenile justice systems. The passage of AB 403 grows out of a long-term debate among child welfare professionals and researchers about the role of institutional versus family-based care as a placement setting for children. The legislation reflects consensus among child welfare researchers, policymakers, and practitioners that children removed from their parents should be placed in alternative family settings to the maximum degree possible. Under the legislation, the purpose of RTF care is to provide intensive, short-term treatment aimed at enabling children to transition back to a family setting as quickly as possible, generally within six months of placement. The legislation also requires involving families and children in placement decisions to the maximum degree feasible.

This report has been prepared for the Sonoma County Juvenile Justice Commission (JJC), which is concerned that as a result of AB 403 some children are being placed in foster family homes when they require the services provided by an RTF and that some children are being removed from RTFs too quickly given their treatment needs.[1] Based on these concerns, the JJC asked the Stanford Law School Policy Lab (Policy Lab) to assess two questions:

(1) Are there some children in Sonoma County with needs that would be best met through RTF care who are not being placed in an RTF as a result of local implementation of the CCR?

(2) In the case of children who are placed in RTFs, are there some children whose needs are not effectively met because their stays are cut short as a result of local implementation of the CCR?

Placement Patterns in Sonoma County

Based on the available data, it does not appear that fewer Sonoma County children are being placed by the Family, Youth, and Children Division of the Department of Social Services (FYC) or the Juvenile Division of the Sonoma County Probation Department (JPD)

in RTFs since passage of the CCR, although JPD placements did decline in 2018. For children who are placed in RTF care, the average length of stay has been getting significantly shorter, especially for children in the child welfare system. Still, many children stay in care for at least a year. As a result of shortening the stays in residential care, Sonoma County has substantially lowered the total number of children in residential care at any given time.

Decision-making Processes in Sonoma County

Ultimately, all placement decisions are a matter of professional judgment, informed by service delivery options and other factors. Although there may be obvious inappropriate placements for some individual children, there often are no clear "right" answers, especially for children with more intensive behavioral needs. Meeting the needs of each child requires a careful decision-making process and sufficient resources to enable decision-makers to select the type of placement and necessary support services that they conclude are best for each child. To generate the best possible decisions, the CCR requires coordinated decision-making between child welfare, juvenile justice, and behavioral health departments, utilizing a specific assessment tool, the Child and Adolescent Needs Assessment (CANS), to guide placement decisions, and the involvement of families in the decision-making process through child-family teams (CFTs).

All three Sonoma County agencies – FYC, JPD and the Behavioral Health Division of the Department of Health Services (BHD) – support the general premises of the CCR. They have established a number of decision-making processes for initial placement decisions, monitoring of placements, and step-down decisions that comply with the legal requirements established in the CCR. These processes are largely in place in the child welfare system. JPD is adapting its decision-making processes to implement use of a modified CANS assessment and to expand the use of CFTs earlier in the dispositional process.

Services Available in Sonoma County

While only a small proportion of the children who are brought into either the child welfare or juvenile justice systems have severe mental health or behavioral problems that possibly require treatment in an RTF, meeting the needs of these children requires having an adequate number of foster families trained and supported in the care of children and youth with mental and behavioral health needs that might otherwise require placement in an RTF, adequate staffing to choose the best placements and to monitor each child's progress, and intensive community-based mental health services for all children who require treatment.

Sonoma County is making major efforts to meet these needs. It has engaged a number of well-regarded partners to recruit, train and support foster care families – both kinship and others – to take in children who might otherwise be placed in RTF care. In addition, Sonoma County agencies have contracted with service providers to provide critical case management services as an alternative to, or step down from, an RTF placement. Still, the implementation process has faced difficulties. The recruitment of sufficient intensive services foster care (ISFC) homes for foster children with higher needs is the most significant challenge identified by all stakeholders. In addition, both FYC and BHD are hampered by substantial staffing shortages and BHD is also experiencing a leadership transition. This has made it difficult for caseworkers to manage their duties and to fully provide mental health treatment to children placed in foster homes who qualify for specialty mental health services.

Moving Forward: Recommended Next Steps

The CCR is an attempt to improve outcomes for the children and youth with the greatest needs and challenges. Historically, it has generally proven difficult to put these children on a path to achieving success in adulthood. The costs of providing services to these children and families are very high, even though they constitute a relatively small percentage of the children who come under the jurisdiction of FYC or JPD. However, many of these children and youth become recipients of costly adult services. Thus, there is the potential for long-term savings to the County, as well as benefits to the child, of putting a strong system of care in place to meet these children and families' needs. There are several

actions that Sonoma County could to explore to enhance current efforts and address some of the challenges identified above. Some of these ideas should be relatively easy to implement. Others would require substantial investments of time and funding.

Use Data and Information to Assess Progress

A critical first step is to enhance the collection and use of data, in order to improve individual decisions regarding placements, to help identify areas needing system improvement, and to help in determining optimal resource allocation. It is not possible currently to assess whether the policies and practices being adopted by Sonoma County are producing desirable outcomes due to the lack of key data. Increased use of data would include regularly reviewing case files to access outcomes and to spot any trends in placement success/failures. The planning units in each agency could utilize, on a regular basis, information from the files to examine whether different outcome patterns appear to be related to the type of placement, as well as to specific RTFs. In particular, FYC and JPD could use the CANS data that is required to be collected on a regular basis to determine what progress is being made for each child using specific outcome-based indicators.

Create Working Groups with RTFs and Service Providers

The Sonoma County agencies could establish a working group with the Sonoma-based RTFs, RTFs in neighboring counties, and the key service providers working with families that would work on enhancing the placement options and the coordination of services. This could include developing a business plan for supporting a sufficient number of RTF beds located in Sonoma County or nearby counties in order to enable placement of children near their families and working with local RTFs to ensure that their treatment approaches match the needs of the Sonoma county children requiring RTF placement.

Enhance Staff Capacity

FYC and JPD might also benefit from creating internal, specialized therapeutic units with workers trained to work with high-needs children and families. Such units might include embedded BHD personnel. In many ways, high-needs youth who require ISFC or RTF placements are distinct from the rest of the population that FYC or JJC work with, so

there may be both efficiency and decision-making benefits by concentrating expertise internally.

Creating a System of Care

As Sonoma County moves forward in implementing the CCR and the requirements of the Court decision in *Katie A. v. Bonta,* it might explore combining all of the activities into the development of a full mental health system of care designed to meet the needs of children with mental health problems. In order to meet the requirements of the CCR, Sonoma County agencies are already required to develop most of the key aspects of a strong mental health system of care, such as planning for treatment needs of individual youth, training of staff, and promoting data and collaboration practices. A full system of care would involve the County Office of Education, as well as BHD, FYC, and JPD, since schools play a major role in meeting the needs of children with special needs.

Part I. Introduction

In 2015, the California Legislature enacted AB 403, commonly known as the California Continuum of Care Reform Act (CCR).[2] This legislation makes major reforms with respect to the State's child welfare and juvenile justice systems, both in terms of policies and procedures. In particular, the CCR requires substantial reduction and transformation in the use of congregate care facilities[3] as a placement setting for children who are placed in foster care by the child welfare or juvenile justice systems (in this report we use the term "residential treatment facility" or "RTF" to refer to these facilities.)[4] Under the legislation, most RTFs are to be converted into Short Term Residential Treatment Programs (STRTPs), tasked with stabilizing the mental and behavioral health of children who have significant mental or developmental problems that clearly require treatment in a residential placement. The CCR specifies that residential placements should generally be limited to six months or less.[5] The legislation also requires involving families and children to a much greater degree in placement decisions than has been the case in most counties in California. To accomplish these goals, the CCR requires unprecedented coordination among county child welfare, probation, and behavioral health departments in making placement decisions.[6]

This report has been prepared for the Sonoma County Juvenile Justice Commission (JJC), which is concerned that as a result of AB 403, the best interests of some children are being compromised. In particular, the JJC has raised concerns that some children are being placed in foster family homes when they require the services provided by an RTF and that some children are being removed from RTFs too quickly given their treatment needs.[7] Based on these concerns, the JJC asked the Stanford Law School Policy Lab (Policy Lab) to assess two questions:

(1) Are there some children in Sonoma County with needs that would be best met through RTF care who are not being placed in an RTF as a result of local implementation of the CCR?

(2) In the case of children who are placed in RTFs, are there some children whose needs are not effectively met because their stays are cut short as a result of local implementation of the CCR?

The JJC also requested that the Policy Lab review, to the extent possible within the time frame available, the processes that have been developed in Sonoma County for making placement decisions, and to examine the resources that have been developed as alternatives to RTF placements.

In addressing the JJC questions, we have not attempted to examine the basic premises of the CCR, as these are now firmly embedded in both State and Federal law. Rather, we try to determine how these laws are being implemented in Sonoma County, and to assess the evidence available regarding the impacts of the system on children. We examined these questions in a variety of ways, including reviewing data regarding RTF placements in Sonoma County over the past six years and conducting interviews with key leadership from the Behavioral Health Division of the Department of Health Services (BHD), the Family, Youth, and Children Division of the Department of Social Services (FYC), and the Juvenile Division of the Sonoma County Probation Department (JPD), the three Sonoma County agencies with primary responsibility for implementing the CCR. We reviewed several reports written by the three agencies (BHD, FYC, and JPD) that describe the County's goals and progress in implementing the CCR.[8] We also conducted interviews with representatives of three RTFs located in Sonoma County and key service providers in Sonoma County. In addition, we interviewed a number of people with extensive expertise in the area, most of whom were familiar with Sonoma County as well as with national trends. Finally, we conducted a brief review of research regarding what is known about outcomes from different types of placements and position papers developed by professional groups with respect to best practices in making placement decisions. Due to time constraints, we could not review most of the research literature; we relied primarily on papers summarizing the research evidence. In conducting our analyses, we received the strong support and cooperation of BHD, FYC, and JPD, as well as from representatives of RTFs in Sonoma County.

Since the CCR contains somewhat different mandates with respect to the child welfare and the juvenile justices systems, we analyze the FYC and JPD data and processes separately. Based on the best available data, it does not appear that fewer Sonoma County children are being placed in RTFs by FYC since passage of the law. However, for children who are placed in RTF placements by FYC, the average length of time that the children stay has been significantly shorter since 2015. JPD's yearly placement numbers were also stable

until 2018, when there was a significant drop in placements. Placement length appears to have declined since 2013.

For reasons that will be discussed in Part V, it cannot be determined through analyses of current data whether some children are being placed inappropriately in either foster homes or in RTFs. The same is true with respect to assessing the impact of the changes in the length of placement in RTFs. It has been too short a period of time for there to be sufficient data measuring outcomes for individual children. Moreover, given the relatively small number of children annually placed in RTFs by either FYC or JPD, the ability to conduct accurate quantitative analyses of the impact of placement decisions on outcomes for children will be limited even over a longer period. We suggest other ways the County agencies might evaluate the impacts of their decisions in Part 8.

Ultimately, all placement decisions are a matter of professional judgment, informed by service delivery options and other factors. Although there may be obvious inappropriate placements for some individual children, there often are no clear "right" answers, especially for children with more intensive behavioral needs. Meeting the needs of each child requires a careful decision-making process and the availability of sufficient resources to enable decision-makers to select the type of placement and necessary support services that they conclude are best for each child. Thus, much of the focus of this report is on how the relevant agencies are making placement decisions, the degree to which Sonoma County has been able to develop the resources needed to be able to choose the best alternative for each child, the challenges the County faces in implementing the CCR, and the types of evaluations that can be conducted to assess the outcomes be generated through the decision-making process.

This report is divided into eight parts. Part II presents background on the factors that generated the CCR. Part III reviews the CCR legislation and implementing regulations. Part IV discusses the goals and values that underpin placement decision-making in the three Sonoma County agencies. Part V presents data looking at the number of children who enter either the child welfare or juvenile justice system and describes placement dynamics. Part VI describes how the agencies make placement and step-down decisions. Part VII discusses major challenges in implementing the new mandates. Finally, Part VIII suggests some possible steps Sonoma County might take to enhance the implementation of AB 403.

Part II. Background

The passage of AB 403 grows out of a long-term debate among child welfare professionals and researchers about the role of institutional versus family-based care as a placement setting for children who must be removed from their families.[9] Removal occurs either because the children have been abused or neglected by their parents and their safety cannot be protected in their home (these children are supervised by a county department of social services) or the youth have committed an act of juvenile delinquency and removal is seen as necessary to protect the community (these youth are supervised by a county probation department).[10] The debate has centered around both the purposes of placement in various types of congregate care and the length of time a child should remain in a non-family setting.

Over the past twenty years, between 15 and 20 percent of children removed from their homes through child welfare systems have been placed in an some form of congregate care at any given time, either as an emergency placement or as dispositional placement; the percentage has been much higher in some states and in individual California counties.[11] It is not possible to get an accurate picture of the percentage of youth placed in RTFs through juvenile justice systems.

Beginning around 2000, many child welfare professionals, researchers, and advocates began pushing for a reduction in congregate care placements, especially for children in the child welfare system. These groups contend that the available research creates a strong basis for favoring family care over residential care unless there is very clear evidence supporting the need for treatment in a residential setting. To begin with, they point to research indicating that, overall in the U.S., many children placed in RTFs do not appear to have mental health or behavioral problems severe enough to warrant residential placement. For example, a study conducted by the Children's Bureau of the Federal Department of Health and Human Services examining the characteristics of children in residential care found that there was no evidence in the case records of clinical

indicators warranting RTF treatment for forty percent of the children placed in an RTF between 2006 to 2008.[12]

In addition, a consensus has developed among child welfare professionals that even for children who enter foster care with mental health or behavioral problems, the vast majority do not require an RTF placement to meet their needs. These experts assert that most children with significant mental or behavioral health problems can be cared for and treated in a relative or non-relative foster home, if the family is given special training and provided with strong support services.[13] They are concerned that living in an RTF deprives children of the critical benefits of establishing secure attachments by growing up in a family.[14] They also maintain that even for the small percentage of children who need residential care, such stays should not be lengthy, since children need to be in family settings.

However, numerous studies show that a substantial portion of the children under the supervision of either the child welfare or juvenile justice system do show signs of significant social and emotional problems: these issues are often severe (in fact, this was true for at least 60 percent of the children in the Children's Bureau study).[15] Such children require special care and treatment, which may include placement in an RTF.[16] Unfortunately, there is a dearth of strong research examining outcomes for comparable children placed in different types of treatment settings.

The challenge is how to make the "right" placement choice for each individual child. Placement choices must be made on a case by case basis, looking at a range of factors. Over the last decade, researchers and clinicians have developed tools to help decision-makers identify the level of service intensity necessary in individual cases.[17] However, these tools still do not provide precise criteria for determining when RTF placement is needed. Nonetheless, the existing research supports a presumption that, in close cases, decision-makers should err on the side of family placement with treatment provided in the community.

