WILL CONTINUUM OF CARE REFORM IMPROVE EDUCATION OUTCOMES FOR FOSTER YOUTH?

Children’s Rights Project
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INTRODUCTION

One of the major goals of California’s Continuum of Care Reform (CCR) initiative is to reduce the use of congregate care, and ensure that all foster children and youth are placed in family settings whenever possible. CCR is intended to limit the use of congregate care to youth who have high-level mental health or other safety or treatment needs that cannot be met in a family setting. Existing group homes must convert to Short-Term Residential Treatment Programs (STRTPs), which will provide intensive mental health treatment and other services, with a focus not on long-term custodial care but on stabilizing high-needs youth and addressing issues that present barriers to their safety and well-being so that they can transition as quickly as possible to a family setting. STRTP programs must have capacity to support parents and caregivers in preparing for a youth’s transition, and to continue providing services and supports to youth and families after youth transition to family settings.

How will this change affect education outcomes for foster youth? Available data show that youth in congregate care currently have dramatically poor education outcomes – even compared to other foster youth.1 As the state and counties implement CCR, it will be critical to preserve a focus on improving educational outcomes, because conversion of group homes to STRTPs presents complex and difficult education issues – and a risk of unintended negative effects on education.

EDUCATION IMPLICATIONS OF GROUP HOME – STRTP CONVERSION

1. School of Origin and Transportation Issues.

The implementation of Continuum of Care Reform (CCR) and the transition of higher-level group homes into “Short-Term Residential Treatment Programs” (STRTPs) raise important questions about school stability.

Youth placed in STRTPs, like all foster youth, have the right to remain in their schools of origin2 unless the youth and their education rights holders determine that transfer to the new locally


2 “School of origin” is broadly defined by statute and includes the school a youth was attending at the time of entry into foster care, as well as any school the student attended within the past 15 months with which he or she has a connection. All foster youth have the right to remain in their schools of origin despite a change in placement if it is in the youth’s best interests as determined by the Education Rights Holder and the youth. The best interest analysis generally takes into account factors such as the amount of travel time involved, whether the youth had a positive experience and connection with the school of origin, etc.
assigned school is in their best educational interests. What factors should influence this determination?

On the one hand, remaining in the school of origin minimizes educational disruption, especially if the youth only remains in the STRTP for a few months and then moves again. Reducing school transfers may improve educational outcomes for foster youth, and contribute to youths’ overall well-being by preserving a point of stability and continuity in the youths’ social and mentoring relationships, etc.

On the other hand, it may be difficult for the STRTP to coordinate with the school and support the youth’s educational progress when the youth attends a school distant from the STRTP. Transportation often presents major logistical problems. Travel time should be minimized to allow youth sufficient time for homework and other educational activities, participation in treatment at the STRTP, and social and recreational activities. STRTPs may not have sufficient vehicles and staff to transport youth to their various schools of origin.

A new federal law, the Every Student Succeeds Act (ESSA), requires both state- and local-level planning by child welfare agencies, in collaboration with school districts, to ensure transportation to the school of origin is available to all foster youth when remaining in their school of origin is in their best interests. In creating the state and county plans required by the ESSA, the special needs and circumstances of youth in STRTPs should be addressed.

2. **Educational Assessment and Enrollment**

When a youth enters a STRTP and the youth and his or her Education Rights Holder (ERH) determine that remaining at the school of origin is not in the youth’s best interests, the youth has a legal right to be enrolled immediately in a new school.

Prompt enrollment in a new school presents significant challenges. Youth entering STRTPs are likely to have incomplete or inadequate education records, and may not have an up-to-date Individualized Education Program (IEP), or any IEP, despite obvious educational challenges. This occurs frequently because youth with high-level mental health or other issues leading to the need for STRTP placement have often had multiple placement disruptions and school changes in the past. Moreover, their social workers and caregivers may be focused on immediate issues of safety and crisis management, rather than educational issues. Even if a special education assessment was requested at some point, youth with high-level needs often change placements and schools before the assessment is complete, and the old and new school districts may not fulfill their responsibility to coordinate the completion of the assessment.

