Date of Hearing: April 21, 2021

ASSEMBLY COMMITTEE ON HUMAN SERVICES
Lisa Calderon, Chair
AB 808 (Stone) – As Amended March 25, 2021

SUBJECT: Children's Crisis Continuum Pilot Program

SUMMARY: Requires the California Department of Social Services (CDSS) to collaborate with stakeholders and establish the Children's Crisis Continuum Pilot Program to develop treatment options to serve foster youth with complex needs. Specifically, **this bill**:

1) Makes Legislative findings and declarations related to the existing efforts and supports available to serve the needs of California's foster youth.

2) States Legislative intent to establish systems of care to build trauma-informed services in home- and community-based settings, to establish a roadmap with short- and long-term strategies to state and local agencies, working in partnership, to ultimately meet these desired goals and improve safety, permanency, and well-being outcomes for children, youth, and families served by the foster care system.

3) Defines "department" as CDSS.

4) Defines "foster youth" as a child or youth who is a dependent or ward of the juvenile court, or who is, as determined by the director of the child welfare department, at imminent risk of being found to be a dependent or ward of the juvenile court.

5) Defines "participating entity" as a county or regional collaborative of counties that has received a grant pursuant to the provisions of this bill, as specified.

6) Requires CDSS, in collaboration with the Department of Health Care Services (DHCS), and with input from county child welfare departments, probation departments, and other stakeholders, to establish the Children's Crisis Continuum Pilot Program in order to develop treatment options that are needed to support California's commitment to eliminate the placement of foster youth with complex needs in out-of-state facilities.

7) Requires the pilot program be implemented for five years from the date of the appropriation required by the provisions of this bill, as specified.

8) Requires, in implementing the pilot program, CDSS to:

    a) Incentivize participation in the pilot program by counties or regional collaboratives of counties in order to develop or enhance comprehensive, integrated, high-end continuums of care for foster youth;

    b) Provide technical assistance, including, but not limited to, guidance on program implementation and leveraging multiple sources of public revenue to support long-term sustainability, to applicants, including those that are not selected to participate, and participating entities;

c) Work with DHCS and CDSS' Community Care Licensing Division (CCLD) to make any regulatory changes necessary to support the successful implementation of the pilot program; and,

d) Award grants and oversee the successful implementation of the pilot program.

9) Requires DHCS to determine if any amendments to the Medicaid state plan are necessary to implement the pilot program, and, further, requires DHCS, if necessary, to seek approval of any amendments to the state plan no later than January 1, 2023.

10) States Legislative intent to utilize federal funding received to deliver the intensive treatment and services established by the pilot program.

11) Requires CDSS to develop and administer a request for proposals process, and, further, requires CDSS to develop selection criteria to determine which applicants are selected to participate in the pilot program.

12) Requires the selection criteria to include all of the following:

a) A regional or local population of 750,000 to 1,000,000;

b) A lead county applicant; and,

c) Submission of a plan of operation by the applicant that includes, at a minimum, all of the following:

i) Demonstrated ability to partner and collaborate across county child welfare, behavioral health, probation, developmental services, and education departments in the design, delivery, and evaluation of the pilot program;

ii) A clear articulation and demonstration of the ability to maximize all sources of local, state, and federal funding; and,

iii) An oversight plan that includes utilization review controls to ensure appropriate usage of the continuum of care in a manner that is consistent with Legislative intent, as established by the provisions of this bill.

13) Requires each lead county applicant to designate either the county child welfare department or the county behavioral health department to lead the application and implementation process.

14) Requires, in lieu of providing mental health services pursuant to current law to foster youth with high acuity mental health needs, a participating entity to provide mental health services to foster youth through the continuum of care established by the provisions of this bill, except as otherwise provided, as specified.

15) Requires a participating entity to develop and implement a highly integrated continuum of care for foster youth with high acuity mental health needs.

16) Requires the continuum of care be designed to permit the seamless transition of foster youth, as needed for the appropriate treatment of the foster youth, between treatment settings and programs, which is required to include, at a minimum, all of the following:

a) A crisis stabilization unit, which is required to:

   i) Have the bed capacity to provide assessment and stabilization for up to 23 hours and 59 minutes for up to eight youth;

   ii) Be a licensed 24-hour health facility or hospital-based outpatient program or provider site and comply with all regulations; and,

   iii) Be collocated with a psychiatric health facility or other secure hospital alternative setting;

b) A crisis residential program, which is:

   i) Required to:

      (1) Provide highly individualized stabilization services for foster youth who do not require inpatient treatment;

      (2) Be licensed as a crisis residential program, a short-term residential therapeutic program (STRTP), or a community treatment facility; and,

      (3) Be operated in accordance with all statutes and regulations;

   ii) Permitted to be a program that receives funding as an individualized alternative to residential care;

   iii) Prohibited to serve more than four youth at a time;

c) A psychiatric health facility, which is:

   i) Required to:

      (1) Provide a secure, highly individualized, therapeutic , hospital-like setting for foster youth who require inpatient treatment; and,

      (2) Be operated in accordance with California regulations;

   ii) Prohibited to serve more than four foster youth at a time;

d) Intensive services foster care (ISFC) with integrated specialty mental health services, which may be enhanced to include in-home staff who are available to provide care, additional behavioral support, permanency services, mental health services, and educational services 24 hours a day, 7 days a week, as needed; and,

e) Community-based supportive services, which are required to:

   i) Be available 24 hours a day, 7 days a week; and,

   ii) Be available to provide front- and back-end integrated transition services and supports, as specified.

17) Requires, in order to support foster youth in stepping down to less restrictive placements and maintain available capacity in more acute treatment settings, a participating entity to maintain at least two times the number of ISFC resource families as the number of beds available in the hospital alternative treatment settings.

