A QUALITATIVE STUDY OF STAKEHOLDERS’ PERSPECTIVES
ON CONGREGATE CARE POLICY CHANGES IN CALIFORNIA
AND IMPLICATIONS FOR FOSTER YOUTH OUTCOMES

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Michelle Marie Rezentes

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Division of Social work
Abstract

of

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Background

The Continuum of Care Reform (CCR) policy changes in California aimed to better serve foster youth who spend time in congregate care. CCR calls for individualized, intensive services to foster youth in order to move them into family settings quickly, rather than allowing them to linger in congregate care indefinitely. The purpose of this study was to examine current measures to improve the quality of care for foster youth and to broaden the understanding of what further changes might be helpful in order to increase positive outcomes for youth in congregate care.

Methods

Through in-depth interviews with 12 professional stakeholders, this qualitative study examined perceptions about the recent CCR policy changes. Interviews were audio-recorded and transcribed thereafter. AtlasTi online software was utilized to organize and code the collected data in a thematic analysis.

Results

The findings from the study included problems with the old group home model,
addressing problems through policy, challenges and frustrations with the transition process and unintended consequences of the policy changes, along with hopes and possible solutions to some of the challenges moving forward.

Conclusion and Implications

The findings of this study could inform social workers of the current gaps that exist between policy and practice regarding changes to congregate care policy. While the vision of ensuring that every child is able to live in a family setting may be ideal, results suggest that it may be currently unattainable. More research will be required in order to find better ways to support foster youth who spend time in congregate care.

______________________, Committee Chair
Jennifer Price Wolf, Ph.D.

______________________
Date
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Chapter 1

INTRODUCTION

Purpose of Study

This study will explore how professional stakeholders perceive recent changes in congregate care policies in California regarding: a. measures to increase quality of care, and b. measures to increase positive youth outcomes for foster youth who spend time in congregate care. This study also aims to learn about professional stakeholders’ perceptions of how the recent policy changes have affected quality of care for foster youth in the areas of fidelity, accountability, and sustainability. Finally, this study will attempt to deepen the understanding of what else might be perceived as beneficial regarding policy implementation or changes in order to increase the quality of care resulting in more positive outcomes for foster youth in congregate care.

Background

In California, the Continuum of Care Reform (CCR), adopted in 2015, seeks to improve outcomes for youth in the children’s system of care. Congregate care is one of the major components addressed in CCR, among other policy changes to the child welfare system in California. The intricacies of congregate care must be examined closely as outcomes for youth who spend time in congregate care tend to be worse than the outcomes of their peers who reside in more family-like settings during their time in foster care (Annie E. Casey Foundation, 2015). Providing individualized care can prove difficult in a group setting considering the mandate of meeting the varying needs of many youths at the same time compared to one or a few in family-like foster placements.
As with any major policy changes, it is important to consider what effects the policy changes will have on the population impacted by the changes. Before delving into CCR and the changes to congregate care policies and their effects, an overview of the evolution of the United States child welfare system and the need for protective services for children will be laid out as a foundation.

**Child Maltreatment and Foster Care**

In the United States, there are nearly 428,000 children involved in the child welfare system at any point in time (KVC Health Systems, 2018). An estimated 674,000 children were substantiated victims of maltreatment in the United States in 2017 (Administration for Children and Families, 2019). Foster care is an integral part of the child welfare system that provides state-sponsored substitutionary care for children who have been recipients of abuse or neglect in their home of origin (Youth Law Center, 2016). Children who are unsafe in their home of origin by the state system of care are placed into various types of out-of-home care settings depending on variables such as their individual circumstances as well as available placement options at the time of need. Data from a 2017 point-in-time count, collected by the United States Department of Health and Human Services, revealed that 336,035 children were placed in relative or non-relative foster care, while nearly 54,000 children were placed in group homes or institutional care (Administration for Children and Families, 2018). Child maltreatment has far-reaching effects that are important to consider.

**Effects of child maltreatment.** Child maltreatment has lifelong consequences, both for the children who are maltreated, and for society as a whole (Krinsky, 2010).
Children who have experienced ongoing maltreatment, especially in such cases leading to out-of-home care, often suffer from complex trauma and have an increased risk of chronic health problems and mental health challenges (The National Child Traumatic Stress Network, n.d. & Berrick, 2018). Society is strongly impacted by child maltreatment as well, both by way of economic impacts as well as societal impacts (Berrick, 2018 & Krinsky, 2010). Child maltreatment has far-reaching effects which require close attention.

**Long-term effects on recipients of maltreatment.** Complex trauma involves repeated exposure to events perceived as traumatic. Traumatic events can include a myriad of experiences such as being the recipient of abuse or neglect, witnessing domestic violence, and/or being removed from the home of their primary caregiver (The National Child Traumatic Stress Network, n.d.). Some of the common symptoms displayed by traumatized youth include behaviors such as aggression, impulsiveness, irritability, and challenges with learning (Zelechoski et al., 2013). In regard to chronic health conditions, adults who experienced maltreatment as children are at a greater risk of developing physical health challenges (Berrick, 2018). Likewise, mental health challenges such as depression, anxiety, and eating disorders are more likely to be evident in young adults who experienced maltreatment while growing up compared to children who were not maltreated (Berrick, 2018). In addition to complex trauma and risks of physical and mental health issues, there are also costs to society in regard to child maltreatment to be explored.
**Costs of child maltreatment to society.** Child maltreatment has significant impacts on society. To begin, the economic effects of child maltreatment are great. The average cost throughout the lifetime of a single child can amount to over $200,000, and the combined cost for all children, due to the frequency of maltreatment in the United States exceeds $125 billion (Berrick, 2018). When maltreated children grow up and become adults in society, problematic behaviors tend to emerge as well. Among these problematic behaviors are early parenting, drug abuse, and criminal justice involvement, along with doubling the likelihood they will maltreat their own children as parents (Berrick, 2018). According to Krinsky (2010), a former Department of Justice prosecutor, within the first few years after emancipation from the foster care system, “51% will be unemployed, one-third will be on public assistance, 25% become homeless, and 25% will be incarcerated” (p. 324). The societal costs of child maltreatment are high.

**Child Protection Services in America**

Prior to 1875, there was virtually no public or governmental knowledge of, nor a movement toward protecting children from any type of maltreatment (Myers, 2008). Between 1875 and 1962, private organizations began to form with the purpose of protecting children from poverty and neglect (Myers, 2008). Through the Social Security Act of 1935, children became entitled to governmental support through Aid to Dependent Children and the development of the Children’s Bureau (Myers, 2008). Child abuse reporting laws eventually provided children with governmental protection from abuse and led to the national system of care (commonly known as foster care) for children who needed to be removed from their family of origin in order to protect them from
maltreatment (Myers, 2008). The Child Abuse Prevention and Treatment Act of 1974 aimed not only to identify abuse but to put measures in place to prevent it from occurring or recurring (Myers, 2008). The Adoption Assistance Child Welfare Act of 1980 included the overarching component of family preservation to promote permanency for children in the system of care (Myers, 2008). In 2015, the Continuum of Care Reform was passed in California, with the intention of making major changes to the foster care system with the hopes of improving the lives of youth in foster care in part by both clarifying the purpose and reducing the overuse of congregate care placements (Stone, 2015).

**Approaches to Addressing Child Maltreatment**

Throughout the history of child welfare services in America, there have been several different areas of focus. One school of thought places the primary focus on the protection of the child at risk and the other perspective makes family preservation the main objective. This debate between *child protection* and *family preservation* dates back to the late 1800s during the beginning of the child protection movement when private organizations were at the forefront, and it continues today within the government child welfare system.

**Child Protection Versus Family Preservation.** The perspective of *child protection* is that children should be protected from maltreatment at all costs. This perspective does not take into consideration the effects of separating children from their families and placing them in institutions (Berrick, 2018). The perspective of *family preservation* takes a different approach. This approach to address child maltreatment
aims to place children in foster homes when they are not safe in their home of origin, but also provides families with support services with the intention of reunification if possible (Berrick, 2018). Protecting children from maltreatment is not a simple task. Finding a balance between the consequences of placing children in institutions to provide them safety versus the risk of further traumatization due to removing children from their families is complex and decisions and outcomes may differ for each individual situation.

**Congregate Care Placements**

Congregate care includes any type of residential, institutional, or psychiatric treatment placement for youth in the state system of care after being removed from their family of origin (James, Landsverk, Leslie, Slymen, & Zhang, 2008 & Wiltz, 2018). Congregate care settings other than psychiatric facilities are commonly referred to as *group homes*. There is a growing consensus in the field of child welfare that placements in congregate care should be used sparingly at most when it comes to placement decisions on behalf of youth in the foster system (Wiltz, June 2018). Even though there are times when it is clinically beneficial to place a child in a group home, in 2015 it was found that approximately 41% of the foster youth residing in congregate care had no documented clinical reason for being there (Loudenback, 2019).

**Costs.** While there has been a reduction in the use of congregate care placements in recent years, still as many as one in five youths in foster care may end up in congregate care rather than living in family-like placements at some point during their involvement with the children’s system of care (Bartkowiak, 2015). There are important costs to be considered for relying on congregate care as a placement option for children in the state
system of care including exorbitant financial costs, and extra challenges for youth, (Casey Family Programs, 2018b).

**Financial costs.** In 2006, California was spending around half of its foster care funding on youth in congregate care settings while these youth made up only 11.5% of the total population of children in foster care (Loudenback, 2019). The financial cost of placing a child in congregate care is much higher than the cost of placing them in a resource family setting (Bartkowiak, 2015). The monthly cost of congregate care can be as high as $12,498 per youth depending on the services required, while the rates for Intensive Treatment Foster Care are $2,410 and a non-specialized foster care placement with a resource family costs between $2,139 and $2,322 (California Department of Social Services, 2017). To put these costs in perspective, the annual cost of placing a child with a resource family could be as low as $25,668 while the cost of congregate care could be as high as $149,976 for a child in need of intensive services in a group setting (California Department of Social Services, 2017). In addition to the costs while a youth is in the system of care, there are also future costs to society associated with youth after they exit the system of care. According to Stangler (2013), it costs taxpayers around $300,000 through various services such as public assistance, criminal justice involvement, and lost wages over the lifetime of each youth who ages out of the foster care system.

**Costs for youth in care.** Congregate care settings lead to extra challenges and negative outcomes for youth in the system of care. A family-like setting is the most beneficial for youths placed in out-of-home care, which is something group homes cannot realistically provide (Annie E. Casey Foundation, 2015). Likewise, children benefit
tremendously from having parental figures in their lives, no matter what their age or developmental stage, which group homes cannot reasonably provide through mere staffing (Bartkowiak, 2015). Meeting the needs of youth with intense behavioral and/or mental health needs is a challenge in and of itself. In congregate care, there are not just one or two, but many youths who all have individual needs, making it all the more challenging to customize care to suit each of them (Bartkowiak, 2015). Even beyond high behavioral or mental health needs, simple common needs can be left unmet in group care settings. For example, the typical teenage milestones of graduating from high school or obtaining a driver’s license can seem nearly impossible for youth in a group home (Bartkowiak, 2015).

The cost for youth spending time in congregate care is much too high to ignore. Negative youth outcomes include challenges with education, general life success, homelessness, health issues, incarceration, and more (CAPSES, 2019). The future success of foster youth can be greatly affected by their time spent in non-family settings while in the children’s system of care. Therefore, further research to gain a deeper understanding of how to best support foster youth in congregate care is necessary. This will not only benefit youth in care but will also benefit American society if youth can overcome the challenges associated with congregate care settings.

Congregate Care Policy Changes in California

In 2015, California adopted the Continuum of Care Reform which included a mandate for group homes to either transition into short-term, residential treatment programs (STRTPs), or alternatively, to shut down their operation. The purpose of these
policy changes is to better serve the youth who are required to spend time in congregate care. This is to be accomplished by increasing oversight and raising standards of care, providing mental and behavioral health services in a more personalized way, and shortening the length of stay in congregate settings so that youth in care can transition into less restrictive living environments as soon as possible (California Department of Social Services: Community Care Licensing Division, 2016). These policy changes are what spurred the researcher’s interest in exploring perceptions of the changes along with potential outcomes for youth under the new California regulations for congregate care settings.

**Population and Methodology**

To better serve this population of foster youth, perspectives from various levels of professional stakeholders on recent policy changes in congregate care will be explored. The snowball method of data collection will be utilized in order to locate relevant stakeholders for this study. Professional stakeholders will aim to include policymakers and/or analysts, program directors, direct-service group home workers, community partner service providers, and youth advocates. In this study, in-person, semi-structured interviews will be conducted with professional stakeholders to gather perspectives on projected youth outcomes in concordance with policy changes. Another aspect of the interviews will be exploring possible solutions to recurring problems associated with congregate care placements for youth. Once the interviews are completed, they will be transcribed, and finally, common themes will be drawn out using qualitative data software for the purpose of coding and further analysis.
Implications for Social Work

The implications for social work regarding congregate care policy changes in California are broad. First of all, some of the values and ethics of social workers, as described by the National Association of Social Workers, will be considered in relation to the study topic of congregate care policy changes. Secondly, it is important to explore the way in which social workers uphold their values regarding congregate care policy changes and the vulnerable population being affected by these changes.

