DFCS Continuum of Care
ANNUAL REPORT
December 2023

SUMMARY

The evaluation uses a cross-sectional cohort model. Children who entered foster care between quarters 2 and 3 of 2022 are compared to those who entered quarters 2 and 3 of 2023. Some children in both the 2022 Baseline and 2023 cohort were cared for at the Welcoming Center.

FINDINGS

1. **DFCS had have fewer children enter foster care in the Cohort Total than the Baseline Total; however, removals are trending upward as of Q3 2023.**

   In chronological order, the groups included in this report are:

Baseline Total		Cohort Total	
116 children		108 children	
Baseline 1 (Q2 2022)	**Baseline 2 (Q3 2022)**	**Cohort 1 (Q2 2023)**	**Cohort 2 (Q3 2023)**
58 children	58 children	49 children	59 children

2. **On average, children in the Cohort groups stayed in more placements or non-foster care facilities than children in the Baseline groups.**

3. **The proportion of relative/non-relative extended family members (NREFM) and guardian placements was over 3.5 times higher among the Cohort group.**

4. **The average stay and overstay at the Welcoming Center were similar for the Cohort and Baseline groups.**

NEXT STEPS

DFCS will continue to expand the crisis continuum, including working through the Children Youth System of Care partnership (AB 2083) to rethink the STRTP Model. DFCS leadership has had several meetings with Behavioral Health Services Department (BHSD) and community partner organizations to look at the current crisis continuum and opportunities to expand. DFCS has partnered with BHSD in determining the viability of at

a County-run STRTP model, leveraging various funding sources to identify effective and sustainable crisis programming for complex needs youth.

On October 19, 2023, DFCS and BHSD leadership had a discussion with the administration of a Monterey county-run STRTP, Canyon Oaks. On October 24, 2023, DFCS and BHSD visited Canyon Oaks to see its daily operations and talk with frontline management and staff. DFCS has had conversations with community-based organizations (CBOs) to discuss the complex needs of youth and the opportunities around California licensing standards. CBOs were encouraged to look at creative solutions with DFCS and BHSD, including engaging in the STRTP process as identified in All County Letters (ACL) 21-143 and 22-21 regarding complex care funding and rate requests for innovative models of care.

DFCS and current providers are collaborating on the utilization of the homes to ensure children or youth who have a higher acuity and distinct needs have the opportunity to go into an ISFC+ home. The current census of the ISFC+ program is: 1) Seneca – four homes (all homes are full), 2) Pacific Clinics – nine homes (seven active; two caregivers on extended breaks), 3) Rebekah Children's Services – six homes (four active; two have children not meeting ISFC+ criteria).

DFCS continues the licensing process of scattered site homes as TSCFs. DFCS re-submitted applications for all scattered sites on November 7, 2023, and had a conversation with CDSS on November 13, 2023, regarding additional revisions not previously suggested. DFCS scattered site staff are currently completing the required Guardian background process. The DFCS director visited Orangewood Children and Family Center on October 10, 2023, to further understand daily operations of a TSCF. On October 10, 2023, the DFCS director participated in a forum with County Welfare Director's Association (CWDA) and other California counties in looking at the TSCF model and sharing best practices, specifically identifying challenges and solutions in serving complex need youth in shelters.

The best plan for any child must be determined in partnership with the family, thus the child and family team (CFT) process is critical. DFCS continues to prioritize the need for CFTs to happen as early as possible in establishing a safety plan and hearing directly from the family's safety network. DFCS has expanded capacity to have CFTs where and when needed to link families to services and supports tailored to their strengths and delivered in a family-based environment. DFCS is building internal capacity to support the completion of the Child and Adolescent Needs and Strength (CANS) tool for children and has identified specific staff who will complete the CANS training and take the certification test.

DFCS plans to have a crisis continuum expansion plan in calendar year (CY) 2024. The most immediate aspects of the crisis continuum will be communicated to CSFC and CDSS – CCL. A revised and comprehensive plan to be provided later will include capacity building funding, the Mockingbird foster care model, and upfront family finding.

