

Date of Hearing: March 11, 2025

ASSEMBLY COMMITTEE ON HUMAN SERVICES

Alex Lee, Chair

AB 319 (Jackson) – As Introduced January 24, 2025

SUBJECT: Foster youth: trauma-informed, therapeutic continuum of care

SUMMARY: Requires a county to submit a plan to the California Department of Social Services (CDSS) describing the development needed to support foster youth who have experienced severe trauma. Specifically, **this bill:**

- 1) Requires a county to develop and submit a plan to CDSS describing the development needed for a trauma-informed, therapeutic continuum of care to support youth in-state in the least restrictive setting.
- 2) Requires the county to submit the first plan described in 1) above by January 1, 2027, and to submit an updated plan every two years thereafter.
- 3) Requires the county, in developing the plan, to take into consideration the information described in 2)-9) below, including, but not limited to, the recommendations of the joint interagency resolution (IR) team on the statewide plan for any additional development needed for a trauma-informed, therapeutic continuum of care, as described in 5) below, and to describe in its plans how that statewide plan would apply to the local circumstances of that county.
- 4) Requires the county to also outline in its plan how the county will work to increase the number of available slots in short-term residential therapeutic programs (STRTPs) within the county.

EXISTING LAW:

- 1) Requires, to ensure that coordinated, timely, and trauma-informed services are provided to children and youth in foster care who have experienced severe trauma, all of the following to occur:
 - a) Requires each county to develop and implement a memorandum of understanding (MOU) setting forth the roles and responsibilities of agencies and other entities that serve children and youth in foster care who have experienced severe trauma;
 - b) Requires participants in the development and implementation of the MOU to include, but not be limited to, the county child welfare agency; the county probation department; county behavioral health departments; the county office of education; the regional center or centers that serve children and youth with developmental disabilities in the county; and, foster care or other child welfare advocacy groups, as deemed appropriate by the organizations that will be parties to the memorandum, serving in an advisory capacity;
 - c) Requires the MOU to include specific provisions addressing the establishment and operation of an interagency leadership team (IL team); establishment and operation of an interagency placement committee; commitment to implementation of an integrated core

practice model; processes for screening, assessment, and entry to care; processes for child and family teaming and universal service planning; alignment and coordination of transportation and other foster youth services; recruitment and management of resource families and delivery of therapeutic foster care services; information and data sharing agreements; staff recruitment, training, and coaching; financial resource management and cost sharing; dispute resolution; and, processes, as developed through tribal consultation with the federally recognized tribes within each county, for engaging and coordinating with these tribes in the ongoing implementation of the MOUs.

- d) Requires members of the IL team to establish a process to provide, arrange for, or ensure the provision of, at least six months of family-based aftercare service to children and youth;
 - e) Permits members of the IL team, to the extent permitted by federal law, and subject to specified limitations, to disclose to, and exchange with, one another information or a writing that may be designated as confidential under state law if the member of the team having that information or writing reasonably believes it is generally relevant to the identification, reduction, or elimination of barriers to services for, or to placement of, children and youth in foster care or to improve provision of those services or those placements;
 - f) Requires members of the IL team, who receive disclosed or exchanged information or a writing to destroy or return that information or writing once the purposes for which it was disclosed or exchanged are satisfied;
 - g) Requires members of an interagency placement committee, child abuse multidisciplinary personnel team, or child and family team, convened for the purpose of implementing the provisions of the MOU developed, to comply with applicable statutory confidentiality provisions for that committee or team. Requires members of teams convened for purposes of implementing the MOU to comply with applicable records retention policies for their respective agencies or programs; and,
 - h) Requires, to the extent possible, the implementation of the MOU to utilize existing processes and structures within and across the respective organizations that are parties to it. (Welfare and Institutions Code [WIC] § 16521.6(a))
- 2) Required, as of July 1, 2019, the Secretary of California Health and Human Services Agency (CalHHS) and the Superintendent of Public Instruction to establish a joint IR team consisting of representatives from CDSS, the California Department of Health Care Services (DHCS), the California Department of Developmental Services (DDS), and the California Department of Education (CDE). (WIC § 16521.6(b)(1)(A))
- 3) Requires the primary roles of the joint IR team to be to develop guidance to counties, county offices of education, and regional centers with regard to developing the MOUs, to support the implementation of those MOUs, and to provide technical assistance to counties to identify and secure the appropriate level of services to meet the needs of children and youth in foster care who have experienced severe trauma. (WIC § 16521.6(b)(1)(B)(i))