Social work values and ethics. Those dedicated to the field of social work are committed to abiding by a code of ethics that includes specific values to guide their conduct. Among these social work values are the importance of human relationships and a dedication to social justice and service to vulnerable, under-represented and/or underserved populations in society (NASW Delegates Assembly, 2017). This population of young people in the foster care system often lacks the relationships that others in society may take for granted, such as having a safe home in which to reside along with permanent family connections. Youth residing in congregate care settings surely meet the criteria of being a vulnerable population in our society, which means that social workers have an obligation to work toward social justice on their behalf.

Upholding social work values. In order to uphold the values of social work on behalf of this vulnerable population, it is imperative to determine whether recent policy changes to group home regulations will produce the desired results of increased positive outcomes for foster youth. A qualitative perspective may increase the understanding of foster youth needs. Gaining insight from both professionals who work closely with group
home youth, and with policymakers can lend to integrating ideas and encouraging collaboration to refine policies and make them more effective in supporting foster youth who spend time in congregate care.

**Goal of Research Project**

The hope in conducting this research is to open the door for a deeper awareness of the importance of addressing the needs of this population of young people in American society as well as providing a basis for further studies. The overarching goal of this study is to improve outcomes for youth who are placed in congregate care at some point during their time in the foster care system. In order to reach this goal, it is vital to gain in-depth insight from professional stakeholders with different levels of connection to youth in congregate care, and to assess the policy changes being implemented, gaining a deeper understanding through their perceptions of these changes in order to produce better outcomes for foster youth in congregate care.
Chapter 2

LITERATURE REVIEW

This review of literature seeks to develop an introductory understanding of the depth and context of challenges associated with youth residing in congregate care and the impacts of recent policy changes in California on youth in care. The literature review begins by providing important background information via a brief review of societal recognition of the need for child welfare services in the United States, which eventually led to incremental change through legislation. Out-of-home placement options are then explored with an emphasis on the impacts of congregate care settings on foster youth outcomes. Next, California’s Continuum of Care Reform is briefly explained and examined, especially regarding the impact of policy changes on congregate care settings. Gaps between policy and practice are then discussed, followed by relevant theoretical perspectives. Finally, research constraints and the need for further study are considered.

The Need for Child Protection Services and Resulting Legislation

Regulatory laws have evolved throughout the history of the state system of care for children in the United States. Prior to 1875, worldwide, there were no organizations dedicated to the protection of children in existence (Myers, 2008). Between 1875 and 1962, numerous non-governmental societies, many of which were religiously based, formed across the United States with the purpose of protecting children from harm (Myers, 2008). Along with child protection societies, the first juvenile court was created in 1899 in Chicago, and by 1919, most states had followed suit (Myers, 2008). The first national Conference on the Care of Dependent Children was held at the White House in
The federal Children’s Bureau was formed in 1912, which began the government’s official role in the protection of children (Myers, 2008). Some of the major legislation for child welfare in the United States will be discussed in further detail below.

**The Social Security Act of 1935**

The Social Security Act of 1935 was the impetus for major changes in the way the government was able to intervene to help those most in need, which included Aid to Dependent Children (Myers, 2008). This allowed the Children’s Bureau to create programs to help children in danger of becoming delinquent due to experiencing dependency, homelessness, poverty, and/or neglect (Myers, 2008). By 1967, there were very few non-governmental child protection organizations left in existence and laws in most states yielded the primary responsibility of the protection of children to the local government. However, there was a lack of uniformity in laws, which made it difficult to adequately protect children (Myers, 2008).

**Child abuse Reporting**

Holding adults accountable for child abuse became a topic of concern in the 1960s when several physicians began to explore, document, and spread awareness about some relatively common childhood injuries which were found to be concerning. Up until that time, training for physicians (including pediatricians) to recognize signs of abuse was not included in medical school (Myers, 2008). Further research began to open the door for a better understanding of child abuse and spread information to both the public and professional realms of influence. In 1962 amendments were made to the Social Security
Act that made provisions for programs that would further protect children from abuse (Myers, 2008). Child abuse reporting laws had been instituted in every state by 1967. Reports of child abuse led to some children being removed from their home and placed in out-of-home care such as orphanages or almshouses when necessary. Eventually, the children’s system of care evolved into what is now referred to as foster care which allowed children to be placed in more home-like settings rather than being placed in congregate care (Myers, 2008).

**Child Abuse Prevention and Treatment Act of 1974**

The next major piece of federal legislation regarding the protection of children in the United States was the Child Abuse Prevention and Treatment Act of 1974 (CAPTA). CAPTA was critical in creating a new governmental agency called The National Center on Child Abuse and Neglect, which became responsible for implementing training, conducting research, and playing a huge role in creating a nationwide system of child protective services (Myers, 2008). CAPTA created standard definitions for different types of abuse including physical abuse, sexual abuse, and neglect, and required states to include the common verbiage in their statutory definitions in order to receive federal funding for services involving child abuse and treatment thereof (Child and Family Services Reviews, n.d.c). States and nonprofit organizations may receive federal funding and/or grants through CAPTA for services such as investigation, prevention, assessment, and treatment (Child and Family Services Reviews, n.d.c). CAPTA has been amended and reauthorized several times, most recently in 2010, in order to reshape child welfare standards as needed over time (Children’s Bureau, 2019).
It was recognized that adoption was one way to provide permanent connections and living situations, termed *permanency*, for children in the system of care. There were several pieces of federal legislation through the years that were enacted in order to both encourage adoption and provide assistance to those willing to adopt children through the system of care. The adoption legislation includes the Adoption Assistance and Child Welfare Act of 1980, the Adoption and Safe Families Act of 1997, and the Fostering Connections to Success and Increasing Adoptions Act of 2008.

**Adoption Assistance and Child Welfare Act.** The Adoption Assistance and Child Welfare Act of 1980 restricted child welfare agencies from unnecessarily removing children from their home of origin (Child and Family Services Reviews, n.d.b). A movement toward *family preservation* became more mainstream as time went on with the belief that keeping families together by providing needed support was the best way to protect children. While not everyone agreed with the idea of family preservation, this was another move toward attempting to help children succeed. When children were unable to reside with their immediate family, an effort to find extended family members who were willing to take children was believed to be the next best option whenever possible. The hopes of creating permanency for children through adoption with extended family members was a large component of the Adoption Assistance Child Welfare Act of 1980 (Myers, 2008).

**Adoption and Safe Families Act.** The Adoption and Safe Families Act (ASFA) of 1997 came into effect due to the recognition that many children were remaining in the
system of care for too long as well as enduring multiple placements during their time in care (Child and Family Services Reviews, n.d.a). ASFA placed an emphasis on both creating a timely permanency plan as well as keeping the safety of the child on the forefront throughout the entire process. ASFA implemented time limits on the length of stay for children in care and required states to file for termination of parental rights when a child has been in foster care for 15 of the last 22 months in order to allow for adoption to take place sooner (Child and Family Services Reviews, n.d.a).

**Fostering Connections to Success and Increasing Adoptions Act.** The Fostering Connections to Success and Increasing Adoptions Act was passed in 2008. The purpose of this legislation was to encourage connections between children in foster care and extended family member caregivers, providing support for such connections, and using incentives to increase adoption by family members (Child and Family Services Reviews, n.d.d). In addition, the Fostering Connections to Success and Increasing Adoptions Act made special provisions for access to foster care and adoption services to federally recognized Native Indian Tribes (Child and Family Services Reviews, n.d.d).

**Placing Youth in Out-of-Home Care**

At times it is deemed necessary for a child to be removed from their family of origin for their safety and/or wellbeing. In order to reduce negative outcomes, when entering the system of care, children are placed with relatives, if at all possible (James, Landsverk, Leslie, Slymen, & Zhang, 2008). Congregate care settings, such as group homes or residential treatment centers are intended to be *placements of last resort* after exhausting all other possible placement options. The primary goal of the involved child
A welfare worker is to place children in the type of care that is of the least restrictive nature possible, beginning with relatives or non-relative extended family members (NREFMs) (James et al., 2008). In the case that no relatives or NREFMs are available to adequately care for the child, the next placement option is a resource family (commonly known as a foster family), followed by varying levels of congregate care.

**Congregate care placements.** Common reasons for placing a child in a congregate care setting include intense behavioral or mental health needs (often related to past trauma) which exceed the level of care available in a less restrictive setting such as a resource family home (Bartkowiak, 2015). This is partially due to a lack of resource parents who are willing or able to care for children with high behavioral or mental health needs in their home environment (Bartkowiak, 2015). Many times, foster youth are placed in congregate care after first being placed in a relative or non-relative resource family setting. If difficulties with intense behavioral challenges in their placements emerge beyond what the resource family can handle in their home, they may be moved into a congregate care setting (Wiltz, June 2018). It is also common for youth involved in the juvenile justice system to be placed in group settings to avoid placing them in juvenile lock-down facilities and/or when their family of origin is unable to provide them with adequate care when they are released from a juvenile detention center (California Department of Social Services, 2015).

Research also reveals that at times youth are placed in congregate care settings not due to high behavioral needs, but rather due to an urgent need for placement when in fact they may be better suited to be cared for in a family-like setting (Bartkowiak, 2015 &
James et al., 2008). As explained in the Every Kid Needs A Family policy report:

One in seven children under the care of the child welfare system is placed in a group setting — even though for more than 40 percent of these children, there is no documented clinical or behavioral need that might warrant placing a child outside a family. Many children — especially teens — are sent to a group placement as their very first experience after being removed from home. In many cases, a child ends up living in a group placement simply because an agency has not found an appropriate family (Annie E. Casey Foundation, 2015).

There is a common discourse among child welfare service providers around the importance of children being placed in the least restrictive setting possible if they must be in out-of-home care. Likewise, it is believed that any time a youth must be placed in a congregate care setting, it should be for the shortest time possible for the safety of the youth, and at the same time, permanency planning should be kept on the forefront of the case plan (Casey Family Programs, 2018b).

**Common Outcomes for Youth in Congregate Care**

The outcomes for youth in congregate care are generally poor. Youth who have experienced trauma are at a greater risk for further physical abuse when they are placed in group homes compared with their peers placed in family settings (Casey Family Programs, 2108b). While much of the research makes it evident that placing youth in congregate care often leads to negative outcomes for youth, there is some research that varies. For example, some research has shown better outcomes for some youth under certain circumstances such as higher levels of family involvement during treatment,
shorter stays in congregate care, and accessibility of aftercare services (James, 2011).

While there are times when it is deemed most appropriate to place youth in group settings, this should only be the case when no other option is viable and with the goal of moving the youth to a less restrictive setting as soon as possible. Some of the concerns that come up regarding congregate care placements include the propensity to rely on shift staff who tend to have high turnover rates and may not be adequately trained along with challenges with safety, risk of abuse, and negative peer influence (James, 2011).

Understanding the potential for negative impacts on youth in congregate care should give pause to child welfare workers before placing youth in congregate care unless absolutely necessary. As examined by Casey Family Programs (2018), attention to the long-term effects of negative outcomes such as poorer levels of education, lower success rates, and an increased propensity toward delinquency, should not be overlooked.

**Educational Attainment**

Youth in congregate care are more likely to drop out of school than their peers who are in family-based placements. Youth in group care are also more likely than other foster youth to score lower on standardized tests in both English and math (Casey Family Programs, 2018b). This could be due to placement instability as the longer youth are in out-of-home care, the less stable their placements tend to remain which can also affect school stability (Clemens, Klopfenstein, Lalonde & Tis, 2018). When placement instability and school instability persist, the educational gap for foster youth widens between where students are regarding school achievement, and where they are expected to be (Clemens, Klopfenstein, Lalonde & Tis, 2018). Students who experience school
instability within an academic year endure extra scholastic challenges due to having to learn and keep up with various teachers’ expectations, undergoing a break and/or change in the intended flow of course content, and experiencing shifts in school culture, which all interfere with student educational outcomes (Clemens, Klopfenstein, Lalonde & Tis, 2018). This may be a contributing factor for foster youth having lower levels of educational attainment. Only three to four percent of former foster youth have a college degree by age 26 (Squiers, 2017). It is vital to provide extra educational support to youth in congregate care since educational attainment has been shown to be a challenge and could potentially affect the success of a young person later in life.

**Success rates**

Youth who exit the system of care from congregate care settings have a more difficult time adjusting to adult life and finding success compared to their peers in foster care who were in family-based settings. If a youth was never adopted and becomes too old to stay in the foster care system at the age of 18 or 21 (depending on the state), they are left to fend for themselves (Squiers, 2017). According to statistics, only about one half of former foster youth will be employed by age 24, one in five will become homeless after they age out, over a quarter of former foster youth will experience post-traumatic stress disorder (PTSD), and more than 70 percent of female former foster youth will become pregnant before the age of 21 (Squiers, 2017). These statistics demonstrate some of the challenges to success which former foster youth face. When youth age out of foster care from congregate settings, they tend to face more challenges with basic life skills than their peers in family-like settings, which may in part be due to their lack of
parental figures (Annie E. Casey Foundation, 2015). According to Barth (2002), youth in group care tend to experience more risk factors which impede the development of healthy independence when they endure high rates of congregate care placements as they near their transition to adulthood. This may be due to a lack of real-world opportunities for foster youth while in group care, which requires higher levels of supervision, and are difficult to provide in congregate care settings (Barth, 2002). If former foster youth are not developmentally prepared for young adulthood, and they lack the natural supports which their peers in family settings experience, success will likely be a challenge as they enter society as adults (Havlicek, 2011).

