

Date of Hearing: June 30, 2026

ASSEMBLY COMMITTEE ON HUMAN SERVICES

Alex Lee, Chair

SB 1109 (Alvarado-Gil) – As Amended April 28, 2026

**SENATE VOTE:** 33-0

**SUBJECT:** Short-term residential therapeutic programs

**SUMMARY:** Subjects licenses issued for the operation of a short-term residential therapeutic program (STRTP) to annual renewal if the licensee has been issued a total of five or more type “A” citations within the past 12 months. Specifically, **this bill:**

- 1) Requires, notwithstanding any other law, commencing January 1, 2027, STRTP licenses to be subject to annual renewal by the California Department of Social Services (CDSS) if the licensee has been issued a total of five or more type A citations within the past 12 months.
- 2) Provides that a licensee shall not be subject to ongoing annual renewal pursuant to a) above if the licensee receives less than five violations in the 12 months following an annual license review.

**EXISTING LAW:**

- 1) Establishes the California Community Care Facilities Act and provides for the licensing and regulation of community care facilities, including STRTPs, by CDSS. (Health and Safety Code [HSC] § 1500 *et seq.*)
- 2) Defines an STRTP as a residential facility, licensed by CDSS and operated by a public agency or private organization, that provides an integrated program of specialized and intensive care and supervision, services and supports, treatment, and short-term, 24-hour care and supervision to children, and that is trauma-informed. (HSC § 1502(a))
- 3) Requires CDSS to license STRTPs and requires a program to comply with the requirements applicable to group homes as well as program-specific requirements. (HSC § 1562.01(a))
- 4) Requires an STRTP to obtain national accreditation from an approved accrediting body within 24 months of licensure. (HSC § 1562.01(b))
- 5) Requires an STRTP to obtain, within 12 months of licensure, and to maintain in good standing, a mental health program approval that includes a Medi-Cal mental health certification. (HSC § 1562.01(c))
- 6) Requires an STRTP applicant to submit, with its application, a letter of recommendation in support of its program from a county placing agency, including a statement that the agency reviewed the applicant’s program statement. (HSC § 1562.01(f))
- 7) Subjects every licensed community care facility to unannounced inspections, requires CDSS to inspect facilities as often as necessary to ensure the quality of care, and requires annual unannounced inspections under specified circumstances. (HSC § 1534)

- 8) Authorizes CDSS to issue citations and to assess civil penalties for violations, and provides for immediate and escalating penalties for repeated violations within a 12-month period. (HSC § 1548).
- 9) Authorizes CDSS to deny, suspend, or revoke a license upon specified grounds, including violation of the act or its regulations, aiding or permitting a violation, or conduct that is inimical to the health, morals, welfare, or safety of the people of the state or of an individual receiving services from the facility. (HSC § 1550)
- 10) Authorizes CDSS to temporarily suspend a license prior to any hearing when the director determines the action is urgent to protect residents from physical or mental abuse, abandonment, or any other substantial threat to health or safety. (HSC § 1550.5)
- 11) Requires an STRTP applicant to submit an application to CDSS that includes a letter of recommendation in support of its program from a county placing agency. Requires the letter of recommendation to include a statement that the county placing agency reviewed a copy of the applicant's program statement. Requires the STRTP applicant to include, with its application, if the letter of recommendation is not from the county in which the facility is located, a statement that it provided the county in which the facility is located an opportunity for that county to review the program statement and notified that county that the facility has received a letter of recommendation from another county. (HSC § 1562.01(f)(A))
- 12) Requires that proceedings to suspend, revoke, or deny a license be conducted under the Administrative Procedure Act, applies a preponderance-of-the-evidence standard, and requires a hearing within 90 days of the notice of defense if the license has not been temporarily suspended. (HSC § 1551; Government Code § 11500 *et seq.*)
- 13) Establishes the Continuum of Care Reform (CCR) and limits the use of congregate residential care to short-term, intensive, residentially based interventions intended to transition children into permanent, home-based family settings. (Welfare and Institutions Code § 11462 *et seq.*)

**FISCAL EFFECT:** According to the Senate Appropriations Committee on May 4, 2026:

Unknown ongoing General Fund costs, potentially hundreds of thousands, for the California Department of Social Services (CDSS) for state administration for licensing renewals.

**COMMENTS:**

**Background:** *Short-Term Residential Therapeutic Programs Licensure.* In California, STRTPs are licensed, 24-hour facilities for high-needs youth with severe emotional, behavioral, or trauma-related challenges. They provide intensive therapeutic care, mental health services, and supervision for children who cannot be safely supported in traditional foster or family-like settings.