Moving forward, the continuum of care evaluation will focus on children who entered foster care for eight days or longer in CYs 2012, 2017 and 2022. Data will be analyzed 12 months out from the child's initial entry into foster care. The sample will exclude children discharged to adoption who reentered foster care within 12 months, initial placement episodes that were open for less than eight days, and children who entered or exited foster care at age 18.

The overarching goal of the study is to explore whether the continuum of care achieved its outcomes of increasing home-based family care, decreasing congregate care placement and expediting paths to permanency. Therefore, the objective of this study is to explore associations among demographic variables (e.g. age, gender, ethnicity, location, pre-intervention characteristics such as abuse history and parental factors) and child welfare variables (e.g. receipt of specialized services, such as Immediate Stabilization Services and

Wraparound and case severity) in relation to anticipated continuum of care outcomes (e.g. placement stability, relative/NREFM placements and foster care exit).
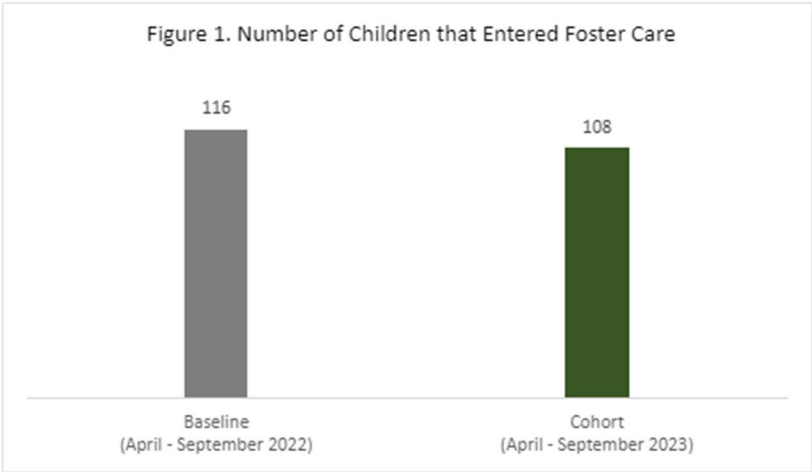
Analyzing data from different entry years (2012, 2017, 2022) allows for a longitudinal perspective examining how associations have evolved over time. By studying multiple cohorts, the study will compare the associations among demographic and child welfare variables and anticipated outcomes across these cohorts. This approach can help identify temporal patterns and differences.

COHORT & BASELINE

The Continuum of Care evaluation uses a cross-sectional entry cohort model, where every quarter consists of a new entry cohort and will be compared to a baseline cohort (the same quarter in the previous year). This report provides comparisons between the entire baseline and cohort groups.

Baseline		Cohort	
Baseline 1	**Baseline 2**	**Cohort 1**	**Cohort 2**
Children who entered foster care **April 1 – June 30, 2022**.	Children who entered foster care **July 1 – Sep 30, 2022**.	Children who entered foster care **April 1 – June 30, 2023**.	Children who entered foster care **July 1 – Sep 30, 2022**.

The report focuses on children who entered care during the time period above and does not include children who were already in foster care. For both the Baseline and Cohort groups, data were analyzed for one month after entering care (Figure 1).

Figure 1. Number of Children that Entered Foster Care

116 — Baseline (April - September 2022)

108 — Cohort (April - September 2023)

DEMOGRAPHICS

- **Sex**: The proportions of males and females were nearly equal in the Baseline group, with males making up a larger proportion of the Cohort group. (Figure 2).

- **Age**: The average age of the Cohort (9.9 years) was slightly over one year older compared to the Baseline (8.6 years) group.

