

CONTRA COSTA COUNTY

EMPLOYMENT & HUMAN SERVICES

Building Brighter Futures Together

Continuum of Care Reform Update

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Continuum of Care Reform

Increased engagement with children, youth and families

Increased capacity for home-based family care

Limited use of congregate care

Changes in rates, training, accreditation, mental health services and accountability.

Family First Prevention Services Act (FFPSA)

Federal legislation:

- **Title IV-E funding for time-limited prevention services to provide services for children at risk of entering foster care.**
- **Provide comprehensive prevention and early intervention services that will reduce entries or re-entries into foster care.**



CCR

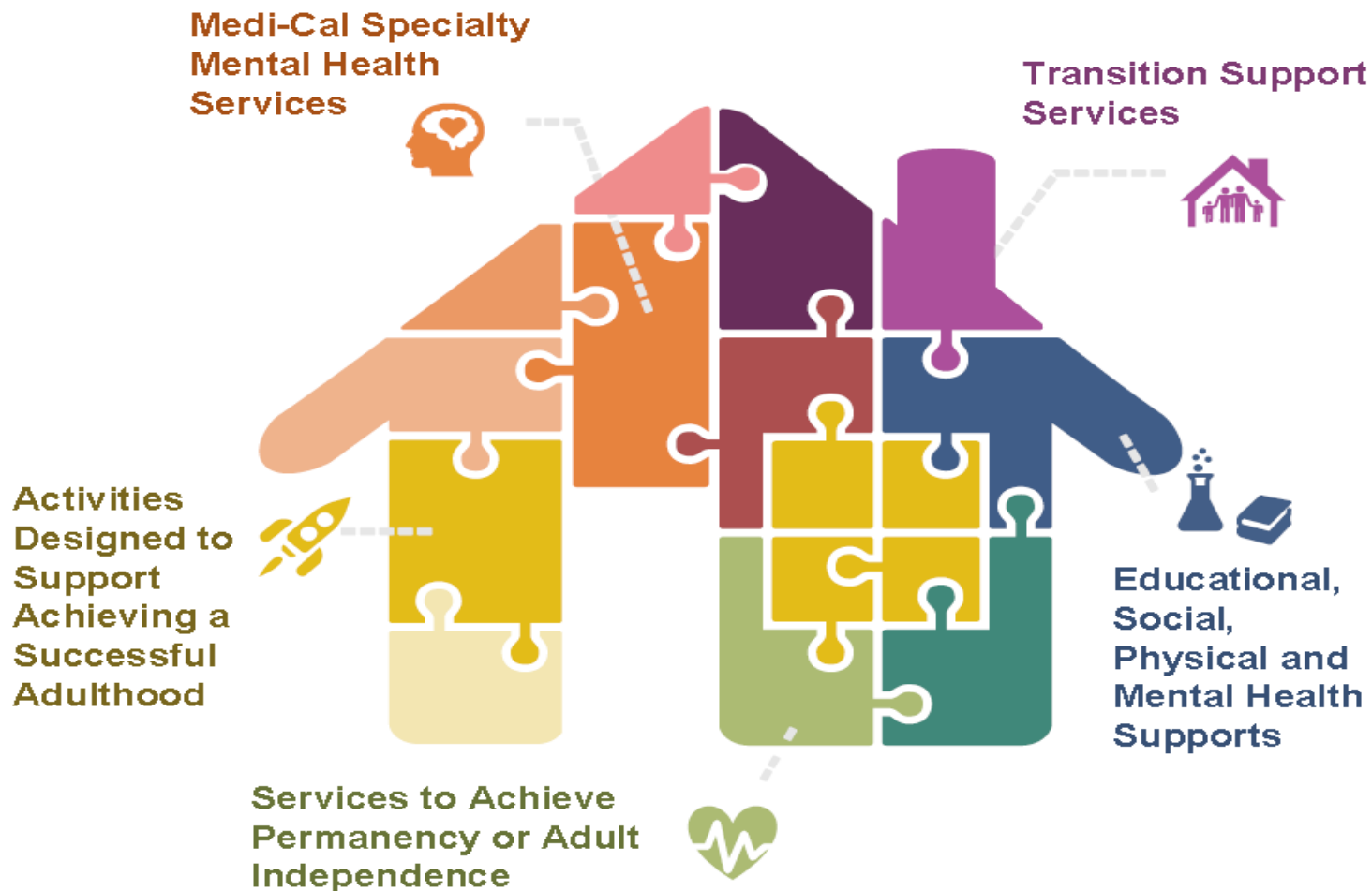
FFPSA

New and Renewed Goals

Prevent children from entering foster care by providing mental health services, substance abuse treatment, and in-home parenting skill training for families.

