

Strategies for Addressing Barriers to Kinship Care Placements

Children and youth do best when raised by family and kin. California has enacted many laws and policies to support the development of a Kin First Culture. The California Department of Social Services' (CDSS') comprehensive Kin-First Policy Guide can be found <u>here</u>. This Tip Sheet highlights strategies advocates can use to address recurring barriers to finalizing and maintaining kinship care placements for children and youth in California's foster care system.

The information provided in this resource does not constitute legal advice. All content is for general information purposes only. Please contact Emily Satifka (<u>esatifka@YLC.org</u>) at the Youth Law Center (YLC) for technical assistance regarding kinship care cases.

Barrier	Strategy, Resource, Law or Policy to Address Barrier
Criminal Records of Prospective Kinship Caregiver	Initial Assessment Process & Individualized Assessment: The presence of a criminal record does not automatically disqualify a relative from providing care. Multiple legal pathways exist to enable placement despite criminal history. When a California Law Enforcement Telecommunications System (CLETS) background check reveals criminal history, the agency must conduct an individualized assessment. A "hit" in the system does not automatically preclude placement (WIC 361.4). Instead, the agency must evaluate whether the criminal history poses any actual risk to the child's safety (All-County Letter (ACL) 22-33). Social workers can make emergency placements with kin so that youth never need to go to an interim or shelter placement. If kin are available and request placement, the agency must initiate an assessment. (WIC 309(d)).
	 Simplified Exemption Process: Counties can grant exemptions through a streamlined process when the prospective caregiver meets specific qualifiers. The relative must have maintained a clean record with no misdemeanor convictions for the past three years, and no felonies within the past 5 years. Additionally, the relative must demonstrate good character Exclusions apply for certain serious offenses (H&S 1522(g)(2)(B); ACL 22-33 Page 5).
	 Enhanced discretion for relatives, which includes an extended family members of Indian children: These caregivers may receive special consideration if they can provide both



	 evidence of rehabilitation and present good character. They must have no felony convictions within the past five years for: child abuse or neglect, spousal abuse, rape, sexual assault, homicide, or crimes against children.
	(H&S 1522(g)(2)(A)(iv); ACL 22-33, Page 6). Court Authorization: The juvenile court holds significant authority to authorize relative
	 placements regardless of criminal history. The court may authorize placement despite criminal record (WIC 319(h)(3)), even if a criminal exemption was previously denied. The court may authorize temporary placement with a relative even if the Resource Family Approval (RFA) process is incomplete. To do so, the court must find that the placement does not pose a risk to the child's health and safety. This authority applies to both emergency and temporary child welfare or juvenile justice placements. (WIC 319(h)(3); WIC 727.05; ACL 22-33, Page 2).
	 Funding Options During Criminal Record Review 1. Emergency Caregiver (EC) Funding: Available immediately during the exemption process Available for 120 days from the date of placement, but can continue up to 365 days with monthly documented good cause for the delay Retroactive to placement date (WIC 11461.36) 2. Approved Relative Caregiver (ARC) Funding: Available if denied RFA or court authorized placement due to criminal record (WIC 11461.3(I)) Available with child-specific approval Equal to the foster care rate and any specialized increments or levels of care (WIC 11461.3(b), (c))
Lack of Appropriate Housing and/or Space	 Flexibilities in Resource Family Capacity Determination and Bedroom Sharing The Resource Family Written Directives (Version 8) allow for a Resource Family capacity greater than six for any of the following reasons¹: (A) To allow sibling groups to remain together. (B) To allow a minor or nonminor dependent parent to remain with their child. (C) To allow a child or nonminor dependent who has an established relationship with a Resource Family to remain with that Resource Family. (RFA Written Directives, Section 10-04: Capacity Determination).

¹ Note: the following conditions must also be met: (A) The Resource Family is not a Specialized Resource Family or an Intensive Services Foster Care Resource Family as defined in Welfare and Institutions Code section 18360 and (B) The home is sufficient in size to accommodate the needs of all children and nonminor dependents in the home.



Lack of Sufficient Resources or Funds to Care for the Child of Youth	The following funds may be available to provide ongoing financial support: 1. Emergency Caregiver Funds (EC) available for at least 120 days
	County-Level Flexible Supports: Counties have authority to provide immediate flexible funding to remove housing-related barriers such as emergency repairs, safety modifications, or basic furnishings. (WIC 309(d)(3)). Typically, the funds available are \$300-\$1000 per child.
	State Flexible Family Support and Home-Based Foster Care (HBFC) Funds: California has appropriate flexible funding available through June 30, 2026, specifically designed to increase home-based family care. These funds can support home modifications to meet approval standards, make safety-related repairs or improvements, moving costs when the caregiver needs to move to a larger home to accommodate sibling sets, or can buy essential furniture or equipment. (ACL 23-02; CFL 22/23-51).
	These supports do not require child welfare system involvement so they may be available before formal placement. They can be accessed through the child's managed care plan and can help stabilize housing situations proactively. (Department of Health Care Services (DHCS) All Plan Letter (APL) 21-017).
	Community Supports Through the Youth's Managed Care Plan (MCP): Children enrolled in Medi-Cal managed care plans may access a benefit called "Community Supports" Subject to DHCS approval, MCPs may identify and propose additional Community Supports in order to provide medically appropriate, cost-effective services that are tailored to their Members' unique needs. Examples may include funds for things like: housing navigation supports and deposits, caregiver respite, and asthma remediation.
	California law recognizes that housing challenges should not prevent otherwise qualified relatives from caring for children. Multiple funding streams and support programs exist to address housing barriers. Note: For emergency placements, initial home assessment focuses only on basic safety and ability to meet child's needs (WIC 361.4). Full Resource Family Approval standards can be met over time using the supports below.
	Additionally with regards to bedroom sharing, the RFA Written Directives allow for a Documented Alternative Plan (DAP) under Section 10-03 that authorizes alternative ways a Resource Family may comply with the requirements that "[n]o more than four children or nonminor dependents, or one child and one nonminor dependent, may share a bedroom" and "[a] child or nonminor dependent may not share a bedroom with a Resource Parent except as specified in Section 10-03(a)(2)." (RFA Written Directives, Section 11-01: Home and Grounds).