- 4) Requires the agencies as referenced in 2) above to ensure that a process is developed for counties and partner agencies that are parties to the MOU to request interdepartmental technical assistance from the joint IR team. (WIC § 16521.6(b)(1)(B)(ii))
- 5) Required the joint IR team, in consultation with county agencies, service providers, and advocates for children and resource families, to review the placement and service options available to county child welfare agencies and county probation departments for children and youth in foster care who have experienced severe trauma and to develop and submit recommendations to the Legislature addressing any identified gaps in placement types or availability, needed services to resource families, or other identified issues. (WIC § 16521.6(b)(2)(A))
- 6) Required the joint IR team to update its review and provide recommendations to the Legislature that take into account the specific needs and characteristics of youth with unplanned discharges from STRTPs and youth for whom counties were unable to, or have difficulty with, securing placements and providing trauma-informed services, including youth impacted by commercial sexual exploitation, youth with acute behavioral needs, and youth with intellectual or developmental disabilities. (WIC § 16521.6(b)(2)(A))
- 7) Required the recommendations to also articulate a statewide plan for any additional development needed for a trauma-informed, therapeutic continuum of care to support youth in-state in the least restrictive setting. (WIC § 16521.6(b)(2)(A))
- 8) Required the joint IR team, in consultation with county agencies, service providers, behavioral health professionals, schools of social work, and advocates for children and resource families, to develop a multiyear plan for increasing the capacity and delivery of trauma-informed care to children and youth in foster care served by STRTPs and other foster care and behavioral health providers. (WIC § 16521.6(b)(3))
- 9) Requires the joint IR team to track and report de-identified information of children and nonminor dependents (NMDs) in foster care who have been assisted to preserve, or secure new, intensive therapeutic options. Requires this information to be posted on the CalHHS website, to be updated annually, and to include the number of children and NMDs served through its technical assistance process, characteristics of individuals served, and, as applicable, local and statewide systemic issues identified by the team. (WIC § 16521.6(b)(5))

FISCAL EFFECT: Unknown, this bill has not been analyzed by a fiscal committee.

COMMENTS:

Background: *The Continuum of Care Reform (CCR)* was a series of reforms to the child welfare services system that aimed to improve outcomes for foster youth by prioritizing family-based care over group settings, among other changes. As part of this reform, and as established through AB 403 (Stone), Chapter 773, Statutes of 2015, the transition away from group homes and toward STRTPs began implementation in 2017. Prior to this implementation, foster youth often spent extended periods in group homes that were designed as long-term placements. Based on documented studies, long-term group home stays result in worse outcomes for youth than family-based care. However, as a way to ensure youth with more complex and severe needs that are just below an inpatient health facility level of care are served, the state has licensed STRTPs. STRTPs differ from traditional group homes in several ways, and as their name implies, the

primary difference is the length of time youth spend at these facilities. STRTPs are designed to provide short-term, intensive therapeutic interventions for children and youth with significant emotional or behavioral needs and are not intended for long-term placements, but rather to stabilize a youth before stepping down into a family-based setting as quickly as possible.

STRTPs by the Numbers. Overall, the trends indicate CCR has successfully reduced the use of congregate care for foster youth. As of November 12, 2024, a total 1,432 youth were placed in STRTPs, a 23% decrease from the 1,860 youth in an STRTP placement in November of 2021. The proportion of youth in home-based settings is increasing while the number of youth in STRTPs is declining, which aligns with the goals of CCR. In November of 2024, there were a total of 360 licensed STRTPs with a capacity of 2,597, resulting in 55% of the capacity being used. This demonstrates there are available beds in STRTPs.

This bill would require a county plan to also outline how it will work to increase the number of available slots in STRTPs within the county.

Foster Youth in Unlicensed Settings. California operates a state-supervised, county-administered child welfare system. This means that while CDSS provides oversight, guidance, and regulatory frameworks, each of the 58 counties are responsible for administering child welfare services locally and each county tailors its programs to meet the specific needs of their county, while also adhering to state and federal regulations and law. This structure allows counties to have flexibility when addressing any identified local challenges. In 2011, as part of the budget plan, California enacted “realignment” which further shifted more responsibility and funding from the state to counties.