It was in the context of this general movement that the California Legislature, in 2012, created a working group to develop recommended changes to the child welfare system with a specific focus on the use of congregate care. After three years of discussion with stakeholders, the state working group produced a report in 2015 entitled *California's*

Child Welfare Continuum Care Reform ("CCR Report"). Like other experts, the working group was concerned that many group homes in California were essentially warehousing children for long periods of time without providing needed treatments. The CCR Report cited to research indicating that children in group homes had, on average, poorer outcomes than children placed in treatment foster care, including higher rates of re-entry into the child welfare system, higher rates of new arrests, and poor educational outcomes. (It must be that noted that some studies do find that specific RTF programs produce better outcomes for some children in terms of these outcomes.)[18] The CCR Report noted that many children who spent time in residential placements articulated that they would have preferred to grow up in a family home.

From these findings, the CCR Report adopted three central premises. First, children should live with a committed, nurturing family to the greatest extent possible. Second, services and supports should be tailored to meet the needs of the individual child. And third, the purpose of residential care should be to provide intensive, short-term treatment aimed at enabling children to transition back to the community as quickly as possible. The CCR Report concluded that the "overarching goal…is to reduce reliance on group homes as a long-term placement setting by narrowly defining the purpose of group care, and by increasing the capacity of home-based family care to better address the individual needs of all children, youth, and caregivers."[19] Based on these premises, the CCR Report proposed a number of recommendations to transform the way county agencies make placement decisions and provide services for children removed from their homes.

The new rules and procedures differ, in some aspects, as they apply to the child welfare and the juvenile justice systems based on the purposes of each system. With respect to the child welfare system, the sole purpose is to protect children whose safety is threatened by parental behavior legally defined as abuse or neglect. While protecting the child's safety is paramount, both state and federal child welfare law promote family preservation unless the child's safety cannot be protected without removal. Still, there are hundreds of thousands of children each year who cannot be safely left with their parents. In these situations, both state and federal law presume that the best placement for that child is with another family, preferably a relative, with the ultimate goal of reunifying the child with the parents when possible, or to find a permanent new home through adoption or

guardianship if reunification is not feasible. However, in all situations, the state is obligated to provide the placement and resources that best promotes the child's well-being. In the child welfare system, it is in the context of this overarching goal that the placement in an RTF must be examined.

By contrast, the reason for involvement by the juvenile justice system is that a youth has engaged in conduct that constitutes a crime. In making dispositional decisions, the juvenile justice system must consider community safety, as well as the needs of the individual youth. The task of the system is to work directly with the youth, and in most cases her or his family, to prevent recidivism, foster accountability, and promote positive behavioral change in order to safeguard the community *as well as* promote the youth's well-being. The great majority of youth who come under the supervision of the juvenile court are not placed out of home; they remain in their parent's custody under the supervision of the probation department. When youth are placed out-of-home, it is because their needs require such care, or they have committed a serious offense or committed new offenses while on home-based probation, and it is determined that out-of-home placement is needed in order to help the youth refrain from future delinquent conduct.

Historically, few youth removed from their homes by the juvenile justice system have been placed in foster family homes. Rather, they were placed either in an RTF or in a youth correctional facility (in California, these include county juvenile halls , county juvenile probation camps/ranches, and the California Division of Juvenile Justice). In general, the group homes used by the juvenile justice system provide different types of treatment than county camps/ranches or state correctional facilities. RTFs are designed to treat youth whose behavior is linked to mental health problems, drug or alcohol addiction, or sexual problems. From the perspective of the youth, while any out-of-home placement is generally viewed negatively, group homes often are preferred over Probation Camp or Juvenile Hall as they are less restrictive environments.

In examining the impact of the CCR, it is essential to consider that only a small proportion of the children who are brought into either the child welfare or juvenile justice systems have severe mental health or behavioral problems that possibly require treatment in an RTF. These children often are the hardest to serve in any setting. The critical question in designing these systems is not whether the system is making some "wrong" decisions;

this is inevitable. The key issue is whether the counties (and state) are able to develop and deliver the services that meet the needs of children with substantial mental health problems and ideally create a system of care that prevents, to the degree possible, the onset and aggravation of mental health problems in children. As such, the implementation of the CCR should be evaluated through the lens of whether it leads to the development of such a system.

Part III. The Legal Mandate

This part summarizes the requirements of AB 403, subsequent legislation passed to support the CCR, and the regulations issued by the California Department of Social Services (CDSS), known as "All County Letters" (ACLs), which further clarify the requirements of the law and specify a number of additional actions counties must follow. Together, the legislation and the ACLs create a number of very specific requirements that all counties must adhere to when making placement decisions.

The approach adopted in the CCR to changing the placement process is much more comprehensive than most prior efforts to create system change. Besides changing legal rules and policies, the legislation requires agencies to develop new decision-making procedures, utilize specific assessment tools, coordinate decision-making between child welfare, juvenile justice, and behavioral health departments in making placement decisions, and establish new mechanisms for involving families in the decision-making process. It is necessary to assess the decisions of Sonoma County in the context of the requirements embedded in these state laws and regulations.

The legislation and ACLs adopt somewhat different rules for child welfare and juvenile justice, in recognition of the different purposes of the two systems. We therefore look at the requirements for each system separately. We then identify the requirements for the STRTPs and areas of flexibility included in the legislation.

Child Welfare

Purposes and Hierarchy of Placement

Under the CCR, the sole purpose of an RTF placement is to provide treatment and services to children and youth evidencing mental health and problem behaviors and to prepare them to transition to less restrictive placements placement as soon as feasible, generally within six months. AB 403 creates a placement hierarchy. In choosing placements, child welfare departments must consider, in order of priority:

1. Placement with relatives, non-related extended family members, and tribal members;
2. Foster family homes;
3. Treatment and intensive treatment certified foster homes (known as Intensive Services Foster Care, or ISFC), resource families of foster family agencies, or therapeutic foster care homes; and then
4. Group care placements (with STRTPs being the preferred placement among this group).[20]

In establishing this hierarchy, the law makes explicit that STRTPs and other congregate care facilities should only be considered when a child's behavioral and therapeutic needs cannot be met in a home-based family setting, even with the provision of supportive services.[21] AB 403 created a legislative presumption that an RTF placement should be made only when absolutely necessary and based on clear evidence of why the placement is needed to meet the mental and behavioral health needs of the individual child. Thus, all of the decision-making processes and assessments are contextualized by a strong preference towards family-based placements.

Criteria for Placement

To achieve these goals, the legislation established stringent criteria for an STRTP placement. In order to make such a placement, it must be established that the child:

- Meets the medical necessity criteria for Medi-Cal specialty mental health services;
- Has been assessed as seriously emotionally disturbed (defined as having a DSM disorder that impairs certain aspects of the child's functioning and has been removed from the home, is at risk of being removed from the home, or where the disorder has persisted for more than six months); or
- Has been assessed as requiring the level of services provided in an STRTP to meet her or his behavioral or therapeutic needs.[22]

Length of Placement

The law presumes that the goals of treatment and stabilization can generally be achieved within six months. CDSS regulations provide that children ages six to 12 years in the child welfare system (virtually the only children placed in STRTPs are over the age of six) can only be placed in an STRTP for six months before further review of the need for continued care in an RTF.[23] The director or deputy director of the child welfare agency can extend placement beyond the initial six months as circumstances require, but the department must reassess the extension every 60 days thereafter.[24] For children aged 12 and older, placements beyond six months must be approved by the director or deputy director every six months, but do not have the same stringent requirements as those for younger children.[25] Nevertheless, the goal remains to limit STRTP placement to six months or less.

Placement Decision-making Process

AB 403 mandates a number of decision-making activities and identifies required partners in the process. It emphasizes individualized assessment and integration between multiple agencies and systems involved in child welfare to accomplish those goals. Federal law requires child welfare agencies to implement a case plan to assist in appropriate placement and set goals for the child's wellbeing, which must be reviewed at least every six months.[26] AB 403 builds on the federal mandates by requiring that "the case plan shall

document a pre-placement assessment of the service needs of the child and family, and pre-placement preventative services, have been provided, and that reasonable efforts have been made to avoid out-of-home placement."[27]

AB 403 requires the case plan be completed within 60 days of removal and include certain elements.[28] The case plan must describe the type of placement chosen and the reasoning. This decision must be based on a number of factors, including proximity to home and school, ensuring the placement can meet the child's needs, and choosing the least-restrictive setting. The case plan must be reassessed at least every six months but can be reviewed more frequently as necessary.

To inform the development of the case plan, the law requires each child to be assessed using a standard measurement. CDSS selected the Child Adolescent Needs and Strengths (CANS) as the formal assessment tool that child welfare agencies must use in developing a dispositional plan.[29] The CANS is a screening tool used in all 50 states for children 5-17 years of age for assessing a child's mental and behavioral health needs and strengths. The CCR creates a new role for county behavioral health departments to participate and lend their expertise to the placement process. The county child welfare and behavioral health agencies are jointly responsible for ensuring the CANS is completed for each child in the foster care system.[30] Use of the CANS is required in order to establish the mental and behavioral health needs of the child, and to help determine whether placement in an RTF is necessary (the elements of the CANS are described in Part VI). If the CANS identifies certain behavioral health problems, the child must receive a full, clinical mental health assessment by the behavioral health department.[31] Children receiving specialty mental health services must be reassessed every six months.[32]

Based on this assessment, the child welfare agency must develop a placement recommendation. If the caseworker recommends an STRTP placement, the legislation requires approval by an Interagency Placement Committee (IPC), which Sonoma County calls the Placement Assessment and Review Committee (PARC). IPCs must consist of representatives from county child welfare and behavioral health departments, and may also include personnel from other relevant agencies such as education or public health.[33] The IPC must establish criteria for reviewing and approving STRTP placements (as well as

placements in out-of-state group homes and Level 13/14 group homes that have been granted extensions in complying with the STRTP requirements).[34]

In order to give families and children a major role in determining placements and services, the CCR requires that counties establish Child and Family Teams (CFTs). A CFT is defined as "a group of individuals who are convened by the placing agency and who are engaged through a variety of team-based processes to identify the strengths and needs of the child or youth and his or her family, and to help achieve positive outcomes for safety, permanency, and well-being."[35] The CFT includes the county child welfare caseworker, the child, and the child's parents. The team can also include extended family members and other natural supports such as neighbors, clergy, coaches and tribal members.[36]

The county child welfare agency must convene a CFT meeting within 60 days of a child's entry into the foster care system and prior to the development of the case plan.[37] The CFT provides input to the case plan and placement decision to ensure that the decisions properly support the child.[38] The CFT meetings can be facilitated by a representative of the placement agency or a designee.[39] The county child welfare agency must document the rationale for any inconsistencies between the recommendations developed by the CFT and the case plan they ultimately implement.[40] The CFT must meet at least every six months but If the child is receiving Specialty Mental Health Services, the CFT must meet every 90 days.[41]

Juvenile Justice

Although the CCR makes major changes to child welfare placement decision, it largely builds on previous reforms, which included moving away from residential care for younger children and prioritizing finding relative caregivers.[42] In contrast, youth who enter foster care through the juvenile probation system have not typically been included in such reforms. Here, the CCR represents a major policy shift. It applies its overall goal of placing children in the least restrictive setting to both child welfare *and* juvenile probation placements. The law sets the same hierarchy of placement described above for both child welfare and probation youth being placed into foster care.[43] It also requires probation officers to convene CFTs, which must meet within 60 days of the placement order for a youth entering foster care.[44] The law also extends the requirement that STRTP placement

be based on the youth's need for intensive treatment to probation youth.[45] A child cannot be placed in an out-of-state group home except under very specific circumstances[46]

While the CCR generally adopts the same requirements for youth placed in foster care through probation and child welfare, there are several important distinctions. Though the law recognizes that both child welfare and probation youth can benefit from less restrictive placements, it also acknowledges the differences between child welfare and probation placements and the challenges that flow from these differences. In particular, the law recognizes that in addition to considering the youth's "safety and needs," probation officers must also consider "the public safety of the community" when making placement decisions.[47] In recognition of this, the requirements AB 403 placed on probation departments are not as stringent as those placed on child welfare departments.

First, although the law sets the same placement hierarchy for both probation and child welfare departments, the probation hierarchy comes with a caveat: "Although the placement options shall be considered in the preferential order… the placement of a child may be with any of these placement settings in order to ensure the selection of a safe placement setting that is in the child's best interests and meets the child's special needs."[48] And, although the law requires CFT meetings, these meetings are allowed to occur up to 60 days after initial placement, making it unclear what role they are able to play in placement decisions. CDSS recommends as best practice that probation officers convene the CFT as soon as they know they intend to place the youth in foster care, but it is not required.[49] Additionally, probation departments are not required to use the CANS assessment tool.[50]

Probation departments also maintain more placement options. First, they can recommend to the Court that a youth be placed in juvenile hall, a county camp or ranch, or a state juvenile correctional facility, all of which are outside the foster care system and therefore not subject to CCR rules. Second, as mentioned, they have more discretion to place youth in a more restrictive setting based on concerns of public safety. Finally, the time frames for STRTP placements are less stringent. For youth age 12 and under the time frame is the same; placements must be reapproved every six months. However, for youth age 13 and older (the only youth currently being placed in RTFs by JPD), placements need only be approved every 12 months, and there does not appear to be as strict a limit on extensions.[51]

In addition to these distinctions, the law also recognizes that in the past, probation departments have rarely placed youth in foster homes, and therefore may not have sufficient capacity to do so.[52] The law requires probation departments to work with STRTPs and group homes to develop appropriate settings for their youth and to identify strategies to find relative caregivers and cultivate a pool of foster families who will care for probation youth.[53] The state has provided some funding to both child welfare and probation departments to carry out this task, which is called Foster Parent Recruitment, Retention and Support funding.[54]

It should be recognized that placement decisions in the child welfare system have long been regulated by both federal and state laws and regulations. While the CCR adds new directions with respect to both policies and procedures, child welfare departments are accustomed to state and federal oversight. In contrast, most decisions by juvenile probation departments have been subject only to state laws, with minimal oversight at the state level and next to no oversight from the federal level. In addition to other changes outlined above, the CCR entails a substantial change in oversight for probation departments.

Changes Applicable to Group Homes

In order to provide placements that are able to meet the treatment needs of the population they will now be serving, the CCR requires that group home facilities become licensed as STRTPs. The facility must be nationally licensed and have a mental health certification from the state or county.[55] It must maintain a program statement that includes:

- A description of its ability to support the differing needs of children in its care with short-term, specialized and intensive treatment;
- A description of the core services available, which must be trauma-informed and culturally relevant; and
- A description of the population to be served.

When a child is placed in an STRTP, the facility must provide:

- A description of the services to be provided to meet the child's treatment needs, the anticipated duration of treatment, and the timeframe and plan for transitioning the child to a less restrictive family environment;

- A description of how the STRTP will assist in (1) identifying a home-based family setting for a child who no longer needs the level of care of an STRTP and (2) provide for continuity of care and services when the child transitions; and
- A procedure for the development and updating of the needs and services plan for each child and a procedure for collaborating with the CFT.