**Delinquency**

While the school-to-prison pipeline has in some ways been brought to the forefront in American society in recent years, the foster care-to-prison pipeline is a term that may be less familiar (Juvenile Law Center, 2018). Just as research has demonstrated that youth of color experience much higher rates of incarceration than white youth, youth in congregate care are 2.5 times as likely to have justice system involvement compared to their peers placed in foster family settings (Juvenile Law Center, 2018 & Casey Family Programs, 2018b). Likewise, the more placement instability a youth experiences, the more likely they are to be involved with the justice system. One study revealed that 90% of youth who experience five placements, or more will have juvenile justice involvement (Krinsky, 2010). While foster youth at times have the police called on them by their foster parents due to challenging behaviors in the home, it is even more common for youth in group care to have the police called by group home staff (Juvenile Law Center,
Youth who spend any amount of time in congregate care have a higher propensity toward delinquent behavior and criminal justice involvement than their peers who were never in a congregate care placement.

**California’s Continuum of Care Reform**

In 2015, the Continuum of Care Reform (CCR), also known as AB 403, was passed without opposition in the California state legislature. The Continuum of Care Reform Act is legislation that looks to end youth institutionalization (CAPSES, 2019). The legislation consists of a cluster of reforms, which add to current reforms already being implemented in the child welfare system in California (University of California, Berkeley: Social Welfare Department, n.d.). The underlying premise of CCR is that children who are unable to remain in their home of origin due to maltreatment fare best when placed in family-type settings and that appropriate support services should be readily available to resource parents who provide care for foster youth (University of California, Berkeley: Social Welfare Department, n.d., CAPSES, 2019).

**Changes in Child Welfare Policy**

CCR required some important changes to existing child welfare policies. To begin, the role of Foster Family Agencies (FFA) was expanded, raising the standards for FFA licensing. These changes also required further development and defining of the purpose and role of Child and Family Team (CFT) meetings. There was also restructuring of the rates paid for children in different levels of state care. Among other changes, there was a new requirement for group homes to transition into Short-Term Residential Therapeutic Programs (STRTPs) (Department of Health Care Services, 2017,
STRTPs are intended to be a time-limited, therapeutic alternative to traditional group home placements.

**Short-term residential therapeutic programs.** According to the California Department of Social Services (2016):

A STRTP is a residential facility operated by a public agency or private organization that provides an integrated program of specialized and intensive care and supervision, services and supports, treatment, and short-term 24-hour care and supervision to children and nonminor dependents. The care and supervision provided by a STRTP shall be nonmedical, except as otherwise permitted by law.

The focus of this study will be the transition of traditional group homes into STRTPs. The purpose of these changes is to limit the use of congregate care and reduce the negative effects on youth when they must spend time living in out-of-home state care in non-family settings. Group homes that do not or cannot meet the minimum requirements for STRTPs will be forced to close their doors (Wiltz, 2018).

**Timeline.** The timeline for these policy changes has been dynamic as the implementation of policy changes is both challenging and time-consuming. Implementation began in January of 2017, and additional licensing standards and deadlines have been pushed out further and further ever since, up to as recently as January of 2019 (California Department of Social Services, 2019). At the writing of this literature review, the deadline, pending further extensions, was December 31, 2019 (Johnson-Vaughan & Goodman, 2019).
Impacts of changes on congregate care in California. New minimum requirements for STRTPs to operate in California are broad. In order for an STRTP to be certified for operation, applicants must attend an orientation, pay orientation fees, and obtain a county letter of recommendation for the program before even submitting their application (California Department of Social Services: Community Care Licensing Division, 2016). Applicants are also required to pay application fees, receive certified training and pass a test, provide supporting documents including licensing forms, a plan of operation, and a program statement, and they also must receive national accreditation, mental health program approval, and MediCal certification (California Department of Social Services: Community Care Licensing Division, 2016).

STRTPs are required to provide a minimum of services to youth in order to comply with the CCR regulations. At minimum, STRTPs must provide the necessary services to meet the needs of the youth in their care including case management, services for mental health, crisis intervention, and providing medication support (California Institute for Behavioral Health Solutions, n.d.). Shared-service delivery must also be practiced, which means some of these services are provided in-house, within the STRTP itself such as group therapy, 24-hour medication support and case management, while others are provided in the community by county or non-profit agency mental health providers such as individual therapy and psychiatric services (California Institute for Behavioral Health Solutions, n.d.).

In addition to the changes required in order for group homes to transition into STRTPs, increased funding for community services such as Wraparound programs are to
be provided as supplementary support for youth in congregate care (Loudenback, 2015). Wraparound is a community-based program that is intended to provide individualized and family-centered support including case management, for youth who are in, or at-risk of entering, congregate care in order to provide tools to strengthen connections and heal relationships (Stanford Youth Solutions, n.d.). According to The National Wraparound Initiative, Wraparound programs, when practiced to fidelity, have proven to help youth with high needs remain at home with family members and/or have shorter stays in congregate care when necessary (Bruns, Walker & The National Wraparound Initiative Advisory Group, 2008). Services such as Wraparound provide supplemental support to youth and families in order to assist with transitions into lower levels of care for foster youth with challenging mental health and/or behavioral issues.

**Stakeholders.** There are many stakeholders involved with changes in policy regarding congregate care for foster youth. Among these stakeholders are those who create the policies and those whose practice is directly affected by those policy changes. Policymakers range from federal to state and all the way down to county and local levels. Policymakers at the federal level create the broadest national policies, while state and county policymakers tend to hone in on the details of how national policies will be implemented as well as designing state-specific policies. Congregate care program directors and direct service providers are impacted by the policies created which play out in their delivery of care through modified agency policy. Community partners such as mental health care providers for foster youth also must align their practice with policy changes. Foster youth advocates can play an important role in supporting foster youth
directly and/or working at the policy level by bringing awareness to foster youth needs and encouraging change at the policy-level.

**Gaps Between Policy and Practice**

**Falling Short with Viable Permanency Plans**

Children do best when growing up in a permanent family setting (Annie E. Casey Foundation, 2015). When family reunification is not a viable option, alternative forms of permanency for the child may be sought through guardianship or adoption (California Department of Social Services, 2015). When out-of-home care is required, the goal of child welfare agencies is to find a safe, permanent setting for the child as soon as possible (Children’s Bureau, n.d.). However, the older a child is, the more difficult it becomes to find a permanent living situation for them (Casey Family Programs, Placement Stability Impacts, 2018a). Further, finding permanency, or even temporary family-like placements for older children with a history of high mental health needs and/or a history of violent or sexually inappropriate behavior can prove to be quite challenging (Berrick, 2018). Youth that fit into these categories, often labeled as *hard-to-place* kids, tend to have even more difficulty being accepted for placement in a family-based setting out of a healthy concern on the part of resource parents not wanting to navigate the complexities of dealing with extreme and difficult behaviors in their home (Berrick, 2018).

**AB12.** Extended foster care, also known by its legislative bill number, AB12, is an option for youth who exit the foster system when they turn 18 if they desire to continue foster care support services as they transition into adulthood (California Department of Social Services, 2011). AB12 is an attempt to create a safety net and
bridge the gap between foster care and young adulthood for youth who were unable to gain permanency through adoption or guardianship while in the system of care. Youth who opt-out of AB12 are left to fend for themselves in navigating the task of becoming responsible adults once they reach the age of 18.

**Barriers.** Some of the common barriers faced by youth when they age out of the children’s system of care include homelessness or unstable housing, substance abuse challenges, a lack of education, a lack of readiness for employment, issues with mental and/or physical health, involvement with the criminal justice system, and a lack of healthy social connections (Youth.gov, n.d.).

While AB12 seeks to address some of the aforementioned issues, it is not intended to take the place of a permanency plan with kin, non-related extended family members, or adoptive parents. AB12 is not a permanency plan in and of itself, but it can be used to fill a gap for youth who were unable to find permanency with a family, so that their transition into adulthood can be as smooth as possible. AB12 is at times overutilized by probation officers and/or social workers with the intention of helping youth to take advantage of the services AB12 offers, yet this can lead to youth missing out on natural supports such as permanency plans with family or NREFMs (K. Borton, personal communication, August 28, 2019).

**Lack of social support.** Closely related to the need for permanency, social support is an area in which group home youth tend to face a shortfall. In a qualitative study focused on the needs of group home youth (Calheiros & Patrício, 2014), the participants shared that in general, they lacked trust in their fellow residents at their group
home residence. The youth in the study also pointed out that their educators tended to lack empathy, not understand their needs, and did not support them in an appropriate fashion (Calheiros & Patrício, 2014). Another critical support link that is needed is aftercare for youth who have spent time in congregate care and are moved back into the community either with family members or with a non-relative foster family (Loudenback, 2019). If aftercare is not available, many youths end up back in a group home due to the lack of support that is needed for their transition into a lower level of care (California Department of Social Services: CCR Branch, 2019).

**Lack of resource families and appropriate support services.** There are not enough approved resource family homes to accommodate the number of foster youth who need a home in which they can reside while away from their family of origin (KVC Health Systems, 2018; Berrick, 2018). Recruiting new resource parents is not the only obstacle to overcome; retention is another important aspect to consider, according to Rexroad (2018) of the Chronicle for Social Change. Rexroad (2018) used a poignant analogy to illustrate this concept: “Just as you would not begin filling the bathtub without first stopping the drain, the retention of resource families should be addressed prior to or in tandem with recruitment” (para. 5). A lack of much needed support for resource parents is at least anecdotally another reason for attrition, and this problem must be addressed in order to retain more approved resource family homes (Rexroad, 2018).

Support services for resource families are also critically important in order to reinforce placement stability for foster youth. Resource families require a plethora of support services in order to provide an adequate level of care. According to the
Wisconsin Foster Parent Retention and Support Subcommittee (2013), these needed foster parent development services include help with emotional well-being, making them feel like a member of the team, provision for any crisis needs, and resource and financial support. According to KVC Health Systems (2018), a national shortage of social workers is yet another contributing factor to the lack of resources available for foster families which could also lead to fewer resource families continuing to provide homes for foster children in the long-term.

**Challenges with coordination of services.** Foster youth are often involved with a myriad of systems and services including education, permanency, primary healthcare, and behavioral healthcare, amongst others. Each system has different policies and is held accountable to different standards, which can lead to conflicting priorities when it comes to providing the best services to foster youth (CAPSES, 2019). For example, school stability is extremely important for foster youth, but at the same time, a safe and appropriate living situation is also needed. When these two priorities cannot align, foster youth experience negative outcomes from missing out on one, the other, or both.

Another area in which coordination of services sometimes lacks is in regard to aftercare plans. As previously mentioned, aftercare plans are crucial for youth who are leaving congregate care and being placed in a lower level of care such as in a foster family as they are in need of special attention during their transition time (Loudenback, 2019). When viable aftercare provisions are not put into place, many youth end up back in congregate care instead of finding stability in a lower level of care.
**Theoretical Perspectives**

While many theories may be considered applicable to youth in congregate care settings, there are several that stand out. The way in which children tend to develop is an important aspect to consider when observing the effects on youth who spend time in congregate care, and thus developmental theory will be discussed. Similarly, the social aspect of development is critical to understanding how congregate care can influence the behavior of youth in congregate care along with their future success, thus social learning theory will be explored. Finally, the cultural impacts of neoliberalism will be dissected in order to understand how capitalistic ideals in America may have played a role in the negative effects of congregate care placement stays on youth in the children’s system of care.

**Developmental Theory**

Developmental theory posits that there are many factors that may contribute to the fashion in which a human develops throughout their lifespan, including biological and environmental influences, as Horowitz (2000) explains:

> From the moment of conception development is influenced by constitutional, social, economic, and cultural factors and that these factors, furthermore, continue in linear and nonlinear relationships, to affect development across the lifespan, with development broadly defined to accommodate both the increase and decrease in ability and function.

Families are considered to provide the most developmentally appropriate setting for a child to benefit from attachment and consistency (Berrick, 2018). According to research
by the Annie E. Casey Foundation (2015), it is imperative for the health of a child’s development, and eventual success later in life, to live with a minimum of one parental figure during childhood and adolescence. This is said to provide children with a nurturing environment in which they are encouraged to recognize and utilize their individual strengths, have their needs provided for, and experience positive relationships, learning healthy independence in a developmentally applicable manner (Annie E. Casey Foundation, 2015). In contrast, the lack of a parental figure in the life of a child at any stage of their development may be detrimental (Bartkowiak, 2015).

**Connecting developmental theory to congregate care.** In consideration of the need for parental figures in a child’s life for healthy development, it is widely recognized that congregate care cannot provide such an environment (Annie E. Casey Foundation, 2015 & Bartkowiak, 2015). Reliance on shift workers in congregate care settings demonstrates this concept as unskilled hourly employees are not expected, nor are they able to replace the role of a parent needed for the healthy development of youth in care (James, 2011). CCR policy changes aim to aid in making shifts in the way congregate care is utilized in order to support youth in their development by limiting the time spent in group care as well as creating more therapeutic environments. Regarding the policy changes which CCR mandates on group homes, it was stated that this is the first time California has made strides toward aligning policy with what science has demonstrated regarding the negative effects on foster youths’ development when they are forced to grow up in group settings instead of family settings (Loudenback, 2015).
Social Learning Theory

Developed in 1977, by Albert Bandura, social learning theory explores the idea that humans have the capacity to learn new behaviors through the process of “observation and imitation” (Tropeano, 2015, para. 2). During the early 1960s, Bandura carried out a controlled experiment to test whether behavior can be learned through observation (McLeod, 2014). Known as The Bobo Doll Experiment, children were put into one of three different groups, were individually introduced to a room with toys, including a blow-up Bobo doll, and then their interactions were observed and recorded through a one-way mirror. After about 10 minutes, the first group was exposed to an adult model interacting violently (verbally and physically) with the Bobo doll, the second group was exposed to an adult model playing with other toys passively and ignoring the Bobo doll, and the control group was not given a model to observe at all (McLeod, 2014). Gender observations were also taken into consideration and analyzed in relation to both the models utilized and the children in the three test groups. The children who were exposed to the violent model demonstrated more violence toward the Bobo doll, and in more creative ways, compared to the children in the second and third groups. Bandura concluded, through this and subsequent experiments, that children learn behavior through observation and imitation (McLeod, 2014).