- **Race/Ethnicity**: Hispanic children continued to be the largest proportion of race/ethnicity in both groups. However, the proportion of Hispanic

Figure 2. Breakdown by Sex

children nearly halved, while the proportion of White children doubled between the Baseline and Cohort groups (Table 1). The proportion of unknowns also increased significantly from 1% to 18% between Baseline and Cohort groups.
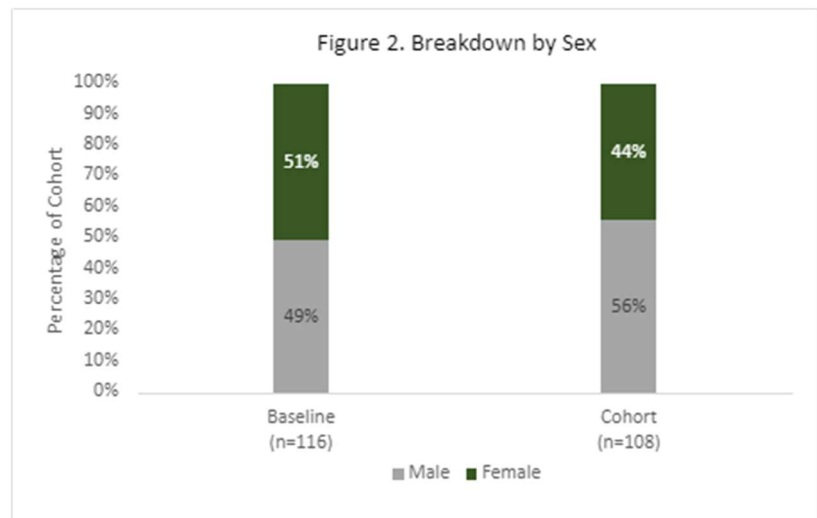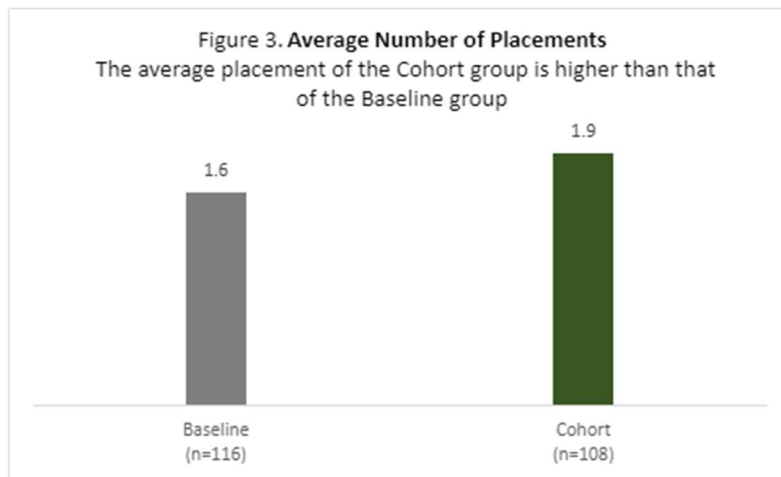
Table 1. **Percentages of Baseline and Cohort by Race/Ethnicity**		
Race/Ethnicity	% Baseline (n = 116)	% Cohort (n = 108)
Hispanic	64%	31%
White	12%	25%
Asian/Pacific Islander	7%	8%
African Ancestry	16%	17%
Native American	0%	1%
Declines to State/Unknown	1%	18%