CDSS is responsible for the licensure and oversight of STRTPs. CDSS exercises ongoing oversight through inspection and enforcement through unannounced inspections and visits to facilities as often as necessary and, under current law, at no less than once every two years for children's residential facilities, investigating complaints as they are received. STRTPs must, among other things, obtain national accreditation from an approved accrediting body within two

years of licensure; secure and maintain a mental health program approval, including a Medi-Cal mental health certification; maintain a detailed plan of operation and program statement describing how the program will meet the reform's standards; and, meet heightened staffing, training, and clinical requirements.

As part of the licensing standards established under CCR, an applicant seeking to operate an STRTP must, before CDSS will issue a license, obtain and submit a letter of recommendation in support of its program from a county placing agency. The letter must include a statement confirming that the county placing agency has reviewed a copy of the applicant's program statement, which is the document describing the population the program intends to serve and the services and treatment it will provide. Existing law allows a placing agency in one county (a probation department in El Dorado) to recommend a facility in another county (an STRTP in Alpine), as long as the county where it sits gets notice and a chance to review. An STRTP cannot open unless at least one of the public agencies that will rely on it to place children has reviewed its plan and affirmatively recommended it. The requirement is a one-time condition of initial licensure. A new letter is not required when a program later relocates, and existing law does not establish any similar, recurring placing-agency re-endorsement as a condition of license renewal because, as described above, there is no renewal.

An STRTP license does not expire and is not subject to periodic renewal. Once issued, a license remains in effect until it is surrendered by the licensee, forfeited by operation of law, or suspended or revoked by CDSS. This means California does not conduct an annual "relicensing" of these facilities. Instead, CDSS cites and responds to violations on a rolling basis as they are identified. Oversight is thus continuous and event-driven rather than tied to an annual renewal date.

*This bill* would add a recurring review to a licensing scheme that was deliberately designed around a single, front-loaded approval supported by input from a county placing agency.

*Licensing violations.* CDSS classifies STRTP licensing violations, and other licensing categories under the Community Care Act, into three tiers, A, B, or C, according to the severity of the risk they pose to people in care. According to CDSS' Evaluator Manual, "the basic factors to be considered in making this assessment are the consequences to those in care, the immediacy of the need to correct, the frequency of occurrences and the specific regulatory and/or statutory requirement."

**Type A: Immediate Health, Safety or Personal Rights Impact.** Under the Community Care Act, a Type A violation is one that poses a direct and immediate risk to the health, safety, or personal rights of a person receiving care. Examples of Type A violations include: leaving children or dependent adults without adequate supervision; failing to obtain required criminal background clearances for staff or other adults with client contact; unsafe conditions that create an immediate risk of serious injury; physical abuse or actions that place clients in immediate danger; serious medication or care errors that could immediately harm a client. The existing response to a Type A violation pairs a mandatory citation and correction timeline with a set of penalties and administrative remedies that can lead to license revocation if not properly addressed.

Because a Type A citation carries an immediate risk, it must be cited even if it is corrected on site. CDSS documents the violation in a facility evaluation report or notice of deficiency that identifies the specific requirement violated, sets out a plan of correction, and establishes a date

by which the deficiency must be corrected. CDSS then conducts a follow-up visit to verify that the correction was made.

If the facility fails to correct the deficiency by the required date, CDSS assesses civil penalties, which can accrue on a per-day basis until the violation is corrected, and a repeat citation within a 12-month period triggers immediate and increasing penalties.

For serious or persistent problems, CDSS can escalate beyond civil penalties to administrative action. Administrative action may result in the licensee being placed on probation, excluding individual staff who pose a risk, temporarily suspending the license, or revoking the license.

*Type B: Potential Health, Safety or Personal Rights Impact.* A Type B violation is one that, left uncorrected, could become an immediate risk to health, safety, or personal rights, or that involves recordkeeping or service deficiencies affecting care or the protection of residents' resources. The licensing program analyst has some discretion over whether to cite a Type B deficiency. Common examples include lapses in required staff-training documentation, incomplete personnel or client records, missing required postings, or gaps in staffing-pattern documentation. These are problems that are not an immediate danger but could develop over time into one.

*Type C: Technical Conditions.* A Type C violation is the least serious violation that involves a technical or administrative violation that presents neither an immediate (Type A) nor a potential (Type B) risk, and for which a facility is generally afforded an opportunity to correct the problem without a citation.