Connecting social learning theory to congregate care. If it is true that humans learn through observation and imitation, then it is understandable that there would be hesitation around the idea of placing youth in congregate care among other youth with histories of problematic behaviors. The idea of peer contagion connects social learning
theory to congregate care placements. Peer contagion is described as what results when youth are grouped together with other youth who have been diagnosed with various types and levels of pathology and display differing types and intensities of negative behaviors (Wonnum, 2014). Demonstrating this phenomenon, it was found that youth who exited congregate care had more incidents of felony charges and returned to out-of-home care and/or congregate care more often than their peers who were in family-based foster care settings (Robst, 2011). If youth indeed learn behaviors from one another, it is important to consider the effects of placing youth with various challenging behaviors together in congregate care settings.

**Neoliberalism**

Neoliberalism is an ideology that is not often spoken of, yet it is a relevant concept regarding congregate care settings. Neoliberalism encompasses several major tenets. These tenets include: 1) the rule of the market/free enterprise, 2) the cutting of public spending for social services, 3) deregulation, 4) privatization, and 5) eliminating the concept of “the public good” (Martinez & Garcia, 1997). Capitalistic ideals have become an integral part of the fabric of American society. Therefore, including the privatization and deregulation of group home care in the conversation is crucial to analyzing the challenges associated with outcomes for youth in congregate care. Likewise, gaining an understanding of the medicalization of diagnostic labels for means of insurance payments for care is worth exploring in light of neoliberalist ideas.

**Connecting neoliberalism to congregate care.** The level of care needed for youth with high behavioral and mental health challenges is high. Likewise, the monetary
compensation for such care can be as high as $12,498 a month per youth (Cdss.ca.gov, 2017). Group care, then has the potential to be quite profitable if overhead costs can be kept low. The privatization of congregate care may be a factor in poor outcomes of foster youth due to lack of regulations and oversight. Knox-Haly (2010) stated, “Neoliberalism in the welfare sector was associated with the introduction of global or devolved budgeting, which enabled local authorities to purchase services...The result was a reduction in administrative support roles and fewer supervisors” (p. 123). In other words, while the government may save money by contracting with private corporations for services such as congregate care for foster youth, society ends up paying for the lack of quality that may result. While the needs of youth are said to be important in American society, the question remains: Has the monetization of services provided to high-needs foster youth outweighed the provision of appropriate services? CCR policy changes seek to address this question, in part, by raising the standards of their therapeutic value, increasing regulations, and improving oversight (University of California, Berkeley: Social Welfare Department, n.d.).

**Research Constraints**

**Policy Changes Not Yet Fully Implemented**

One constraint on this study is the fact that the policy changes from CCR are not yet fully implemented. The implementation of changes in group care regulations can be difficult to monitor and assess, as the process of implementation can take years to be completed. Therein lies the question of whether the new regulations for group homes in California will indeed produce the intended results once they are fully rolled out.
According to the California Institute for Behavioral Health Solutions (2018), there has been a lag in completing the transition for many STRTPs as they have obtained licensure, but are still pending in the areas of approval and contracts with county mental health plans, which are required for them to be considered a fully operational STRTPs. Further, some of the STRTPs that have already signed mental health plan contracts may still be falling short of providing mental health and behavioral services needed for youth in care so that they can transition into lower levels of care in the community (California Institute for Behavioral Health Solutions (2018). While the current deadline for STRTPs to fully transition is December 31, 2019, there is no way to know at the time of this research whether or not the deadline will be extended again (Johnson-Vaughan & Goodman, 2019). Because policy changes have not yet been fully implemented, it is difficult to assess the success of the congregate care policy changes regarding youth outcomes at this point in time.

**Gaps in Research**

There are two notable gaps in current research on the impacts of policy changes to group home regulations in California. There is a lack of youth voice in the literature as well as a lack of up-to-date analysis of impacts of policy changes for group homes in California. Through semi-structured interviews, this study will attempt to address the latter of these two gaps by exploring stakeholders’ perceptions of implementation of policy changes and potential youth outcomes.

**Preliminary Study**

This study is preliminary in that it is based on stakeholders’ perceptions and
projections of policy changes, which are subjective in nature. However, as time goes on, and implementation becomes more complete, the data will likely display the degree to which outcomes of youth in congregate care are impacted by current policy changes, whether positively or negatively. The hope is that future studies will reveal through data how to better meet the needs of this population of foster youth in congregate care in order to produce more positive outcomes.
Chapter 3

METHODS

Taking an inductive, holistic, person-centered approach, this study was designed to gather the complex perceptions and experiences of professional stakeholders regarding policy changes affecting congregate care programs and foster youth in congregate care. Further, it aimed to increase the understanding of the intricate needs of foster youth in congregate care through intensive engagement with interviewees. This qualitative study was approved by the Division of Social Work Research Review Committee at California State University, Sacramento, on October 14, 2019. The subject protocol number assigned to this study was 19-20-003.

Study Population

In-depth, semi-structured interviews were conducted with professional stakeholders over the age of 18, regarding group home policy changes which came about through the Continuum of Care Reform in the state of California. Beginning with the student researcher’s connections with fellow students as well as connections with professionals through their social work internship experiences, snowball sampling was utilized to reach potential participants. All participants were stakeholders involved directly or indirectly with foster youth in congregate care settings.

The aim of recruitment efforts was to gain a diverse sample across multiple levels of professional stakeholders, reflecting the perceptions of policy changes for congregate care. The interviewees included professional stakeholders with roles such as state-level policy analyst, directors of congregate care programs, coordinators and/or directors of
mental health service programs, previous and current direct service workers, advocacy roles involving input of state policy, and bridging the gap between congregate care providers and the state. All of the research participants in the sample were professionals who are directly or indirectly involved with foster youth in congregate care settings.

The criteria for exclusion included those who were unable or unwilling to participate in research through interviews. Since the interviewer is monolingual, the interviews were conducted in English, therefore, the participants were required to be fluent in English. Foster youth who live or have lived in congregate care settings were not recruited for interviews, nor was anyone under the age of 18.

**Sampling and Data Collection Procedures**

Initial interview recruitment occurred via email with contacts directly or indirectly familiar to the student researcher. These connections were established directly or indirectly through the researcher’s MSW cohort as well as through connections with professionals through multiple social work internship experiences. An email was sent to several individuals describing the proposed research topic as well as stressing the voluntary and confidential nature of participation. Implied consent forms were sent to those interested in participating in interviews. The implied consent form for the study is viewable in Appendix A. At the end of each interview, the researcher invited the interviewee to provide the researcher with contact information for any other professionals that may have had interest in participating in the research project. The researcher reached out to additional potential participants, resulting in a snowball sample. Some of the interviewees asked that the researcher email a blurb about the research that they could
then send out to other professionals to identify interest without giving the researcher
direct contact information. This allowed interviewees to keep from giving out
confidential information without consent and still provided a way to connect the
researcher with interested parties.

No incentives were offered to any of the research interview participants. Each of
the participants were reminded of the voluntary nature of the research immediately prior
to their interview. Every effort was made to accommodate the schedules of the
participants as to lessen the efforts of participation. A total of 12 interviews were
conducted over a two-month period. Most interviews were held in-person in private
locations to honor confidentiality with the exception of two private phone interviews with
participants that were unable to meet in person. The interviews lasted various amounts of
time with the shortest lasting just under 13 minutes and the longest being just over 40
minutes. The average interview lasted 28.5 minutes.

The interviews were audio recorded using a password-protected smartphone
device and transcribed thereafter. Notes were not taken during the interviews; however,
some reflective notes were taken after the interviews were completed. Some probing
questions were asked as follow-up to some of the open-ended questions to achieve more
in-depth perceptions or to gain clarification from the interviewees. Some questions were
skipped depending on whether the participants had already covered the topic in a
previous answer. There were no personal questions directly asked of the participants,
however, in some instances personal narratives were shared. In these instances, the
personal information that was shared was omitted from the transcripts in order to protect
the participants’ confidentiality. After the recordings were transcribed, the data was analyzed to identify recurring themes. Each of the interviews was transcribed from the recording within two days of the interview so that the researcher could add comments and observations while they were still fresh in the researcher’s mind.

Data Collection Instruments

The instruments used to conduct the interviews included an established set of interview questions, a recording device, a laptop computer, and qualitative data coding software. A set of eight questions were established as a foundation for the interviews. Supplementary probing and/or clarifying questions were added as needed (see Appendix B. for Data Collection Questions). During the interviews in which there was extra time available, one or two additional open-ended questions were asked to give the participant an opportunity to provide any additional insight that they desired to share about the topic to enrich the research.

Data Analysis Procedures

The only individuals with access to the raw data collected included the researcher and their project advisor. The audio recordings were stored on a password protected device and were deleted following transcription. The transcribed data was stored on a password protected computer during analysis and will be deleted after three years. Personal identifiers were not utilized in the analysis or results in order to protect the confidentiality of the participants. In order for academic integrity to be maintained, neither the interviewer nor the participants personally benefited from any part of the research.
The following overarching themes were extracted through the study: 1.) Problems with the old model of group homes 2.) Addressing problems through policy, 3.) Challenges and frustrations with the policy changes, and 4.) Looking forward with needs and creative solutions. These themes were extracted, coded, and analyzed using AtlasTi, an online qualitative software program. Reflective notes taken after the interviews helped to guide the researcher’s coding process as well as capturing notable quotes from participants that could potentially be included in the results of the research. Within the main themes there were many sub-themes that will be discussed in the results in more detail.
Chapter 4

RESULTS

The purpose of the research interviews was to gain a better understanding of both the implications of the current congregate care policy changes in California and what further changes might be helpful in order increase positive outcomes for foster youth. The overarching themes that were revealed through the research interviews included problems with the old model of group homes, addressing problems through policy, challenges and frustrations with the policy changes, and looking forward with needs and creative solutions.

Problems with the Old Group Home Model

Problems with the old model of group homes were mentioned by all of the research participants. There were several problems that came up multiple times that will be discussed. The problems that were expressed most frequently were that congregate care policies before the Continuum of Care Reform (CCR) were outdated, there was a lack of provision of services for youth and a lack of oversight for the programs, kids were sometimes placed in congregate care unnecessarily, some programs were in it for the money, and kids often lingered in care too long.

Outdated Policies

Before CCR came about, congregate care policies were said to have been widely outdated. Participant A, a wraparound program manager in a community agency, noted that the foster care and group home policies before CCR “date all the way back to the 60s and 70s,” and that “nothing has changed for over four decades.” Participant D, a program
director who oversees several STRTPs, expressed that foster care policies had “remained unchanged for 30 years.” Participant E, a policy advocate who helps to bridge the gap between programs and the state, remarked that through the CCR policy changes, “California has completely overhauled the child welfare system and specifically the foster care system.” Participants overwhelmingly reported that policy changes for congregate care were long overdue.

**Lack of Service Provision and Oversight**

Prior to implementation, the provision of mental health services for youth in congregate care was only a requirement for the highest-level group homes. The rest of the mid-level and lower-level group home providers were reportedly not required to provide any specific services to the youth that resided in the homes, nor were they qualified or mandated to provide mental health services. Participant G, a county permanency social worker, made a poignant statement,

I think it was placing a lot of kids with a lot of behaviors under one roof without checks and balances as far as like, qualified staff, and what services are really being provided. I feel like they really just became like flop houses. Just throwing all the kids in and hoping they don’t seriously hurt each other. So really just lack of services provision.

Similarly, participant L, a CCR program and policy analyst with the state of California, shared that, “There were a lot of challenges in that respect because you never knew what services they were going to be providing. There was a lack of oversight.” Research participants widely agreed that there were very low standards of practice and little
oversight or accountability for group home programs regarding the services they provided prior to the policy changes.

**Kids Placed in Group Homes Unnecessarily**

An additional theme that was noted by participants was that kids were being placed in congregate care due to lack of other placement options, rather than an actual need for being in a congregate care setting. This reality of practice was brought up by research participant G, a county social worker in the permanency unit, when they stated, “There were kids who maybe didn’t have that many behaviors, but we couldn’t find placement, so they went to a group home.” While speaking of how group homes tended to be a place to send kids when they did not have another placement option, participant L said, “There was so much ability to place without any restrictions in those homes.” Participant G gave an example of the problem of not having appropriate placement options,

My guess would be that a good 40% of kids in congregate are there because we couldn’t find a home placement for that teenager to begin with. I’ve had kids who I’ve had to staff for a group home, and my supervisor is like, “Well why do they need a group home?” and I’m like, “Well, they don’t, we just couldn’t find placement.” I know it’s a hard truth, and I know there is heavy recruitment for homes for teens, but it’s difficult, it’s a hard sell.