STRTPs are not required to accept any child. However, because the state has an interest in preventing disruptions in STRTP placement, if a county notices a pattern where an STRTP frequently rejects placements or submits seven-day notices, CDSS or the county may begin a review process to assess whether the STRTP requires technical assistance to meet the diverse needs of children requiring the STRTP level of care.[56]

Areas of Flexibility

Although counties must follow the state law requirements, they still maintain some flexibility. While the CCR establishes placement goals and criteria, as well as a minimum set of procedures for making placement decisions, Sonoma County can enact its' own policies to further support the well-being of children in care. For example, with regard to CFTs, the ACL issued by CDSS suggests participants, but only requires that the county social worker (or probation officer), the child, and the parent participate. Counties could decide to require other agencies or individuals to participate in certain circumstances if they find that the CFT would be able to operate more effectively. The ACLs also recommend meeting more frequently than required time frames depending on the child's situation. Sonoma County could identify circumstances under which CFTs are required to meet more regularly, such as if a child is close to transitioning or struggling in a placement.

State law requires counties to use the CANS for each child upon removal from the home, and each child must be reevaluated every six months. Once again, the county could choose to evaluate more frequently or to use additional tools to make placement decisions. For example, counties may find that it is useful to reevaluate more frequently for children placed in STRTPs or at risk of needing stabilization in STRTPs.

An important area of flexibility that is directly relevant to the JJC's concerns relates to the length of placement in an STRTP. Counties must comply with AB 403's overall mandate to only use STRTPs as a short-term intervention for stabilization. They must also

adhere to the law's timelines for STRTP placement, but these timelines leave the county director of child welfare with a fair amount of discretion. For children over the age of six, the director can extend the placement for 60 days at a time for up to six months if the director finds that the county has made progress towards and is actively implementing the case plan to transition to a family setting, and "circumstances beyond the county's control" have prevented the county from providing services necessary to transition. This language provides sufficient discretion for the director to extend a child's stay if the child is not ready to transition or if the county is not able to provide the proper step-down services in the original timeframe. For children over the age of 12, the timeframes are even more flexible.

While AB 403 represents a change in viewpoint regarding the purpose of residential care and forces counties to continuously reevaluate whether a child needs the intensive stabilization provided by STRTPs, it does not tie a county's hands such that a child who is evaluated as continuing to need STRTP placement will not be able to receive the proper care.

AB 403 is still a very recent piece of legislation and was passed with the understanding that it was a first step rather than a final solution. Some parts such as the STRTP licensing requirements did not go into effect until January 2019 and CDSS continues to promulgate new policies and clarifications through ACLs. Part of the challenge with implementation is that the law introduces an unprecedented level of interagency integration. This creates interdependencies that require simultaneous changes, but it is difficult to implement every component at once.

Part IV. Sonoma County Agencies' Core Goals and Values

We turn now to examining how the three core agencies in Sonoma County are approaching their implementation of the CCR. As noted above, the CCR requires BHD, FYC, and JPD to work together in ways they have not had to before. This integrated approach represents sound policy. All three agencies support the general premises of the CCR. However, each agency has distinct missions that shape its' views on the use of RTF placements and also help explain some of the differences in implementation procedures and challenges that are discussed in Part VII. We examine here the three agencies' goals and how and in what ways they are in alignment.

FYC sees its core mission as enabling children to be raised safely and permanently in a family. It fully concurs with the assumptions and placement policies mandated by the CCR. Even before passage of the CCR, its' policy was to make every attempt to avoid the need for removal and to strongly prioritize placement of the child with relatives when removal is necessary. FYC believes that the mental health needs of almost all children can be met with appropriate supports in community settings, especially given the fact that most RTFs are not locked or secure facilities. It views congregate care as appropriate for only a very small number of children, mostly those likely to hurt themselves or others , including youth who are suicidal or commercially sexually exploited children (CSEC). It is concerned that living in an RTF institutionalizes children without providing them the skills to adjust to the realities of the less-structured real world. Based on these premises, FYC has established a goal of placing less than eight percent of its children and youth in STRTPs**.** It also has been making every effort to shorten the length of these placements.

In contrast to FYC, JPD considers community safety as well as the youth's needs when making placement decisions. In determining appropriate placement options, JPD focuses on the nature and seriousness of the crime, the youth's behavioral history, and the factors that appear to be contributing to the youth's delinquency, including mental health issues. Over the past five years, approximately eighty percent of the individual youth adjudicated delinquent each year have been placed at home under probation supervision. Youth are considered for out-of-home placement when it is thought that they are likely to re-offend and/or need residential placement to help them change their behavior.

Historically, about half of all out-of-home placements have been to the Probation Camp (a local commitment program which focuses on education and vocational skills); the other half are to RTFs. Placement in a foster home rarely has been utilized as an option. In making the decision between Probation Camp and an RTF, JPD has always relied on RTF placements to address the specialized needs of delinquent youth whose behaviors lead JPD to conclude that it would be unsafe to keep them in the community and who need specialized treatment different from that provided in the Probation Camp – such as sex offending behavior, drug or alcohol addiction, youth with psychiatric diagnoses, and CSEC.[57] JPD continues to see a need for RTF placements, but spurred by the CCR, it is exploring new ways to treat these youth in the community and reduce RTF placements.

BHD's mission is to enhance the physical and mental health of individuals in Sonoma County. It provides mental health services directly and through contracts with community-based providers. BHD now is charged with making assessments regarding appropriate services and placements and with addressing and treating the mental health needs of children that come into the child welfare and juvenile systems. BHD does view placement in an RTF as one of the needed alternatives, but only for children who clearly need a 24-hour residential treatment setting to address their mental health needs. RTFs should provide treatment until such time that the child's acute mental health crises and behaviors are stabilized to the point that s/he might succeed in a home setting. By integrating BHD into child welfare and delinquency placement decisions, CCR requires both systems to prioritize the treatment needs of the child in all placement decisions.

Part V. Data Regarding Current Placement Decisions and Outcomes

We now examine the Sonoma County data relevant to assessing the questions posed by the JJC. First, we present data examining what has happened with respect to placements since the passage of the CCR: are fewer children and youth being placed in RTFs, and is the length of stay decreasing? Based on the available data, it appears that with respect to children entering the child welfare system, the number of children placed in RTFs has remained stable over the past six years, but there has been a significant reduction in the

length of time that children remain in some form of congregate care. These trends mostly preceded the passage of the CCR. For youth entering the juvenile justice system, both the number and percentage of placements was stable from 2013 to 2017; there was a large decline in placements in 2018. The average length of placement appears to have declined in recent years.

FYC Placements

Number of Dispositional Placements of Dependent Children in an RTF

In Sonoma County, the number of dependent children placed by FYC in an RTF, either as a first dispositional placement following the determination that the child has been maltreated or as a "step-up" placement after a failed foster home placement, has ranged from 18 to 28 over the past six years. There is no evidence of a systematic decrease in the use of RTFs as a first disposition or step-up placement over this period (see Figure 1). The small number of initial placements in 2017 may be partially due to the impact on FYC activities and use of resources caused by the Sonoma wildfires. Over this time period, there has not been a decline in the number of sustained petitions, so there does not appear to have been a change in the percentage of children placed in an RTF as a percentage of all dispositional placements into any form of foster care.

Figure 1: Number of Children Placed by FYC in RTF Care by Year, 2013-2018

Year	Initial Placement	Step-Up	Total
2013	11	9	20
2014	18	10	28
2015	10	10	20
2016	15	9	24
2017	4	14	18
2018	11	11	22
Total	69	63	132

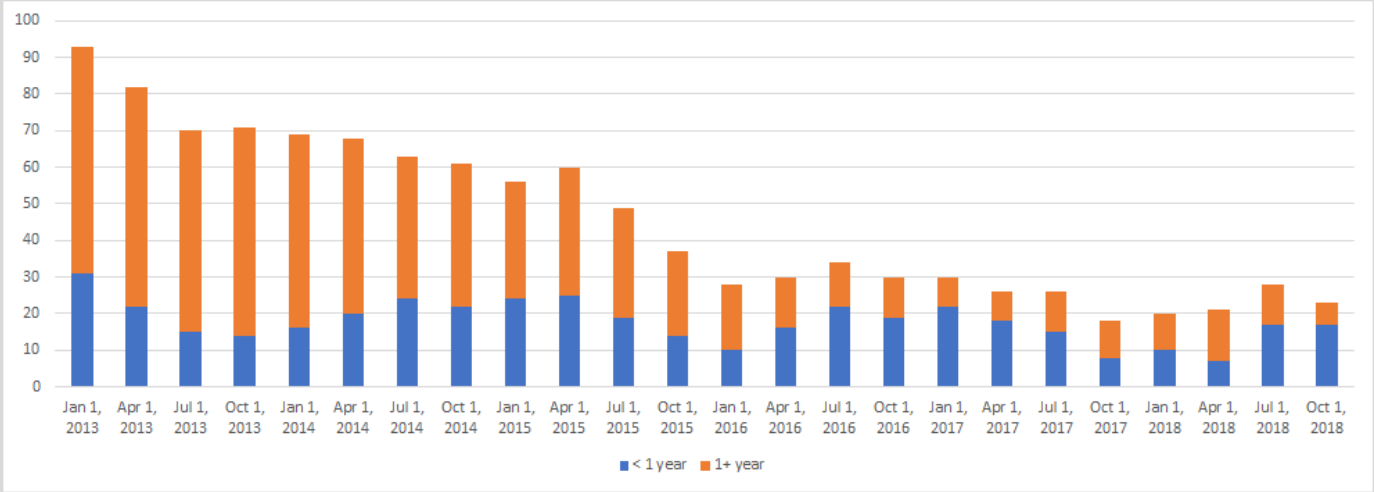
Data provided by Sonoma County FYC

Length of Time in Placement

While the number and percentage of *dispositional* placements to an RTF has not decreased, the length of time dependent children spend in an RTF once placed appears to have decreased significantly from 2013 to 2018. However, the shorter length of placement does not seem to have been generated by passage of the CCR, since most of the change occurred between 2013 and 2015, preceding passage of the CCR.

We were not able to determine the exact length of time each child placed in an RFT remained in congregate care following an initial placement during the 2013-2018 timeframe.[58] It is clear, however, that children are staying in RTF placements for shorter periods. We base this conclusion on three facts. First, as shown in Figure 1, the number of individual children placed into an RTF by FYC each year has fluctuated between 18 and 28, but there has not been a pattern of declining placements. Second, as shown in Figure 2, the total number of children in RTF care has declined steadily from 2013 to October 2018, from 93 to 23; thus, while the number of entries into an RTF has remained basically the same, the number of children in an RTF at any point in time has declined substantially. Third, among the group of children in care at any given point in time, the percentage of children who have been in care for less than a year has been increasing (with the exception of 2017) and the percentage in care over a year has been decreasing (see Figure 2). In the years 2013 to 2015, on average more than 60 percent of all children in congregate care had been in an RTF for more than a year. From 2016 to 2018, this percentage was reduced to 35 to 40 percent on average. Other data indicate that there was a very large reduction in the number of children remaining in an RTF for longer than three years. Taken together, these facts indicate that the reduction in numbers of children living in an RTF in any given time between 2013 and 2018 was due to a large increase in the number of children exiting care because of shorter lengths of stay.

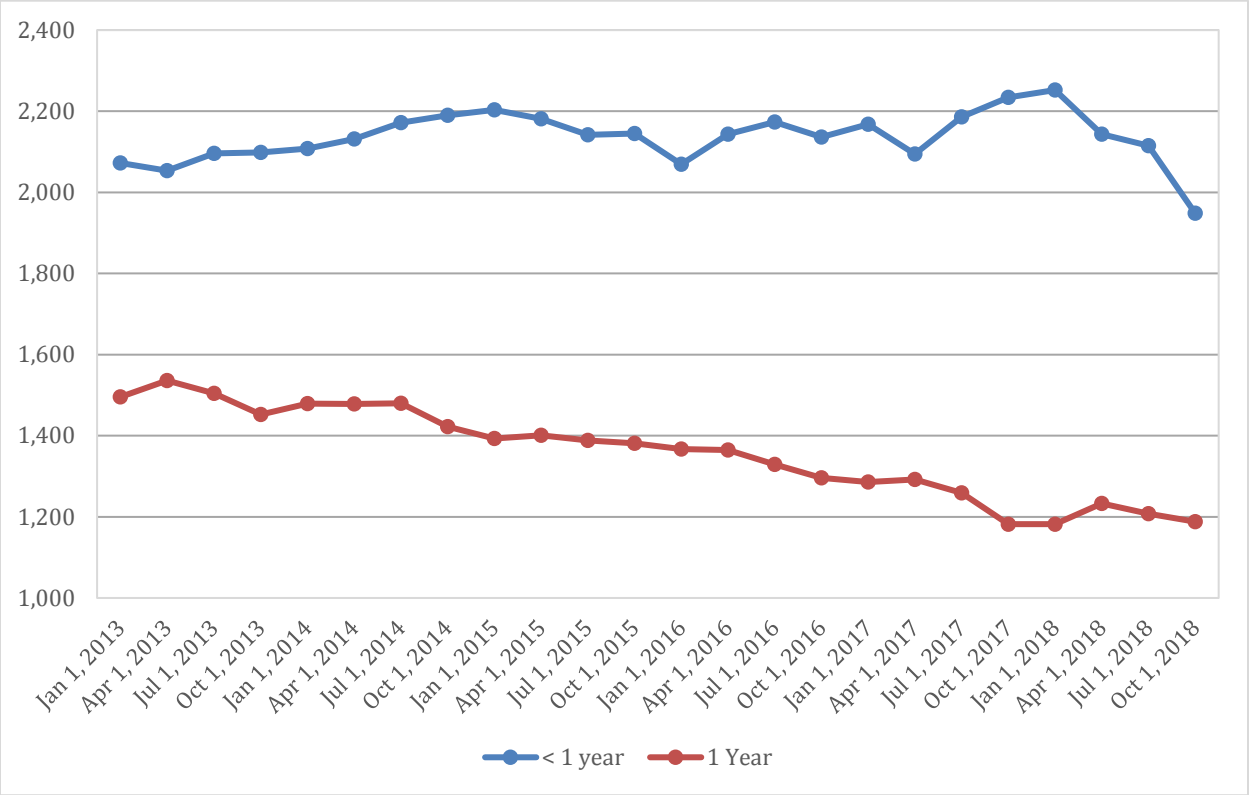
Figure 2: Number of Sonoma County Dependent Children in RTF Care Under and Over 365 Days, 2013-2018 (Point in Time)



Data Source: CWS/CMS 2018 Quarter 3 Extract.
Program version: 2.00 Database version: 6EC47C04

This change in length of placement brings Sonoma County in line with trends observed in California as a whole. Statewide, from 2013 to 2018, the percentage of dependent children in an RTF placement for less than a year averaged around 60 percent, rising very gradually over this period of time. Statewide, there has been about a 10 percent decrease in the total number of children in an RTF over this time, with almost all of the decline occurring after the passage of the CCR (see Figure 3).[59] Thus, Sonoma County now mirrors the statewide average, having far exceeded the state average from 2013 to 2015.