Without complete records and an adequate and current IEP, it is difficult to implement foster youths’ rights to prompt enrollment in an appropriate educational placement; and to ensure the youth is placed in classes appropriate to his or her academic level and receiving credits needed for graduation. Prompt enrollment in school may also be challenging if a youth is in crisis at the
time of entry into an STRTP, and there are immediate health and safety issues (substance abuse, suicide risk, runaway risk, etc.).

The time-limited nature of STRTP placements increases the risk that enrollment gaps will occur as youth enter, and then leave, STRTP placements, and that thorough assessment of a youth’s educational needs – and consequently an appropriate educational placement – will not be completed during the youth’s stay in the STRTP. Without close attention and appropriate intervention, youth could leave STRTP placements even farther behind in school than when they entered, and further traumatized by additional school changes.

3. **Academic Supports**

Although youth placed in STRTPs will often have significant mental health issues and other special needs, it is important not to lose sight of the fact that they are also students and need the same support and encouragement as other youth in order to succeed in school. Addressing academic issues such as literacy can be crucial in resolving behavioral issues. Youth placed in STRTPs often have learning difficulties due to past trauma and may act out at school because they are embarrassed or discouraged by being below grade level in reading, math and other basic subjects. Frustration at school can lead to a vicious cycle of poor self-image, academic underachievement and behavior issues.

Historically, group homes have not been held accountable for providing academic support; instead, expectations set by county placing agencies and the state licensing agency have focused on safety, adequate basic care, and preventing runaways and other behavioral issues. As a result, educational outcomes have often been overlooked.

4. **Mental Health Services and Coordination**

Many youth placed in STRTPs will need intensive and ongoing mental health services which may be provided by the STRTP itself, or by an associated provider. These mental health services need to be closely coordinated with school-based mental health services and other supports. High quality, consistent mental health services can be critical to enable youth with special needs to access their education in non-segregated settings with non-disabled peers and avoid the need for Non-Public Schools and other highly restrictive educational placements.

Currently, there is often a lack of communication and coordination between school-site staff and mental health providers. A youth’s functioning at school should be a central focus of mental
health treatment—but because placement- and community-based providers lack regular channels of communication with teachers and other school staff, this can be difficult.

Mental health providers may also be constrained by MediCal/documentation and billing requirements that may appear to restrict the range of available services, and may not facilitate or reward coordination with school-site staff. School districts may also be motivated by fiscal incentives to provide only those mental health services for which MediCal reimbursement is readily available, and may be reluctant to use special education and other funds for mental health services.

5. Attendance and Discipline

Youth placed in STRTPs will often have school attendance and/or discipline problems. STRTPs will need to work proactively with school districts to ensure that supports are in place to identify and address attendance issues, such as frequent check-ins to ensure youth brought to school by STRTP staff are actually attending classes, and to identify behavior issues before they escalate to the point of suspension or expulsion. Youth who enter an STRTP and enroll in a new school are often at high risk of behavior issues (such as fights with peers and violations of school rules) in the first few weeks of placement as they attempt to navigate an unfamiliar and often unwelcoming social environment.

LESSONS FROM TWO RESIDENTIALLY BASED SERVICES PILOT PROGRAMS

Los Angeles and Mendocino Counties are two of the four California counties participating in the Residentially Based Services Reform Project (RBS). The purpose of RBS was to transform group care into a new model- in many ways a prototype for STRTis - that provides intensive, high-quality, time-limited residential care to youth with intensive behavioral health needs, with the goal of improving outcomes and achieving ‘step-down’ to permanent, stable family placements for these children and youth.

Mendocino County and Los Angeles County offer a stark contrast in terms of demographics – Los Angeles County has by far the highest population of any California County, and has many areas of high-density housing, while Mendocino County is mainly rural and sparsely populated. Mendocino County has just over 200 school-age foster youth, while Los Angeles County has close to 20,000.