*Licensing Violations in STRTPs.* In an STRTP, which serves some of the highest-need youth in foster care, a Type A violation may involve circumstances such as a staff member having contact with children before completing a required criminal-background clearance; inadequate supervision that results in, or risks, harm to a child; the improper or unauthorized use of restraint or seclusion; medication errors or unsecured medications; physical-plant conditions that threaten safety; or the failure to report suspected abuse. Each of these, by definition, places a child at immediate risk. STRTPs are not exclusively limited to foster care, but many of their residents are foster youth. Type B violations include instances where prescription medications are failed to be properly logged or possessing insufficient clean dishes or cutlery to support the number of youth on-site. A Type C violation can include failing to post the current calendar date on the weekly facility meal menu displayed in the kitchen or improperly storing facility operational documents or other administrative data entry errors.

CDSS does not routinely publish an aggregate count of STRTPs that receive five or more Type A citations within a 12-month period. Citation histories are maintained for each facility and are publicly available through the CDSS' Community Care Licensing transparency website using the facility search function. As a result, the number of programs *this bill* would actually capture is not ascertainable from existing public data.

*CDSS' Existing Authority to Revoke a License.* CDSS possesses the authority to revoke a license outright. It may deny, suspend, or revoke a license on several grounds, including a violation of the Community Care Facilities Act or its regulations; aiding, abetting, or permitting such a violation; or conduct that is inimical to the health, morals, welfare, or safety of the people of the state or of an individual receiving services from the facility. A single serious violation can

support revocation and CDSS is not required to accumulate a set number of citations first. Under current law, the state can already revoke a license for a single serious violation.

The revocation process is a formal administrative action under the state Administrative Procedure Act. CDSS serves an accusation, and the licensee is entitled to a hearing before an administrative law judge, at which CDSS must prove its case by a preponderance of the evidence. CDSS issues a final decision that is subject to judicial review. When action is necessary to protect residents from physical or mental abuse, abandonment, or another substantial threat to health or safety, CDSS may temporarily suspend a license before any hearing, removing the facility from operation immediately while the administrative process runs its course. Existing law provides CDSS with a set of enforcement tools that include citations, civil penalties, probation, temporary suspension, and revocation that can be calibrated to the severity of the conduct and triggered by just a single serious violation.

**Author's Statement:** According to the Author, "[This bill] addresses a gap in current oversight that allows Short-Term Residential Therapeutic Programs (STRTPs) to operate despite numerous serious health and safety concerns to youth clients. In Alpine County - the smallest county in California, with approximately 1,150 residents - two STRTP facilities were placed without a valid letter of support from a placing agency. Due to the absence of basic infrastructure such as a general acute care hospital, a high school, and sufficient emergency and law enforcement resources in rural areas, [this bill] calls for the state to intervene when facilities raise red flags. [This bill] requires the state to annually review the licensure of STRTP facilities who have 5 or more 'type A' citations within a year. According to the California Department of Social Services, Community Care Licensing Division, 'type A' citations refer to "the most serious type of violations in which there is an immediate risk to the health, safety, or personal rights of those in care". The example of Alpine County exemplifies the gap that [this bill] fills statewide. Where STRTPs are placed is just as important as the critical services they provide. [This bill] will ensure the state is aware of and prompted to take action in dire situations where at-risk youth are not being served to the best standard possible."

**Equity Implications:** The youth served in STRTPs are among the highest-acuity children in foster care, for whom placement stability is both important and difficult to achieve, and statewide STRTP capacity is limited due to staffing issues and the need for highly individualized care. A license renewal process that can interrupt operations carries a risk of displacing children from programs that are meeting their needs due to an arbitrary administrative timeline rather than because a placement has been found unsafe. Because statewide STRTP capacity is limited and unevenly distributed, a renewal requirement that increases the risk of closure or non-renewal could reduce the number of available beds. That outcome runs counter to the central premise of CCR, which favors placing children in the least restrictive, most family-connected setting appropriate to their needs and prioritizes placement stability.

