



California Alliance
OF CHILD AND FAMILY SERVICES

Framework for a New System of Residentially-Based Services in California

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Introduction

A critical goal in the effort to improve outcomes for children and youth who receive services through California's child welfare, juvenile justice and mental health systems is insuring that group home placement is used judiciously, appropriately and effectively in order to obtain specific, affirmative outcomes that cannot be reached using services provided while a child or youth lives in her or his own home, the home of a relative, or in a community-based, family setting such as a foster home.

Rather than being used as a proactive intervention designed to achieve specific results, group home placement far too often has been used as a default alternative when effective community-based services have not been available or when a succession of other less restrictive options have been tried unsuccessfully. Consequently, some children and youth remain in care for extended periods of time, experience multiple changes of placement, and frequently reach adulthood without being part of a family.

Currently, although only 11% of the children in out of home care are placed in group care settings, California spends nearly 50% of its total foster care maintenance funds on these placements. As of July 2005 this included about 7,000 children placed through the child welfare system, 4,000 youth placed through the juvenile justice system, and 1,000 children placed through the mental health system. There is wide variation in the utilization of group homes between the three systems and additional variation in utilization between county-administered departments within each system.¹

Improving this situation has proved challenging. In June of 2001, after two years of work, a stakeholder group that had formed under the auspices of SB 933 produced a comprehensive set of recommendations for the reform of group care for children and youth.² For a variety of reasons, these recommendations were not implemented.

Despite this setback, the goal of establishing a new vision for California's group home services has not faded. Finally in the spring of 2005, a new workgroup that included family members, young

¹ While there is a single licensing category for group homes and a single payment system, group homes range in size and complexity from single homes located in the community with 6 children or fewer to large campus-like settings with 50 children or more. Group home programs may provide virtually no treatment services or may offer a wide range of highly sophisticated service options. .

² Children and Family Services Division, California Department of Social Services (June, 2001). Re-examination of the Role of Group Care in Family-Based System of Care. Report to the Legislature. At page 6, this report notes that "Over the past 15 years there have been no attempts to systematically and comprehensively examine or reform the group care system. Any changes that have occurred were reactive, addressing immediate issues requiring resolution rather than proactive."

adults who experienced residential placements as youth, child and family advocates, public agency representatives and provider representatives was convened by the California Alliance of Child and Family Services and began meeting monthly with the goal of producing a workable consensus for improving the quality and effectiveness of group home services and for clarifying the role of these services within the broader continuum of child and family care in the state.

After a year of deliberation, this second workgroup has produced a framework for change that begins by redefining group homes as programs that provide *residentially based services*. The intent of this redefinition is to change the construct used when choosing a group home as a potential resource for helping a child or youth. Instead of a destination – a place to be – the framework assumes that a group home placement is better viewed as an intervention – a place where something happens. Residentially-based services should be a specific option chosen as a means to achieve a specific outcome. This new construct reconnects group care with the rest of California’s system of care for children and families and the system’s overarching goals of permanency, well-being and safety.

The framework produced by the workgroup consists of nine sections: intent, definition, roles of the placing agency and the service agency, placement criteria, program criteria, service criteria outcome criteria and implementation.

Intent

The intent of this framework is to inspire a transformation of California’s current system of group care for children and families. This system should provide effective and reliable interim resources specifically designed to facilitate the ongoing movement of children and youth who have complex emotional and behavioral needs toward more permanent and positive connection or reconnection with their families, schools and communities. At the same time it is critical that the safety and well-being of these children and youth and those around them continues to be protected during the change process. This goal cannot be achieved by group home providers alone, but requires an integrated effort of everyone involved: families, placing agencies, decision-making bodies, provider agencies, regulatory and funding agencies, community stakeholders, and the children and youth themselves.

Definition

Residentially-based Services.