But the two counties also share similar challenges – both are large in geographic size, giving rise to transportation barriers and other challenges in implementing school of origin rights and ensuring that children and families have access to services. Both have high rates of poverty, and significant numbers of families affected by substance abuse and mental health problems.

3 In fact, the federal EPSDT program covers any medically necessary treatment or service, but the logistics of billing may make it more difficult for providers to receive payment for specialized or uncommon forms of treatment.

4 Authorized by Assembly Bill 1453 in 2007 and amended by Assembly Bill 2129 in 2010.
In 2014, evaluation results for RBS were published, analyzing data from 2011-2013 and showing positive outcomes on a number of measures, including achievement of permanent, stable family placements, safety, well-being, connections with caring adults, and youth and family satisfaction with RBS services – but measures of educational progress did not show improvement for youth participating in RBS.5

The lessons learned from the RBS pilot will be of critical importance in future years as California embarks on statewide implementation of (CCR). Given the lack of positive results concerning educational progress in the RBS evaluation, it is critical to determine how STRTPs can support youths’ educational progress.

1. Los Angeles County RBS Pilot Program

In fall 2015, the Los Angeles County Department of Children and Family Services (DCFS) convened a working group to identify and address issues affecting education outcomes for youth placed in Los Angeles’ RBS programs. DCFS, the RBS program providers, education professionals, and community-based advocacy organizations came together out of shared concern about educational outcomes for youth in RBS programs. As the RBS pilot evaluation indicated, although the RBS programs were able to achieve better outcomes in many areas than conventional group care, improvement in educational outcomes was an elusive goal. Despite the best efforts of the RBS providers, youth frequently experienced negative outcomes, including school suspensions or expulsions, attendance and behavior problems, and low academic performance.

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The main conclusions and recommendations of the Los Angeles RBS/Education Workgroup were as follows:

*County agencies and courts should ensure that youth in STRTPs have effective education rights holders and can invoke their school of origin and enrollment rights:*

- Juvenile courts, child welfare agency social workers and probation officers, and minors’ attorneys need to ensure that youth in or at risk of STRTP placement have effective Education Rights Holders (ERHs), and that youth and their ERHs have the information

they need to make informed and timely decisions concerning school of origin rights, school enrollment and educational placement, special education assessments, IEPs, etc.

- STRTP intake processes and policies must recognize the right of youth and their ERHs to make school-of-origin decisions, and not assume the youth will attend a local school.

- STRTPs’ need for increased capacity (staff, vehicles, etc.) to provide transportation to schools of origin, maintain close contact with school staff in multiple school districts, and address academic, attendance and behavior issues, should be considered in budget decisions and in the terms of their contracts with county child welfare and probation agencies.

- School districts’ and County Offices of Education’s (COE’s) Local Control Accountability Plans\(^6\) (LCAPs) in districts/counties with substantial numbers of students placed in STRTPs should include goals, action steps, and funding specifically focused on improving school stability, attendance, graduation rates and other key outcomes for youth placed in STRTPs.

- School districts’, COE’s and child welfare agencies’ transportation resources (existing bus routes, contracted transportation services used for special education students, vans and transportation aides, etc.) should be leveraged to assist with transportation of youth in STRTPs to their schools of origin.

County agencies, courts, and school districts should work together to resolve education placement and special education issues for youth in STRTPs:

- STRTPs need to work with child welfare and probation agencies and school districts to ensure that youth have complete and accurate educational records at the time they enter the STRTP, and that the assessment and IEP process is expedited for youth with special needs who enter STRTPs without an adequate or current IEP.

- Conflicts between special education timelines and mobility of youth in STRTPs must be addressed. When students move to a new school district while a special education assessment is pending, foster youth liaisons in the old and new districts must work together to ensure prompt completion of the assessment.\(^7\)

- County Office of Education Foster Youth Services Coordinating Programs (FYSCPs) should help districts collaborate to develop protocols to ensure completion of special education assessments for foster youth within legally mandated timelines, when youth are transferring between districts.