Figure 3: Number of California Dependent Children in RTF Care Under and Over 365 Days, 2013-2018



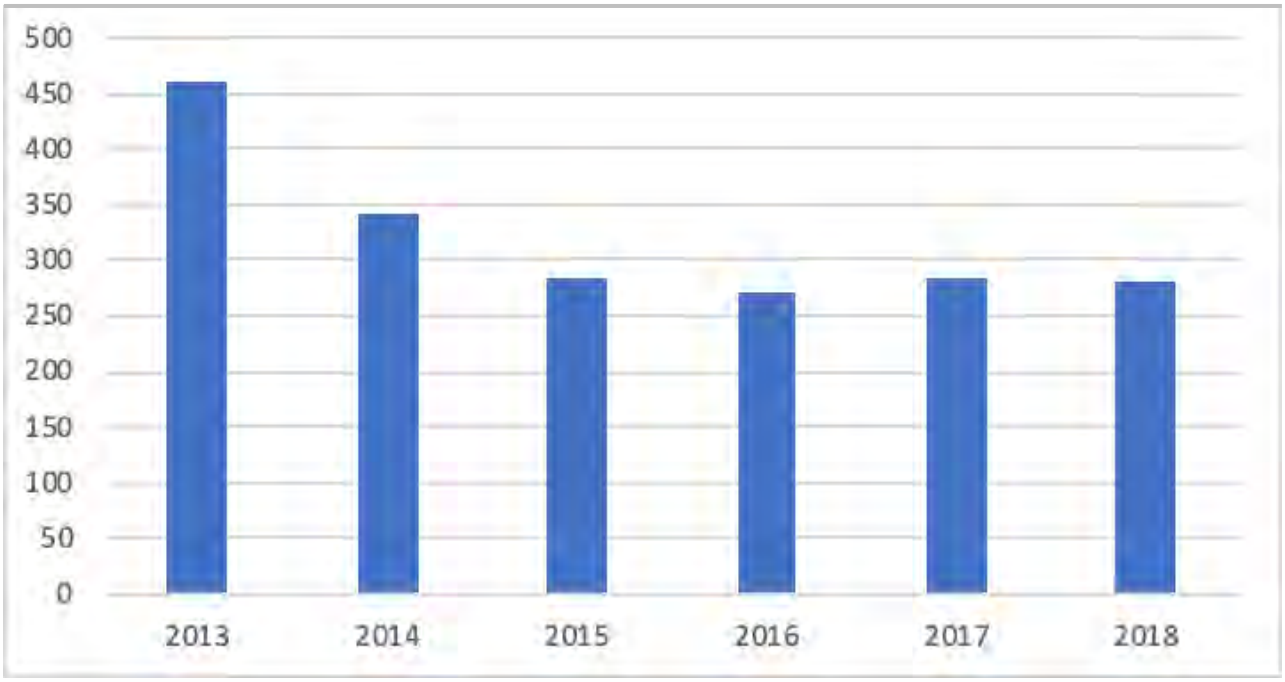
Data Source: CWS/CMS 2018 Quarter 3 Extract.
Program version: 2.00 Database version: 6EC47C04

JPD Placements

Number of Dispositional Placements of Delinquent Youth in an RTF

Between 2013 and 2018, the number of individual minors adjudicated delinquent and taken under court jurisdiction declined from 450 in 2013 to approximately 280 in 2018, although there was no change from 2015 through 2018[60] (see Figure 4). (Note that these are unique individuals; many minors have more than one sustained petition.)

Figure 4: Total Number of Sonoma County Individual Youth with One or More Sustained Petitions Each Year, 2013-2018

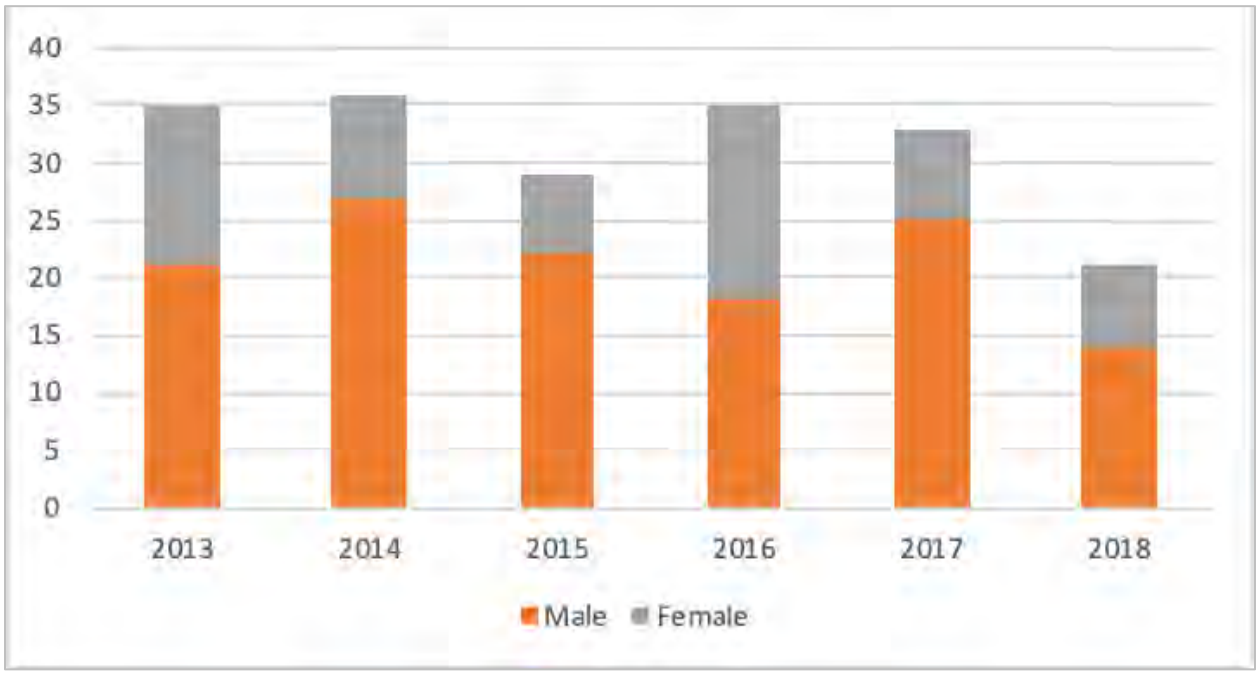


Data Provided By JPD

In most years, approximately 20 to 25 percent of these youth have been ordered into an out of home placement by the Juvenile Court. While JPD can place youth with relatives or in a non-relative foster home, virtually all youth are placed either in group homes or in the Sonoma County Juvenile Probation Camp. Over this time, the percentages of Camp and RTF placements were about equal, or around 30 youth to each category.

As shown in Figure 5, there was little change in the number of youth initially placed in RTFs from 2013 until 2018; in 2018, there was a substantial decline in the number of such placements. Both females and males are placed in RTFs.

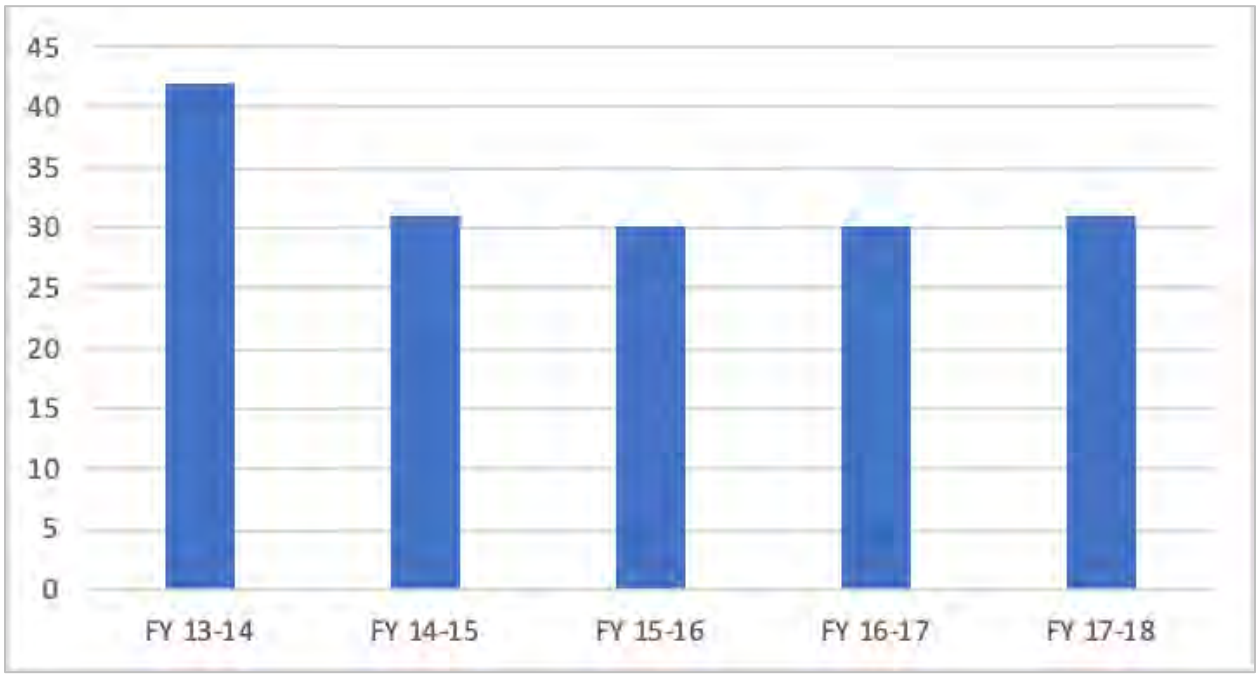
Figure 5: Sonoma County JPD Disposition Placements in RTF by Gender, 2013-2018



Data Provided by JPD

As shown in Figure 6, the number of youth committed to the County Probation Camp has been approximately the same as the number placed in an RTF. The placement numbers have remained stable after 2013. All Probation Camp placements are male.

Figure 6: Sonoma County Juvenile Probation Camp Commitments by Year, 2013-2018



Data Provided by JPD

Length of Placements

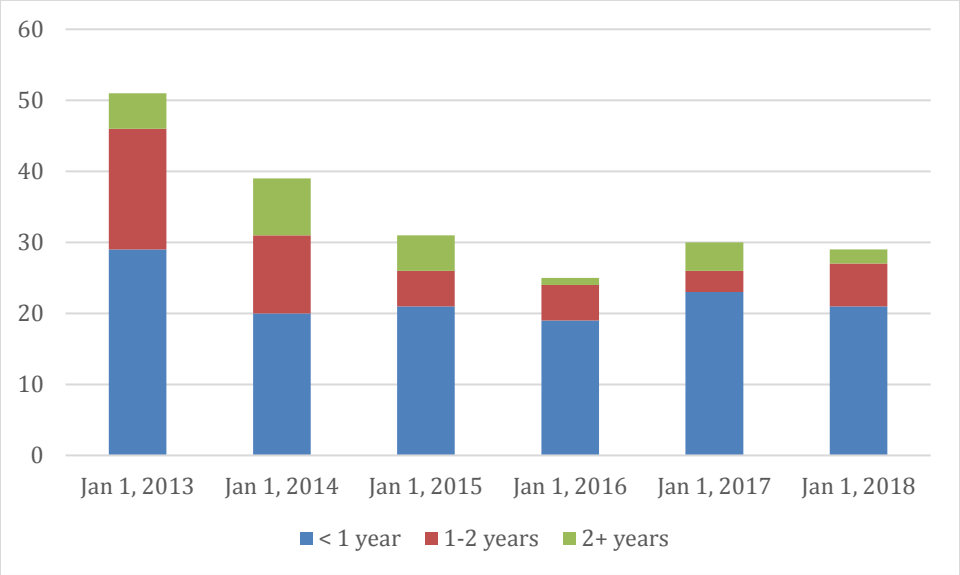
With respect to the length of time in care for youth in RTF placements, it appears that the length in time has been decreasing, as illustrated in Figures 7a and 7b.[61] According to JPD, historically, most RTF placements have lasted 12 to 18 months. Very few youth remain in placement beyond 24 months. It is expected that placement length will shorten further in the future as a result of the CCR; JPD's goal is to ultimately follow a nine-to 12-month model.

Figure 7a: Sonoma County Juvenile Probation Youth Placed in RTF Care by Length of Time (number and percent of total), 2013-2018

Time in Care	Jan 1, 2013		Jan 1, 2014		Jan 1, 2015		Jan 1, 2016		Jan 1, 2017		Jan 1, 2018	
	#	%	#	%	#	%	#	%	#	%	#	%
< 1 year	29	57%	20	51%	21	68%	19	76%	23	77%	21	72%
1-2 years	17	33%	11	28%	5	16%	5	20%	3	10%	6	21%
2+ years	5	10%	8	21%	5	16%	1	4%	4	13%	2	7%
Total	51	100%	39	100%	31	100%	25	100%	30	100%	29	100%

Data Source: CWS/CMS 2018 Quarter 3 Extract

Figure 7b: Sonoma County Juvenile Probation Youth Placed in RTF Care by Length of Time, 2013-2018



Measuring Outcomes

The JJC has asked us to assess whether there are individual children who would have benefitted from RTF services who have not been placed in an RTF because of the presumptions mandated by the CCR and how any changes in length of placement are impacting children. Proponents of the policies promulgated in the CCR believe that reducing the number of RTF placements and length of stay will improve outcomes for children. The JJC is concerned that, at least for some children, the situation will get worse. The challenge is how to operationalize and assess these questions.

As it turned out, we have not been able to assess the impact of the CCR rules on dependent or delinquent children in Sonoma County. With regard to the first issue, as shown above, there have not been fewer placements in RTFs following passage of the CCR, so there is nothing to test. While it appears that there have been changes in length of placement, these do not appear to be recent changes and we were not able to access data sets from which we might have been able to examine the relationship between length of stay and outcomes for children.

Because these are critical questions that should be of concern to everyone connected with the system, we discuss here some of the methodological issues and challenges in analyzing these questions. In Part VIII. we recommend several ways that the County might gather data and conduct research in order to test the impacts of the placement decisions being made by FYC and JPD, in conjunction with BHD.

The first issue is what to measure. The most common measure used by agencies and researchers is placement stability. Thus, the JJC has expressed concern that (1) some children who need RTF care for at least a short period of time to stabilize behavior will be instead placed in an unsuitable foster home, leading to a "revolving door" situation whereby children are placed with one foster family after another, and (2) that some children with severe emotional and behavioral problems need to stay in a residential treatment structure for more than six months, and if they are pushed out of treatment before they are ready, will experience additional trauma and deterioration in their well-being caused by placement instability and multiple failed foster home placements. The most common concern for youth in the juvenile justice system is minimizing recidivism.

Placement stability and reduced recidivism are both important outcomes to assess. However, the ultimate goal of both systems is to improve the mental health and behavioral problems of the children placed in care and to help them develop the skills and behaviors that will facilitate success in their family life and education. Any assessment of outcomes should look at child-focused outcomes, as well as stability and recidivism. For example, CANS scores can be used to assess changes in children's mental health following different types of placements.

