

Examples of Capacity-Building Activities and Costs to Meet Child-Specific Needs

Examples of Costs for County Use of the \$18.1 Million State General Fund (SGF) to Meet Child-Specific Needs

Assembly Bill (AB) 153 (Chapter 86, Statutes of 2021) [reference: Welfare and Institutions Code (WIC) section 16001.1 (c)(1)] allows counties to request funding to implement the recommendations of child-specific assessments, evaluations, enhanced care planning, and ongoing technical assistance, and to provide exceptional supports to meet the complex care needs of children in foster care within California within the least restrictive setting. This funding shall only be used to supplement, and not supplant existing funding.

The ACL 21-119 provides that funding may be requested by completing the Child-Specific Funding Template. To access these funds, counties are required to identify the exceptional services that are needed to support the child in the least restrictive setting. The request must be based upon the recommendation of behavioral assessments, a qualified individual, technical assistance provided by CDSS, or a clinical recommendation approved by an interagency placement committee that considers the recommendations of a child and family team. Because the funds are to meet child-specific needs, a request must be submitted for each individual child. Counties may use these funds flexibly to support children with high acuity needs such as children who need intensive specialty mental health services, for services that are not billable to Medi-Cal, and for youth with co-occurring treatment needs. Following is a list of child-specific expenditures that are consistent with the purpose and intent of the funding which may be approved provided the expenditure complies with the requirements established in statute and ACL 21-119. This may not be an all-inclusive list and counties are encouraged to continue to submit requests for expenditures that may fall outside of the list of examples below.

If a child has an urgent need that is consistent with those listed below and the county has funding available within their allocation, the county may fulfill that need for the youth and seek reimbursement after-the-fact, provided the expenditure otherwise complies with statutory requirements and the requirements of ACL 21-119.

Costs related to supporting resource parents:

- Paying a temporary rate above the current Level of Care (LOC) rate or Supplemental Care Increment for a professional foster parent, or for other support staff, when the youth is in the home, pending establishment of a rate per ACL 22-21.
- Paying a rate/salary for the professional foster parents to hold a bed for more than 14 days (the first 14 days is already authorized per statute) to ensure a specific youth can be immediately placed following an absence (e.g., due to hospitalization, running away, etc.).
- Provide more funding to local ISFC/TFC families to provide coaching visits for parents visiting children in far away short-term residential therapeutic programs (STRTPs), like housing/coaching the parents for overnights or weekend visits.

- Fund ISFC/TFC parents to provide respite care for the youth after those youth have stepped down or reunified, or to serve as respite care for youth who have stepped down from an STRTP or who are at risk of an STRTP-level of care.
- Training, support and higher stipends for relative caregivers and non-related extended family members to serve as “professional” foster parents for their related children, including support to pay for moving to a new home or other ancillary expenses needed to support this type of placement.

Extra payment to resource families or enhanced rate for county-based or FFA-based ISFC programs that provide additional supportive services and staffing to support youth and families.

Child-specific, intensive family finding activities:

- Costs associated with staffing or contracting with an outside agency to perform intensive family finding activities and support to the family for a specific child.
- One-time or specialized payments to supportive family members or extended family members to support their time and efforts to engage with foster youth and resource family or provide respite.
- Stipends/higher monthly rates for recruitment of resource parents with nursing background for medically fragile children per ACL 16-117.
- Costs of travel, hotel, activities, and incidentals to support bonding between the foster youth and family members to re-establish familial connections.
- Respite care.
- Trauma focused observation/assessment for youth to build individualized permanency plan.

Direct supports to youth:

- Supplementing current wraparound contracts for a particular child, provided that the wraparound savings account has been exhausted.
- Payment for extracurriculars and enhanced services for the youth to support stabilization (e.g., art or music lessons, engagement in sports, etc).
- Expenses for transporting a youth with highly specialized needs (e.g., ambulance transport or other transport) that are not paid for by Medi-Cal, provided the transport is consistent with the foster youth’s personal rights.
- Durable medical equipment not otherwise covered by Medi-Cal or if the health care provider does not cover the cost.
- Services for youth needing Residential Treatment: Paying the non-federal share of cost for a rate that is higher than the current state-issued STRTP rate (note: the rate must first be approved by CDSS).

- Retaining open bed space for specific youth to allow for immediate placement when a youth requires emergency placement or for respite to a family-based provider, including birth parents upon reunification for youth with complex needs.
- Creating a medical home model and medical home model team as soon as a youth might be identified with complex needs.
- Other Collaborative approaches: Contracting with clinicians through the MHP to bring clinicians to regional center-vendored facilities or providing funding to the regional center for them to contract to bring in clinicians.

Examples of Capacity-Building Activities/Costs for County use of the \$43 Million SGF

The AB 153 [reference: WIC section 16001.1(b)(1)] requires CDSS to allocate funds through contracts with community-based providers or entities or through local assistance allocations to counties or Indian tribes that have entered into an agreement pursuant to Section 10553.1 that support new or expanded programs, services, practices, and training that builds system capacity and ensures the provision of a high-quality continuum of care that is designed to support foster children in the least restrictive setting, consistent with a child's permanency plan. Recipients must use the allocated funds to build system capacity and the funds must be used to supplement, not supplant, existing funding.