\(^6\) California’s 2014 education finance reform, Local Control Funding Formula, requires each school district and county office of education to create a plan, called a Local Control Accountability Plan, for goals and activities to improve education outcomes for all students, and for specific populations including foster youth.

\(^7\) Federal IDEA regulations require districts to promptly exchange records and coordinate to ensure timely completion of assessment when a child transfers to a new district. 34 CFR §§ 300.101 -- 300.323. Also, a 2013 guidance letter from the U.S. Department of Education on highly mobile children with disabilities urges districts to conduct expedited assessments for these children. [http://www2.ed.gov/policy/speced/guid/idea/memosdeltrs/12-0392delhighlymobile.pdf](http://www2.ed.gov/policy/speced/guid/idea/memosdeltrs/12-0392delhighlymobile.pdf)
• School districts and STRTPs should work together to minimize disruption and trauma for newly placed youth who enter new schools.

• Data-sharing MOUs coordinated by FYSCPs may help school staff gather records and obtain information to make appropriate educational placement decisions at the time of enrollment and avoid further school changes.8

• Youth entering STRTPs will often have emotional and behavioral issues that may be intensified by the stress and trauma of changing schools. If these youth do not have an IEP in place that provides an appropriate level of mental health and other supports, school staff and STRTPs should work together with the youth’s ERH to expedite the IEP assessment process and to ensure the student’s safety and well-being in the interim.9

• For youth in STRTPs who also have high-level special education needs, a specialized classroom or a nonpublic school (NPS) may be the appropriate educational placement. Safeguards should be put in place, however, to ensure that these educational placements are not misused or overused. Foster youth, like all students, have the right to access their educations in the least restrictive environment consistent with their needs, and segregated educational settings should never be considered the ‘default’ educational placement for youth in STRTPs.

County agencies and STRTPs should ensure youth have access to effective education-related mental health services:

• Mental health providers working with youth at STRTPs should develop regular channels of communication with school site staff10 to obtain timely feedback about the youth’s functioning at school and any behavior, attendance, and school progress issues that should be addressed through therapeutic interventions.

• School-based mental health staff should coordinate with STRTP-based and community-based mental health providers to provide consistent and coordinated support to STRTP youth at school.

• School districts may want to consider contracting with STRTPs to provide educationally-related mental health services at school sites.11

• School districts should consider increasing competency among all school staff regarding social-emotional learning and trauma-informed practices12, as well as increasing the

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8 Los Angeles County Office of Education (LACOE), for example, has initiated a local child welfare agency/school district data-sharing system, Los Angeles-Education Passport System (LA-EPS), and has obtained Memorandums of Understanding (MOUs) from 40 of Los Angeles County’s 80+ school district, with 13 more in progress.

9 For example, if a physician or psychiatrist determines that the student cannot safely attend school until they are more stable and have appropriate IEP services in place, the district could send a home/hospital education teacher to the group home.

10 Such communication is permissible with the consent of the youth, or of a parent, minor’s attorney, or other person authorized to make decisions about disclosure of protected health information.

11 Hathaway-Sycamores is currently piloting this model through a contract with the Pasadena Unified School District to provide educationally-related mental health services in a specialized classroom at a PUSD middle school.

12 Bonita Unified School District is in the process of ensuring that its school site staff receive trauma informed education training.
availability of mental health supports for all students (not just those in special education or those who have acute mental health conditions).

**STRTPs should provide academic supports:**

- Ensuring that youth are immediately enrolled in school and actually attending;
- Ensuring that staff frequently check in with youth about school – for example, asking about homework and assignments on a daily basis; checking in about the youth’s relationships with teachers and peers; and discussing and supporting the youth’s academic goals and extracurricular activities and interests;
- Having a designated staff person maintain frequent contact with teachers and school staff to monitor attendance, behavior, and academic progress;
- Providing quiet space, resource materials, support, and supervision for homework completion, and access to computer and library resources as needed for school work;
- Connecting youth with tutoring and other academic supports as needed;
- Ensuring youth are able to participate in school sports and extracurricular activities (by providing transportation, equipment, paying fees, etc.);
- Tracking and monitoring academic progress (for example, collecting baseline data at the time of placement, and tracking progress throughout the placement using measures such as credits earned, GPA, test scores, etc.).