However, it must be recognized that on an individual child level, it is nearly impossible to determine whether any outcomes for a given child would have been different

if the child had been in one placement instead of another placement. All one can assess is the outcome of the actual placement, not the hypothetical one. As noted previously, there are no exact rules or tests to use to determine when a child requires RTF placement. The most any evaluation can say is that, in general, children who have certain needs tend to do better in placements with certain characteristics – but whether an individual child would have done better in a different placement cannot be determined. For example, even after an unsuccessful outcome, such as a child running away or a failed placement, it cannot be concluded that a different type of placement or a longer placement stay would have resulted in a better or worse outcome. It may be that an external factor was causing stress, and the child would have struggled in any placement or that, even though the placement in a foster home did not work out long-term, it was a valuable stage in the child's progress and contributed toward success in a later RTF placement. Thus, for any given child, the critical question is whether the placement decision was made following a careful clinical assessment informed by robust information, such as that provided by the CANS.

While it may not be possible to determine whether a particular placement decision for a specific child was the best decision, it is theoretically possible to look at the data for all, or a selected portion, of children in the child welfare or juvenile justices systems to assess whether placement stability, recidivism, and well-being are correlated to placement patterns. For example, using placement stability as the measure, it might be possible to look at data indicating whether the number of placements children experience before entering an RTF is increasing following passage of the CCR, whether there is more placement instability following step-down for children whose stays in residential care are shorter, whether the length in care is related to the likelihood of children returning to residential care following step-downs, or whether more children are "bouncing" from one RTF to another.

However, there are major methodological barriers in doing these types of statistical analyses for the relevant population of children in Sonoma County. Statistical studies require large sample sizes to draw any conclusions. Given the small number of Sonoma County children placed in RTFs or in specialized foster homes each year, it is unlikely that valid statistical analyses will be possible in the near future on stability, recidivism, CANS scores or other outcomes that might be of interest. As we discuss in Part VIII, it is possible

for the three agencies to use other methods to assess the outcomes of their decisions and critical that they do so. All of the agencies and other stakeholders in Sonoma County want interventions that result in improved mental health and behavioral outcomes. Thus, we strongly recommend exploration of the approaches suggested there.

Part VI. Implementation of the Decision-making Process by Sonoma County Agencies

As discussed above, when to place a child in a group home essentially entails a clinical judgment, even with the new assessment tools. Therefore, the key to providing each child with the best possible placement is the quality of the decision-making process, the training and experience of the decision-makers, and the adequacy of available placement alternatives and other support services. Using information gathered through interviews and reviews of the most recent Sonoma County System Improvement Plan (SIP) and County Self-Assessment (CSA), we present here a description of the decision-making process the Sonoma County departments have developed, many of which preceded passage of AB 403. The focus is on those aspects of the decision processes that relate to whether to place a child in an RTF and when to return a child in an RTF to a family placement. We describe the key elements of the process; we are not able to assess how these processes function in practice.

Child Welfare

FYC and BHD are working together to implement the CCR for children in the child welfare system. As noted in Part IV, FYC has embraced the placement priorities established in the CCR. For FYC, many of the new mandates involve processes the department had already implemented prior to the law's passage, including the use of CFTs and CANS. Over the past several years, FYC has focused on ensuring its' processes include "the strategic use of group homes and wraparound, integrating family finding into the placement system and enhancing the role and reach of Child and Family Teams into decision making, problem solving and case management processes."[62]

Decision-making Process

Initial Removal

When it is determined that a child must be removed from her/his home because of safety concerns, FYC first seeks to place the child in a family setting, with kin. extended non-related family, or a foster family, with preference being for kin placement. If FYC cannot identify some form of a resource family that would be an appropriate emergency placement, FYC will place the child at the local emergency shelter, Valley of the Moon Children's Home. At this early stage of emergency placements, FYC typically has not assembled a CFT, BHD usually has not conducted a CANS assessment, and there will not have been an interagency (PARC) meeting to discuss placement options.

Developing a Long-Term Disposition Recommendation

Immediately following the removal of a child, an FYC caseworker begins developing a longer-term dispositional plan. The caseworker seeks to determine whether the child can be safely returned to the parents by providing services and supervision or whether the child needs to remain in foster care for a period of time while the parents receive services designed to help them reunify with their child. If it is determined that return is not possible, the investigation process focuses on what is the most appropriate placement to meet the child's needs. These decisions will be made in consultation with BHD, as well as with an CFT.

As a first step in determining the needs and goals for a child, an FYC facilitator completes the Screening Tool for Adolescent and Children (STAC), an abridged screen that identifies the child's level of need. If the results of the STAC indicate the child has mental health issues, an BHD clinician administers the CANS,[63] within 10 days of a child's emergency placement.[64] FYC and BHD have been using the CANS since before CCR went into effect.

Sonoma County is using the CANS both to help determine placement options and to designate eligibility for BHD mental health services. In particular, BHD has developed its own algorithm to assess and determine a youth's level of treatment need based on the CANS scores. The algorithm relies on predetermined criteria, where threshold scores on particular CANS sub-domains (scored from zero to three) trigger an algorithmic score that indicates mental health service needs, ranging from level zero to four. BHD utilizes these

scores in determining eligibility for specialty mental health services, and to inform whether a child should be placed in an ISFC or RTF; to be eligible for these services, the algorithm must indicate needs at level three or four. FYC staff report that the CANS assessment and the associated algorithmic score are among several sources of information – including input from a range of stakeholders – used to inform and guide placement decision-making. According to FYC, an algorithm score of four will put certain placement options on the table, including residential treatment, but it won't mandate such placement.

While the CANS is being completed and within 60 days of a youth entering foster care, a CFT is assembled and convened to help develop the case plan which will guide FYCs placement decision and the child's placement goals.[65] Sonoma County has been using CFTs for over five years, years before CCR implementation.[66] A CFT is convened for all cases. For children with high needs, the CFT will participate in discussions considering whether ISFC or RTF placement is appropriate. One form of CFT meeting at FYC is to engage and involve youth, parents and stakeholders in case planning and to assist the family in overcoming the barriers to achieving behaviorally based case plan goals. These meetings are called TEAM meetings (Together to Engage, Act and Motivate). They are scheduled every six months (in conjunction with Status Review Hearings for dependency cases) from the onset of a voluntary/dependency case through dismissal of the case. A facilitator engages stakeholders in creating an action plan and identifying ways of reducing barriers to access services. TEAM meetings occur throughout the placement period and are used monitor progress and assess the appropriateness of services.

CFTs can and, according to both FYC and BHD, should include any other natural supports, teachers, or coaches that might be helpful to the youth. While they are time-consuming and difficult to assemble, they are considered an integral part of the placement process as they are the primary mechanism for capturing youth and family input. FYC has been working with JPD and BHD to create a coordinated CFT program between all three agencies.[67] The plan is for FYC to provide scheduling and coordination support for all meetings convened by the three agencies. CFT facilitators from each of the agencies will share best practices and provide technical support to one another. In addition, FYC is working on increasing the number of participants in the CFTs.

When the case plan developed by the case worker recommends ISFC or residential care and the child has received a CANS algorithm score of three or four, the decision is taken to the PARC meeting for review. PARC meetings take place at FYC twice a month and include FYC and BHD managers and FYC case-carrying workers. While the head of FYC does not attend these meeting, decisions of the PARC must receive final approval by him before they can be presented to the court.[68]

The PARC examines initial placement decisions, reviews readiness for step-down, and recommendations to extend residential stays more than six months. If FYC is unable to identify an appropriate placement during a PARC meeting, FYC convenes a PARC Plus meeting. The PARC Plus meets monthly and includes the head of FYC, an FYC section manager, and the case-carrying social worker's supervisor to discuss particularly challenging cases. After the PARC or PARC Plus selects a form of placement and it is reviewed by the head of FYC, FYC then submits a recommendation to the juvenile court judge, who usually approves it.

In practice, as discussed in Part VII, resource constraints affect placement decisions. While the CFT and PARC meetings may recommend that a particular child be placed in an ISFC, if one is not available, the child may end up staying at Valley of the Moon for a longer period of time or may be placed in an RTF. Given FYC's goal to place as few children as possible in residential care, they are willing to let children remain at the emergency shelter while searching for an appropriate home rather than placing them inappropriately in an RTF; however there is a state requirement to keep children in a children's shelter for as short a period as possible.

Monitoring and Step-down

For children placed in an RTF the goal is to transition them to a family placements as soon as the mental health issues/behaviors that required RTF placement have been stabilized/ameliorated. Transition planning begins even before placement, through the CFT and PARC. Following placement, FYC reviews each child in RTF placement for step-down at the biweekly PARC meetings. FYC social workers monitor a child's RTF progress through monthly visits and by participating in the RTF's psychiatric provider meetings (or consulting them afterwards). RTFs also participate in the CFT meetings. Still, some information does not inform the step-down decision-making process. For instance, updated CANS information is not compared with initial scores to track youth progress. And because BHD closes its' clinical files for children placed in out-of-county RTFs, ongoing, individualized, clinical assessments by BHD is not conducted on many children. Status review hearings in the Juvenile Dependency Court occur every six months until the statutory time for services expires or the case is dismissed. The social worker submits an update to the Court and all relevant parties on progress towards goals identified in the case plan.[69]

As discussed in Part VII, resource challenges appear to affect step-down decisions as they do initial placement decisions. In some cases, the lack of an available ISFC placement may delay step-down. Coordinating step-down services for children in out-of-county RTFs is logistically difficult. Generally, however, neither FYC nor BHD believe that the six-month RTF placement timeline is inherently limiting. FYC and BHD believe that an adequately staffed RTF should be able to stabilize most children within six months. FYC will refer children to the Seneca Wraparound program when they need support in stepping down from an RTF placement (see Part VII). However, both FYC and BHD have concerns about the ability of the RTFs to treat the youth with significant mental health needs, which may impair their ability to meet these deadlines.

JPD

About half of all youth placed each year in RTFs by Sonoma County are under the supervision of the Juvenile Probation Department. Implementing the requirements of the CCR entails a much more extensive set of changes for JPD than for FYC. These include applying the new criteria for placement in an STRTP, employing additional assessment tools, expanding collaboration with BHD, working with the PARC, establishing and working with CFTs, creating new placement options and programs to support youth's return to the community, and attending additional hearings to review such placements. The CCR requires JPD to focus on new ways to keep youth with families, a duty to try to develop foster homes as a placement priority, the duty to focus on the youth's mental health in making RTF placements, and new requirements regarding the length of time in placement.

These new requirements have affected the JPD decision process. In many respects, JPD is still in the early stages of making these changes. As JPD has acknowledged, "[t]he Probation Department, and by extension our juvenile justice partners, has struggled to maintain compliance with the multitude of new requirements and fundamental paradigm shift" embedded in the CCR.[70]

Decision-making Process

Initial Removal

When a minor is arrested, s/he is either released to her/his parents or brought to juvenile hall by the police officer and screened by JPD staff to determine whether to release the minor home pending investigation of the alleged offense or to request that the court detain the minor in juvenile hall pending an adjudication hearing. Most youth are released home at this time. JPD utilizes an instrument, the Detention Risk Assessment Instrument, as a predictor of the likelihood of recidivism pending trial. JPD also determines whether the case should be referred to the District Attorney's Office, which will decide whether to file charges.

Developing a Long-Term Disposition Recommendation

Once a petition is filed, a probation case worker begins investigating the minor's social situation. The caseworker interviews the youth, family members, and perhaps teachers. The probation officer also explores the youth's past history, prior offenses, and

other information pertinent to understanding the best course of action for addressing the behaviors the youth has exhibited. This information will form the base of a case plan for supervising the minor if the minor is adjudicated delinquent.

It is not until a minor is adjudicated delinquent by the Court that JPD begins a full dispositional investigation and prepares a dispositional report (by statute the disposition hearing must be held within 10 days of the adjudication hearing if the minor is in custody). In almost all situations, JPD employs the Positive Achievement Change Tool (PACT), a validated instrument for assessing the likelihood of recidivism as well as identifying risk and protective factors, as part of its determination. JPD relies upon its investigation of the minor's behavioral history and family environment, the information in the PACT, and the nature of the delinquent act in deciding on a dispositional recommendation to the Court. This recommendation almost always will be either to leave the minor at home under supervision or to propose that the minor be placed out-of-home in the County Camp or in an RTF. As required by the W&I Code, JPD considers community safety as well as the youth's needs in making its recommendation.

JPD employs several assessment tools to help it decide on the appropriate placement. In addition to the initial PACT screening, it utilizes a STAC assessment, which is a screening tool based on the CANS. In some situations, a full CANS may be administered by BHD based on the results of the STAC. Informed by these assessments, the probation officer consults with BHD in order to determine if the youth has the mental health conditions that are now required to make an RTF placement, i.e. the minor has been assessed as seriously emotionally disturbed or has behavioral or treatment needs that can only be met by the level of care provided in a residential program. These findings were not required prior to the CCR, although they were the types of factors considered by JPD in recommending group home placements in the past. If the probation officer and BHD clinician decide to recommend placement in a group home or STRTP, the JPD placement unit supervisor and the BHD representative meet with PARC for approval.

When a youth is to be placed in RTF care, the case carrying probation officer attempts to find the best program for the youth's needs. It has established a comprehensive list of facilities that have programs for special populations, including sex offenders, dual diagnosis youth, gang affiliated youth, and CSEC. There is no tool for making this

determination. In deciding on the best placement, the caseworkers rely on information gained by networking with caseworkers in other departments, the CDSS website,[71] and on information provided by the group homes themselves. JPD now also employs a CCR Support Specialist, who has been trained in psychological assessment, the CANS, and other programs and procedures associated with placement decisions, to help with these decisions. All of its current placements are out of county, primarily in facilities now certified as STRTPs. If an out of state placement is being considered, there is an additional review by the Case Management Council, which must determine whether the code provisions for out of state placement are met.

Spurred by the CCR, JPD is adapting its decision processes and programs in a number of ways. It is planning to implement use of a modified CANS assessments pre-placement/disposition in order to justify its recommendations to the Court more fully and to determine with greater fidelity that the requirements for removal and placement in congregate care are met. It also is looking at expanding the creation and use of CFTs earlier in the dispositional process.

In order to meet the W&I Code preference for keeping minors at home, JPD has instituted new programs to work with families to avoid placement (especially county camp placements). It is now working with Seneca Family of Agencies to provide intensive Wraparound support to families in situations where the youth might have been placed in an RTF in the past. It also has utilizes several other programs that have proven as effective alternatives to residential placements. These include the Assertive Community Treatment (ACT) program, an evidence-based program that is utilized to work with families if the minor is diagnosed as having severe mental health disorders, and Functional Family Therapy (FFT), which utilizes a family systems approach. In situations involved drug or alcohol abuse by the minor, the Outpatient Youth Treatment program in Santa Rosa may be utilized. Other programs currently being utilized are described in the CSA.

If a minor cannot be kept at home, the CCR hierarchy of placements prioritizes foster home placement (this was actually the law prior to passage of CCR). As noted, this has been a rarely used alternative in Sonoma County in the past and still is used very infrequently. However, as described in Part VII, JPD is beginning to examine foster home alternatives and is working with FYC on recruiting and training potential families. The CCR

envisions CFTs as a playing an important role in exploring this option. However, it does not require that a CFT be established by JPD before a placement decision is made. At present, CFTs are not being established until after an RTF placement or in situations where the youth is placed at home on probation. As noted, JPD is exploring ways to create CFTs during the pre-disposition phase recognizing that CFTs could play an important role in finding foster homes, especially relatives..