The transition from group homes to STRTPs has faced challenges from various counties. Almost a decade later, some counties have cited significant challenges in finding appropriate placements for foster youth with more acute, trauma-based needs and state that STRTPs are under-equipped to provide the necessary supports and services to these youth. As a result, foster youth are being placed in unlicensed settings. Various child welfare advocates have pointed to the low rates of placement with families in several counties as a contributing factor to youth being placed in unlicensed settings, and have advocated for an increase in family finding efforts. Regardless of the cause, there are foster youth experiencing the trauma of being removed from their family experiencing additional trauma by the failure to procure safe, licensed placements.

Recent reports have revealed that some foster youth were placed in office buildings without access to kitchens or showers. Others have been placed in unsafe conditions without adequate supervision as well as former juvenile detention facilities. Sacramento County, Los Angeles County, and Santa Clara County were all recently highlighted in the media for placing children in various unlicensed settings. After facing legal action for placing foster youth in a former juvenile detention center, Sacramento County reached a settlement and agreed to create licensed emergency placements, expand community-based therapeutic supports, and prioritize family finding practices in order to ensure there are sufficient placement options for all foster youth. A class-action lawsuit filed in 2023 alleged that Los Angeles County has often failed to provide safe and stable placements for foster youth, which has resulted in some youth living in short-term motels, shelters, and on the street. Investigations in Santa Clara County revealed troubling conditions in unlicensed group homes, and as a result, the Board of Supervisors approved plans to expand the network of foster families and create capacity for placements for foster youth experiencing severe mental health challenges.

This bill would require counties to develop and submit plans to CDSS describing the development needed for a trauma-informed therapeutic continuum of care to support youth in-state in the least restrictive setting.

System of Care for Children and Youth. In response to the need to find appropriate placements and services for foster youth with extensive, complex and persistent needs, AB 2083 (Cooley), Chapter 815, Statutes of 2018, established a system of care for children and youth in foster care who have experienced severe trauma, by requiring each county to develop an MOU describing the roles and responsibilities of each of the entities involved in serving foster youth. The MOU is required to include, among other provisions, the establishment and operation of an IL team consisting of representatives from the county child welfare agency, county probation department, county behavioral health departments, county offices of education, regional centers, and foster care advocacy groups. By requiring interagency agreements at both the state and the county levels to help facilitate placements and appropriate services, AB 2083 sought to better coordinate the many needs of foster youth and to identify gaps in services and placement options. AB 2083 also sought recommendations to address these gaps.

AB 2083 also established a joint IR team consisting of representatives from CDSS, DHCS, DDS, and CDE. The primary roles of the joint IR team are to develop guidance to counties, county offices of education, and regional centers with regard to developing the MOUs, to support the implementation of those MOUs, and to provide technical assistance to counties to identify and secure the appropriate level of services to meet the needs of children and youth in foster care who have experienced severe trauma.

The agencies involved on the joint IR team are required to ensure that a process is developed for counties and partner agencies that are parties to the MOU to request interdepartmental technical assistance from the joint IR team. The joint IR team, in consultation with county agencies, service providers, and advocates for children and resource families, were also required to review the placement and service options available to county child welfare agencies and county probation departments for children and youth in foster care who have experienced severe trauma and develop and submit recommendations to the Legislature by January 1, 2020, addressing any identified gaps in placement types or availability, needed services to resource families, or other identified issues.

Additionally, as a result of AB 2083, the System of Care Strike Team was established as a child-specific working group, in which warm hand-offs are conducted to assist when youth are staying in non-licensed settings. According to CDSS, this is offered in addition to other Technical Assistance (TA) calls and it includes key local and state members to ensure that all system partners join to meet the needs of individual youth in foster care. The team from the state is a consistent set of individuals from CDSS, DDS, DHCS, and CDE that help to identify and secure additional supports and services the county may not yet have considered or been able to identify.

According to the October 2020 report, “Children in out-of-home placements are served by multiple systems and programs . . . Navigating these various systems may lead to service gaps, duplicated and ineffective services and placement instability, which greatly compound the trauma for the child and family. By adopting a System of Care mindset at the local and state level, we will have a greater and more successful impact on families and our communities.