**CDSS and county agencies should ensure accountability for educational outcomes:**

- CDSS should incorporate educational outcome measures in the performance and accountability measures that will be developed for STRTPs.\(^{13}\)
- County child welfare and probation agencies should set expectations for educational supports in contracting with STRTPs (and all other placement providers).
- School districts with large concentrations of youth living in group homes should consider analyzing educational outcome data separately for these students, and including specific supports for them in the districts’ LCAPs.\(^{14}\)
- Data on educational outcomes for youth in STRTPs should be aggregated and analyzed to learn more about factors that may contribute to or hinder educational success for youth in STRTPs.\(^{15}\)

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\(^{13}\) Performance measures could, for example, include provision of academic supports, and outcome measures focusing on progress from baseline – i.e. improvements in attendance, behavior, credits earned, reading and math levels, etc., during the youth’s stay at the STRTP.

\(^{14}\) For example, the Los Angeles Unified School District has developed a Group Home Scholars program featuring specialized counselors focused on the educational needs of students in group homes; the Mt. Diablo Unified School District has piloted an innovative model using teachers who are paid overtime to provide tutoring to youth in group homes.

\(^{15}\) RBS providers report that they see patterns even in the relatively small populations served by their individual programs. For example, some schools have high rates of truancy and suspensions, while other schools seem better equipped to meet the needs of foster youth and support their academic progress.
County agencies, STRTPs and school districts should work together to address attendance and discipline issues:

- STRTPs should provide intensive support to youth who enroll in new schools—which often happens mid-year—and check in frequently with school staff to promptly identify and address attendance and behavior problems.

- When youth in STRTPs have attendance or discipline problems, their ERHs, STRTP staff, and school site staff should consider an initial or updated special education assessment to determine if these issues are related to unmet special needs.

- School districts’ LCAPs should include goals, actions, and funding to implement trauma-informed practices and non-punitive alternatives to exclusionary discipline (such as Positive Behavior Intervention and Support and restorative justice programs), both to improve school climate for all students and to better serve at-risk populations such as foster youth.

2. Mendocino County RBS Pilot Program

In September 2016, Mendocino County’s RBS provider, child welfare agency, juvenile court, school districts and COE came together for an RBS Education Summit to discuss lessons learned and goals for the future. Among the systemic issues identified at the Summit were:

- Special Education assessment delays – the legally mandated 60-day timeline (which was often further delayed due to staff shortages and inter-district transfers) created barriers to appropriate educational placement for youth in the RBS program.

- Lack of alignment between the ‘medical necessity’ criteria for mental health care, and special education eligibility – some youth with acute mental health needs were found eligible for specialty mental health care, but ineligible for special education services by the school district.

- Difficulty in implementing a student’s IEP when the student transfers to a new district, because available programs and services may not match the previous district’s, and there is no effective and reliable process for conveying the previous district staff’s experience and knowledge of ‘what works’ for the student to the new district.

- Difficulty in obtaining appropriate education services for children with mental health problems, and delays in special education assessments due to the child’s “instability,” which put students at risk of suspension and other forms of exclusionary discipline, and/or inappropriate transfer to independent study and other alternative programs.

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16 Mendocino’s RBS program provider is Redwood Community Services, www.rcs4kids.org
• Need for trauma-informed practice training for all school staff, including aides and paraprofessionals. Lack of understanding of the impact of trauma can cause inappropriate treatment of students.

Participants in the Summit made the following recommendations to address these issues:

• When RBS youth transfer into a new school, a “transition’ meeting should occur, including RBS program staff and education staff from the old and new schools, to share information about what educational supports were effective at the former school.

• RBS programs should provide a liaison or contact person so that schools know who to contact when problems arise at school.

• RBS providers, county agencies and advocates should work with school districts to increase awareness of the educational needs of students with mental health problems.