Monitoring and Step-down

In order to meet the CCR requirements regarding step-down, JPD case plans identify the youth's needs that necessitate placement, provide a plan for transitioning the minor to a less restrictive environment, and a projected timeline. This need for continued placement is reviewed in Court at least every six months. If the placement is to be extended beyond six months, JPD must show that it is making progress in implementing the case plan. In fact, because the minor is in foster care, the federal Social Security Act Title IVE regulations pertaining to foster care also require six-month reviews of the progress being made towards IVE requirements reunification or another permanent home.

The six-month time frame is far shorter than the average length of RTF placement in the past. While the CCR gives JPD more flexibility with respect to returning minor's to the community, according to the BHD specialist who works with JPD, youth entering the juvenile justice system evidence higher levels of background trauma and related psychopathology than those in child welfare, often manifesting as externalizing behaviors that pose a safety risk to others. On average, the CANS scores show a greater number, and more serious, problem areas. In this specialist's view, many of the behaviors have become entrenched, and given these youths' more extensive and longer-lasting undertreated mental health histories, they can be more resistant to or harder to engage in treatment—and may ultimately need a longer period of time at an RTF setting. One of the challenges for JPD and the Court is determining whether adhering to the shorter periods meets the goals of state involvement.

JPD is working to meet these requirements, but it has been challenging. It is now engaging CFTs to work with the case-carrying probation officer, as well as BHD, (and occasionally FYC) to review the placement and to develop a reunification plan. Under the

new procedures being created by JPD, the CFTs help monitor the youth's progress and can make recommendations regarding the continued need for placement. The CCR Support Specialist is the primary CFT facilitator for the department; however, all placement staff, including the supervisor, are capable of facilitating a CFT. In addition, the case carrying probation officers visit placement sites once per month and makes report on them at each visit. JPD also is working to implement CANS assessments at regular intervals during the placement in order to better assess the minor's readiness to re-enter the community.[72] JPD is also exploring new alternatives for reentry. Before passage of the CCR, a minor generally returned directly from a group home to her or his family home. This often would result in re-offending behavior because the youth was unable to translate the skills and behaviors learned at the group home to the family home. Now, JPD is looking at treatment foster care as a step-down measure, although this has been used in only one case.It also now refers parents to various programs described above to help the them facilitate successful reunification. In addition, for youth about to turn 18 who have not met their treatment goals or have no adequate family support, JPD is beginning to use extended foster care, where youth aged 18-21 who have been in foster care prior to turning 18 are able to receive housing and other foster care services as they finish college or enter the workforce to enable successful reentry into the community.

As noted in Part V, it is too soon to assess how the new placement criteria established by the CCR will affect the well-being of youth in the juvenile justice system. Moreover, any assessments will be complicated by the dual role demanded of the juvenile justice system-protecting the community as well as putting youth on the path to a crime-free, successful adulthood. There is research evidence that several high-quality community treatment models produce at least as good outcomes, with respect to both goals, as placement in well-regarded congregate care treatment facilities. But this research does not look at outcomes for specific groups of youth committing delinquent acts, such as sexual offenders, young girls who are victims of commercial sex-exploitation, and youth with severe mental health problems. As discussed in Part VII, there will be a strong need, at both the local and state level, for careful evaluation of how efforts to maintain more youth in their own homes or in foster homes affect the behaviors and future development of different groups of youth. While it is still too early to determine whether levels of

recidivism will increase if the number or length of placements are reduced, the process now in place is more focused on making "evidence-based" decisions and providing the types of alternative placements and services needed to increase the likelihood of successful interventions.

Part VII. Implementation Challenges

Achieving the goals of the CCR requires more than just good decision-making. Meeting the needs of children with substantial mental health and behavioral problems requires having an adequate number of foster families trained and supported in the care of children with mental and behavioral health needs, adequate staffing to choose the best placements and to monitor each child's progress, and intensive community-based mental health services for all children who require this level of treatment. One of the concerns of the JJC is that these alternatives do not exist in sufficient quantity and cannot be scaled to serve the children who require them.

Sonoma County is making major efforts to meet these needs. It has engaged a number of very well-regarded partners to recruit train and support foster care families – both kinship and others – to take in children who might otherwise be placed. Still, the implementation process has faced difficulties.[73] The range of resources and range of challenges facing each of the agencies is described in detail in the SIP and CSA, which also discuss the actions being taken to address them, including the establishment of a number of oversight committees.[74] We briefly summarize both the current efforts and challenges here.

<u>Recruitment of Sufficient ISFC Homes</u>

With respect to recruitment, FYC launched a dedicated Placement/Resource Family Approval unit in January 2017 with a focus on the engagement, assessment, and support of new families. When a potential relative caregiver is identified, a referral is sent to Lilliput Families to make contact with the family within 24 hours to alert them to services available to them, including case management, training, support groups, financial support for materials and goods, and family and holiday events. The County has also established a

Family Finding Collaborative, which includes FYC, TLC Child and Family Services, Alternative Family Services, and Lilliput Families, to recruit new families through the sharing of resources, including a new website (www.sonomafostercare.org).[75]

Even with these efforts, the recruitment of sufficient ISFC homes for foster children with higher needs "remains the most significant challenge in providing the continuum of placement that children need…"[76] This is especially true for youth in the juvenile justice system as these youth are older, their behavioral needs are significant, and families are reluctant to take in young people who have committed delinquent acts. Both FYC and BHD are concerned that the lack of ISFCs results in some children staying at the emergency shelter for longer than they need, children being placed in RTFs who do not require this level of care, and children remaining too long in RTFs because of the absence of a step-down alternative. One stakeholder estimated that 10-20 percent of placements in RTFs result from a lack of ISFCs.

In addition to recruiting sufficient families, intensive mental health home-based interventions, including Wraparound and other supportive services, are needed to make community placements successful for high-need children. To provide these services, Sonoma County has engaged the Seneca Family of Agencies, the Youth Law Center's Quality Parenting Initiative, and the International Trauma Center, all nationally recognized programs. The Child Parent Institute has been contracted to provide trainings to all new resource families before their applications can be approved.[77] In addition, through QPI, FYC supports a peer mentor program for experienced foster parents to mentor new foster parents.[78] Other efforts include a newly developed Foster Parenting Mentoring program that matches experienced caregivers with new resource families.[79]

Seneca Wraparound works with FYC and JPD children, parents, and foster families to alleviate the need for initial RTF placement[80] and to facilitate successful transitions from residential care into family settings. Seneca offers a range of social work and clinical services to support youth with complex needs and their families; the specific services are identified through the CFT process. Services include rehabilitation, case management, crisis support, therapeutic intervention, transportation, and case coordination.[81] However, during 2017, the number of wraparound slots available in Sonoma County was decreased twice due to budget constraints and prohibitive costs. The number of slots is now 60, with

priority going to "step down" youth.[82] As of now there appear to be sufficient slots, but if the number of ISFCs increased, there is concern that there might not be enough services to support them.

Seneca offers two tiers of service. Tier one is a less intensive set of services, where the engaged youth has access to a clinician, family partner, 24/7 support line, therapy and psychiatry services. Youth placed in tier two services receive the same services as those available to tier one clients plus a support counselor providing behavioral work and one-on-one intervention with children).[83] The Case Management Council (CMC) meeting, which convenes bi-weekly, is the vehicle by which decisions are made by FYC, JPD, BHD and Seneca whether and to which tier a youth will be assigned. As compared to other counties, Sonoma County defines "at risk" narrowly; expanding the definition could broaden who might be able to qualify for services and thus avoid residential care.

Staffing Vacancies

Implementing the CCR well is very staff intensive. This is especially true with respect to implementing the provisions regarding the role of CFTs in developing and carrying out placement decisions. In addition, the CCR entails increased administrative requirements for staff, especially in terms of the time involved in preparing for and attending numerous decision-making meetings, like CFTs, PARC, and CMC meetings, working with STRTPs, visiting children and youth placed at STRTPs to assess progress toward case plans, and engaging in the step-down process. Time must also be allocated to attending the trainings that have been established to prepare workers for their new duties and approaches to practice. Agency staff must carry out these new duties while still performing existing ones, such as investigating allegations and attending court hearings. Supervisory staff are burdened by additional responsibilities as well.[84]

Unfortunately, both FYC and BHD are hampered by substantial staffing shortages and BHD is also experiencing a leadership transition. As a result, remaining staff are carrying higher than average caseloads, as well as shouldering overflow assignments. In addition, BHD is understaffed to fully provide mental health treatment to children placed in foster homes who qualify for specialty mental health services. For both agencies, heavy

caseloads contribute to significant rates of burnout, vicarious trauma, and safety concerns for staff.

Staffing shortages create very difficult decisions regarding allocation of staff to different and competing duties. FYC is tasked with investigating reports of alleged maltreatment, working with families to prevent removal, finding the best placement for children who must be removed, working towards reunification or another permanent placement for children in care, and providing services to children. Perhaps the most consequential decisions are made in the investigation process. FYC workers have publicly expressed their concerns about their ability to perform investigations in a fully adequate manner given staff vacancies. In fact, in terms of numbers, only a small percentage of all the children who come under the care of FYC require treatment in an RTF, or even an ISFC home, though these generally are the most needy children. It must be determined how to meet these children's needs while allowing FYC staff to work on the much larger number of cases where RTF care is not at issue. BHD and JPD face similarly hard decisions. For instance, BHD has limited resources and is charged with meeting the mental health needs of all children in Sonoma County, not just those in foster care.

Coordination of Activities

Assessing and meeting the needs of children and youth with mental health problems demands coordination between BHD, FYC, and JPD. It also requires the involvement of school districts, which serve many children whose educational progress is impaired by mental health challenges. In Sonoma County, the commitment to inter-agency coordination exists, at least among the three primary agencies. Nonetheless, there have been challenges in implementing the new level of teamwork and coordination required to make the best decisions. In part, these difficulties stem from differences in agency philosophy regarding RTFs. They also arise from differences in understanding regarding the use of the CANS. Agency funding streams may also incentivize the three agencies to take different approaches in decision-making for the placement of children.

Availability of Group Homes/STRTPs

The CCR requires group homes to become licensed as STRTPs by December 31, 2018 in order to receive placements from FYC or JPD. Although it is too early to assess the full impact of the new requirements, both the JJC and the agency personnel expressed concerns that new requirements for STRTPs may generate some unintended consequences.

First, group homes that are unable to meet the requirements have been shutting down, thus reducing the number of available placement slots. The six-month time frame established in the CCR also creates incentives for STRTPs to accept children "easier" to treat. Over time, it may become more difficult to find placements for children who need more prolonged treatment courses before being ready to step-down to a family setting. One particular group is CSEC. Because most programs for children who have been sexually exploited or who act out sexually tend to be 12-18 months in duration, they are far outside of the regulations necessary to become an STRTP. If the number of appropriate placements is reduced, this can lead to longer stays in the emergency shelter or Juvenile Hall while the agency searches for an appropriate placement. Because the CCR does not apply to probation camps, JPD is looking at modifying the County Camp program to provide services now available only in RTFs, a model adopted by San Luis Obispo County.

Second, there is concern that some RTFs are pushing children out of the facility before they are ready in order to meet what they understand to be the STRTP requirements. For example, some group homes appear to be stricter in applying disciplinary policies; both FYC and JPD believe that, as a result of CCR implementation, more children are being discharged from facilities for behavior-conformance issues and that more children are bouncing from facility to facility. A particular problem occurs when an RTF provides the Department a seven-day notice, leading to a scramble to find a new placement. Agency personnel observed that the more times a child is removed from an RTF, the harder it is to find the next facility because of concerns raised by staff. These practices increase the need to rely on out-of-county or -state facilities.

A related challenge is that fewer than half of the Sonoma County children in congregate care are housed in group homes within Sonoma County. As of November 19, 2018, 27 FYC children were placed in residential care (see Appendix A). Of these 27 youth, 11 remained within Sonoma County at four local group homes – Greenacre, TLC, Hanna,

and Victor. No JPD youth are housed in RTFs in Sonoma County. The majority are placed in RTFs in the Northern California area, but four are placed more than 200 miles from Sonoma County and two are outside of California. Placing children out of county makes it more difficult to involve parents in step-down activities and makes monitoring of the facilities more costly and time consuming.

Each of the agencies is working to address the various elements required for implementation of CCR to be comprehensively realized. There is, however, a long history in child welfare and juvenile justice systems of reform efforts to bring about many of the changes found in the CCR. Most prior attempts have yielded limited success. Involving families requires a culture change in agency behavior, adequate staff time, overcoming parental distrust of these systems, and adequate resources. Determining how to make these changes and to effectively allocate County resources will require the involvement of all stakeholders, including the Board of Supervisors and the courts.

Part VIII. Moving Forward

In this project, we have explored, to the extent possible within the limited time frame, the main concerns raised by the JJC with respect to implementation of the CCR. While it is clear that full implementation of the CCR is challenging, we have not found reason to believe that the basic directions need to be altered. However, all of the stakeholders in Sonoma County agree that continued system improvement is desirable and feasible. From the time the CCR was adopted, it was recognized that it would take a number of years to fully develop the resources and procedures needed to best help all children. In addition to the many activities occurring in the County, there are now a number of activities going on at the State level seeking to assess what is happening statewide and to determine the legislative and administrative changes needed to make the CCR work as effectively as possible.

While we cannot review the many things that are going on throughout the State, we have learned through the course of this project of some avenues Sonoma County might explore to enhance current efforts and address some of the challenges identified above. Some of these ideas should be relatively easy to implement. Others would require

substantial investments of time and funding. The CCR is an attempt to improve outcomes for the children and youth with the greatest needs and challenges. Historically, it has generally proven difficult to put these children on a path to achieving success in adulthood. The costs of providing services to these children and families are very high, even though they constitute a relatively small percentage of the children who come under the jurisdiction of FYC or JPD. However, many of these children and youth become recipients of costly adult services. Thus, there is the potential for long-term savings to the County, as well as benefits to the child, of putting a strong system of care in place to meet these children and families' needs.

Use Data and Information to Assess Progress

A critical first step is to enhance the collection and use of data, in order to improve individual decisions regarding placements, to help identify areas needing system improvement, and in determining optimal resource allocation. Both FYC and JPD already are exploring a number of ways to improve the collection and use of data and have been expanding staff capacity in program evaluation. We suggest here some directions these efforts might take.

First, there is a need to separate data by sub-groups. Both FYC and JPD now gather and report on a number of system outcomes as required by Federal standards. These data can be found in the CWS/CMS database maintained by UC Berkeley. Most of these are process variables, such as placement stability, permanence, and length of time in different settings. There are problems in interpreting the process variables. These data generally are reported in the aggregate, that is they are reported for all children in care of the the agency. But aggregate data can be misleading with respect to subgroups of children, especially children placed in group homes—or those children who have significant enough needs for a group home placement to even be considered. These children constitute only a small proportion of the total number of children in care. Thus, looking at overall system numbers is not very informative in evaluating the implementation of AB 403, as the trends among children placed in group homes (or who might have been placed in group homes prior to AB 403) are dwarfed by the trends of other children in the system.