PLACEMENT & NON-FOSTER CARE FACILITIES

After removal from their family, a child stays in a foster care placement or a non-foster care facility. Examples of foster care placements are relative/non-relative extended family members (NREFM) homes, resource family homes, or a Short-Term Residential Therapeutic Program (STRTP). Examples of non-foster care facilities are the Welcoming Center, medical facilities, or a juvenile hall. To give a more comprehensive picture of the number and restrictiveness of places where children stay while in care, the analysis below includes data of both foster care placements and non-foster care facilities. The varying degrees of restrictiveness for placements and non-foster care facilities can be found in the Appendix.
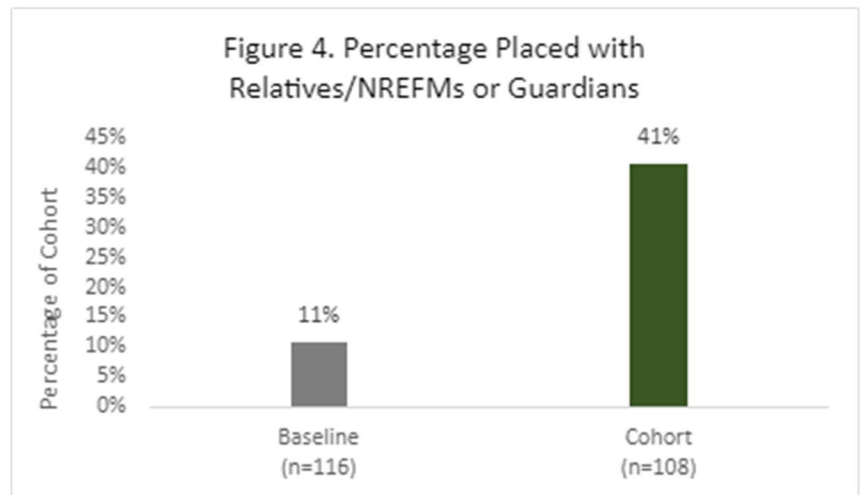
Figure 3. Average Number of Placements
The average placement of the Cohort group is higher than that of the Baseline group

1.6 — Baseline (n=116)
1.9 — Cohort (n=108)

(Figure 3).

Children who entered foster care in 2023 have a slightly higher number of placements than children who entered foster care in 2022. This speaks to the complexity of foster youth that are entering the foster care system.

- Within one month of entering foster care, the average placement count for children in the Cohort group was 1.9, while the average placement count for the Baseline group was 1.6.

Relative/Non-Relative Extended Family Members (NREFM) and Guardian Placements

- The proportion of relative/NREFM and guardian placements was over 3.5 times higher among the Cohort group one month after children entered care (Figure 4).
- In the Baseline group, which had an average age of 8.6 years, there was minimal difference in the average age of those with relative/NREFM and guardian placements (8.1 years) and those without (8.7 years).

Figure 4. Percentage Placed with Relatives/NREFMs or Guardians

Percentage of Cohort

11% — Baseline (n=116)
41% — Cohort (n=108)

- In the Cohort group, which had an average age of 9.9 years, there was larger difference in the average age of those with relative/NREFM and guardian placements (7.9 years) and those without (11.3 years).
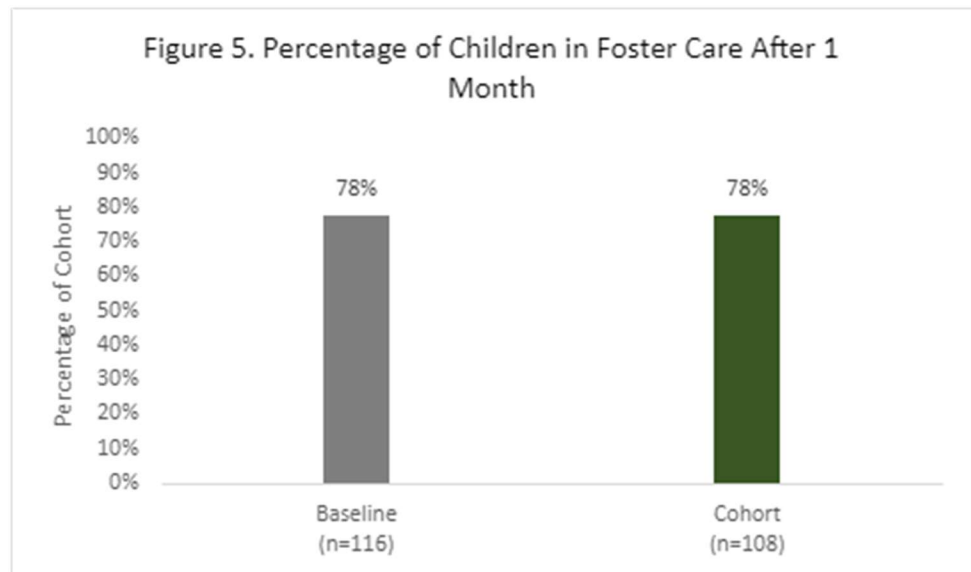
THE WELCOMING CENTER