The ACL 21-143 provides that funding requests must include completion of the Self Evaluation for Complex Care Capacity Building, in consultation with the System of Care AB 2083 Interagency Leadership Team members, and in consultation with tribes, in order to assess the county's availability of placement options, services and supports for children with complex needs at every level of placement (emergency homes, relative caregivers, foster family homes and congregate care settings). The self-evaluation must include consideration of the services and supports needed to identify home-based caregivers for every child, including children with complex or specialized needs, and to meet the needs of those children in family settings. The self-evaluation only needs to be completed if a county is applying for an allocation. In addition, counties must submit a Complex Care Capacity Building Proposal that identifies necessary enhanced and specialized service models that will address the capacity gaps identified in the self-evaluation and how the funding will contribute to the establishment of a high-quality continuum of care for the children. Proposals for use of these particular resources should aim to develop long term capacity, rather than provide short-term fixes.

Following is a list of capacity-building expenditures that are consistent with the purpose and intent of the funding which may be approved provided the expenditure complies with the requirements established in statute and ACL 21-143.

Per Statute WIC section 16001.1	Per ACL 21-143
<p>(A) Specialized models of professional foster care, including therapeutic foster care, intensive services foster care, or other models as may be developed in collaboration with counties, including the County Behavioral Health Directors Association of California, and providers.</p> <p>Examples of costs:</p> <ul style="list-style-type: none"> • Purchase or rental of a home in which a professional foster parent can reside with foster youth, and any associated costs to support that home including paying for utilities, internet access, home insurance, etc. • Paying a rate/salary for the professional foster parents when the “bed is empty” to ensure a youth can be immediately placed when needed. • Funding for models such as the Mockingbird Model with a “hub” foster parent to support other resource parents caring for youth with specialized needs. 	<p>Contracting and establishment of specialized models of professional foster care including intensive services foster care (ISFC), or other models that may be developed in collaboration with counties and providers.</p>
<p>(B) Specialized models of professional foster care, including <u>therapeutic foster care</u>, intensive services foster care, or other models as may be developed in collaboration with counties, including the County Behavioral Health Directors Association of California, and providers.</p> <p>Examples - Same as above <u>plus</u>:</p> <ul style="list-style-type: none"> • Training and coaching to foster parents to serve in their role as a Medi-Cal provider. • Higher rate to the agency to cover higher employee costs, because the foster parent that bills to Medi-Cal is considered an employee of the agency pursuant to recent litigation in New Jersey. 	<p>Specialty Mental Health Service-Therapeutic Foster Care (TFC), a service that partners with county behavioral health, child welfare, probation, and providers, with support from the statewide associations.</p>

<p>(C) Intensive child-specific recruitment, family finding and engagement, and support programs for children with complex needs, including specialized permanency support services as described in Section 16501 and activities associated with the Active Supportive Intervention Services for Transition program.</p> <p>Examples of costs:</p> <ul style="list-style-type: none"> • Hiring of staff or contracting with an outside agency to perform intensive family finding activities and support families. • Training and/or certification for all staff and others involved in the family-finding activities. • Specialized services/supports to serve LGBTQ+ youth. 	<p>Intensive child-specific recruitment, family finding and engagement, and support programs for children with complex needs. This may include specialized permanency support services as described in Welfare and Institutions Code Section 16501 and activities associated with the Active Supportive Intervention Services for Transition programs. It may also include tribal family finding and home approvals.</p>
<p>(D) Specialized models of integrated care and support for family-based settings, including high-fidelity wraparound, and community-based treatment models that create alternatives to out-of-home or residential placement.</p> <p>Examples include:</p> <ul style="list-style-type: none"> • Training, coaching and CQI-related supports to promote high fidelity wraparound implementation. • Other TBD based on guidance from the state to counties on the required components of high-fidelity wraparound. 	<p>Specialized models of integrated care and support for family-based settings. This may include high-fidelity wraparound and community-based treatment models that create alternatives to out-of-home or residential placement.</p>

<p>(E) Highly individualized short-term residential therapeutic programs designed to serve children with complex needs who otherwise may have been placed in an out-of-state residential facility.</p> <p>Examples include:</p> <ul style="list-style-type: none"> • Purchasing of a home/residential unit and/or leasing of a building and paying for all related costs (utilities, insurance, etc.) directly, and either operating this facility as a county operated STRTP, or via agreement with a nonprofit provider to deliver services. • Training and other ancillary costs to establish the STRTP. • Retaining open bed space for youth for immediate placement when a youth comes into care or requires emergency placement, and for respite to a family-based provider including birth parents upon reunification for youth with complex needs. Creating a medical home model and medical home model team as soon as a youth might be identified with complex needs. • Creating of adjunct services and temporary treatment settings for foster youth whose needs exceed most STRTPs, such as purchasing or procuring crisis beds or psychiatric hospital beds as an alternative to a hospital emergency room calling law enforcement and 9-1-1 for support. • Building local capacity in services that support youth with co-occurring SUD/MH needs. 	<p>Contracting with highly individualized STRTPs designed to serve children with complex needs who otherwise may have been placed in an out-of-state residential facility.</p>
<p>(F) Highly specialized short-term residential therapeutic programs designed to serve children with cooccurring intellectual or developmental disabilities and behavioral health needs.</p> <p>Examples include:</p> <ul style="list-style-type: none"> • Working with the regional center to fund new Children’s Crisis Beds, Enhanced Behavioral Support Homes, and/or vendored regional center facilities willing to serve/prioritize foster youth. • Training to regional center facility staff and behavioral health staff in meeting the needs of foster youth with co-occurring I/DD and behavioral health needs. 	<p>Contracting with highly specialized STRTPs designed to serve children with co-occurring intellectual or developmental disabilities and behavioral health needs.</p>