These data also can be misleading given the small number of children in the Sonoma County child welfare and juvenile justice systems, and the even smaller number of Sonoma County children who are ever placed in an RTF. With such a small number of children, it is often impossible to say whether a trend is meaningful or the result of random variation. For example, even in San Francisco County, which has a significantly larger population of children, the rate of re-entry into the child welfare system after leaving an RTF placement fluctuates by as much as thirty percent year to year, without showing a clear trend over time. In Sonoma County, a single large sibling group could noticeably affect the placement numbers and percentages, without being a meaningful reflection of any change in policy or the outcomes of the system.

Second, few child-focused outcomes are being analyzed. Rather than attempt to infer whether children's well-being is being affected through process-based indicators (e.g. placement length), the CANS provides information that directly tracks children's progress.[85]

Third, there are at least two methods that could be employed to assess individual and system outcomes, even with the small number of cases in Sonoma County. One method would be to have individuals with expertise review case files and placement decisions seeking to spot any trends in placement success/failures. For this process, Sonoma County's relatively small size is a benefit, as it should be possible to review the placement decisions of every child—or at least the children with the highest needs who are or might be placed in an RTF—on a regular and frequent basis. These case reviews can look at a child's progress over time, evaluate whether placements were ultimately successful in terms of the chosen outcomes, and try to determine what, if anything, was known or could have been done at the time that the placement decision was made that could have helped make a better decision or find a more suitable placement. Examining patterns related to different types of mental health diagnoses, age, facilities, and clinical approaches would be useful information to gather.

It is also possible to use these case reviews to look at the system as a whole to assess whether it appears that successful/unsuccessful placements overall are increasing or decreasing. While this cannot determine whether any particular placement decision for a specific child was the best decision possible, the overall number of unsuccessful

placements can be tracked over time to determine whether the placement decision process needs improvement. The planning units in each agency could utilize, on a regular basis, information from the files to examine whether different outcome patterns appear to be related to placement decisions, as well as to specific RTFs. While such analyses might lack statistical validity, they would be a key component of the continuous improvement model to which the agencies are committed.

Sonoma departments also could conduct more statistical evaluations using the CANS data that is required to be collected on a regular basis. The data recorded by repeated CANS assessments provides a consistent measure of a child's strength and needs over time. CANS data can provide a way to evaluate and monitor the performance of the system as a whole, as well as individual placements. These data can be aggregated across children to evaluate placement and overall system success. Combined with placement information and, ideally, other data such as educational progress and additional outcomes the County determines are most important to track, In this manner, it is possible to see whether the CCR presumptions seem to be validated by the data.

Similarly, data from the CANS can help in assessing group homes' progress in their new missions as STRTPs. Given the short-term intervention envisioned for STRTPs, it is unrealistic to expect progress on all measures across all domains. For example, some children placed in group homes are likely to have some elevated level of behavioral or emotional needs, such as subclinical anxiety or depression or higher emotional reactivity, their entire lives. However, that does not mean they cannot successfully manage those needs, and STRTPs can help them grow into adults who learn to successfully manage their mental health needs. STRTPs can do this by reducing immediate risk of harmful behavior, and helping a children manage their needs going forward; this progress would be reflected in reduced scores in the Risk Behaviors domain and increased scores in the Strengths domain. Evaluating STRTPs on these two domains both acknowledges their new mission and the limited nature of the short-term intervention envisioned by AB 403. Focusing on overall scores, on the other hand, might obscure important differences across children and group homes.

While some of this analyses can be done using Sonoma County data alone, some analyses will require additional data to provide more powerful conclusions. Sonoma

County could also request analysis by the State of overarching trends across counties in AB 403 implementation. This could provide insights that individual counties could not find given the small number of children in their system, and highlight and promote best practices in STRTPs across the state. Statewide use of CANS provides Sonoma County with the opportunity to partner with neighboring counties to evaluate progress and monitor trends.

As implementation of the CCR expands, there will be a number of policy issues the resolution of which would be enhanced through rigorous research. It may be desirable to the County agencies to partner with a research organization, perhaps at Sonoma State University, that would help identify and conduct studies that would lead to better policies and practices.

Create Working Groups with Service Providers and RTFs

In building a system to implement the CCR, BHD, FYC, and JPD have developed a robust set of services delivered by several non-profit organizations. A number of regular meetings involving these providers now regularly take place. It might be useful to go beyond these meetings and work with these providers in a more structured way in order to build the strongest possible coordinated system. To this end, a working group could be created that includes all of the key players-RTFs and service providers, and with the County Office of Education, which now participates in the CMC and has a ey role in helping children with special education needs. The working group could review the data on outcomes, build needed coordination among service providers, assess resource needs, and explore other issues related to building the strongest possible system.

As a component of such a group, or as a separate effort, the County agencies could establish a working group with the Sonoma-based RTFs, and perhaps a few RTFs in neighboring counties, that would work on developing a business plan for creating a sufficient number of beds located in Sonoma County or nearby in order to enable placement of children near their families. Housing children who require residential care within Sonoma County has numerous advantages; it facilitates reunification with custodial parents, integration (or reintegration) into a foster home setting, and, when appropriate, adoption. It also would allow much easier access to the children by their Sonoma County

caseworkers and probation officers. Using the types of data described above, a working group could determine the feasibility and costs of creating RTF programs specifically designed to treat the types of health and behavior issues evidenced by the Sonoma children who require an RTF placement. Such a working group could also develop protocols to guide step-down in an effort to ensure continuity of care.

Sonoma County already has established a CCR Steering Committee which is charged with developing coordination. Exploring ways of enhancing the role of such a Committee, and perhaps altering the structure in some respects, might be a starting vehicle for some of these suggested activities.

Enhance Staff Capacity

As is clear from the CSA, it is extremely difficult to adequately implement the CCR when there are significant staff shortages or leadership vacancies in any of the three agencies. This is especially true with respect to responding to the needs of children with substantial mental health and behavioral problems. As discussed throughout this report, selecting the right type of placements and services for these children requires a strong decision-making process and close follow-up of the progress of each child and family. Working with these children and families requires specialized knowledge of the clinical issues they face. The staff shortages and small number of clinicians available through BHD is a significant barrier to fully implementing the elements needed to achieve the goals all of the agencies seek to achieve. Thus, meeting staffing needs should be a major focus on County budgeting decisions.

To best serve these children and families with their specialized needs, it may be desirable for FYC and JPD to create specialized therapeutic units with workers trained to work with these very high need children and families. Such units might include BHD personnel. Another staff role that might be examined is CFT facilitator. Working with CFTS also requires particular skills. A number of jurisdictions report that using facilitators other than the caseworker assigned to the family has improved their process.

Develop a Full System of Care

The CCR can be understood within the framework of improving children's mental health system of care. The CCR's mandates of targeting the treatment needs of children when making out-of-home placement decisions and favoring community-based placements align directly with the federal government's efforts to develop a public health approach to mental health. The National Technical Assistance Center for Children's Mental Health defines a system of care as follows:

> A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them function better at home, in school, in the community, and throughout life.[86]

Meeting the mental health needs of all children in the community before they become involved in either the child welfare or juvenile justice systems should over time reduce the burdens on those systems.

Over the last four decades, the federal government has offered Children's Mental Health System of Care grants to reorganize and expand mental health services for children and youth. This public health focus has encouraged states, counties and tribes to develop systems of services that aim to engage families, empower youth, promote cross-agency collaboration and ensure best clinical practices. In keeping with larger system of care efforts, the CCR focuses on planning for and supporting children and youth with significant mental health care needs. Increasingly, both nationally and in California, there has been a commitment to expanding intensive community-based services for youth, even for youth identified with serious emotional disturbance.[87] Medicaid funded services are often a key component of a public mental health system of care, which allows states and counties to draw down federal dollars. In California, the Mental Health Services Act also provides funding for mental health services. A system of care has the capacity to develop and expand services based on its population needs.[88]

Integrating youth in the juvenile delinquency system into a system of care poses some unique issues. Because placement for many youth with intensive mental health needs will be determined by the Juvenile Court, it can be difficult to initiate the teaming

contemplated by system of care planning. Recognizing the mental health needs of many youth in the delinquency system, the American Academy of Child Psychiatry Task Force on Juvenile Justice Reform promotes reforms aimed to integrate the juvenile justice system with other child-serving systems, including collaborating with courts and other agencies, utilizing evidence based mental health interventions for delinquency involved youth, and working with families and communities to support youth rehabilitation.[89]

In order to meet the requirements of the CCR, and the mandates of the court decision in *Katie A. v. Bonta*[90], Sonoma County agencies are already required to develop most of the key aspects of a strong system of care, such as planning for treatment needs of individual youth, training of staff, and promoting data and collaboration practices that will help the system to evolve based on the needs of the population served by the three primary child-serving agencies: probation, child welfare and behavioral health services. As Sonoma County moves forward in implementing the CCR and the requirements of *Katie A.*, it might explore combining all of the activities into the development of a full system of care.[91]

Conclusion

As stated in a recent self-evaluation by the Sonoma County agencies charged with implementing the CCR, the "Continuum of Care Reform is a Game Changer."[92] These agencies have taken extensive steps to establish strong decision-making processes, and to develop the resources needed to implement the CCR in a manner that best meets the needs of each child in the dependency and delinquency systems. Still, it is widely recognized by the stakeholders in Sonoma County (and at the State level) that full implementation of the CCR will take time. We hope this report provides information that will assist all stakeholders in Sonoma County as they work together to develop a system that is best designed to improve outcomes for children.

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Endnotes

[1] See Appendix B.

[2] Assem. B. 403, 2015-2016 Leg., Reg. Sess. (Cal. 2015). Retreived from https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160AB403 [Hereinafter AB 403].

[3] For purposes of the CCR, the two main types of congregate care settings are group homes (GH), which provide 24-hour non-medical care and supervision to children and nonminor dependents up to age 19, in a structured environment, with services provided by persons employed by the licensee, and community treatment facilities (CTF) which provide 24-hour non-medical care and mental health treatment services to children in a secure environment that is less restrictive than a hospital. See Pursuant to the CCR, as of January 2019, all groups homes are to be converted into Short-Term Residential Treatment Facilities (STRTPs) that must have specific program elements. The discussion in this Report focuses on placements to STRTPs and RTFs. We follow the definitions used by the California Department of Social Services. See, CDSS Programs Community Care Licensing Children's Residential Resources for Providers Facility Information

[4] In addition to these types of placements, some children are placed in emergency shelters, like Sonoma County's Valley of the Moon. While the CCR also addresses length of stay in shelters, we do not examine issues related to the use of emergency shelters, which generally are used pre-disposition and are not designed to address children's behavioral health needs or provide treatment.

[5] As discussed in Part III, the legislation applies to children placed by County Welfare or County Juvenile Probation departments. The rules differ somewhat depending on the placing agency.

[6] Congress recently enacted The Families First Act, which adopts many of these changes, and more, into Federal law. First Focus Campaign for Children. (2018). *Family First Prevention Services Act: Section by Section.* Washington, DC: Author.

[7] See Appendix B.

[8] These reports are mandated by the California State Department of Social Services from all counties. *See* Sonoma County Human Services Department & Sonoma County Probation Department. (2018). *Annual* System Improvement Plan, *2018 Progress Report: Sonoma County* [Hereinafter SIP]; Sonoma County Human Services Department & Sonoma County Probation Department. (2018). *County self-assessment: Sonoma County* [Hereinafter CSA]. We also have reviewed the report of the State CCR Workgroup, the legislation itself, and the regulations that have been promulgated by the State with respect to the law's implementation. *See* California Department of Social Services. (2015). *California's child welfare continuum of care reform* [Hereinafter CCR Report]; AB 403.

[9] Barth, R. P. (2002). Institutions vs. Foster homes: The empirical base for a century of action. Chapel Hill, NC: University of North Carolina at Chapel Hill, School of Social Work, Jordan Institute for Families; Rymph, C.E. (2017). Raising government children: A history of foster care and the american welfare state. Chapel Hill, N.C.: University of North Carolina Press.

[10] As a general note, in this report we frequently use the term "youth" to refer to children in the justice system, as contrasted with "children" interacting with the child welfare system. County Welfare Departments work with children and youth ages 0 to 21. However, they rarely, if ever,

place children under age 6 in an RTF. About one-third of child welfare placements are children ages six to 12. Juvenile Probation Departments generally work with youth in their teens. They rarely, if ever, place children under age 12 in an RTF; most placements are of children 15-17, making the term youth more appropriate.

[11] It is very difficult to interpret the data reported in many research studies and other reports, including County System Improvement Plans (SIPs). A major problem is that the reported data on the number of children in "congregate care" at any point in time often include both children placed in emergency shelters, who have been placed there temporarily following removal because there was no foster home available for them, and children placed in a group home or CFT for treatment as a dispositional choice by an agency and court following a determination by the court and agency that treatment in an RTF was needed to meet the child's needs. The characteristics and needs of these two groups are very likely to differ, but this usually cannot be determined from the current data in research reports. Our focus in this report is only on the later group of children and decisions. We therefore have used special data analyses to isolate these numbers.

[12] U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (2015). *A national look at the use of congregate care in child welfare.*

[13] Dozier, M., Kaufman, J., Kobak, R., O'Connor, T. G., Sagi-Schwartz, A., Scott, S., Shauffer, C., Smetana, J., van IJzendoorn, M. H., & Zeanah, C. H. (2014). Consensus statement on group care for children and adolescents: A statement of policy of the American Orthopsychiatric Association. *American Journal of Orthopsychiatry, 84*(3), 219–225 [Hereinafter Consensus Statement]. *See also* The Annie E. Casey Foundation. (2015). E*very kid needs a family: Giving children in the child welfare system the best chance for success.* Baltimore, MD: Author. Retrieved from https://www.aecf.org/resources/every-kid-needs-a-family/; Casey Family Programs. (2016). Chapin Hall & Chadwick Center. (2016). *Using evidence to accelerate the safe and effective reduction of congregate care for youth involved with child welfare.* San Diego, CA & Chicago, IL: Collaborating at the Intersection of Research and Policy; Lee, B. R., Bright, C. L., Svoboda, D. V., Fakunmoju, S., & Barth, R. P. (2011). Outcomes of group care for youth: A review of comparative studies. *Research on Social Work Practice, 21*(2), 177-189.

[14] Consensus Statement, p. 220.

[15] *See, e.g*., Council on Foster Care, Adoption, and Kinship Care, Committee on Adolescence, & Council on Early Childhood (2015). Health care issues for children and adolescents in foster care and kinship care. *Pediatrics, 136*(4), e1131-e1140. https://doi.org/10.1542/peds.2015-2655.

[16] Pecora, P., & English, D. (2016). *Elements of effective practice for children and youth served by therapeutic residential care.* Seattle, WA: 2016 Casey Family Foundation.

