

Ensuring Accountability and Transparency for California's Approved Out-of-State Facilities

Background

Every year, children in California's juvenile court system are placed far away from home to receive services child welfare and probation agencies have determined are not available in their local community or anywhere in the state. The well documented harms of group care, including increased risk for abuse, neglect, problem behavior, academic difficulties, and interference with healthy development, are heightened when youth are placed in distant facilities. The combination of distance, remote facility locations, and restrictive facility communication policies isolates young people and makes oversight of out-of-state facilities a challenge. Out of state placements disconnect youth from family and community supports, sharply limit family visitation and participation in the therapeutic process, and impede regular access to the youth and the facility by the placing and oversight agencies as well as other adults responsible for protecting the youth's health, safety and wellbeing. Improving oversight and ensuring accountability is critical for out-of-state facilities, not only to protect youth placed out-of-state, but also to ensure that promised services and outcomes are delivered.

California's Continuum of Care Reform (CCR) (AB 403 Stone 2015) instituted sweeping changes for young people placed in foster care through the juvenile court system. CCR recognized the needs of children in out of home care to be in families and the harms of warehousing children in institutional settings. As a result of AB 403, California's juvenile court system shifted its focus away from placing children who have higher needs in placements where they could receive a specified level of care and services to a system of ensuring that children remain in families whenever possible and providing services in a family setting to meet their needs.

The CCR framework requires that group care only be used to provide short-term, high quality, intensive interventions and treatment in facilities designed to meet the assessed needs of young people when their needs cannot be met in a family. Group homes will be phased out and short-term residential treatment programs

My experience was terrible to be honest. I didn't like it at all. It was a prison based environment and they would tell you that when you got there. You were hyper-supervised and spent no time in the community.

Your judge has to approve a call list. They monitored my calls to my [foster] mom. You get 5 to 15 minute calls once a week, and if they don't pick up, you don't get your call. Sometimes I went 2 or 3 weeks without a call. You couldn't receive calls and I could not call my sisters. My [foster] mom came with my sisters to visit me two times the year I was there. I got to go off site for my visits only because I was on the highest level.

Dee, who has lived 15 of her 19 years in foster care, reflects on her senior year of high school spent in an out-of-state group home placement.

(STRTPs) are being developed as the system shifts to ensuring children in out of home care remain in family settings. The STRTP standards that have been developed include provisions designed to ensure that the therapeutic needs of children are met and to protect against some of the harms that young people have experienced in group care. CCR mandates systemic changes to improve oversight and accountability of group care providers, including the development of facility performance and outcome measures that are publicly available to inform individual placement decisions, aid system oversight, and create transparency.

Current Status of Out-of-State Facilities

Out-of-state facilities under AB 403 are treated for the most part like in state facilities. They are required to meet the group home licensing standards until they phase out or convert to STRTPs by December 31, 2018. Group homes that convert to STRTPs must meet the new STRTP licensing standards. Legislation is currently pending and is likely to become law that would allow group homes to extend operation into 2019, but would require phase out or conversion by December 31, 2019.

On any given day, more than 300 California dependents and wards of the juvenile court are in out-of-state placements.¹ California has seen a modest reduction in the number of juvenile court involved youth placed in group homes over the last three years, but the number of youth placed in out-of-state facilities has

California Children in Foster Care Group Home Placements*

Placement Type	Point In Time			
	Jan 1, 2015	Jan 1, 2016	Jan 1, 2017	Jan 1, 2018
	n	n	n	n
Group	5,831	5,461	5,071	4,793
Out-of-State Group	305	309	314	318

have converted to STRTPs.³

increased. As of the end of each year in 2015 the number of juvenile court dependents in out-of-state placements has increased in California to 318 in 2018. California uses 30 out-of-state facilities, including as far away as Michigan, Texas, Virginia, and Florida.² As of June 1, 2018, only six facilities

¹*Point in Time Placement Grids, California Child Welfare Indicators Project website:

http://cssr.berkeley.edu/ucb_childwelfare

² CDSS Out-of-State Certification and Annual Reports <http://www.cdss.ca.gov/inforesources/Childrens-Residential/Resources-for-Providers/Facility-Information/Certification-and-Annual-Reports>

³ *Ibid.*

Recent Law and Policy Changes Impacting Out-of-State Facilities

In addition to the changes required by AB 403, the following subsequently enacted law and policy changes in California will improve the oversight, accountability, and transparency of out-of-state facilities.