The example provided by participant G demonstrates the lack of family placements available as foster parents for teens tend to be more difficult to recruit compared to younger children.
Housing Kids for Financial Gain and Kids Lingering in Care

It came up repeatedly during interviews that it was easy for programs to just house kids or collect a check without assessing for or providing needed mental health services or independent living skills services, nor having a timeframe or plan of how to transition kids to a lower level of care. For example, participant E shared that in the old model, “group homes were defined as a roof over your head and food on your table.” Participant D, expressed concern, “there were many group homes that were housing kids, collecting a check, and not trying to heal kids or step them down to foster care.” And participant C, a program coordinator for emergency placements, stated, “I think the challenge was that the kids were basically just housed. It was ongoing, long-term, just housing kids.” The sentiment of kids just being housed with the old model of group homes, without providing the necessary services, was expressed by many research participants.

Participant I, the program director of a small group home that is working toward transitioning into an STRTP, noted,

Group homes were not being held accountable to not just take a kid to get the money. You need to take a kid who fits into your program and who fits with the other kids. I think that has been a challenge. Group homes have not been held to that before.

Participant K, a county Resource Family Approval (RFA) social worker pointed out,

The challenges were that youth were being placed into those congregate care settings and there wasn’t much oversight, so kids would literally grow up in group
homes. There wasn’t any effort being put into assessing whether a kid was ready to step down. They were basically aging out of the foster care system from a group home with no life skills, not having that experience of growing up in a family setting.

This *lingering effect* of kids being in congregate care too long without being provided with adequate services so they could have the opportunity to move to a lower level of care was prevalent with the old model, according to many of the research participants. Participant H, a Therapeutic Behavioral Services analyst who works directly with group home youth, summed the up challenge, “When the kids are being raised in group homes, I think that’s where some of the old-school thinking in terms of having kids in there is just way too long.” The financial cost of kids lingering in care was also brought up by participant A,

> It’s extremely expensive to have a kid in a group home and for them to just malaise in that group home and to stay there for two, three, four, five years or until they age out of the system... That’s hundreds of thousands of dollars. It adds up to almost a million if you keep a child in a group home over a four to five-year period. Some people run it like a business, and not really as a treatment center.

Kids lingering in congregate care and some group home programs being in business for the money instead of aiming to help foster youth was revealed through the data.

The problems of outdated policies, lack of service provision, kids being placed in group homes unnecessarily, kids lingering in care and providers taking advantage of
financial gain are evidence of some of the major issues with the old model of group homes. The need for changes in congregate care policies in order to better support foster youth emerged as a relevant theme throughout the interview process.

**Addressing Problems Through Policy**

The research participants’ overall understanding of the congregate care policy changes was very much in line with what the literature presented as the main goals of the Continuum of Care Reform. The overarching policy shifts include changes in the requirements for staffing qualifications and staffing ratios, improving standards of practice, providing mental health services to every youth in congregate care, and imposing limits on how long youth can stay in a congregate care setting before transitioning them to a lower level of care.

**Staff Qualifications, Staff Ratios, and Improving Standards of Practice**

Some of the more general goals of the CCR policy changes, as mentioned in the interviews, included making changes in the staffing ratios and staff qualifications, along with raising the standards of practice for congregate care. There was not much revealed about details of the changes regarding staffing qualifications or staffing ratios, but rather the changes were mentioned in more general terms.

For example, participant B stated, “there are changes regarding staffing requirements, and changes in qualifications of staff.” Similarly, participant A shared, “There is more staffing because there is more funding.” Participant C highlighted that in their STRTP program, “We’ve had to put so much more emphasis on staffing.” Participant D provided more detail when stating, “Well, as a group home [old model], we
had maybe two staff per six kids, but since we got approved as an STRTP, we bumped it up to three staff per six kids.”

A few of the research participants went into more detail regarding what it practically looks like to raise the standards of practice for STRTPs. For example, participant A, a program manager for a wrap clinical program, shared,

The other big thing that is built into CCR is that group homes that transition into STRTPs now need to provide a continuum of care that is the exact same as what is provided by Wraparound services and the core practice model that is implemented with the FIT (Flexible Integrated Treatment) program. That is to connect children to community-based resources, to give services to them in the community in which they live, to find natural supports, to have CFTs on a regular basis, to provide treatment as needed. So, it’s a full continuum of care. It’s not just that you’ll go to a residential placement and then you’re done. They [STRTP programs] get paid to make sure that the youth will have all of those things.

Similarly, participant L spoke of the higher standards of practice required for STRTPs compared to the old group home model,

There are now requirements for services. There are core services that they have to either provide on-site or that they have to contract out. So, that is a huge thing because you know exactly what is going to be provided. There’s also the mental health piece that has to be a part of it now. So, you know that there will be a wide range of services being provided under the structure. Those are huge policy changes that are required now for the STRTPs compared to the group homes.
Core services include specialty mental health services, transitional independent living services, educational, behavioral, and permanency services. Specialty mental health services are required under a mental health contract and certification is required through the county and a mental health program approval is required through the county or state. So, there’s a lot more oversight in that respect since there are requirements of the services that will be provided.

STRTPs are now held to higher standards regarding services required to be provided for youth in congregate care. Respondents believed that a continuum of care for foster youth is an important component of the policy changes through CCR, along with the changes in staffing qualifications and staffing ratios.

Providing Mental Health Services

Adding the mandate for the provision of mental health services for youth in congregate care was another major part of the policy changes that came about through CCR. There was wide agreement between many participants that this was a much needed and positive change. Participant B, whose professional role is to supervise the mental health program for an STRTP as Head of Service, shared that, “Mental health services are the biggest piece of the change” Participant J, an RFA county social worker, shared that, “Group homes that want to continue to be in existence need to rebrand themselves as an STRTP home where they will be offering these more intensive services like therapy, therapy, therapy.” Participant F, a social worker for a small group home program, shared that the among the main changes is, “the clinical aspect, having that [mental health services] in-house.”
Participant E illustrated the contrast between the old model of group homes to the new model of STRTPs regarding the provision of mental health services,

Group homes were defined as a roof over your head and food on your table. The STRTP is a therapeutic environment with a recognition and a mandate that we understand that the kids or the youth, have all experienced trauma. And that anything and everything from the program model, to the staff training to the business organization understand that. And that a clinical level of services be provided. It’s no longer just about direct care staff and a warm and fuzzy environment. This is about a therapeutic setting for them and very targeted, qualified services that will promote healing for the kids.

Participant F also spoke of the shift from the old model to the new regarding mental health services, “For the group home setting, where we were really having a hard time was, sometimes it took two or three months to get the services. So, I think they’re on the right track with getting the services right away.” Participant B, also seemed encouraged by the change of adding the provision mental health services for every youth in congregate care right from the beginning of their stay,

I love the idea of being able to implement mental health services from the get-go. And that was missing in the old structure. So, being able to have a kiddo there and being able to assess and provide therapeutic interventions right on site, we’re getting these kids right at the get-go. We’re not having to wait six days for a referral for mental health services and the person who is providing mental health
services is with them day in and day out. They are seeing the whole scope, not just that one hour per week. So, I think there’s a lot of benefit. Participants E, F, and B, spoke of the positive nature of adding the provision of mental health services for youth in congregate care as compared to the old model of group homes.

Every research participant mentioned the provision of mental health services to youth in congregate care as a central part of the policy changes through CCR. The participants generally stood in agreement that the provision of mental health services for youth in congregate care is important and is now filling a gap that existed in group home programs prior to the policy changes.

**Time Limits and Stepping Kids Down**

Limiting the amount of time in which foster youth can stay in congregate care settings was another major theme uncovered in the interview process. Creating standard time limits was said to address the problem with the old group home model, that of kids lingering in congregate care for long periods of time. For example, participant J shared, “It’s supposed to be shorter term.” Participant L similarly stated, “They [foster youth] are going to be there for a shorter time.” A bit more in depth, participant H, stated, “Instead of being able to house kids for years and years, I think it’s ninety days to six months or something like that in terms of the time restraint that they have on it now.” Likewise, speaking of the new mandates of time limits imposed by the state, participant F shared, “the biggest core thing is that quick, three to six months of treatment and then they want them out.”
Most of the research participants demonstrated an understanding that the intention of time limits being imposed was for the purpose of compelling STRTPs to aim toward stepping kids down to lower levels of care as soon as possible. Participant A explained their understanding of the goal of the time limits as, “The idea there is that there is a six-month window in which you can provide that level of care, but then you need to move down to a lower level of care.” Similarly, participant J stated that,

You [foster youth] should only be in there [STRTP] a certain number of months and then we’re revisiting why you’re still there and if you still need to be there. So, it's not going to be five years later and you’re still in a group home… It seems like it’s going to be a more thoughtful, frequent period of time where we’re checking in to see, “Is this effective?” or “Do you still need to be here?”

The time limits imposed with the policy changes through CCR were understood by the participants to have the purpose of moving kids to a lower level of care as soon as possible.

Participant K shared a personal experience regarding witnessing and participating in new efforts to step kids down to lower levels of care,

I actually got invited to attend a Bringing Kids Home consultation last week, which was really eye-opening. I learned about how much effort is being put into stepping kids down from group homes—all the behind-the-scenes stuff that is happening. I feel like there’s more effort being put into looking at what services need to be put into place, like what are the strengths of the youth, and try to better match them with resource family homes where they can better support their
behavior and provide adequate support where they’re currently placed as well. Participant D shared confidence that the state is moving in the right direction with this policy change,

I could see why the state wanted to switch to a more treatment-based, goal-oriented [model of congregate care]. You know, like the kid comes in, the kid goes out. They now look at it as a process. It's part of the journey, it's not the conclusion, it's not the end placement. It’s just to kind of triage a kid and get them back to a family setting.

The goal of stepping kids down to lower levels of care by imposing time limits on lengths of stay in STRTPs was a common theme that emerged through the research interviews.

**Challenges and Frustrations**

The participants voiced a myriad of challenges and frustrations that have come about through the CCR policy changes. First of all, there have been struggles for smaller group home programs in their attempts to transition to STRTPs. There have also been frustrations with evolving regulations and funding challenges for the programs that have already transitioned or are still in the process of transitioning into STRTPs. It was expressed through the interviews that there has been some confusion regarding roles of different stakeholders and overseeing bodies as well. The challenge that was voiced most frequently by participants was the lack of beds that has resulted from group homes closing due to their inability to make the transition. It was also noted in several interviews that there has been frustration with the general lack of practical change since implementation began.
Challenges with Transitioning to STRTPs

With the CCR policy changes, traditional group homes have two options: transition to STRTPs or close their doors. Participant L shared that smaller group home programs have had an especially difficult time attempting to make the transition, “Most of the smaller, lower level group homes have really struggled with it. And if they haven’t transitioned, they just aren’t going to make it. They’re going to go away.” Participant I shared, “We’re already seeing that group homes are closing daily because they can’t manage this process.”

Participant F demonstrated this reality through a story about the group home program they were running being forced to close after repeated strenuous efforts to make the transition,

I mean I submitted our program statement four or five times for revision and each time they would kick it back. They had posted other program statements online and they were pretty much almost the same, just in my own words, but the same content. But they’re like, “Nope, nope, nope, that’s not it.” We were trying to transition, but they said, “No, we don’t feel that your agency will have the resources to get the mental health contract.” We have six kids, and I have the county calling still for placements, but I can’t place any more kids. So, it’s been two years or so, I was working on getting everything done. But as far as our whole program, they’ve forced us to close.

Participant I, who runs a small program that is in the process of transitioning shared some frustrations their agency was facing at the time of the interview,
When you’re in a small agency, this process, it’s so difficult. For the big agencies, they can hire two people with degrees to do their program statement. I still have to run this agency and unfortunately, this process started for us, I think in September 2017 with our program statement. So, since then, I’ve had to almost completely pull out of what my normal role is in being more involved with the kids to do this.

These participants both shared their struggles as small programs working to make the transition to STRTPs. Participant I shared their program’s measure of success even with the challenges, and participant F shared their program’s inability to make the cut even with tremendous efforts being put forth.

Participant B put into perspective the difference it makes to have the financial resources in order to make the transition, and how difficult it can be for smaller agencies without having broad financial support,

It’s one thing for us as an agency that’s statewide and in Nevada to absorb the costs and make this happen. It’s another thing for a mom and pop group home to turn into an STRTP, and to hire and front-load mental health staff costs and front-load training and front-load all the changes that have to happen.

The challenges programs—particularly small programs—face in making the transition to STRTPs, are many, as revealed through the research interviews.

**Frustrations with Increased Regulations and Challenges with Funding**

Frustrations with increased regulations and funding challenges were expressed by some of the research participants. Participant I shared their perspective on the new
regulations for STRTPs, “They’re making it so hard to get licensed. And no one wants to be licensed at these new regulations, it’s too hard.”

Participant F spoke of challenges with new regulations as well by discussing the pendulum swing that took place between the lack of regulations with the old model to the many regulations expected to be adhered to with the new model,

They’ve swung it way, way far from what it was. It’s a lot of paperwork and a lot of deadlines: five days you have to have this, then you have to have that done and that done. Sometimes all the stars don’t align and not all the players are at the table at the right time.