For the purpose of this framework, residentially based services (RBS) are behavioral and therapeutic interventions delivered in congregate care settings in which 6 or more children or youth per housing unit live with and are supervised by professional staff, including but not limited to:

- Environmentally based interventions designed to establish a safe and structured living situation where children and youth can receive the comfort and attention needed to help them reduce the intensity of their behaviors so that their caregivers can identify and address their underlying unmet needs.
- Intensive treatment interventions to facilitate the rapid movement of children and youth toward connection or reconnection with appropriate and natural home, school and community settings by addressing their critical unmet needs and helping them find ways to understand, reduce and replace the persistent and difficult behaviors that have been associated with those needs with positive and productive alternatives.

- Parallel, pre-discharge community-based interventions to simultaneously help people in the children's family, school and community settings prepare for the children's return. These preparations should be initiated upon placement and proceed apace with the care and intervention being provided within the residential setting.
- Follow-up, post-discharge support as needed to insure the stability and success of the connection or reconnection with home, school and community.

Role of the Placing Agency

When a child or youth whose current behavior or situation suggests that placement out of the home is a structured group setting may be necessary, a representative of the placing agency should meet with the child and family, establish an initial relationship with them if one does not already exist, and together with them decide that there is a need for some type of formal intervention. The placing agency must then complete, or cause to be completed, a thorough assessment of the child or youth and family's strengths, needs and situation to inform the decision about which intervention will be most effective.

Placement in a residential program should occur only after a team³ gathered by the placing agency that reflects the perspectives of the child, the family, the community and professionals with expertise in assisting children and families with needs similar to those under consideration has learned enough about the situation, strengths and needs of a child or youth and her or his family to make three determinations:

- First that this option provides the most effective, appropriate and safest environment in which to address the needs that are the driving force behind the behaviors that are the focus of concern,
- Second, that the specific program chosen for placement has structures, interventions and services that are well-matched with the strengths and needs of the child or youth and family, and
- Third, that there is no available community-based service arrangement that would adequately address the needs of the child and family without placement in a group setting.

When referring the child to the provider agency, a representative of the placing agency should prepare a service plan that clearly identifies the strengths, needs and situation of the child and family and the specific outcomes that are being sought through placement.

³ The team making this decision should have input from:

- The placing agency responsible for developing and monitoring the service plan,
- The family and the child or youth and their natural supports and advocates,
- The county counsel or other prosecuting attorney,
- The judge in delinquency and child welfare matters,
- Agencies that provide court-ordered pre-disposition evaluations, and,
- Any treatment providers who may currently be serving the child or youth and family.

Examples of team structures that could be adapted or expanded to serve this purpose include the Team Decision Making procedures that are being piloted in several California counties, the counties' Inter-agency Placement Committees, and Wraparound child and family teams.

Once referral for residentially-based services is accepted and the child is enrolled for treatment, a representative of the placing agency should have continuing involvement as a key member of the planning and treatment team formed by the provider agency in order to:

- Insure accurate sharing of information;
- Collaborate in the development, implementation and revision of the plan for meeting the needs of the child or youth and her or his family, including the parallel, community-based components;
- Assist in monitoring and recognizing progress;
- Help facilitate an effective transition to a family-based living setting; and,
- Help insure that effective follow up supports are in place.

Role of the Provider Agency

Agencies that provide residentially-based services must operate well-structured programs that insure consistency and quality in the treatment environment, and use a thorough and effective service planning process that insures that each child and family will receive assistance designed to address the specific needs that formed the basis for the placement.

Upon accepting a child or youth for enrollment the provider agency should:

- Engage the child and family in the process and introduce them to the program's service environment in a way that helps them understand how the time spent in placement will be used to help them accomplish the goals that were the basis for the placement.
- Provide the necessary protection and structure to insure that the child will be safe while enrolled in the program.
- Expand on the pre-placement assessment in order to form a clear understanding the strengths and needs of the child and family and help them choose the interventions that will provide the greatest likelihood of helping them obtain the benefits they are seeking through the placement.
- Provide, or arrange for the provision of, a complete range of therapeutic, educational, behavioral and social interventions as needed, to address the needs that have been identified through the pre- and post-placement assessments, including parallel services in the community to prepare for the child's transition from placement.
- Assist the placing agency with the development of a permanency plan to insure that the placement process will include activities to help the child or youth reinforce, re-establish or establish positive lifelong connections with their families, if possible, or with a caring adult in a familial relationship, if reconnection with the family cannot be accomplished.
- Monitor progress, adjusting the plan and services as needed and preparing the child and either the child's family or the caregiver who will be providing a family setting for the child following placement for the child's transition home or to that setting.
- In cooperation with the representative of the placing agency as well as other formal and informal sources of support in the community, assist in the child's transition from placement back to his or her family or to a more normal, family setting.