OTHER IMPLICATIONS OF CCR FOR EDUCATION

Aside from the conversion of group homes to STRTPs, the implementation of CCR may affect foster youth’s education in other ways.

Needs Assessment and Child and Family Teams

The CCR legislation requires that CDSS adopt, and all counties use, a uniform needs assessment process at the time children enter foster care, and that the assessment is updated at least every six months. CDSS is currently piloting two assessment tools in various counties.\(^ {17}\) Regardless of which assessment tool is selected, CDSS should ensure the uniform needs assessment process required by CCR includes a strong educational component, so as to identify and address educational needs at the time of entry into foster care whenever possible.

The assessment results are intended to inform decision making by Child and Family Teams (CFTs), which are also required by CCR. CDSS and the county agencies should ensure that all CFTs are informed by an assessment of the youth’s educational needs and address education needs in the case planning process, and that CFT meetings include participation by education professionals as needed.

\(^ {17}\) The tools being piloted are the Child and Adolescent Needs and Strengths (CANS) and the TOPs. Details on these assessment tools are available at: [http://praedfoundation.org/tools/the-child-and-adolescent-needs-andstrengths-cans](http://praedfoundation.org/tools/the-child-and-adolescent-needs-andstrengths-cans) and [http://kidsinsight.org/how-we-help/top-assessment](http://kidsinsight.org/how-we-help/top-assessment).
Resource Family Approval

As CCR is implemented beginning in January 2017, existing foster care licensing, relative home approval, and Foster Family Agency certification processes will be merged into a single, unified Resource Family Approval (RFA) process. Under RFA, all families will be required to meet the same requirements, including pre-approval and ongoing training. All families will be eligible for foster care rates based on the child’s assessed level of need – eliminating arbitrary funding inequalities between relative and non-relative homes, and between county-licensed and FFA homes. Also, FFAs will be required to provide a uniform set of “core services” – which explicitly includes education support -- and county child welfare agencies will have the option to contract with FFAs to provide these core services to relative caregivers as well as the FFA’s own resource families.

These reforms have the potential to improve education outcomes, in that relatives – who care for over 40% of California’s foster children and youth – will receive better funding, training and support, which may better equip them to address the educational needs of the children in their care. Adequate rates are important because caregivers of children with learning disabilities and/or attendance and behavior issues often must take substantial time off from work, and travel substantial distances, to attend meetings, respond to crisis situations at school, and transport youth to tutoring, therapy and other services. Caregivers may also need to spend funds to provide educational and extracurricular supports such as books and educational materials, access to computers, equipment for sports and other activities, etc.

Better training and ongoing social-work support are also important because caregivers need information, skills, and emotional support to navigate the complexities of school placement decisions, special education assessments, IEPs, and school discipline processes.

In implementing RFA, it will be important to ensure that:

- Training for resource families includes a focus on their role in supporting educational success
- Level-of-care rate decisions adequately take into account children’s educational needs
- FFAs and other entities providing ‘core services’ include an appropriate focus on educational supports (such as resources and referrals for tutoring, afterschool and summer enrichment programs, support for caregivers in addressing school enrollment and placement, special education, attendance and behavior issues)
- County agencies ensure access to core services, including educational supports, for relatives and other caregivers who are directly approved by the county agency (rather than through an FFA), e.g. through ‘service only’ contracts with FFAs.

Relative caregivers should receive better funding, training and support through RFA, which may help them address the educational needs of the foster children in their care.
HOW WILL CCR IMPLEMENTATION AFFECT EDUCATION FUNDING?

School districts and Special Education Local Planning Areas (SELPAs) currently receive various sources of funding that are intended to address the educational needs of students who are in foster care:

- The Local Control Funding Formula (LCFF) legislation effective in 2014, provides supplemental funding to school districts based on the percentage of their students who are low-income, English language learners, and/or foster youth. LCFF also requires that each district’s Local Control and Accountability Plan (LCAP) specifically state how it will address the educational needs of both the student population as a whole, and of several sub-populations, including foster youth.
- School districts and SELPAs receive state funding specifically for their special education programs, based on the number of students who receive special education services.
- School districts and SELPAs receive additional funds to provide educationally-related mental health services. Statewide, SELPAs receive about $430 million per year for educationally-related mental health services. This is almost double the amount of funding that county departments of mental health formerly received under AB 3632. SELPAs are required to use these funds for mental health services, but there is no oversight mechanism to monitor the use of these funds, nor has data been collected to determine whether outcomes for students receiving mental health services have improved or worsened since the transition from AB 3632.