Regarding frustrations with funding to fulfill the new regulations, participant D stated,

The Department of Health Care Services (DHCS) says, “We want you to do all these things, we don’t care how you pay for it.” Because the rate that we get for the kids is to pay for the staff and administration and the house and food and all that stuff. The Mental Health Department is like, “Do all these extra services, but good luck funding some money, we don’t care.” So, they want to increase the amount of mental health services with this new standard change, with a law that forces us to offer multiple mental health services per day per kid with mental health documentation supporting it. It has to be a qualified mental health person, which from their perspective is a person with bachelor’s degree and with four years of mental health experience, which is called an MHRS (Mental Health Rehabilitation Specialist). Those people are impossible to find. We don’t have enough mental health clinicians on site to offer two mental health services a day
per kid and on weekends. I don’t know how we’re going to do that. So, that’s just a huge mess, because we just can’t afford it.

Participant E, who works with congregate care agencies to help them with their transition into STRTPs explained the level of stress all the new regulations are putting on agencies,

The burden on the provider, on our members, particularly with small homes, and we have members with 12 beds, we have members with 150 beds. But the burden of having to constantly change, not just what they’re writing, but what they’re doing has just been overwhelming… the standards organizations are being held to have evolved through several versions.

These examples of frustrations with the new regulations and funding challenges reveal the struggle that is taking place for programs that are attempting to meet the new standards put in place by CCR.

Confusion

Several of the interview participants expressed confusion about roles and oversight. Some of the confusion that emerged seemed to revolve around overlapping services, while some revolved around a lack of services due to not knowing who is in charge of different pieces of the new model of congregate care. Cross system collaboration, monitoring of time limits and service provision, and family finding were mentioned during interviews as points of confusion.

Participant E explained the challenges that come with having so many different systems involved with the Continuum of Care Reform,
CCR is a cross system. It involves Juvenile Justice, The Department of Healthcare Services, The Department of Developmental Services, The Department of Social Services, the courts, and The Department of Education. Achieving cross system collaboration has really been difficult and it remains difficult, for good reasons and for bad reasons, right? For good reasons, which are that we all have our differences in processes, and reporting mechanisms and bureaucratic ladders to climb to make things happen, to “Woah, this is our turf, you’re not going to tell us what to do.” So, it’s an ongoing challenge.

Confusion was apparent amongst those who were interviewed, due to so many systems attempting to work together, but coming with different perspectives, goals, and approaches.

For example, when considering tracking time limits for youth in congregate care, participant D expressed his confusion, “Who tracks that? Are we supposed to track that? Is the court or the county worker supposed to do that?” This demonstrates frustration with the lack of clarity around roles regarding tracking time limits for youth in care. Providers understand that there are time limits in place, but it seems to be unclear how or by whom those time limits are to be monitored and tracked.

Confusion with overseeing bodies was expressed when participant D stated, “DHCS runs the mental health piece and then STRTP is run by Community Care Licensing (CCL). Two different state entities, two different program statements, two different licenses. It’s very difficult.” Regarding how monitoring is supposed to take place, participant A reported, “I really don’t know if there’s a specific unit at that state or
county level that goes and actually monitors an STRTP and their service delivery.”

Similarly, participant L shared concern about whose role it is to monitor the services that are supposed to be provided by STRTPs,

I don’t think changes are being monitored very well. I know that when I first started with the state two years ago, there were things in place… We were on calls with all 58 counties to find out where they were with implementation and follow up with them. There’s talk about how the monitoring is going to be ongoing with the state. CCL is supposed to do a yearly review of regulations and statutes, which is pretty basic, not looking at services. Mental health stuff is a yearly thing, but nobody is looking at programs and actual core services, the things that are supposed to be provided. That is going to be a big challenge with how the state steps up that monitoring. It’s a big concern for me.

The question of who is supposed to monitor the policy changes, especially regarding the provision of services was a common speaking point during the interviews.

Confusion was also brought up by a couple of participants regarding overlapping of services and related billing challenges. Participant L shared,

One of the issues is that they can’t really have Wrap the whole time because the MediCal billing tends to overlap with the services they are receiving from the STRTP. So, it can be done if they aren’t duplicating services, but it isn’t easy to coordinate. That’s where the counties are lacking. They aren’t connecting those services. With the STRTPs now required to provide mental health services on site, the county has to be working with the other providers and making sure that
those aftercare and home-based services are set up before they transition out of the STRTP. County Behavioral Health just isn’t doing that. The mental health contract should be stipulating who will be doing what, when they will be doing it, and how the transitions will be happening. That’s an important piece.

Duplicating services and figuring out how to bill for specific services by different service providers has created both a challenge and confusion.

Regarding whose job is it to do family finding for youth, participant A shared an experience of trying to work with an STRTP manager to provide adequate services between systems,

“You're an STRTP, you can provide all the services we [Wraparound] provide, and you can do the family-finding.” And the case manager’s first words were, “We don’t do family-finding.” And I’m like, “I don’t want to argue with you about it, but it’s actually part of the contract of the STRTP services you provide,” which includes finding permanency, which would be finding family, potentially…

It can be like hot-potato with whose job it is to do family-finding.

This example demonstrates the lack of understanding about which systems are responsible for family finding. The challenges expressed by the research participants in the above-mentioned areas reveal the confusion that has transpired since the implementation of CCR policy changes.

**Lack of Beds Due to Group Homes Closing**

Most of the research participants stressed that one of the most impactful consequences of the policy changes is that group homes are closing and that there are not
enough STRTPs. The closing of group homes and the lack of STRTPs leaves a population of youth with far fewer placement options.

Participant A expressed the level of crisis now faced in trying to find placements for hard-to-place foster youth,

There are more group homes closing than there are STRTPs starting up. And it’s pretty skewed. It’s not like it’s one for every two. It’s more like there might be one for every five or six group homes that are closing. Or maybe even ten or eleven. So, this large number of almost 800 [group homes] that we were at three or four years ago is getting smaller and smaller. Which leads to the problem where the only group home placement is in San Diego, even though the kid is from Sacramento. So, placements also become a premium.

As expressed by participant A, the lack of placement options for youth as a result of the policy is a serious problem.

Participant G shared frustrations with group homes closing and the impact it is having on foster youth,

A lot of kids, and especially any kids who had a longer stay at their homes that closed… There’s a huge level of distrust and fear when kids are sent to group homes and then they have to move… So, they will run and be homeless. When they started out, the whole verbiage of “low confidence group homes” meaning like the state doesn’t think that they’re going to be able to transition, we had to start moving kids from them and that creates more trauma because it’s a placement change and then we lose placements, we lose beds.
The impact on youth of group homes closing is paramount. Due to group homes closing, youth are having to change placements, which creates more trauma. And if there is nowhere for them to go due to lack of beds, or if they do not want to move, they may end up running away, potentially leading to homelessness.

Participant J pointed out another consequence that can come about from having lack of local congregate care placements,

If you take away all of our beds, then the expectation is that these kids will have families, which we don’t have. So, literally we’re going to have kids in our office again or the other option is to send them out of state. Or like we always do, dig for relatives, or NREFMs (Non-Related, Extended Family Members), but sometimes we end up sending kids out of state.

When kids have to move far away from their home of origin or out of state, it creates new challenges for them regarding the goal of permanency.

Participant L, a state policy analyst in the CCR department, made the following poignant statement regarding the order of which California chose to implement the congregate care policy changes:

My feeling is that they implemented backwards. They started to a certain extent on transitioning and recruiting families, but they didn’t put a big emphasis on that, and they didn’t do the home-based care. They didn’t work with the mental health providers to make sure that the home-based services were in place. The big push over the last couple of years has been getting the group homes converted and gone and getting kids out of congregate care. But if you don’t have anywhere to put
them… So, they should’ve started with the home-based services and recruitment of resource families. The home-based services are an area in which they really lacked and didn’t emphasize.

This statement, coming from a policy analyst at the state-level, allows a glimpse into the challenges that can arise with implementation, even when policies are planned-out and well-intentioned.

Participants revealed the unintended consequence of group homes closing and lack of placement options for youth, was a big problem. Finding placements for youth with challenging behaviors has reportedly become increasingly difficult. As participant G stated, “We are in a placement crisis.”

**Challenges with Time Limits**

One of the policy goals of CCR was to limit the amount of time that kids spend in congregate care, however, this aspect of the policy changes reportedly has a downside. It came up in several interviews that the new time constraints make it difficult to promote healing for the youth in congregate care.

Participant I noted the importance of having time to build relationships with kids while they are in congregate care, along with pointing out that time constraints are often pushed by people who do not understand what day-to-day life with these youth is really like,

The traditional model didn’t have the time constraint stress. There was more time to spend with the kid. The time constraints usually come from people who aren’t really connected to the kids’ treatment. We have certain judges or county workers
or counties who are like, “get them out, get them out…” But they don’t actually see what’s happening.

When talking about time limits with the new standards, participant F, a social worker for a program that was forced to close their group home due to the inability to transition to an STRTP stated,

I call it the fast food of care. Because while they're wrapping a lot of the services around them immediately, they’re missing the big component, which is the rehabilitation piece, which is the part that you’re getting in there and making those connections, making those attachments that they really have a hard time doing anyways... Until you build up that relationship and that connection, you really can’t affect the trauma and the healing in a positive way.

Participants I and F shared personal experiences that demonstrate the importance of having enough time with youth to build relationships so they can begin to heal.

Regarding the lack of time constraints with the old model of group homes, participant K pointed out, “What worked well, was that the youth were in those settings for so long that they were able to build relationships and rapport with the group home staff.” Similarly, when comparing the old model of group homes to the new model of STRTPs regarding the opportunity to build relationships with the youth, participant C shared,

The positive [of the old model] was that there was an opportunity to build a relationship. With the more short-term, the opportunity isn’t there as much. You feel like you’re just starting to make some breakthroughs with the kiddos and then
they're mandated to leave.

While there were not time limits with the old model of group homes, the relationship component seemed to be a key element that may be missing in the new model.

The time limits for kids in congregate care through CCR seem to reveal conflicting principles. They are understood to be important for the purpose of stepping kids down to a lower level of care, but at the same time they reportedly present challenges regarding healing for the kids through relationships with care providers.

Participant F shared another challenge that has come about due to the new time limits, “I just think that the time limit and the intensity of the program really leaves a gap between foster care and residential treatment.” This gap between residential treatment and traditional family settings of foster care is another important issue to consider.

**Lack of Specialized Foster Homes to Fill the Gap**

One of the most notable frustrations that has come from the CCR congregate care policy changes is that many group homes are closing their doors which has led to a lack of placement options for hard-to-place youth. Participant D pointed out, “Many agencies are just shutting down, they’re not making the cut.” Participant F remarked, “We are definitely in a crisis situation where with all the group homes closing, I don’t know what they're going to do with the kids. There’s such a big gap.” Participant I, who is from a smaller county shared, “A lot of group homes have had to close. I’m the last group home in our county.”

The elimination of a large number of group home placements has reportedly created a gap between STRTPs and traditional foster care. With the goal of kids stepping
down from STRTPs to lower levels of care in a short time period, the question of where to place kids when they are ready to step down has emerged. Participant L pointed to a possible reason for the gap between STRTPs and traditional foster home placements,

Lack of beds is huge. It’s partly county process and not looking at transitions early enough, not doing family finding, not making sure that the mental health home-based care is there, not doing a good job on recruiting of resource families for ISFC.

According to the research participants, there are not enough traditional foster homes to begin with, much less specialized foster homes with caregivers who are willing to take kids with more challenging behaviors.

From participant F’s point of view, the state’s response to not having enough foster homes willing to take in this population of youth, was,

Out of CCR, because they [state policymakers] knew that they were going to have a gap between foster care and the STRTP, they did develop Intensive Services Foster Care (ISFC) and then they have Therapeutic Foster Care (TFC). So, out of this, they were asking agencies to start to recruit and get some ISFC foster parents who were willing to accept kiddos that were in the level 10 range into their home and just have a maximum of two kids in their home instead of having them in congregate care was sort of their solution for it.

California was seemingly aware of the gap that would be created between congregate care and traditional foster placements and attempted to address the challenge by asking group home programs to recruit for specialized foster homes.
According to several of the research participants, however, the recruitment of caregivers for specialized foster homes is not as simple as it may sound. Participant B went into more detail about the reality of the state’s answer to the gap between foster care and STRTPs,

California wants the ISFC to happen, and TFC to happen, but the magnitude that it would take to absorb the closing of the group homes… I don’t think that can be found. And certainly not in some areas. I mean if you're talking rural Northern California where they may only have one group home and that group home shuts down… I mean they’re not going to find placements for those kids. If they’re having a hard time finding traditional foster homes, how are they going to find ISFC and TFC foster homes?

This gap between traditional foster care placements and STRTPs is reportedly exacerbated in rural areas where foster care placements are even more sparse.

While talking about the lack of specialized foster home placement options for youth with challenging behaviors, participant J shared, “It’s hard enough to recruit resource families for kids that aren’t coming from group homes.” Regarding specialized foster placements, participant J also pointed out, “As far as I know there are only two foster family agencies in the whole county that offer that setting.

Participant B eluded to this gap between traditional foster care and STRTPs by contrasting the goal of placing kids in family environments with the unintended consequence of group homes shutting down due to policy changes,

The heart of the STRTP changes was so a kid who was being abused would be
placed in a foster home, or THC, [rather than in congregate care] but the reality of recruiting those homes who want to take a kid with some significant behavior challenges, who may look really scary on paper, who has the emotional outbursts, is a lot harder.

Taking it one step further, participant J spoke of the difficulty of finding homes that are willing to take kids that not only have behavior challenges, but are also involved in the juvenile justice system,

Who wants a kid on probation? Getting someone to take a youth… getting someone to take a kid with behaviors… getting someone to take a youth on probation? Ooh! There’s probably like 1 in 500 that would take a youth on probation. If you find them, you say, “Can you take 5? Can you take 15? I have 15 youth on probation, can you take all of them? Go apply to be an STRTP!”