The provider agency cannot carry out these functions without the active and collaborative involvement and support of the placing agency and other educational and service providers from the community.

Placement Criteria

The fundamental question underlying the decision about whether or not to refer a child for residentially-based services is what is it about the needs of this child and her or his family that requires an intervention that can only be offered in a group care setting?

This decision is dependent on the current state of the art. As community-based services have improved, agencies have had to place fewer children in group homes. In the future, the system of care may develop to a point at which many more children can receive the help they need at home or in family settings. At present, however, there are times when children and youth have such deeply unmet needs that they are compelled to express them through repeated actions and behaviors that cannot be safely and effectively addressed in the community using our existing service options.

The following table outlines the criteria that a decision-making team should apply when determining whether a residentially-based service is the best option for a given child or youth:

Decision	Criteria
1. What are the situation, strengths and needs of the child or youth in the context of their family & community?	<ul style="list-style-type: none"> ○ Level of danger/risk presented to self, others & community ○ Presence and persistence of behaviors that prevent the child or youth from participating in or benefiting from services and supports provided in the home, school and community ○ Educational strengths and needs ○ Mental/emotional health ○ Physical health ○ Immediate and extended family connections ○ Child or youth's other sources of social support
2. What intervention best meets the needs of this child or youth and family?	<ul style="list-style-type: none"> ○ What natural and informal support and assistance is available to the child or youth through their family, school, social network and community? ○ What has been helpful for this child and family in the past, and what has not been helpful? ○ What service options have demonstrated the ability to meet the type of needs this child or youth presents? ○ How might these service options enhance the family's ongoing capacity to meet their child or youth's needs? ○ What level of service intensity is required to understand and address the child or youth and family's needs? ○ Which service options are most likely to help the child or youth and family achieve the goals they have for themselves? ○ Which service options are best matched with the family's culture, preferences and strengths?
3. Where can this child or youth and family be most successful in receiving this intervention?	<ul style="list-style-type: none"> ○ What environment is required to suspend and replace any barrier behaviors that the child or youth is currently using to express her or his needs? ○ What about the nature or severity of those behaviors requires interventions in an environment other than the child or youth's existing home, school and community? ○ Has an objective and informed inquiry into strategies for using community-based interventions to address the child or youth's behavioral challenges and other needs been conducted? ○ Is the child or youth or family requesting a non-family treatment setting

	for safety or other reasons?
4. Which residential program can best meet the needs of the child or youth and family?	<ul style="list-style-type: none"> ○ Does the program offer an environment that is designed to safely manage the kind of behaviors that are the focus of concern for this child or youth? ○ Does the program have intensive treatment options designed to understand and address the specific unmet needs of the child or youth that are driving those behaviors and to help the child or youth learn and acquire new ways of acting that are safer and more pro-social and effective? ○ Does the program have the capacity to simultaneously assist those in the child or youth's home, school and community environments to prepare for and welcome the child or youth's return and to continue to support the child or youth's reconnection until it is stable and sustainable? ○ Is <i>this</i> option the one most likely to produce desired results for the child or youth and family compared to other options? ○ Can the necessary resources be found to cover the cost of treatment?

Program Criteria

The following inquiries are intended to identify programs that have the capacity to safely and effectively serve children and youth with such complex emotional and behavioral needs that a residentially-based intervention must be used:

Mission

Do the program's services and operations demonstrate a commitment to a mission of:

- Insuring that all children or youth who receive services are ultimately able to connect or reconnect with family, school and community following placement, and
- Providing for active family involvement, behavioral stabilization, intensive treatment, parallel community services and follow-up support to help bring this about?