- Available 120-365 days
- Retroactive to placement date (WIC 11461.36)
- 2. Aid to Families with Dependent Children-Foster Care (AFDC-FC): Funds for children placed with relatives that meet the federal Title IV-E eligibility requirements. The basic rate now starts at \$1,258 monthly and increases yearly based on the California Needs Index (CNI).
 - Available with federal eligibility
 - Level of Care Protocol Resource Families and Foster Family Agency Rates: Basic Level Rate \$1,258 (Resource Family (RF) Home) or \$2,574 (FFA Home) up to Level of Care 4 Rate \$1,683 (RF Home) or \$3,173 (FFA Home).
 - Specialized Care Increment (SCI) (county option): \$200-\$1,000+ monthly for medical or behavioral needs
 - Dual Agency Rates: Additional \$200\$2,035monthly for regional center clients
 - Requires completed Resource Family Approval (WIC 11402, 11402.1, 11461, 11464, ACL 23-65)
- 3. Approved Relative Caregiver (ARC) Funding: Funds for caregivers who are not eligible for EC or AFDC-FC AND for whom (1) the relative has been granted child specific approval as a resource family and has a criminal record exemption for a crime that is not federally exemptible OR (2) the child has been placed with a relative by the juvenile court when the relative has been denied Resource Family Approval.
 - Equals foster care rate
 - Available if ineligible for AFDC-FC (WIC 11461.3)

Additional Ongoing Financial Resources:

- 1. **CalWORKS Benefits ("Non-needy Caregiver Assistance")**: Available for informal or formal care with a relative, apply for child-only grants; possible to combine with other assistance, although it is much less than other forms of financial support, including those listed above. The current CalWORKs benefit is \$809/month for one child in Region 1 and \$770/month for one child in Region 2. ACL 24-55. CalWORKs payments decrease in amount/child as more children are added to the household (Example: current CalWORKs benefit for 2 children is \$1,039/month in Region 1 and \$978/month in Region 2).
- 2. Voluntary Placement Agreement (VPA) Option: Provides immediate funding access, available for 180 days, and can then be extended for an additional 180 days. This can be a pathway to permanent support. A young person can go directly from a placement under a VPA to a placement under a Kinship Guardianship Assistance Payment (Kin-GAP) subsidized guardianship without ever needing to enter foster care. (WIC 360(a)(5), 11363(a)(2) & 11386(a)).



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	 Immediate Support Options: County flexible funds: May be available based on county agency planning. \$300-1000 per child is typical Supervisor approval process is required Can address emergency needs (WIC 309(d)(3)) State Family Flexible funds: Funds that can be used until June 30, 2025 (for FY 2022-23 funds), and June 30, 2026 (for FY 2023-2024 funds) for things like: purchasing furniture and goods to make placement possible, respite, enrichment activities, etc) (ACL 23-02)
Lack of Accessible Behavioral Health Supports to Stabilize and Maintain Placement	 California Advancing and Innovating Medi-Cal (CalAIM) has transformed how Medi-Cal supports kinship families by providing comprehensive behavioral and physical health care and social services outside of the child welfare system. Young people who are or have been involved in the child welfare or juvenile justice system are categorically eligible for many of these services and youth who are not system involved may be eligible for many of these services as well. These supports and services can stabilize placements and support both children and caregivers. Below are a few examples. For more detail on all available services see pages 25-28 of the Kin-First Policy Guide Toolkit. 1. Enhanced Care Management (ECM): ECM provides intensive and person-centered care management across healthcare, mental health, and social services. ECM is available through Managed Care Plans. Please see Page 27 of the Kin-First Policy Guide for more information. 2. Intensive Care Coordination (ICC): This is a specialty mental health service for which all foster youth are automatically eligible. It is a team-based care planning for mental health services across systems. ICC is available through County Mental Health Plans. (DHCS Behavioral Health Information Notice (BHIN) 21-073, DHCS Mental Health and Substance Use Disorder Services (MHSUDS) Information Notice 16-004). 3. Dyadic Services: Serving the child and caregiver together, these services connect patients to community resources, provide parenting support, and include behavioral health screenings. Request this service during healthcare visits. (APL 22-029) 4. Family Therapy: No diagnosis is needed for counseling for foster youth and their caregivers. Counseling supports the caregiver-child relationship as they together process trauma and transitions. Please see Pages 26-27 of the Policy Guide and APL 22-029 for more information.