This concept of a gap developing between traditional foster care and STRTPs came up multiple times with research participants. While there was broad agreement between participants that it is best for kids to be placed in family environments, without specialized foster home placements available, this is easier said than done.

It was also noted that due to the lack of placement options for hard-to-place youth, kids are having to move far away from their homes of origin and family members.

Several research participants were especially concerned about this phenomenon. Participant A spoke of the lack of placements nearby when he said, “Oftentimes there’s only availability in San Diego or Santa Barbara or in Bakersfield.” Participant J shared, “Another consequence is moving kids out of state.” Participant D points to California’s
role in the unintended consequences of the CCR policy,

Although the stats look good from the state level because they shut a bunch of
group homes down, there are not enough ISFC beds to accommodate those youth.
So, kids are sleeping in offices, on the run, sent back home to unsafe
environments, or sent out of state. This will all end in a crisis situation and the
laws will change again.

Beyond the need for specialized foster homes, it was also brought up several times that
even if there are ISFC homes, some kids are just not ready for a family environment.
Participant D put it this way,

It sounds great on paper, but you know, we’ve done multiple of those, just
because of how we’re designed we’ve done a lot of ISFC, and they rarely work
out well. These kids end up back in residential care because it’s in relationships
that they’re the most scared.

Similarly, participant F shared a concern about placing challenging youth in home
environments,

My concern is the high-risk youth that we’re potentially placing in home care. My
concern is the health and safety of both the parents and the children. Because if
they’re wanting to put kids who were in our level 10 with families… We’ve had
some very aggressive kids over the years. And you don’t know that they’re that
aggressive, until which time that they’re trying to put their fist through a window
or attacking you with something. My concern is definitely that we’re putting
people in harm’s way, potentially. There aren’t enough households willing to
take these kids in.

While congregate care is not an ideal place for youth to grow up, it was expressed that some kids are not ready to be in family environments and they may need to be in congregate care longer than the policy changes dictate to be appropriate.

While the CCR policy changes provide a vision of what California would like to see for foster youth, according to respondents, the reality of how the policy plays out in practice does not line up with the way it looks on paper. Moving kids from STRTPs to family environments can be a big challenge. This became evident through the research interviews as the participants revealed the gap that developed between traditional foster placements and STRTPs as implementation rolled out.

**Lack of Change Since Implementation**

An apparent lack of change in congregate care was another frustration expressed by several of the interview participants. While there are licensed STRTPs that are now up and running, or in the process of getting to that point, there are still group homes in existence due to need for beds and the lack of foster homes that have the capacity to serve this population of foster youth. It has taken much longer than anticipated for group homes to transition into STRTPs. As participant E expressed, “No one anticipated how long it would take, simply to license [STRTPs]… the magnitude of the change was underestimated by very smart, very well-intended people… the state was under-resourced to do this.” This statement points to the reason that there have been so many timeline extensions for group homes to make the transition and thus remain open.

Participant L spoke of the lack of change, proposing that the problem may be
connected to a lack of buy-in from providers and placement units,

It’s been difficult. I think that there’s still a lack of commitment to actually changing. The county, the state, and the providers’ mind frames on how it all works and how it should be implemented… You still get counties that need to find a bed and as long as there’s a group home that they can still place at, that’s not an STRTP where they don’t have to go through the requirements to place, they’re going to use that bed because they need it. There is so much still going on as far as implementation. There is still so much needed to get people on board. I think unfortunately people saw this as another process or program that is just going to fade away, so the mentality seems to be, “If we hold out, maybe it won’t happen.” There are agencies that just haven’t made that change. We see it all the time with the group homes, they say, “Well, I’ve been doing this for 30 years.” Well, no you haven’t been doing this for 30 years because it’s only three years old. You haven’t been providing the services that are now required for 30 years. They just don’t get the change that needs to happen.

Changes may continue to be difficult to perceive as long as traditional group homes remain in operation. Participant A shared frustration with waiting for the changes to be implemented after hearing about the changes years before they came into effect,

You know, I’ve been waiting for the CCR changes to go into effect for many years. It’s been coming, it’s been coming, it's’ been coming. It’s finalized, and we’re now I think four years into it and were still grandfathering in mom and pop group homes. We’re four years into it, it just keeps getting pushed out. It rolled
out in stages year by year. They thought it out, but it didn’t go that way and we’re at this bottleneck, where we have some STRTPs but there are still group homes where there are no standards of care.

Knowing that there are policy changes needed, yet not seeing them come about for long periods of time can be a difficult position to be in.

Participant I shared frustration with programs that have already transitioned into STRTPs, yet changes in provision of services are not apparent,

Most of the group homes that I know of that have changed over to STRTPs still have horrible oversight, bad staffing. The staff on the floor are allowed to talk to however and do whatever they want with the kids without recourse. So, having the provisional license and national accreditation, anyone can do that. I mean you have the right people doing the right things, you look good on paper, that is not hard. It’s interesting because when we first heard about CCR, I was like, “finally, they're going to hold group homes accountable to do the right thing.” But that’s not what’s happening. For me, it would be that, that is what would be happening.

What’s actually happening is this feels very political.

It is reportedly quite frustrating to be a part of a program that really wants to do the right thing for kids and is facing challenges with the process of transitioning, while watching other programs that are able to make the transition on paper yet having inside information that reveals a lack of actual change in their provision of services.

Participant H shared, “The level system has changed, like level 10, level 12, level 14, that’s going out the window. But what’s actually going on in the group homes, not a
lot has changed.” And participant G stated, “I do know that we are paying them a lot more money and we’re getting the same results.”

Participant B shared a potential reason for seeing a lack of change since implementation, “I'd say that we, California, are still in the developmental phase. We're just rolling out a new system and have still yet to see the full negative and positive impact.” It will take time to collect data to better understand how much change has taken place and what else may need to happen to better support foster youth in congregate care settings.

Looking Forward: Needs and Creative Solutions

While the responses from interview participants leaned heavily toward challenges and frustrations, there was still a hopeful tone when asked about looking to the future. As participant J pointed out, “I have hope that they can be successful. We need them [congregate care facilities].” Some needs for the future were expressed, but there were also many ideas for creative solutions to the challenges being faced due to the changes in congregate care policy.

Needs

As participants pondered moving forward with implementation of the policy changes, some needs emerged as being critical for the wellbeing of foster youth in congregate care. For example, participant E shared the need for flexibility in funding, “What we need is the flexibility to use a higher rate to change the ratio of kids to staff that are being served, either on an ongoing basis, or temporarily while this kid is in crisis.”
Participant B, when discussing the struggle that smaller group homes face in trying to transition into STRTPs expressed, “Some way to sustain the other group homes who are struggling to convert would be huge.” Similarly, participant L shared the need to provide some kind of extra support to those group home programs that everyone seems to agree are doing good work, yet they are struggling to make the transition.

The hard part is reproducing those programs who really have the heart of wanting to help kids. One of the things we’ve worked on is some of the providers, especially some of the smaller providers that have done good work with kids and the counties are supportive of them, but the counties and everybody feels like they just can’t handle the level 14 kids. So, what can we do to help them to transition and continue? Can we switch them to an ISFC home where you have a facility? Can we do a small family home, where you have a parent there and have the staff come in and help? Can we switch them to this new model that’s being looked at? What can we do if everybody agrees that their value is there, and they do good work, and have some knowledge, but they just can’t make that jump? What can we do in order to keep them involved and working with these kids?

It was revealed that there is more support needed for group homes to make the transition to STRTPs in order to not continue with the problem of losing beds for foster youth.

Participant H expressed that there is need for preparation being a focus when working with youth in congregate care,

Kids that are getting ready to transition to adulthood, or next steps, stepping down, etc. So, I think it’s important that the people that are running the group
homes are looking at preparation. What [we] are preparing these kids for and having a real thoughtful approach to what the next step is. So, for me, there’s always an opportunity to teach and help kids grow and learn something different. So, really just making a conscious effort in terms of preparation for the next step. And along with that, making sure that there is a plan for the next step. So, they’re not just sitting here, waiting to move onto the next place where they’re going to just sit there. There’s an active, intentional thought process on how to prepare the kids.

Keeping a mindset of preparation at the forefront of services provided to youth in congregate care is reportedly an important need moving forward.

Participant A shared the need for incentivizing creativity to solve current problems,

If there was one thing I would want, I would want the CCR to incentivize people to think outside the box and create programs and to fill people’s needs, not based on a fail up system, but based on what people need right now and how can we avoid having a traumatized child.

The current needs expressed by research participants are important to consider in moving forward with implementation of the policy changes through CCR.

**Creative Solutions**

There were creative solutions mentioned in a couple of ways. Some existing examples of creativity and collaboration between different parts of the system were brought up along with some programs that are in place but are not widespread across the
state. Some ideas were also discussed about what might be helpful in the future including some pilot programs that are in their beginning stages as well as new ideas and hopes that were expressed during the interview process with participants.

**Creative solutions currently in place.** One county in California decided to try something creative to avoid the use of group homes. According to participant A, what this county did is reportedly working well,

They decided that they weren’t going to put any kids in group homes, and they weren’t going to put any kids in shelters. So, they collaborated with a Wraparound partner down there and created a network of emergency foster homes where the foster family was paid $2,000 to $3,000 dollars a month when there was no kid there just so they could have a space if CPS called at 2:00 or 3:00 in the morning if need be. They made it so there was a Wrap team available if they needed to come in that night. They were on call if the specialist or facilitator needed to go over or stay over that night with the family to help with the transition or emergency placement. That Wraparound team was also going to get funded even if there wasn’t a kid, so they would always be available. They did some very creative funding things where they were paying people for not doing anything sometimes, but in the long run they were saving hundreds of thousands of dollars by not having to place a kid into a shelter in the middle of the night.

This creative collaboration between a county and their community partner demonstrates possibilities for other counties as well.

One agency has been addressing some of the congregate care challenges with
their own creative solutions as well. Participant D shared that first of all, they have a blended approach to stepping kids down and providing continuity in mental health services,

One thing that we’re doing, that I don’t think anyone else is doing is our therapists follow the kid if they're in a foster home, if they’re in an hour’s radius. And, so what we’re doing here, because I also run this foster care-adoption office, is we have a blended approach, where we are offering foster homes to step the kids down. So, we continue to blend our design a little bit and mold it, but our idea is if I can help the kid never leave our county whether it’s an STRTP all the way through to adoption. And we even do mental health post-adoption services. So, we could maintain a clinical relationship with that kid all the way through the whole process.

Participant D also shared that their county has a preventative program in place through their agency that reportedly works well to keep kids out of the child welfare system to begin with,

We have what’s called the Crisis Resolution Center (CRC), which uses a group home license still, but these are pre-adjudicated kids. So, the county funds this house, and these are kids who are almost in the system, mostly teenagers that are struggling at home. The parents can place with us for up to 30 days voluntarily and it gives them a break. Like the idea of a Crisis Nursery, but for bigger kids. And the county flips the bill because, the idea is, how much do they save, by these kids never entering the system? Most of these kids go back home, with services,
and they’re doing better.

These examples show that there are counties and agencies that have already found some creative ways to address some of the problems California has faced. Perhaps the programs that are working in some counties could be duplicated or expanded upon to address common challenges faced in the child welfare system.

**Possibilities for the future.** Many creative ideas emerged when participants were asked about what they hoped to see in the future. Participant K had a couple of important ideas for the future regarding foster youth and congregate care. First, they shared the importance of including the voice of former foster youth who spent time in congregate care when creating and implementing changes in policy,

> It would be great to have former congregate care youth on those panels; we need their voices to be heard. Just like the CFT meetings, it’s all about family voice and choice. With group homes we need to go back to these youth and ask them what worked well for them, what did you like? What didn’t you like? What do you feel could have been better? What made you feel supported? Do you feel like you got what you needed? What didn’t you get that you felt like you needed? Having those conversations with them is really important.

Participant K also shared the importance of community engagement in order to increase the number of caregivers who are willing and able to take in challenging youth,

> I think the work is really with the community. Engaging community members to become resource parents to take these youth so they have a place to go and can step down, to where we don’t even need group homes because we have members
in our community who feel equipped to handle these youth.

Youth voice and community engagement were expressed to be important in moving forward.

Participant E shared an idea that emerged from a past pilot program that is reportedly not being implemented at this point, but it is believed it would be beneficial to address some of the current challenges based on the research,

The Residential-Based Services model (RBS), was created by our former director and a number of counties were selected, who then selected providers to develop and implement this RBS model. And what was learned from RBS was the predecessor to the STRTP. And there was a lot learned about what was done, what wasn’t done, what were the failures, and there were two that were paramount. One, was the role of family-finding and engaging a family to try to reunify that youth. And then the critical need for aftercare. And also, for a crisis team so that if we’ve transitioned a youth out and, “Oops, it just blew up, but it didn’t blow up permanently, but you need to come back and be supported for a time and then go back to a lower level of care.”

Utilizing findings from research from pilot programs is an important way to provide research-based solutions to current challenges.

A new pilot program that involves professional parenting came up during two different interviews. Participant L shared,

There are some models in the works that include professional parents and are a campus type facility. There is one in the Bay Area that is working on finalizing
everything for a pilot program. There are other agencies that are interested in looking at it.

Participant F went into more detail about the pilot program that will utilize professional parenting.