In 2021, DFCS transferred the management of the County's intake and receiving services to Seneca Family of Agencies, with the facility known as the Welcoming Center. This report focuses on foster care entry at the Welcoming Center, comparing year one to year two data, which does not cover *all* children admitted to the Welcoming Center. **Children who went through the Welcoming Center in 2022 and 2023 had similar average stays and average overstay days. Of the children who went through the Welcoming Center, a higher percentage of children overstayed in 2023 compared to 2022.**

- The average number of days in the Welcoming Center for children in the Baseline group was 1.5 days compared to 1.9 days for the Cohort group (Table 3).

- The maximum number of days in the Welcoming Center for children in the Baseline group was 26 days compared to 35 days for the Cohort group.

- The percentage of children who overstayed in the Welcoming Center in the Baseline group was 18% compared to 29% for the Cohort group.

- The average number of days of overstay in the Welcoming Center for children in the Baseline group was 5.5 days compared to 5.1 days for the Cohort group.

Table 2. **Comparisons between the Welcoming Center Baseline and Cohort Groups**		
	Baseline (Welcoming Center)	Cohort (Welcoming Center)
Children/Youth		
Total number of children who stayed in the facility	49 children	48 children
Percentage of population who stayed in the facility	42%	44%
Stay in the Facility		
Average number of days in the facility	1.5 days	1.9 days
Longest stay in the facility	26 days	35 days
Overstay in the Facility		
Number of children who overstayed	9 children	14 children
Percentage of children who overstayed	18%	29%
Average number of overstay days in the facility	5.5 days	5.1 days

FOSTER CARE EXIT

- The percentage of children who were still in foster care after one month was equal in both groups (Figure 5).

Figure 5. Percentage of Children in Foster Care After 1 Month

PROGRAMMATIC CONTEXT

The complexity of supporting families with whom DFCS must intervene requires engagement with families, multiple system partners, and the larger community to access family-based and therapeutic treatments in a robust continuum of care. DFCS must continue working with the Intensive Services Foster Care Plus (ISFC+) providers to achieve its goal of 33 ISFC+ beds for children. Short-Term Residential Therapeutic Programs (STRTPs) must be established to meet the high-level needs of youth by ensuring an integrated delivery of specialty mental health services in a home-like setting with trained professional staff. Children and youth will have a robust assessment to determine their needs prior to specialized placement, ensuring the appropriate level of individualized support.

This also supports the work happening around specific needs of children including those that are considered at risk of commercial sexual exploitation. The provision of trauma-informed care is particularly important for children and youth who have experienced commercial sexual exploitation of children (CSEC). Welcoming Center staff are trained and supervised to recognize both the symptoms of trauma exhibited and the coping mechanisms used by youth involved in CSEC. In addition, they are trained in the Stages of Change Model, a framework for understanding how individuals move through a series of stages—pre-contemplation, contemplation, preparation, action, and maintenance—in the adoption of healthy behaviors or cessation of unhealthy ones. Staff are also trained in the Harm Reduction Model and to recognize the symptoms of trauma bonding in the behavior of CSEC youth.

Seneca also administers the Commercial Sexual Exploitation Identification Tool (CSE-IT) – version 2.0 for all youth age 10 or older at intake. If an immediate response is needed, Seneca also calls Community Solutions' emergency CSEC hotline for a referral to their program. If youth score in the "Clear Concern" category, Seneca sends the completed tool to the Transformation Team and reports this information to the Child Abuse Neglect Center (CANC) hotline. The DFCS Transformation Team provides CSEC services for at-risk and identified youth

with either DFCS or Probation involvement. The Transformation Team is comprised of a coordinator, social worker, public health nurse, licensed marriage and family therapist and probation youth also have an occupational therapist, probation officer and probation supervisor. From June 2023 to November 2023, the Transformation Team assessed, consulted, and/or provided service linkages for 22 DFCS or Probation youth.