1. **Licensed and in Good Standing in State of Operation.** AB 1997 (Stone 2016) required out-of-state facilities to be licensed or approved and be in good standing in the state where the facility operates. The licensure and good standing requirements ensure that the facility is subject to some level of oversight in the state of operation and that CDSS reviews and considers in the certification process the out-of-state licensing agency actions regarding the facility.
2. **Approval of Mental Health Program Component by In-State Medicaid Agency.** AB 1997 also required out-of-state facilities (unless they have been granted an extension to operate as a group home) to have the facility's mental health program component approved by the equivalent state or county mental health agency that certifies that the program meets STRTP mental health certification standards, provides access to Medicaid eligible services, and demonstrates the ability to meet the therapeutic needs of the children it proposes to serve. California children may not be placed in an out-of-state facility that does not have a mental health program certified to provide access to Medicaid services and to meet the therapeutic needs of the children it serves.
3. **Protocols for Certifying Out-of-State Facilities Revised.** CDSS has created new STRTP licensing protocols that will be used for certifying out-of-state facilities. The new protocols require a more comprehensive approach to certification process that includes not only an evaluation of the physical plant and operational processes, but an evaluation of services and programming from admission to discharge and through transition from the facility. CDSS has also reorganized and expanded the staffing of the certification process to include divisions of the department beyond licensing including Policy, Child and Family Services, and the Foster Care Ombudsman's office with staff who were formerly in foster care.
4. **Out-of-State Facilities Added to Transparency Website.** The California Department of Social Services (CDSS), the state licensing and oversight agency, maintains two websites through its Community Care Licensing (CCL) division with information on out-of-state facilities. The transparency website has a search function that allows visitors to look up in-state and out-of-state facilities by facility type, name, number, or county. CCL recently added out-of-state children's residential facilities to the transparency website. CDSS also maintains an "Out-of-State Group Homes Certifications and Annual Reports" page that contains summary certification and program information about out-of-state

children's residential facilities. The annual reports have not been migrated to the transparency website. This is an interim step in centralizing facility information in one website.

- 5. CCR Implementation Dashboard.** CDSS is in the process of developing an accountability and transparency dashboard that will provide a snapshot of each licensed in-state or approved out-of-state facility and include performance and outcome measures. The dashboard will be publicly available and centralize facility information. The performance and outcome measures will include the health, safety and social/emotional well-being of the youth in the facility, the immediate and long-term outcomes after discharge, and youth and family satisfaction. CDSS has completed the first of four stages of the dashboard development process. The first stage contains measures that are currently tracked in existing information systems and each subsequent stage will add and revise information to cover the full scope of CCR implementation when the final stage is complete in 2020.

Advocacy to Ensure Effective Performance and Outcome Measures

Background

California's framework for state level oversight and accountability under CCR envisions a comprehensive and transparent system that integrates program, fiscal, and licensing oversight in a data driven system that will promote change through performance based, fiscally accountable, and publically available performance and outcome measurements for providers. AB 403 required CDSS, in consultation with system stakeholders to develop an accountability system, that includes provider performance, performance contracting, fiscal auditing, and licensing compliance.

The development of the performance and outcome measures is central to the overall accountability system. AB 403 provides:

That the needs of children placed in residential group placements can most effectively be met when there is system accountability. Placement decisions should be informed by the provider's performance on common indicators that are publicly available. Providers should continuously work to improve the quality of the care they provide by using available data to manage performance.

The goals of CCR to establish a transparent accountability system that informs decision making on individual placements, provider performance, and child welfare resource allocation cannot be met without the development of effective performance and outcome measures. The CCR implementation dashboard will provide the transparency, but providing accountability will first require the identification of the right measures that will answer whether the provider delivered what it promised, whether the intervention worked and how well. Continued advocacy will be needed to ensure that the system that is developed meets the goals of CCR.

Key Elements

CDSS' accountability system should include performance and outcome measures that will enable case, program, and systemic evaluation of providers including how well the interventions met the needs of the children served. The performance measures should include objective measurements that can be scaled along a continuum with a baseline benchmark that all providers are required to meet. These benchmarks can be used to evaluate a provider over time, to compare providers, to determine the quality of the performance, and to aid in continuous quality improvement. At a minimum, the system should capture:

- Who is being served and the identified service needs for the child;
- The services and interventions the provider is designed to provide;
- The services and interventions delivered;
- The health, safety, and social-emotional wellbeing of the youth while in the program; and
- The immediate and long-term youth outcomes after discharge (e.g. how did the program impact the youth's health, safety, permanency, social connections, education, life skills, and satisfaction as the consumer of the intervention).

On the individual case level, the data should inform placement and service decisions – which provider can best meet the identified needs of the youth. For system decisions related to program and fiscal accountability of providers, the measures should evaluate whether contracted services were provided, whether performance standards were met and how well, and whether services were effective. The accountability system should link provider performance to contract renewals and payment levels to incentivize providing the highest quality of services to children and families. The system should also be able to answer: which services and providers are effective for which youth, and which are not effective. Also on the systemic level the system should be able to identify service gaps and answer policy level questions on the most effective interventions when deciding how to allocate child welfare resources.

Next Steps

The development of the CCR implementation dashboard is a key opportunity for continued advocacy to ensure that effective performance and outcome measures are included in the dashboard. CDSS will begin the second stage of the dashboard and will begin to make additions and revisions to the first stage measures included in the initial system. The second stage will be a prime opportunity to advocate for the key elements discussed above.

Additional statewide policy advocacy will also be needed to ensure that the CCR framework for accountability is supported and implemented. In addition to supporting the inclusion of the key elements discussed above, advocacy will be needed to support the integration of the program, fiscal, and licensing oversight components of the accountability system. These three components are being developed separately and advocacy will be needed to ensure that these components are integrated effectively.