They’re trying to get creative. I heard that they were going to hire professional parents. They were going to give them $100,000 a year to live in a community with like five houses and they would live there and work with all of these kids in a home-based setting. It’s a pilot program. So, it’s parents who have a Bachelors, or Master’s in social work or psychology or one of those fields who can bring that to the table. So, it would be like foster homes in the same neighborhood with someone who lives there and oversees the homes. And then they would pay them a fairly healthy amount to do that since that would be their job. So, they would be doing therapy with them on a regular basis, kind of as a village type of thing.

This pilot program with professional parenting could prove to be effective for helping youth to experience a smoother transition out of congregate care and into traditional foster homes.

Participant H shared a creative idea for a way to possibly fill the gap between STRTPs and foster care with a transitional type of group home,

I think there’s room for different kinds of group homes. For example, let’s just say that the STRTP is going to work for this kid for nine months to a year. And the next goal would be to step them down to a place that’s doing 90 days. So, you’ve got three months to really fine-tune some skills to help them transition
into a foster home. So, it’s not this big jump from one year at this one place to
now all of a sudden you’ve got to know that, but maybe there’s a middle ground
to help the transition of weaning off the institutionalized behavior to this kind of
middle ground step of taking some of that away and introducing more natural life
skill transition before they get ready to go. Almost like a halfway house for
youth. And the environment would be set up more like a family. It’s kind of
taking away that group home feel and each kid has their own room or maybe they
have a roommate and a kitchen, and everybody sits down for dinner and we’ve
got homework time. Again, it’s a natural sort of environment that would help
them get ready to step into a home environment. Everyone has their own chores
to do, the dynamic of it is more family centered as they get ready to transition.

Thus, respondents believed that having a transitional group home environment could
potentially help to fill the gap instead of relying solely on ISFC and TFC homes, which
are currently quite limited in number and capacity.

Participant J proposed two ideas to consider. The first idea was to create a way to
support group homes with transitioning into STRTPs to avoid the mass-closure that is
currently taking place,

I would want to see stages. Maybe identifying the group homes that want to
transition to STRTPs. I’m not going to let you just disappear because you can’t
reach my really high expectations, and I’m going to set you on the path. I’m
going to call you a level C or something. The goal is to get to level A, you are a
full-fledged STRTP home. You get all the perks; you’re meeting all of our
expectations or whatever. You’re level C, you’re on the plan, you’re on the path. I’m not going to let you just fade away, I’m going to help you, I’m going to offer you assistance. You’re not going to get all the perks. You have to meet these baseline expectations. Maybe there’s a timeline you’re allowed to stay on level C. The expectation is to move to level B in a certain time frame and you have to meet expectations X, Y, and Z to get there. And maybe that would help you from being a ho-hum group home with no standards, no expectations to this top of the line, Cadillac version that I’m expecting.

The idea of providing assistance to programs aiming to transition to STRTPs through stages is believed to be a potential solution to the problem of group homes’ inability to make the transition on their own. The second idea that participant J had was to lean more heavily on kin, rather than focusing on STRTPs as the solution,

I think there’s this really massive push for kin homes, relative homes, or non-related extended family member (NREFM) homes. Because who’s going to put up with that kid yelling in your face, slamming your door, stealing your stuff, torturing the cat? Who’s going to put up with that, unless you’re a relative or a NREFM and you’re invested in that kid or that family? Maybe that is the answer to decrease the kids who need out-of-home placement and just keeping them with kin. Maybe that will lessen the burden on the need for non-related foster homes—to lessen the need for these STRTPs. Maybe that’s the answer rather than try to create more STRTPs.

Relying more heavily on family members or NREFMs for placement of youth is believed
to be a possible solution to the need for STRTPs.

Participant I, who is part of a program that is still in the process of transitioning into an STRTP, shared excitement about the possibility of taking some of what has been working well in their small program and growing it into something larger in the future.

The county wants to work with me to start a special program. Since I’ve designed a good group home, they want me to help design a family-model shelter. So, we’re in the process, hopefully.

Collectively, the research participants shared some things that are already working within some counties and agencies, explained some pilot programs that may turn out to be good solutions, and expressed many new ideas that could potentially help to solve the challenges that have come about through the CCR policy changes.
Chapter 5

CONCLUSION AND IMPLICATIONS

Purpose of Study and Summary of Findings

In this study, the researcher examined professional stakeholders’ perceptions of the recent congregate care policy changes that came about through the Continuum of Care Reform (CCR) in California. Through interviews with professional stakeholders, the aim was to get a gauge on the implementation of current measures and to broaden the understanding of what further changes might be adopted in order increase positive outcomes for foster youth in congregate care. The interview participants shared a wealth of information about the problems that prompted the policy changes, the process of implementation, impacts on foster youth, and future considerations.

The findings from the study were broad. Problems with the old model of group homes included outdated policies, lack of service provision and oversight, kids being placed in congregate care unnecessarily, and youth lingering in care too long. The problems that are reportedly being addressed through policy are changing the requirements regarding staff qualifications and staff ratios, raising the standards of practice, providing mental health services to every youth, and imposing time limits on youth’s length of stay in congregate care with the purpose of stepping them down to lower levels of care.

The frustrations and challenges with the policy changes were many. First off, there have been challenges for programs working to transition into STRTPs; this has been especially difficult for smaller programs. Part of these challenges are due to the lack
funding for such broad changes and increased regulations. There has also been confusion regarding service provision, roles, and overseeing bodies. Another big challenge is that group homes are closing due to the inability to transition to STRTPs, which has led to a lack of placement options for foster youth. The time limits that were intended to help keep youth from lingering in congregate care have presented challenges as well. It was also revealed that there is a lack of specialized foster home placements which has created a gap between traditional foster care placements and STRTPs. Finally, there has been frustration with the lack of change since implementation began.

In looking forward, participants expressed the need for flexibility and extra support for programs that are struggling to make the transition. The participants also shared some creative ways that some counties and agencies in California have worked to overcome challenges that could potentially be implemented more broadly across the state. Creative solutions such as pilot programs that are currently in the works and new ideas that have not yet been fully explored were discussed during the interviews as well. Even though the findings leaned heavily toward challenges and frustrations, there was a hopeful tone when research participants looked toward the future.

**Comparing Findings to Literature**

Research reveals that children experience better outcomes when they are raised in family settings compared to being raised congregate care settings (Annie E. Casey Foundation, 2015). Learning life skills and having lifelong connections with a permanent family are said to have tremendous benefits as kids transition into adulthood (Youth.gov, n.d.). However, while the CCR policy changes aim to provide better support to foster
youth with the goal of moving them toward family care in a short period of time, this cannot happen overnight simply because the policy makes this mandate. These systems of congregate care have been in place for decades and to imagine that these policy changes can bring about a transformation to these systems quickly or without unintended consequences would be naïve.

The policy report, *Every Kid Needs a Family*, put together by the Annie E. Casey Foundation (2015), explores the developmental needs of children and emphasizes the importance of child-caregiver relationships. While it is a noble goal for every youth to be in a family setting, and though the literature dictates that this is the best place for kids to live, it is not necessarily an attainable goal (Annie E. Casey Foundation, 2015; Bartkowiak, 2015). As was revealed through the interviews, some children are not ready for a family environment. Further, even if youth are ready to step down to lower levels of care, there are not enough foster parents to begin with, much less those who are able or willing to take youth with challenging behaviors into their homes (KVC Health Systems, 2018; Berrick, 2018). Due to these challenges, it is difficult to compare these findings to the literature in full as it will take time to see the long-term effects of these policy changes and the resulting outcomes for foster youth.

There were some findings that were expected by the researcher, while others were rather surprising. One of the researcher’s concerns was that these policy changes would lead to some group homes transitioning into STRTPs on paper without making practical changes to their programs. This concern was confirmed through the responses of several research participants as they shared their experiences with seeing a lack of real change in
some programs regarding provision of services. It was easy to look at the literature and believe that the solution to the problem of youth lingering in congregate care could be easily solved with these policy changes. It seemed, at first glance, like a good idea to get rid of the old group home model, with all of their reported problems. It was surprising however, to find how many unintended consequences came along with the closure of group homes without first having enough STRTPs in operation to accommodate the placement needs for foster youth. Prior to the interviews, the researcher generally underestimated the need for congregate care and also lacked knowledge around the need for specialized foster home placements to fill the gap between STRTPs and traditional foster care.

Implications of Findings

Conducting in-depth interviews with stakeholders who had varying degrees of professional connections to youth in congregate care, allowed for the contribution of greater knowledge about what is working well and what is still lacking regarding congregate care policy in California. These findings provide an important contribution to the field of social work by revealing challenges with the existing policy changes that can now be addressed and/or researched further in a more meaningful way. The greatest concern that came up was the lack of placement options for foster youth with challenging behaviors. Doing away with the old model of group homes without having an in-between placement option available for youth has led to a gap between STRTPs and traditional foster placements. This gap contributes to the problem of limited placement options for foster youth and is in need of further exploration.
One way that social workers can work toward filling the gap between traditional foster care and STRTPs is through the recruitment of and training for specialized foster care. If California can increase their capacity of these specialized foster homes, the lack of placement options should become less of a problem. Another way social workers can contribute is through the exploration of what is working in other places. Creative programs that are working throughout the state and throughout the country could be explored further and potentially be adopted across California to help diminish the challenges that are currently being faced.

These potential solutions will require time and flexibility with funding. If California can gain a deeper understanding of the importance of investing in foster youth, and work toward solutions for closing the gap between congregate care and family settings, this population of youth may have the opportunity to thrive, rather than simply trying to survive through their transitions to adulthood.

Limitations

This study had several limitations. Being qualitative in nature and utilizing in-depth interviews, there were constraints to this study due to time and sample size. Were those limitations removed, more interviews could have been conducted with a broader base of participants. This could have resulted in a greater variety of perspectives which may have led to differing or more robust findings. The greatest limitation of the study was that it was preliminary in nature. Since the policy changes had not yet been fully implemented at the time of the study, nor had much time gone by for the programs that transitioned early on, it was not possible to understand the long-term implications for
foster youth. Only as time passes, and as further studies are conducted, will there be a way to gauge the impacts more fully. Therefore, the results of this preliminary study are not generalizable.

Knowledge Gained

While the goals of congregate care policy changes may be noble, such as every child living with a family, California still has a long way to go before the vision of CCR can be fully realized. The biggest piece of knowledge gained through the research interviews with professional stakeholders, was that there is a gap between policy and practice regarding congregate care policy changes. There is no one-size-fits-all solution and more research is needed in order to find better ways to support foster youth who spend time in congregate care.
Appendix A.

Implied Consent for Research Interview Participation

My name is Michelle Rezentes, and I am an MSW II student at California State University, Sacramento, Division of Social Work. I am conducting this research study to explore professional stakeholders’ perceptions of policy changes regarding congregate care in California and related foster youth outcomes. If you volunteer to participate, you will be asked to contribute through a semi-structured interview that will be recorded and later transcribed. Your participation in this study will last up to 40 minutes and will take place during one session. Your participation in this study is voluntary. You have the right not to participate at all or to leave the study at any time without penalty or loss of benefits to which you are otherwise entitled.

There are some possible risks involved for participants. These risks include the possibility that participants could experience an emotional response or discomfort from potentially having a personal connection to the topic. There are some potential benefits to this research, particularly that there could be an increase in understanding of the needs of foster youth in congregate care through the exploration of the perceptions regarding policy changes and resulting outcomes for youth. There are no direct benefits for participating in this study.

It is anticipated that study results will be shared with the public through presentations and/or publications. Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be
disclosed only with your permission. Measures to ensure your confidentiality include 1.)
not utilizing names of participants or names of agencies related to participants, 2.)
Storing data on a password protected computer, 3.) Participants will be coded in the study
with letters instead of using names (i.e. Participant A, Participant B, etc.). Raw data
containing information that can be identified with you will be destroyed after a period of
three years, after study completion. The de-identified data will be maintained in a safe,
locked location and may be used for future research studies or distributed to another
investigator for future research studies without additional informed consent from you.

If you have any questions about the research at any time, please contact me,
Michelle Rezentes, at michellerezentes@csus.edu, or, or my faculty
advisor, Jennifer Price Wolf at wolf@csus.edu. If you have any questions about your
rights as a participant in a research project please call the Office of Research, Innovation,
and Economic Development, California State University, Sacramento, (916) 278-5674, or
email irb@csus.edu.

Your participation in the study indicates that you have read and understand the
information provided above, that you willingly agree to participate, that you may
withdraw your consent at any time and discontinue participation at any time without
penalty or loss of benefits to which you are otherwise entitled.

You will receive a copy of this form to take with you.
Appendix B.

Data Collection Questions

1. Tell me about how you come into contact with group homes/group home youth?

2. What do you see as the strengths and challenges of traditional group homes/youth outcomes?

3. In your understanding, what are the policy changes for group homes through the Continuum of Care Reform?

4. How do you think these changes will affect you in your role, workers’ roles, and/or youth outcomes?
   a. Positive changes, Negative changes?

5. What is your experience with the implementation of changes so far?
   a. Fidelity, Accountability, Sustainability
      i. Quality of care, Positive outcomes for youth (before and after changes)

6. What are your thoughts about how changes are being monitored?
   a. Fidelity, Accountability, Sustainability

7. What would you like to see in the next five years regarding policy changes for group homes/youth outcomes?

8. Is there anything else you would like to share related to the research subject?

Closing: Do you know of anyone else that might be a good fit for this research study?
References