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18 A SELPA may consist of one school district, of several districts that have combined their special education programs and services.
19 Foster youth are, by definition, included in the “low-income” student population, and the LCFF legislation does not require that specific amounts of funding be earmarked for each student subpopulation. So, districts do not receive a designated amount of LCFF funding specifically for students who are foster youth.
20 Prior to 2012, county mental health departments provided these services. In 2012, with the repeal of AB 3632, responsibility for these services shifted to school districts, and the state appropriated funding specifically for this purpose.
21 Budget Act of 2016, S.B. 826; § 6110-161-0001, provs. 14 and 18; § 6110-161-0890, provs. 6 and 14 (totaling approximately $433 million for the 2016-17 budget year).
23 The California State Auditor found that “[n]one of the four LEAs we reviewed could determine their total costs to provide mental health services to students”—so it was impossible to determine whether the SELPAs in fact directed all these funds to mental health services. Report Number 2015-112: Student Mental Health Services: Some Students’ Services Were Affected by a New State Law, and the State Needs to Analyze Student Outcomes and Track Service Costs, California State Auditor, January 19, 2016. Available online at: [http://www.bsa.ca.gov/pdfs/reports/2015-112.pdf](http://www.bsa.ca.gov/pdfs/reports/2015-112.pdf) (last checked November 17, 2016.)
24 The California Department of Education “has not performed an analysis of the educational outcomes such as graduation and dropout rates for the subset of students who receive mental health services to determine whether student outcomes have improved” since the transition from AB 3632/Id.
SELPA also receive a “bed allowance” based on the number of children residing in foster homes within the SELPA, and on the bed capacity of any group homes and other residential treatment programs within the SELPA. This funding is calculated per child, for children in foster homes (and in 2015-2016 was approximately $600-$700 per child per year, depending on the type of foster home), and per bed for group homes (and in 2015-2016 was approximately $16,000 - $24,000 per bed per year, for Level 12 and 14 group homes).

The first two types of funding are unlikely to be affected by CCR implementation, but the third and fourth raise critical questions concerning the appropriate allocation of responsibility – and funding – for meeting the educational needs of youth with intensive mental health and/or behavioral problems, who are most likely to experience STRTP placement.

Since school districts are legally responsible for educationally-related mental health services, and receive funding for that purpose, how should these services be coordinated with the therapeutic services provided by STRTPs? How can state and county agencies, juvenile courts, COEs, and other oversight entities ensure seamless coordination of services rather than fragmentation and service gaps?

Since the STRTP model contemplates fairly short-term residential placement, and a focus on transitioning students into family settings, and youth in STRTPs have the right to attend their school of origin rather than a local school, does the “bed allowance” funding formula still make sense? Would it be more equitable to base funding allocation on the number of students attending school in a district who are placed in an STRTP, rather than the number of STRTP beds located in the district? And, should this funding source be coupled with a requirement that the funds actually be used to meet the needs of students placed in – or transitioning into or out of – STRTPs? Should that funding be used by the local school district to transport a child at a STRTP within the district to the child’s school of origin?

CONCLUSION

As CCR implementation begins in earnest at the county level in January 2017, county and state agency leadership, advocates and policymakers must closely monitor the implementation process so as to prevent unintended negative effects on education outcomes, and to fulfill the potential for CCR to improve assessment of educational needs and access to services and supports to address these needs; promote school stability; and enhance training, support and accountability to enable resource families, FFAs and STRTPs to better support the educational success of youth in their care.

There are critical unresolved questions about allocation of responsibility – and funding – for meeting the educational needs of youth with intensive behavioral health needs.