Values

Does the program's service environment reflect the values of:

- Respect for the culture, individuality and humanity of children, youth and families.
- Maintaining a focus and building plans of care on the individual strengths, needs and goals of each child, youth and family member.
- Providing for and insuring active and equitable family participation in all phases of intervention and treatment.
- Helping children and youth develop and sustain positive connections with family, school and community.
- Understanding and supporting the emotional, behavioral, intellectual and physical development of children and youth.
- Providing positive and supportive assistance to guide children and youth in replacing the behaviors that required residential placement with pro-social alternatives that better express and address their unmet needs.

- Helping children and youth in placement quickly return to and remain safely with their families, schools and communities.

Administration

- Does the provider have the administrative capacity to insure that all children youth and families enrolled in its programs receive high quality, cost-effective care?
- Do the provider's RBS programs have adequate fiscal, material and personnel resources to carry out its mission?
- Does the provider's administrative structure include opportunities for ongoing input by representative family members and service consumers?
- Does the provider have a well-structured and reliable system for data management that accurately reflects its operations, costs, service delivery and outcomes?
- Is there evidence of an independent financial audit that demonstrates that financial resources are appropriately managed and accounted for?

Management

- Do the provider's management structures insure effective oversight of program operations?
- Does the management structure support effective coordination of service delivery both among the provider's internal programmatic units and also with the agency that is contracting for and supervising the provision of services and other community resources that may also be involved with the children, youth and families the provider is serving?
- Do the provider's managers and supervisors have the qualifications and experience necessary to insure the delivery of effective, consistent and appropriate services and to provide skilled support and guidance for program staff?
- Does the provider have a communication network sufficient to insure that accurate information about issues and challenges regarding program operation or child, youth or family needs are noted and responded to in a timely and effective manner?

Staffing

- Does the provider have a well-managed human resources system that insures that qualified RBS staff are recruited, hired, trained, coached, evaluated, retained and advanced in a manner consistent with the mission, values and goals of the organization?
- Is there evidence that currently employed staff have the skills, qualifications, experience and personal characteristics necessary to carry out their roles appropriately and effectively?
- Does the provider have adequate and appropriate professional and paraprofessional positions in its RBS programs to address and respond to the needs of the children or youth and families it is designed to serve?
- Is there evidence that the RBS programs are able to retain skilled and effective staff and maintain adequate and consistent staffing levels, and that staff understand and are able to put into action the mission and values of the agency?

Quality Assurance

- Does the provider have an effective system for measuring the quality and effectiveness of its RBS operations and services and the satisfaction that children, youth, families, placing agencies and community stakeholders have with the organization's operations and services, including input from independent, outside evaluators?
- Does the provider have a system for improving quality and satisfaction in its RBS programs based on the information produced by these assessments?
- Is there evidence that the provider has used information drawn from its assessment of quality and satisfaction to improve program performance?
- Is there evidence that the provider has linked its quality assurance system and goals with those of the broader community, including, for example, the county and state program improvement plans, where appropriate.

Service Criteria

The following inquiries are intended to help determine whether a provider's residential services are sufficient to help children and youth with complex emotional and behavioral needs and their families achieve and sustain positive outcomes:

Engagement

- Does the provider maintain a living environment that effectively addresses, manages and reduces the expression of the type of behaviors most frequently exhibited by the children and youth who are accepted for placement?
- Do staff have explicit processes for engaging the children, youth and families who are referred for care, and accurately determining their strengths, needs, and goals?
- Are there supports, such as the use of parent partners and peer advocates, provided to insure that children, youth and family members understand the program's nature and processes and have adequate and effective voice and participation?
- Is the engagement process used consistently and effectively with each child or youth who is referred for services and with her or his family members?