“The lack of integrated data systems is an identified gap which has impacted the ability to gather information and identify service gaps at the local level across systems.

“Therefore, the State TA Team and the AB 2083: System of Care State and Local Workgroup recommends a multi-phased approach to fulfilling the requirements related to the capacity gap analysis and the required plan to address identified gaps.”

By December 31, 2022, the joint IR team was also tasked with updating its review and required to provide recommendations to the Legislature that took into account the specific needs and characteristics of youth with unplanned discharges from STRTPs and youth for whom counties were unable to, or have difficulty with, securing placements and providing trauma-informed services, including youth impacted by commercial sexual exploitation, youth with acute behavioral needs, and youth with intellectual or developmental disabilities. The recommendations were required to also articulate a statewide plan for any additional development needed for a trauma-informed, therapeutic continuum of care to support youth in-state in the least restrictive setting.

In January of 2023, CalHHS submitted the *AB 2083: Children and Youth System of Care Legislative Report* that detailed capacity gaps and recommendations intended to support state, county, joint IL teams, and local agencies in collectively evaluating and responding to the gaps in capacity and the continuum of services, supports, and practices. Some of the recommendations included:

- Utilize local MOU framework to establish protocols that link children with needed supports timely upon the child’s arrival in a new placement.
- Prioritize capacity building efforts that enable children with complex needs to have those needs coordinated within the child’s home community and avoid out-of-county placements that result in disrupted clinical and non-clinical relationships.
- Establish highly specialized multi-agency assessment models for exceptionally complex cases to collaboratively assess and determine the appropriate level of care, array and intensity of services needed, and to support timely approval and implementation of services.
- Expand the integrated continuum of care to promote transition to lower levels of care, including individualized trauma-informed small capacity STRTPs and Enhanced Intensive Services Foster Care Homes.
- Evaluate options for provision of respite care and additional childcare supervision within home-based settings.
- Establish a joint state and local framework that results in evidence informed child development and trauma trainings for social workers, treating clinicians and other professionals involved with foster care.

The joint IR team is also required to track and report de-identified information of children and NMDs in foster care who have been assisted to preserve or secure new intensive therapeutic options. This information has been posted on the CalHHS website since July 1, 2022, and is

required to be updated annually. The website includes reports on the number of children and NMDs served through its technical assistance process, characteristics of individuals served, and any local and statewide systemic issues identified by the team.

According to the AB 2083: Children and Youth System of Care Annual Technical Assistance Data 2023 report, “It was consistently indicated that the primary system barrier noted was that the child/youth complexities involve and require multiple system services and that there isn’t one individual system that is meeting the needs of the youth. There are also consistent barriers regarding effective teaming as indicated in the data including lack of systems working together (56%) (i.e. the TA call bringing together the systems to address barriers, the referring party isn’t aware of services already available), lack of communication (43%) (i.e. the TA call appeared to be the first time systems were talking together regarding the youth or needed to be connected to another system point of contact), the child and family team (CFT) isn’t comprehensive was noted 32% (i.e. education, regional center, youth and/or family, service providers, etc. weren’t engaged in CFT’s), and the youth/family voice wasn’t present or heard (16%) (i.e. the local SOC team was unable to articulate the youth or family goals). Of the children and youth who had involvement with parents (biological or adoptive), it was noted that due to the complexities, the parents were unable to have the youth at home (22%).”

Author’s Statement: According to the Author, [As amended by the Committee] “California’s foster youth deserve the best possible care—care that is trauma-informed, therapeutic, and provided in the least restrictive setting possible. Unfortunately, too many of our youth face delays in accessing appropriate services that accommodate their individual needs. These disruptions can further deepen the trauma these young people have already experienced, hindering their ability to heal and thrive.

“[This bill] addresses these gaps by requiring each county to develop and submit detailed plans to the joint interagency resolution team. This bill outlines the steps needed to create a trauma-informed, therapeutic continuum of care for foster youth by January 1, 2027. While also requiring updated plans be submitted every two years thereafter. By ensuring that counties are proactively planning we aim to provide foster youth with timely access to the care they need.