The continuum requires identification and delivery of aftercare services to better support a youth's timely transition into a family-based setting. DFCS has engaged providers to support youth stepping down to lower levels of care. Programs like wraparound can support youth and their caregivers, allowing for family-driven therapeutic treatment that includes the extended family and larger community. Wraparound provides family finding, identifying family members to be part of the child and family team to support safety, well-being, placement, and permanency. Through the child and family teaming process, families are brought together with natural supports, service providers, and community members with the goal of providing safety and stability for children, youth, and families.

DFCS Perspectives

While the rate of relative/NREFM placements has improved, the process of finding suitable relative/NREFM placements for high acuity youth continues to present several challenges. The current context takes into account the rapidly evolving social landscape and the need for trauma-informed care.

Challenges:

Technology and Behavioral Shifts: **Increasing access to technology and social media was perceived as leading to increasingly high-risk behavior among teenagers.** Digital devices and social media platforms created means for constant and unregulated communication amongst youth, potentially resulting in risky situations (i.e. AWOL together) and further complicating the placement process.

Substance Use and Mental Health Issues: **There has seemingly been increased substance use and related concerns with foster youth, as well as mental health disorders in youth.** In addition, there was a reluctance on the part of families and resource parents to accept placements due to higher acuity of youth, further straining placement options for these youth.

Educational Impact: With school closures and the shift to remote learning, **many youth fell behind in their education and experienced feelings of loss or hopelessness without connection to their peers.** As schools re-opened, youth experienced challenges in catching up with learning appropriate to their grade level. The need for a stable educational environment was identified as crucial for their safety and development.

Trauma-Informed Care: DFCS staff identified a need to encourage more involvement and innovation in how to engage resource families, sharing that it was crucial for families to see the child through a trauma informed lens. **A "one size fits all" approach was perceived as ineffective, with a desire to move towards meeting families where they are at, assessing their specific needs and providing supports as needed.**

Successes:

Emergency Relative Approval Process and Acute Rate: DFCS has achieved some success in the refining the partnership between emergency response and placement workers to find emergency placements for younger children, typically below the age of 12. Additionally, the **Emergency Relative Approval Process and acute rate option were perceived as effective in expediting the approval of relatives/NREFMs as caregivers.**

Offering financial incentives to caregivers for high acuity youth, in addition to providing them with support in stabilizing the youth, appeared to result in more caregivers allowing the youth to remain in their care.

Enhancing Family Finding Units: **Efforts to enhance Family Finding Units to connect with relative/NREFMs were perceived as having the potential to address gaps in achieving permanency.** While the program was underutilized due to limitations in staff capacity, the building out of a full Family Finding Unit, focusing on family engagement, is expected to improve relative/NREFM placements over time.

Training and Support: **Efforts are being made to identify families willing to work with high acuity youth, and who are receptive to receiving additional specialized training from a therapeutic, trauma informed lens**, further enabling them to meet the needs of youth with complex behaviors and needs.

Wendy's Wonderful Kids: Focused on achieving permanency, **Wendy's Wonderful Kids is working with caregivers to transition high acuity youth to permanent placements and connections**. Expanding staff in this area can further support this critical work.

Seneca Perspectives

Seneca leadership shared the challenges and successes encountered in addressing the needs of youth at The Welcoming Center as well as supports required during transitions and in ensuring placement stability. The complexities of these processes were compounded by factors such as trauma histories, behavioral issues, educational disruptions, and the need for cross-agency collaboration.