**Policy Concerns:** CDSS already possesses broad statutory authority to oversee, discipline, and when appropriate, revoke or suspend the licenses of STRTPs. As described above, California has an established licensing and enforcement framework that authorizes CDSS to investigate complaints, issue citations, impose civil penalties, require corrective action plans, place facilities on probation, suspend admissions, and revoke licenses when necessary. Ensuring the safety and well-being of children in these facilities is already one of CDSS's core responsibilities. It is true that some STRTPs accumulate significantly more Type A citations than others. However, because CDSS does not maintain or publish aggregated data regarding citation trends

across STRTPs, it is difficult to determine whether those disparities reflect shortcomings in the existing enforcement process, inconsistent application of enforcement authority, or recurring operational failures at individual facilities. Regardless, *this bill* does not address the underlying cause. Instead, it creates a new licensing requirement that duplicates existing enforcement authority without demonstrating why the current statutory framework is insufficient.

Rather than strengthening oversight, *the bill* risks disrupting placements for some of California's most vulnerable youth. Children placed in STRTPs are typically involved with child welfare or juvenile probation and exhibit significant behavioral, emotional, or clinical needs that cannot be safely or appropriately met in a family setting. Placement in an STRTP occurs only after review by the interagency placement committee and assessment by a qualified individual, both of whom determine that the youth requires the state's most intensive level of congregate care. These placements are made because less restrictive alternatives have already been determined to be inappropriate.

*This bill* would require an STRTP that receives five or more Type A citations within a 12-month period to annually renew its license, but it does not specify what occurs while that renewal is pending. It is unclear whether the facility may continue operating during the review, whether counties may continue placing youth there, or what standards CDSS would apply in granting or denying the renewal. Because a license is the legal authority to operate, any delay, lapse, or denial could force an STRTP to cease operations, requiring counties to relocate every child currently placed in the program.

Those consequences extend beyond administrative inconvenience. STRTPs are licensed and approved to serve distinct populations based on age, gender, treatment needs, and clinical specialization. They are not interchangeable, and facilities may decline referrals when they cannot safely meet a youth's needs. As a result, relocating children because of an unresolved licensing renewal may separate them from established treatment teams, interrupt mental health services, disrupt educational stability, and increase trauma for youth who have already experienced significant instability.

When an STRTP fails to comply with licensing requirements, accountability should be directed toward the operators responsible for those violations. A licensing framework that results in the displacement of children, rather than targeted enforcement against deficient providers, risks imposing the consequences of adult failures on the very youth the system is intended to protect.

**Arguments in Support:** The County of Alpine Probation Department states that, “Alpine County’s remote and rugged environment, including extreme winter conditions and wild animal encounters, creates heightened safety risks when youth leave placement setting and limits timely emergency response. The placement of STRTP facilities in such a setting can result in a disproportionate demand on public safety and emergency response systems. In the last five years, a single digit number of placements has resulted in 12% of law enforcement calls for services. This has placed significant strain on already limited resources and created safety concerns for both youth and the broader community.”

**Arguments in Opposition:** The California Alliance of Child and Family Services writes, “These new renewal triggers are overbroad, untethered to actual risk, duplicative of existing oversight, and likely to further destabilize STRTP capacity at a time when the State urgently needs to preserve it.”

**RELATED AND PRIOR LEGISLATION:**

*SB 1943 (Grove), Chapter 628, Statutes of 2024*, required facilities operating STRTPs to provide specified information to a child subject to seclusion or behavioral restraints, their parent, foster parent, guardian, or tribal representative, and CDSS. Required CDSS to review all reported incidents involving the use of seclusion or behavioral restraints and investigate any incidents that indicate a potential health and safety concern or licensing violation. Required CDSS to display data that is specific to STRTPs on its website regarding the use of seclusion or behavioral restraints.

*SB 426 (Jackson), Chapter 438, Statutes of 2023*, authorized CDSS to assess an immediate civil penalty in the amount of \$1,000 per day for providing unlicensed residential care to children. Required CDSS to inform the County Welfare Director and the Board of Supervisors by written notice identifying the legal compliance issues if a county is failing to comply with current law and CDSS determines that county action is necessary.

*AB 2317 (Ramos), Chapter 589, Statutes of 2022*, required the Department of Health Care Services (DHCS) to license and establish regulations for psychiatric residential treatment facilities. Further, required DHCS' regulations and certifications to be consistent with federal Medicaid regulations governing psychiatric residential treatment facilities in order to maximize federal financial participation. Adds inpatient psychiatric services to individuals under 21 years of age provided in a licensed children's crisis psychiatric residential treatment facility as mental health services provided under the Medi-Cal Program.

**REGISTERED SUPPORT / OPPOSITION:****Support**

Alpine County Probation Department  
Calaveras County Probation Department  
David Griffith, Alpine County District 5 Supervisor  
South Bay People Power  
Three private citizens

**Opposition**

None on file.

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