“In addition, by considering the recommendations from the state’s joint interagency resolution team, counties will be able to align their efforts with best practices and state-level strategies that have already been developed. This bill not only empowers local agencies to make critical decisions but also ensures that we build a system that better serves our youth, and keeps them close to their families.”

Equity Implications: In an effort to address the issue of foster youth in unlicensed placements, *this bill* requires counties to develop plans to ensure that all foster youth have access to the care and placements appropriate for their needs, and appropriate for the circumstances unique to each county. Due to inadequate capacity that some counties have reported when needing to place foster youth who have experienced severe trauma, this bill’s provisions seek to allow counties to individualize their approach to ensure that the appropriate services are provided to the youth in their care.

As of October 1, 2024, there are 41,313 youth in foster care in California. While this number represents the lowest number of foster youth in a decade, the racial, ethnic, and economic disparities that exist in foster youth, when compared to their non-foster peers, still persist.

According to the Legislative Analyst Office, “Black and Native American children are significantly overrepresented in California’s child welfare system relative to their shares of California’s child population. Moreover, these children and their families tend to have worse child welfare outcomes, such as longer time spent in out-of-home care and higher likelihood of termination of parental rights. In addition, most families involved with the child welfare system are experiencing poverty or otherwise facing significant economic hardship.”

In addition to the disproportionality that exists within the foster youth population, there are also compounding factors presented to foster youth who are unable to be placed in appropriate settings due to their severe trauma. The provisions of this bill seek to address that issue by requiring counties to articulate and update plans to ensure that all foster youth under their supervision have access to the services and supports they need to heal and find permanency.

Policy Considerations: This bill is a continuation of the processes established through AB 2083 which created a joint IR team whose primary role is to develop guidance to counties, to support the implementation of the MOUs, and to provide technical assistance to counties to identify and secure the appropriate level of services to meet the needs of children and youth in foster care who have experienced severe trauma.

The joint IR team is also required to track and report de-identified information of children and NMDs in foster care who have been assisted to preserve, or secure new, intensive therapeutic options. This information is updated annually, and includes the number of foster youth served through its technical assistance process, characteristics of individuals served, and, any local and statewide systemic issues identified by the team.

This bill requires a county to develop and submit plans to CDSS describing the development needed to support youth in-state in the least restrictive setting.

Should this bill move forward, the author may wish to consider using the existing interagency structure and require counties to submit their plans to the joint IR team and to describe how the county intends to ensure services will be provided to foster youth who have experienced severe trauma, along with any previously identified systemic issues.

This bill requires the county plans to detail how they will work to increase the number of available slots in STRTPs.

Should this bill move forward, the author may wish to consider striking this provision given that STRTPs are not at capacity and allowing counties the flexibility to develop plans based on the unique needs of their county is more aligned with how child welfare services are provided in California.

Proposed Committee Amendments: The Committee proposes amendments to address policy considerations stated above to do the following:

- Require counties, in collaboration with the interagency leadership team and tribes, to submit their plans to the joint interagency resolution team, instead of just CDSS.
- Require the plans to describe how the county intends to ensure services will be provided to foster youth who have experienced severe trauma.

- Specify that counties should also incorporate identified systemic issues into the development of their plans.
- Strike provision requiring a county to outline its plans to work to increase the number of slots in STRTPs.

RELATED AND PRIOR LEGISLATION:

AB 808 (Stone) of 2021, would have proposed numerous changes to address the continuum of care needs of high acuity foster youth, including the creation of a of a Specialized Foster Home to provide 24-hour care for foster children that is in the residence of the foster parent with enhanced care and supervision provided by foster parents that have completed specialized training; would have placed additional responsibilities on the joint IR team and would have required the joint IR team to make specified recommendations to the Legislature. *AB 808 was set to be heard by the Senate Health Committee, but the hearing was cancelled at the request of the author.*

AB 2083 (Cooley), Chapter 815, Statutes of 2018, see comments above.

AB 1997 (Stone), Chapter 612, Statutes of 2016, clarified requirements for STRTPs to obtain county mental health certifications, made changes to the rates paid to foster families, and made other changes to CCR.

AB 403 (Stone), Chapter 773, Statutes of 2015, see comments above.

REGISTERED SUPPORT / OPPOSITION:**Support**

None on file.

Opposition

None on file.

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