Challenges:

Placement Delays: Many youth at TWC experienced multiple placement disruptions stemming from various traumatic experiences. **Older youth, regardless of whether or not they displayed complex behaviors or needs, often experienced prolonged delays in finding appropriate placements.** This was attributed to a lack of available caregivers, past placement disruptions, and the unique needs of each youth.

For youth where behavioral issues were not observed to be a primary concern at TWC, past unsuccessful placements made it challenging to find willing foster parents. Challenges were exacerbated in situations where youth previously displayed aggressive behavior toward caregivers or had a history of substance abuse. The subsequent cycle of placement disruptions appeared to reinforce youth feeling abandoned, unsafe and experiencing an overall distrust of adults.

Educational Disruptions: **Poor school attendance was perceived as a source of tension between Resource Parents and youth, potentially leading to placement disruptions or challenges finding appropriate placements for youth at TWC.** Due to the logistical challenges of remaining in their school of origin, some youth frequently changed schools, resulting in falling behind academically and feeling disconnected from school communities, compounding the challenges they face.

Transition Challenges: Seneca leadership expressed the complexity and ever-evolving partnerships needed to ensure successful transitions for youth. While all parties value the importance of mitigating trauma during

transitions, transitions at TWC can occur very quickly due to licensing requirements. Since its inception, TWC has supported youth for periods of time well beyond the designated length of stay of 23 hours and 59 minutes. If extended time is needed, youth are moved to a satellite home. This model assumes the youth can navigate the uncertainties of a transitional arrangement successfully and seamlessly move to a placement, however, this is not always the case. **For youth who overstay, the planning needed for trauma-informed care is often challenging due to quickly changing circumstances.** Providers, such as DFCS and Behavioral Health are perceived as agreeing that quick transitions are not ideal, but sometimes necessary. **Continuing collaborative discussions on how to create a more flexible and trauma-informed approach is needed to ensure continuity for these youth.**

Successes:

Individualized Transition Success: **In some cases, extensive efforts, including facilitating visits at a potential foster home along with open communication between TWC staff, foster parents, and the child, led to successful placements.** For example, a third attempt to transition a youth to a foster home was successful after previous setbacks when the team helped prepare the child through visits with the new caregiver and time to process the change, demonstrating the importance of persistence, patience, and adaptability.

Open-Arms Approach: Ensuring a welcoming, non-judgmental environment for a youth's return appeared to contribute to positive perceptions of TWC and was perceived by TWC staff as a critical intervention in addressing the needs of youth. **Youth who believe that adults cannot be trusted, no one will protect them, or experience trauma-based reactivity require thoughtful interventions that disconfirm their beliefs. Seneca utilizes the Unconditional Care Model that was created to meet the needs of youth with complex trauma history.**

Collaboration: Several youth with challenging behaviors and complex traumas simultaneously occupying TWC, posed many risks, including the encouragement of dangerous behaviors amongst peers. In these instances, **collaborative efforts between agencies, including behavioral health teams, DFCS, and DFCS scattered site staff, play a pivotal role in ensuring the safety and well-being of youth.** Such partnerships allowed youth to be placed in different settings to meet their needs effectively.

Emphasis on Family and Relational Permanency: **For youth staying at TWC for an extended period, prioritizing family involvement and relational permanency were perceived as helping stabilize youth.** Engagement opportunities included weekly visits or staying in touch with natural support networks.

The challenges and successes in youth stay at TWC, transition support, and placement stability are deeply intertwined with the unique circumstances and needs of each youth. Flexibility and collaboration along with encouraging trauma-informed care and expanded access to services are key to addressing these challenges and ensuring a more supportive environment for youth at TWC.

APPENDIX

The Continuum of Care Levels of Restrictiveness

The graphic below represents the Continuum of Care. Larger circles represent Placements or Non-Foster Care (NFC) facilities while the smaller circles represent services. The darker blue indicates those that are new to the continuum of care.

Less intensive intervention

Less restrictive placement/NFC facility

More intensive intervention

More restrictive placement/NFC facility