Planning

- Is there an explicit process for developing individualized, strength-based needs and services plans that includes active and equitable participation by children, youth and family members?
- Does the process include a means to adapt the program's general service interventions, treatment and support options to address each child or youth's specific unmet needs and those of her or his family?
- Is this individualized service planning process used consistently and effectively with each child or youth who enters care and her or his family?
- Do the plans identify strategies for understanding and replacing the behaviors that led to placement with functional alternatives that will help children and youth safely and effectively participate in and benefit from ongoing community-based assistance?

- Do the plans identify strategies for providing or obtaining parallel services in the home and community to prepare for the return of the child or youth and for delivering follow-up services to maintain the community placement once it occurs?

Implementation

- Is a system in place to insure that each component of the service plan is put into action, a feedback mechanism that quickly indicates when planned services are not implemented or are no longer being provided, and a means for immediately addressing gaps in plans of care?
- Does the system monitor the impact and outcomes of the services that children, youth and families receive and provide a means for quickly modifying plans of care to improve their effectiveness when necessary?
- Is the implementation assurance system used consistently and effectively with each child or youth who enters care?

Coordination

- Is there a method to coordinate planning, decision-making, implementation, and the delivery of parallel and follow-up services among the components of their own operations and with other formal and informal agencies and individuals who are involved in the care, support and treatment of the children or youth who are enrolled in the RBS program and their families?
- Does the service coordination methodology include support for effective access and use of formal and informal resources by the child or youth and family?
- Is the service coordination methodology used consistently and effectively with each child or youth who enters care?

Permanency

- Does the program include services and strategies for reinforcing, re-establishing or establishing positive and lifelong connections between the child and her or his family, if possible, or with a caring adult in a familial relationship if reconnection with the family cannot be accomplished?
- Do the processes for service planning, implementation, coordination and outcome monitoring include mechanisms for managing transition to other services and service locations when appropriate and for preparing for discharge and successful connection or reconnection with family, school and community?
- Are plans and timelines for discharge developed concurrently with the treatment and service plans?
- Are the transitions for all children or youth and their families carried out in the context of the provider's treatment planning, implementation, coordination and monitoring systems?

Parallel and Follow-Up Services

- Are parallel services with the family and community offered to insure that an appropriate family and community-based care setting will be available and ready for each child or youth upon discharge?

- Are follow-up services available in varying degrees of intensity and duration to stabilize and maintain the return to home and community based on the individual needs of the child or youth and family for up to 6 months after child or youth has been discharged?
- Are parallel and follow-up services available for all children and youth and their families who need them?

Evaluation and Quality Improvement

- Is there a system for accurately assessing the outcomes achieved by children, youth and families both while they are receiving residentially based services and for at least 6 months following discharge and for identifying and responding to important events that may indicate a need for changes in services or program structure?
- Does the outcome assessment system measure safety, well-being, developmental progress, improvement in the child or youth's condition, stability of post-placement living situation, movement toward or establishment of permanency, and the replacement of the behaviors that led to placement with more functional alternatives?
- Does the outcome assessment system include a process for gathering accurate, specific and unbiased information about the satisfaction that children and families have with the services and supports they have received and the outcomes that have been achieved?
- Does the outcome assessment system include measures and means for obtaining and accurately recording the satisfaction that referring agencies and other community stakeholders have with the services offered by the provider and the outcomes that were achieved?
- Is accurate outcome and satisfaction information gathered for each child or youth and family that is enrolled, and is it used to improve both individual services as well as program operations?
- Is the outcome and satisfaction assessment system directly connected with the provider's quality improvement system?
- Are there feedback loops in place that keep staff informed about what is working and not working both with individual families and also at a program level and assists them in developing more effective alternatives?

Outcome Criteria

Placing agencies and providers should develop a system for collecting and maintaining data that identify each child's progress within the three domains of safety, permanency and well-being.

