

Congregate Care Chart
Considerations for Judges after CCR

<p style="text-align: center;">Questions to ask when STRTP is Recommended</p>	<p style="text-align: center;">Laws (Federal Laws, State Laws, State Directives)</p>
<p>What is the reason for the congregate care recommendation?</p>	<p>Placement must be in least restrictive, most family like setting. Case plan needs to discuss the safety and appropriateness of placement and must include the reason for that placement decision. Case plan must indicate the needs of the child that necessitate the placement, and the plan and projected timeline for transitioning the child to a less restrictive environment. ⁱ</p>
<p>Are all criteria required under law and regulation met to justify the recommendation?</p>	<p>Treatment based rationale for congregate care is valid and supported by a comprehensive evaluation. Child understands the reason for placement. It is the least restrictive, most family like setting; visitation can occur to facilitate reunification; facility can meet the specific needs of the child; child can maintain his or her current school; child’s health and emotional factors are addressed; special needs of the child have been addressed. ⁱⁱ</p>
<p>What are the specific needs of the child that require congregate care?</p>	<p>If congregate care is appropriate for the child, it must be because the child has specific and specialized needs that can only be met in group care. Funding is only available if the worker has documented that the placement is necessary to meet the treatment needs of the child and that facility offers those treatment services. The case plan must identify specific goals and the appropriateness of the planned services in meeting those goals. If the child is placed a substantial distance from the home of a parent or out-of-state, the case plan must specify why such placement is the most appropriate placement selection and whether that placement is in the best interest of the child. ⁱⁱⁱ</p>
<p>Can the identified treatment or special needs be met in a family setting? Why or Why not?</p>	<p>A group care placement can only be used once <i>all</i> efforts have been exhausted to provide services in a community/family-based setting. Each child must have a case plan designed to achieve placement in a safe setting that is least restrictive and most appropriate. ^{iv}</p>
<p>Has a less restrictive environment been recommended or attempted?</p>	<p>The agency must consider the recommendations of the Child and Family Team (CFT), including if out of home placement is used to attain case plan goals. A child must be given a meaningful opportunity to participate in the development of the case plan and state his or her preference for foster care placement. If the child is 12 years of age or older and in a permanent placement, the child must be given the opportunity to review, sign, and receive a copy of the case plan. ^v</p>
<p>Is the facility able to meet any identified special or noteworthy needs of the child (ex. sexual orientation, language, disability)?</p>	<p>Title VI requires nondiscrimination under programs receiving federal assistance through the Department of Health and Human Services. The Americans with Disabilities Act and Rehab Acts prohibit discrimination based on disability and require accommodations so that services can be provided in the most integrative setting. Out of home placement must be in the environment best suited to meet the child’s special needs and interests. All foster youth have the right to fair and equal access to services and to not be subjected to discrimination or harassment ^{vi}</p>

Does the proposed congregate care facility have the capacity to meet the specific treatment needs of the child, including all necessary licenses and certifications?	Funding for congregate care is only available if the agency has documented that the placement is necessary to meet the needs of the child and that the facility offers those treatment services. ^{vii}
Will the child's educational needs be met in accordance with the law in a congregate care setting?	The case plan must include a plan for ensuring the educational stability of the child while in foster care, including that each placement of the child in foster care takes into account the appropriateness of the current education setting and proximity to the school in which the child is enrolled at the time of placement. ^{viii}
How will the child's needs for routine and preventive health care be met, including any special medical needs the child may have?	The case plan must ensure that the child receives medical and dental care which places attention on preventive care services through the Child Health and Disability Prevention (CHDP) program or equivalent. Each child must receive a medical and a dental exam within 30 days of placement. ^{ix}
How often and through what process will the need for congregate care placement be reviewed?	Congregate care stays should be of short duration and are required to have an exit strategy. Placement must be reviewed every six months. A CFT must be held every six months; if a child is receiving extensive mental health services, a CFT must be held every 90 days. ^x
What is the plan for including the child's family, caregiver and other important individuals in the child's treatment and visitation?	The case plan must be developed in consultation with the child and with up to 2 members of the case planning team who are chosen by the child and not the foster parent or case worker. The case plan must indicate that the child should not be in a congregate care setting for longer than one year. The case plan must document an exit strategy from congregate care that meets the needs and service plan of the child. ^{xi}
What is the plan for transitioning the child out of the facility to a family based setting?	The case plan must indicate the needs that necessitate placement, the plan for transitioning the child to a less restrictive environment, and a projected timeline by which the child will be transitioned. Case plan must be reviewed and updated every 6 months. ^{xii}

ⁱ 42 USC §675(1), Welf & Inst. Code §16501.1(d)

ⁱⁱ Manual of Policies and Procedures (MPP) 31-420

ⁱⁱⁱ Welf. & Inst. Code §§ 11402, 16501.1; MPP 31-206.3

^{iv} 42 USC §675(5); Welf & Inst, Code §16501.1(d); MPP 31-420

^v Welf. & Inst. Code §16501.1(a)(3), (c), (g)(13)

^{vi} 45 CFR Part 80; Welf & Inst. Code §§ 165101.1(d), 16001.9; MPP 31-205, 31-420, 31-405.21

^{vii} Welf. & Inst. Code §§ 11402(d), 16001.9, MPP 31-420, H & S Code §1503.5, Fam. Code §7911.1

^{viii} 42 USC § 675(1)(G); Welf. & Inst. Code §§ 16501.1(d), (g)(8), 16001.9

^{ix} Welf.& Inst. Code § 16501.1(g), MPP 31-206.36, 31-405.24

^x Welf. & Inst. Code §§ 366.21(e)-(g), 366.22, 366.25, 366.3, 366.31, 16501.1(d)-(g)

^{xi} 42 USC §675(1)(B); Welf & Inst. Code §§ 16501.1(d)(2)(A), 16010.8; 22 CCR 84022

^{xii} Welf. & Inst. Code § 16501.19(d)(2), MPP 31-405.34

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