Improve well-being of children already in foster care by reducing placements in group care.

Short-Term Residential Therapeutic Program (STRTP)



Ongoing STRTP Challenges

Youth whose needs exceed STRTP level.

High costs and sustainability of the STRTP model.

- CCC has lost 24 in-county STRTP beds from 3 regularly used providers. Additional providers are working at reduced capacity.

Serving Youth with Unmet Complex Needs

In 2023, several CA counties have faced lawsuits, fines and citations for temporarily housing foster youth in their offices, hotels or other unlicensed placements.

Social Workers in other counties supervising these youth in unlicensed placement settings have been assaulted.

CCC contracts with two 72 hour transitional shelter care facilities which has mitigated the need to have youth in our offices when we cannot locate an appropriate treatment program.

Mary

Mary came into foster care in 2015 at the age of 11.

She is Regional Center client with extensive trauma

Her diagnoses include Major Depressive Disorder with Psychotic Features, PTSD, and an intellectual disability.

Mary has history of running away from placement

Mary has been found wandering the streets unsupervised multiple times since the age of four.

During a period where Mary was absent from care, she was exploited and assaulted by a sex trafficker who coerced her into engaging in commercial sexual activity.

Prior to entering foster care, Mary was also gang raped.

She has had 19 placements while in foster care. The majority of her placements have been STRTP homes.

Mary has also stayed in several secured psychiatric facilities due to a history of suicide attempts and auditory hallucinations telling her to harm herself.

Mary served time in jail for property destruction charges. She is currently in a locked regional center facility.

Two contracts awarded based on RFP

1. Enhanced Short-Term Residential Therapeutic Program (STRTP)

- **Capacity: 2**
- **Available: July 1, 2023**

2. Two Enhanced Intensive Services Foster Care (E-ISFC) Homes

- **Capacity: 1 in each home**
- **Available: End of 2023**

Collaboration

CFS meets regularly with new and existing STRTP providers to provide ongoing support and partnership and offers one-to-one support as needed.

Effective 10/01/2023, Behavioral Health will provide support to youth at our Transitional Shelter Care Facilities.

CFS and Behavioral Health are teaming to support in-county STRTPs with Mental Health Contracts so they can provide specialty mental health services to youth in placement.

Goals for CFS youth receiving BH Services

Double the number of youth receiving ICC services to ensure youth are connected to appropriate community and BH resources. (currently approx. 15 %)

Increase number of families being served by WRAP to 16 (currently 2).

Increase number of foster youth receiving Mental Health Services (individual and family therapy, care coordination, and specialized supports) to 500 youth each year.

- 366 foster youth received these services in 2022.

Improve utilization of community based BH supports such as ROAR and REACH.

- CFS has over 100 youth with substance abuse challenges that would benefit from treatment and/or an inpatient substance abuse program.

Psychiatric Emergency

In the calendar year 2022, there were 57 unique clients with Foster Care Aid Code who utilized Psychiatric Emergency (PES)

- **57 clients had a total of 87 separate PES encounters**
- **Age of clients ranged from 11 to 20 years**

New Entries into Foster Care

From 8/2022 to 8/2023, CFS opened 11 new cases with a child being discharged from PES directly to CFS when a parent or guardian failed or refused to pick the youth up from Psychiatric Emergency.

As soon as PES determines the child is stable enough to be discharged, CFS has to locate an appropriate and safe placement for a youth with minimal information regarding the youths mental health and other needs.

These youth, and our system of care, need a short term stabilization unit (ideally for longer than 23 hours) where youth could receive follow up care after a visit to PES, be assessed for appropriate medication, and stabilize prior to entering placement.

Additional Collaboration

Behavioral Health's Crisis Stabilization unit opening this fall will act as an alternative to youth accessing PES that can focus more specifically on youth.

- **However, this remains a short term solution for our youth with significant MH needs.**

CFS and Behavioral Health regularly review staffing challenges in order to try to best utilize any available staff and redefine roles as needed to improve supports to our children and families.

Fiscal Impact

Cost of high level placements, in instances where:

- **Court does not approve STRTP placement**
- **ST RTP does not meet federal STRTP regulations.**
- **Child is not admitted to any of the STRTP facilities.**

The state has set up Complex Care funding and Capacity Building Allocations.

- **Concerns about long term solutions with short term funding.**

Goals

- *To continue to build and support a community system of care with child well-being at the core.*
- ***We are committed to adapting to the evolving needs of our population, and seeking the best possible outcomes for youth in our care.***