The parameters, intervals and criteria to be used should:

- Be aligned with the Child Welfare Services Accountability and Outcomes System that is being implemented under AB 636,
- Insure confidentiality and accuracy,
- Be developed collaboratively by representatives of the licensing agencies, placing agencies, courts, family member representatives, parent and youth advocates, and the provider agencies, and,

- Be explicitly incorporated in both the contracts through which placements are made and reimbursed and the format used to document the plans of care generated through those placements.

Information gathered through this system should include the following elements within each of the primary outcome domains:

Safety

Residentially based service programs should be able to demonstrate that the behaviors that were the focus of concern leading to the placement of a child or youth have been stabilized and replaced with more functional and pro-social alternatives. In addition, the programs should be able to show that they are able to maintain an environment where children and staff are free from harm and the threat of being harmed.

Examples of outcome indicators in this area include:

- Documented improvement in behavior both within the residential setting and in the home, school and community environments as shown by changes in objective measures of the specific actions that were the focus of concern leading to placement.
- A cessation of further legal involvement both within the residential setting and while receiving support in the family and community settings.
- Documented reductions in symptoms and other expressions of emotional and behavioral disorders from objective baseline measures established at the time of placement.
- No development of new behaviors that prevent return to the community.
- Measurable increases in specific social and behavioral competencies from objective baseline measures of the strengths of the child or youth and her or his family.
- Reports by children or youth that they feel safe while living in the residential program and as they begin to return to community-based settings.
- Reports by children or youth and their families that they feel safer and more confident in their ability to manage and address the unmet needs that were the driving forces behind the behaviors that were the focus of concern.

Permanence

Programs offering residentially based services should demonstrate that they have helped the child or youth develop or re-establish and maintain positive and supportive relationships with family members (or with primary care givers if the child or youth will be living in a non-relative, family setting after leaving the residential placement), educational staff and key individuals in the community. It is particularly important that programs are able to establish connection or reconnection in areas of the child or youth's life where there have been substantial disruptions or severing of relationships.

Examples of outcome indicators in this area include:

- Documentation of an increase in the quality and quantity of positive family, school, peer and community relationships from an objective baseline measure of the child or youth's level and nature of involvement at the time of placement.

- For children and youth who have left the program, documentation that they are now living in a positive, lifelong relationship with a parent or family member or in a lifelong familial relationship with a caring and committed non-relative caregiver.
- For children and youth who are still in placement, documentation that a parent or other family member or a non-relative primary caregiver has made a commitment to provide a home for the child or youth, and documentation of progress toward accomplishing the specific steps needed for the child or youth to come to live in the home of the parent, family member or non-relative caregiver.
- For each child or youth leaving placement but who will be living in a non-family, community-based setting, that there is a caring family member or other adult who has made a commitment to stay in a life long and supportive relationship with that child or youth while a permanent placement is being developed.

Well-Being

Residentially-based service programs should demonstrate that a child or youth has made significant progress in her or his growth and development, including: the ability to enroll in, attend and benefit from an appropriate educational program; the ability to use and express age appropriate social and life skills; and the achievement or maintenance of good physical and emotional health.

Examples of outcome indicators in this area include:

- Documentation of the acquisition of developmentally-appropriate social and life skills from an objective baseline measure of the child or youth's strengths and needs made at the time of placement in the program.
- Documentation that the child or youth has acquired or maintained a reasonable and appropriate degree of physical well-being, based on objective records of the assessment and treatment of any identified medical needs.
- Documentation that the child or youth has acquired or maintained a reasonable degree of emotional well-being, based on objective records of the assessment and treatment of any identified emotional and behavioral needs.
- Documentation that the child or youth is making reasonable educational progress, based on objective records of the assessment of her or his educational needs, the instructional interventions made to address those needs, and the enrollment of child or youth in an appropriate educational program with regular attendance; or documentation of a plan to accomplish educational connection or reconnection and objective measurement of progress toward accomplishment of that plan.
- Reports by children and youth and their families that the children or youths' physical and emotional health care needs are being understood and addressed, that their overall sense of well-being is improving and that they feel more confident in their ability to attend and participate in appropriate educational activities.