[17] See, for instance, the American Academy of Child and Adolescent Psychiatry published principles of care regarding RTF placement in 2010. American Academy of Child & Adolescent Psychiatry. (2010). *Principles of care for treatment of children and adolescents with mental illnesses in residential treatment centers.* Washington, DC: Author. Retrieved from https://www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/principles_of_care_for_children_in_residential_treatment_centers.pdf. They also developed the Child and Adolescent Service Intensity Instrument in 2007. The most widely used tool is the Child and Adolescent Needs and Strengths (CANS) developed by John Lyons. This is the instrument mandated for use in California. *See, e.g.* Alameda County Behavioral Health Care Services. (2015). *Child and adolescent needs and strengths CANS 6-17 year-old user manual.* There are a number of other tools designed to guide decision making about level of intensity needed.

[18] Pecora, P., & English, D. (2016). *Elements of effective practice for children and youth served by therapeutic residential care.* Seattle, WA: 2016 Casey Family Foundation.

[19] CCR Report, p. 8.

[20] Cal. Welf. & Inst. Code § 706.6(d)(1).

[21] In some instances the child may require inpatient care in a psychiatric facility, a more restrictive environment than a STRTP.

[22] Cal. Welf. & Inst. §§ 4096, 11462.01(b).

[23] Cal. Dep't of Soc. Servs., All County Letter No. 17-122 (Jan. 9, 2018) [Hereinafter ACL 17-122].

[24] Cal. Wel. & Inst. Code § 361.2(e)(9).

[25] Cal. Wel. & Inst. Code § 16501.1(a)(3).

[26] AB 403 § 1(b).

[27] Cal. Welf. & Inst. Code § 16501.1(b)(2).

[28] Cal. Welf. & Inst. Code § 16501.1(e).

[29] Cal. Dep't of Soc. Servs., All County Letter No. 18-81 (July 2, 2018) [Hereinafter ACL 18-81].

[30] Cal. Dep't of Soc. Servs., All County Letter No. 18-09 (Jan. 25, 2018) [Hereinafter ACL 18-09], p. 3.

[31] Cal. Dep't of Soc. Servs., All County Letter No. 18-81 (July 2, 2018) [Hereinafter ACL 18-81], p. 4.

[32] ACL 18-09, p. 3.

[33] ACL 17-122, p. 3.

[34] ACL 17-122.

[35] Cal. Welf. & Inst. Code § 16501(a)(4).

[36] All County Letter No. 18-23 lists additional examples of CFT participants. ACL 18-23, p. 7.

[37] ACL 18-23, p.3.

[38] Cal. Welf. & Inst. Code § 16501(a)(4)(A)(i)-(ii).

[39] Cal. Dep't of Soc. Servs., All County Letter No. 16-84 (Oct. 7, 2016), p. 6 [Hereinafter ACL 16-84].

[40] Cal. Welf. & Inst. Code § 16501.1(a)(3).

[41] ACL 18-23, p. 3.

[42] CCR Report, p. 5.

[43] AB 403 § 49; Cal. Wel. & Inst. Code § 706.6(d).

[44] ACL 18-23, p. 3.

[45] AB 403 § 49; Cal. Wel. & Inst. Code § 706.6(d)(3).

[46] AB 403 § 51; Cal. Wel. & Inst. Code § 727.1(b).

[47] AB 403 § 1(c)(3).

[48] AB 403 § 49; Cal Wel. & Inst. Code 706.6(d)(2).

[49] ACL 18-23, p. 4.

[50] ACL 18-81, p. 2.

[51] Cal. Wel. & Inst. Code § 727(a)(4)(E).

[52] AB 403 § 83; Cal. Wel. & Inst. Code § 11462.041.

[53] AB 403 § 83; Cal. Wel. & Inst. Code § 11462.041.

[54] Chief Probation Officers of California. (2017). Continuum of care reform: Information sessions 2016/2017 [PowerPoint slides]. Retrieved from https://www.cpoc.org/sites/main/files/file-attachments/1-_power_point_final_march_31_2017.pdf.

[55] Cal. Health & Safety Code §§ 1562.01(b)(1); (c)(1).

[56] ACL 17-122, p. 7.

[57] CSA, p. 129.

[58] In order to determine length of time in placement precisely, it is necessary to use data that follows each child on a longitudinal basis from the time the child enters placement. Hypothetically, these calculations can be made, but we were unable to access the data set needed to do the calculations. We have instead used the data set generally available to the public and commonly used in most research and reports regarding the child welfare system in California – the Child Welfare Systems/Child Management Systems (CWS/CMS) data that counties are required to collect and transmit to the Child Welfare Indicators Project at UC Berkeley. Most of these data reflect point-in-time, not longitudinal data. That is, the data reflect the status of children at a particular point in time (these generally use January 1, April 1, July 1, and October 1 each year), but do not track individual children over time. Assessing placement length through point-in-time data does not give a full picture, since some children in congregate care at any given point in time will stay in congregate care for a longer period. For example, many of the children in congregate care for less than a year at any given point in time will ultimately stay in congregate care for more than a year; in addition, these data miss children who both entered and exited care between any two points in time. Point in time data also can be highly variable, at least for counties where the numbers in care are small; small fluctuations produce large percentage changes so the data may be highly skewed by the point in time selected for analysis. Nonetheless, it is possible to draw some general conclusions and trends from point in time data, which we have done. We believe they portray a clear picture in Sonoma County.

[59] There is and has been substantial county variation in California on both of these measures.

[60] The total youth population declined over this period.

[61] Again, because these are point-in-time numbers some the probation youth in care for less than 365 days at any given point in time will stay in care for more than a year.

[62] CSA, p. 66.

[63] In addition to cataloging details about the child's demographic, parental, insurance, language, service-related (including social worker, agencies involved, school, Individualized Education Program, IEP, primary care physician, current psychotherapist and/or psychiatrist) information,

the CANS also involves a brief, but wide-ranging, assessment of the child's current behavioral and mental health needs. In Sonoma County, BHD is using an expanded version of the CANS with four additional items that they believe confer added discriminative validity in placement, treatment designations, and reassessment. These are: Eating disturbance; Attachment; Sexually reactive behavior/exploitation; Gang involvement. See Sonoma County CANS Tool.

[64] CSA, p. 86.

[65] CSA, p. 129.

[66] SIP, p. 37.

[67] SIP, p. 37.

[68] CSA, p. 92.

[69] CSA, p. 82.

[70] CSA, p. 129.

[71] https://secure.dss.ca.gov/CareFacilitySearch/

[72] Historically, in deciding when a minor could return to the community, JPD relied primarily on length of time, "graduation" from the RTF,, and assessments by RTF staff indicating that the minor had met his or her behavioral goals and was not likely to benefit from further time in RTF care.

[73] SIP, p. 48.

[74] SIP, pp. 7, 34.

[75] SIP, p. 32; CSA, p. 90.

[76] SIP, p. 32.

[77] SIP, p. 34; CSA p. 90.

[78] CSA, pp. 68-69.

[79] CSA, p. 91.

[80] Seneca has collaborated with Sonoma County since 2010. *See* Seneca Family of Agencies. (2018). Sonoma Family Permanence Collaborative (Sonoma Wraparound), Annual Program Report July 1, 2017 – June 30, 2018 [Hereinafter Seneca Annual Report]. *See also* CSA, p. 101.

[81] CSA, p. 138.

[82] SIP, p. 35.

[83] Seneca Annual Report, p. 4.

[84] CSA, p. 51.

[85] Some process-based indicators are more meaningful than others. For example, measuring whether services were provided to children, and provided in a timely manner, is a process measure, but it is vital to track to evaluate the system and design improvements. If children are receiving services and progress is not being made, it is likely the placements or services being allocated aren't

optimal. However, if progress is not being made, but services aren't being provided, it may not be the placement that needs to be changed or services that need to be redesigned, but simply system improvements to ensure the services are actually provided. Furthermore, service provision across placements is an important process measure to track: it may be that one specific group home is not providing services, and that makes it appear as though group home placements are ineffective when in fact services are simply not being provided in certain placements.

[86] Stroul, B., Blau, G., & Friedman, R. (2010). Updating the system of care concept and philosophy. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health. Retrieved from https://gucchd.georgetown.edu/products/Toolkit_SOC_Resource1.pdf.

[87] American Academy of Child and Adolescent Psychiatry. (2009). System-Based Practice: The Public Mental Health System [PDF file]. Retrieved from https://www.aacap.org/App_Themes/AACAP/docs/resources_for_primary_care/training_toolkit_for_systems_based_practice/o%20-%20Systems%20Based%20Practice%20Module%20-%20Mental%20Health%20System%20For%20Web.pdf.

[88] American Academy of Child and Adolescent Psychiatry. (2009). System-Based Practice: The Public Mental Health System [PDF file]. Retrieved from https://www.aacap.org/App_Themes/AACAP/docs/resources_for_primary_care/training_toolkit_for_systems_based_practice/o%20-%20Systems%20Based%20Practice%20Module%20-%20Mental%20Health%20System%20For%20Web.pdf.

[89]American Academy of Child and Adolescent Psychiatry. (2013). Systems-Based Practice: Juvenile Justice System Objectives [PDF file]. Retrieved from https://www.aacap.org/App_Themes/AACAP/docs/resources_for_primary_care/training_toolkit_for_systems_based_practice/Systems_Based_Practice_Module_Juvenile_Justice_201406.pdf.

[90] Katie A. v. Bonta, 481 F.3rd 1150(9th Cir. 2007); California Department of health Care Services, "Katie A. Settlement Agreement Implementation" 2017) http.//www.dhcs.ca.gov?Pages?KatieAImplementation.aspx

[91] Young Minds Advocacy (May 2017), California's Children and Youths' System of Care: An Agenda to Transform Promises into Practice

[92] CSA, p. 233.

Appendix A

Geographic Location of Sonoma County Youth and Children Placed in RTFs as of November 2018

Within Sonoma County, children of the Family, Youth, and Children (FYC) division and Juvenile Probation Department (JPD) who are placed in RTFs are currently placed into RTFs located throughout the state of California, and in some cases, in other states. Placement decisions are based on a variety of factors, including but not limited to: open beds within individual agencies; therapeutic offerings at individual agencies; willingness of particular agencies to take on specialty cases such as CSEC and children at risk for self-harm; willingness of particular agencies to take on cases of extreme behavior; proximity of agency to Sonoma County or planned site of reunification or adoption; and the individual needs of child in care.

As of November 19, 2018, 27 children within the FYC child welfare system were placed in RTFs.[1] Of these 27 children, 11 have remained within Sonoma County spread between five group homes – Greenacre, TLC, Ripley Shelter, Hanna, and Victor. Outside of Sonoma County, 16 children are placed in 11 different facilities, primarily throughout Northern California (within 150 miles of Sonoma County). One youth is in Southern California, and two are placed out of state. It is difficult to generalize the services provided by each of these facilities, but they are all either fully licensed STRTPs, provisional STRTPs, or in the process of becoming an STRTP. Each provides therapeutic services similar to that of those facilities within Sonoma County.

JPD does not keep any of their youth within Sonoma County RTFs.[2] JPD sends all referrals out of Sonoma County. Similar to the out of county group homes utilized by FYC, the majority of youth within the JPD system are placed in the Northern California area, with only four placements being more than 200 miles from Sonoma County. One of these is out

[1] Data received by email from FYC on November 29, 2018.

[2] Data received by email from JPD on November 12, 2018.

of state. These are all either recognized as STRTPs, or working towards that certification. All are former “Level 12” or below under the former classification system.

Appendix B

"A Crisis in Care for Dependent Youth"
The Sonoma County Juvenile Justice Commission

A Crisis in Care For Dependent Youth

The Sonoma County
Juvenile Justice Commission

In California, the Child Welfare Continuum of Care Reform mandates the transformation of all youth Group Homes into Short Term Residential Treatment Programs. The hope is to reduce the use of group care, and to facilitate quicker placement of young people into permanent home-like settings.

While all of this sounds good on the surface, and may be well-intentioned, the reality is that a number of abused and traumatized youth will be further hurt if they are hurried through treatment and into home care. It's imperative that we understand the needs and issues of these youth, so that we can advocate for their proper residential placement.

Myths and Realities

There are several key myths surrounding group homes, foster homes, and the children who live in them. These myths need to be addressed before we can create solutions that truly benefit all dependent youth in California.

Myth #1

"It's best for all children to live in a family-based home."

The Reality:

While all children certainly deserve a family-based home, the reality is that many children have already gone through a succession of failed family and foster home placements before they land in a group home. These children have often been so severely abused and traumatized in their original home that they now need more help than a family setting can provide. They have emotional, behavioral, cognitive, and social problems that are too difficult for a foster family to deal with.

For these youth, a structured, professionally staffed group home can be a lifesaver. This group home may be the first stable home environment they have ever experienced. These young people can thrive in a community where they have peer role models and consistent support from a variety of adults, including counselors, social workers, and teachers.

Myth #2

"Group homes are terrible places."

There is a widespread assumption that group homes are cold, impersonal institutions where children are not valued as unique individuals, and where their need to be loved and cared for cannot be met.

In addition, there have been a few instances of serious problems, including violence, sexual assault, and neglect, in group homes. Two cases, in Long Beach and Davis, California, were widely reported in the press. These cases have fed the public perception that group homes are awful places for children to live.

The Reality:

While there have been problems in some group homes, problems just as serious exist in foster and family settings.

The Long Beach and Davis facilities mentioned above were not representative of most group homes. With a capacity for 72 and 40 youth, respectively, they were both much larger and more institutional than the majority of group homes in California. In reality, most group homes serve about 6 children, providing high quality, personalized care for each child in a comfortable, residential setting.

High quality group homes are staffed by caring professionals, trained to help youth with mental health issues and cognitive disabilities. These group homes are able to provide the intensive, 24-hour support that traumatized youth need.

Myth #3

"By turning group homes into short-term treatment programs, children will more quickly find a permanent, forever home."

The Reality:

As of today, there are already not enough foster homes for all the youth who need them. Pushing kids out of group homes will not magically create more foster homes.

In order to rapidly increase the number of foster homes, the state is now relaxing foster home rules and regulations. And, they are shortening the already very limited training required of foster parents. This is not the recipe for creating high quality foster care.

Even if there were more foster homes, turning all group homes into short-term treatment programs does not serve those youth who need long-term specialized care. It can take years before some abused children are emotionally and behaviorally ready to move to a less structured environment.

Pushing young people out of treatment before they are ready is a formula for disaster. Youth with serious mental health problems will be bounced back and forth between foster homes and treatment centers even more frequently than they are today. For truly troubled children, it is not unusual for them to experience ten or more foster homes. This is very disruptive and more traumatic for these children than staying in the same place for the duration of their need for intensive treatment.

The Solution

What we need is a range of residential and treatment options that serve the disparate needs of dependent youth. We need flexibility in types of care. We need to help young people by providing them with the appropriate care for their individual situations and needs.

Short-term treatment programs are appropriate for those youth who only require a short stay in group care before they are ready to transition to a family or foster home.

But we must not take away the option of longer term, intensive treatment in a residential setting for those youth who need this kind of care.

We must ensure that the California Child Welfare Continuum of Care Reform is implemented fairly and humanely so that ALL youth receive the kind of care they need to grow and thrive into adulthood.

OUR MISSION

The mission of the Sonoma County Juvenile Justice Commission is to advocate for and protect the safety and well-being of dependent and delinquent youth in Sonoma County.

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