Implementation

The intent of this framework is not only to transform the nature of residentially-based services for children and youth, but also to contribute to the development of comprehensive, effective and integrated systems of care that use these services wisely and well.

These are changes that provider agencies cannot institute alone. Implementation will require action on several fronts. First, the process for deciding when and how residentially-based services are used must reflect a consistent expectation that placement is to address a specific need and accomplish a specific purpose. Second, placing agencies must have the resources and capacity to make these focused and intentional assessments and judgments. Third, community-based services must have the capacity and resources needed to insure that group home placements no longer have to be made simply because there was no place else where children and youth could be safely cared for. In concert with these other efforts, residential providers must have the capacity and resources to adjust their programs to accomplish the tasks that have been identified in the preceding sections of this framework.

Many of the system of care changes proposed in this framework are already occurring as part of California's ongoing performance improvement process and the recommendations proposed by this workgroup should be implemented in concert with these other efforts.

Some components of the framework will, however, require new action. Principally, the legislative and regulatory framework for licensing and funding group homes must be amended to:

- Create a mechanism for accurately, objectively and consistently measuring and comparing the progress toward and outcomes achieved by children and families who receive services from any component of the system of care, including residentially-based services.
- Reflect and reinforce the contribution that residentially-based services should make toward helping families achieve these outcomes.
- Clarify the process and criteria to be followed when deciding what service options to use when children and youth have complex emotional and behavioral needs, as well as the roles and responsibilities of those who should be participating in this process.
- Insure that agencies offering residentially-based services have the resources and competency necessary to address the type and depth of needs displayed by the children and families for whom they are accepting referrals.

Because regulatory agencies, placing agencies, provider agencies, families, courts, advocates, and community stakeholders will have to cooperate in the design and implementation of this new vision, because there is no pre-existing template for putting all of these components into action and because the transformation proposed in this framework is fundamental and wide-reaching, a necessary first step will be to sponsor legislation that would enable, endorse and support the change process.

This legislation would authorize the state to receive and approve requests from partnerships formed by counties and service providers interested in establishing innovative alternative approaches to using residentially-based services to waive existing funding and regulatory provisions as long as the new approach continues to guarantee the fundamental safety and well-being of children and youth in placement, reflects the criteria established in this framework and demonstrates a reasonable likelihood of promoting improved outcomes for children, youth and families.

Adjustment in funding strategies will be necessary to test the recommendations in this framework because residential programs are currently not funded to provide some of the proposed services and are specifically prohibited from using existing funding streams to support parallel and follow-up services. In addition, the framework is intended to create a funding and regulatory environment that links reimbursement with the quality and outcomes achieved by programs, and insures sufficient

resources to address the full range of needs presented by the children and youth who are referred for placement.

A formal workgroup should be convened under the auspices of the legislature to monitor, coordinate and assess the developments and results that occur during this phase of guided innovation, and to present recommendations for permanent legislation based on these results. In order to be more than a passive participant in this process, this workgroup should have sufficient resources to provide technical assistance and support to counties and providers who are attempting to develop alternative approaches and to analyze the results that they produce.

Ultimately, after a defined period of time, the workgroup should coalesce the insights and experiences from the initial test period into a new set of regulatory and funding provisions that would be implemented on a statewide basis.

Conclusion

California has been attempting to reform its group home services since 1998. It is time to move to action. This framework is the result of an ongoing exchange among the diverse membership of an informal work group who share a common mission of helping California's children and families get the right assistance, at the right time, in the location and using the approach most likely to help them achieve productive life outcomes. While they share a common mission, the participants in the work group have distinct and sometimes conflicting perspectives about how to accomplish this mission. Although most of the members of the work group agree with many of the provisions in this framework, none are in a position to completely endorse all of them. This document does, however, reflect the best consensus the group was able to achieve after many hours of deliberation.

The framework's redefinition of group homes as residentially-based services is designed to improve their focus and effectiveness and incorporate them as consistent and reliable resources within the comprehensive array of family-centered, strength-based services that are being made available for children and families in California's emerging new systems of care.