18) Requires a participating entity to utilize a model equivalent to CDSS' expedited transition planning services model for youth returning from out-of-state placement, including an expedited transition planning services team, to provide community-based supportive services.

19) Requires each expedited transition planning services team to include, at a minimum, one mental health professional with a master's degree who is either licensed or license-eligible, one support counselor with a bachelor's degree, and one peer partner. Further, permits an expedited transition planning services team to serve up to four foster youth at a time, and requires the team to have the ability to support foster youth in any out-of-home treatment setting in the continuum of care.

20) Requires a participating entity to provide or ensure a foster youth participating in the continuum of care is provided with:

    a) One-on-one services, when clinically indicated;

    b) Single occupancy rooms, unless a double occupancy room is clinically indicated by the individual plan of care developed by an interdisciplinary treatment team; and,

    c) A deinstitutionalized environment with warm and comforting décor, food, and clothing that maintains safety at all times.

21) Requires the continuum of care created by a participating entity to, across all services, reflect all of the following core program features and service approaches:

    a) Highly individualized and trauma-informed services;

    b) Culturally and linguistically responsive and competent treatment;

    c) Alignment with the integrated core practice model and a commitment to centering the voices of foster youth and their families and a team approach to all decision-making; and,

    d) Coordinated and streamlined assessment practices to ensure that level-of-care determinations are appropriate, that foster youth are able to step up or step down to more or less restrictive placements across the continuum of care, and that duplicative assessments for foster youth in crisis are eliminated.

22) Requires the child and family team (CFT) be involved in all treatment planning and decisions, and, further, requires family engagement and involvement be central to all programs within the continuum of care.

23) States Legislative intent to appropriate moneys to CDSS in the annual Budget Act or other statute for the purpose of administering a grant program to provide funding to participating entities for the duration of the pilot program.

24) Requires CDSS to work with participating entities to design long-term plans to sustain the successful operation of continuums of care established by the provisions of this bill.

25) Requires, no later than April 1, 2025, CDSS to submit a report to the Assembly and Senate Committees on Health and Human Services that includes, at a minimum:

    a) A description of the impact of the pilot program on desired outcomes, including, but not limited to, any reduced reliance on hospitals, emergency departments, out-of-state facilities, and law enforcement in responding to the acute needs of foster youth who require more intensive short-term treatment; and,

    b) Best practice recommendations related to the provision of services to foster youth with high acuity mental health needs, including, but not limited to, recommendations relating to program structure, cross-sector partnership and collaboration, and local financing.

26) Makes the provisions of this bill inoperative as of April 1, 2029, and repeals these provisions as of January 1, 2030.

EXISTING LAW:

1) Establishes a state and local system of child welfare services, including foster care, for children who have been adjudged by the court to be at risk of abuse and neglect or to have been abused or neglected, as specified. (Welfare and Institutions Code Section [WIC] 202)

2) States that the purpose of foster care law is to provide maximum safety and protection for children who are currently being physically, sexually, emotionally abused, neglected, or exploited, and to ensure the safety, protection, and physical and emotional well-being of children who are at risk of harm. (WIC 300.2)

3) Defines a "short-term residential therapeutic program" as a residential facility operated by a public agency or private organization and licensed by CDSS 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. Further, requires the care and supervision provided by an STRTP be nonmedical, except as otherwise permitted, as specified. (Health and Safety Code Section [HSC] 1502(a)(18))

4) Defines a "child and family team" as a group of individuals who are convened by the placing agency and who are engaged through a variety of team-based processes to identify the strengths and needs of the child or youth and their family, and to help achieve positive outcomes for safety, permanency, and well-being. (WIC 16501(a)(4))

5) Defines "intensive services foster care" as a licensed foster family agency model or public delivery model of home-based family care for eligible children whose needs for safety, permanency, and well-being require specially trained resource parents and intensive professional and paraprofessional services and supports in order to remain in a home-based setting, or to avoid or exit congregate care in a short-term residential therapeutic program, group home, or out-of-state residential center. (WIC 18360(c))

6) Defines "children's crisis residential program" (CCRC) as a facility licensed by CDSS as an STRTP and approved by DHCS or a county mental health plan to serve children experiencing mental health crises as an alternative to psychiatric hospitalization. (HSC 1502(a)(21))

7) Declares that the primary function of a CCRC is to provide short-term crisis stabilization, therapeutic intervention, and specialized programming in an unlocked, staff-secured setting with a high degree of supervision and structure and the goal of supporting the rapid and successful transition of the child back to the community. (WIC 11462.01(c)(2))

8) Requires, in order to ensure that coordinated, timely, and trauma-informed services are provided to children and youth in foster care who have experienced severe trauma, each county to develop and implemented 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. (WIC 16521.6(a))

FISCAL EFFECT: Unknown

COMMENTS:

Child welfare services system: The goal of California's Child Welfare Services (CWS) system is ultimately to protect children from abuse and neglect, and provide for their health, safety, and overall well-being. When a child is identified as being at risk of abuse or neglect, county juvenile courts hold legal jurisdiction and the CWS system appoints a social worker in order to ensure the needs of the child are met. Through the CWS system, multiple opportunities arise for the judicial system to evaluate, review, and determine the custody of the child, or determine the best out-of-home placement for the youth. Together, the judicial system and the child's social worker ensure that the best possible services are provided to the child. The CWS system, when appropriate, also works to reunite children who have been removed from the custody of their parents or guardians with individuals they consider to be family in order to maintain familial bonds wherever possible. As of January 1, 2021, there were 59,716 youth placed in California's CWS system.

Continuum of Care Reform (CCR): In recent years, California has enacted legislation, known as CCR, to improve placement and treatment options for youth in foster care. AB 403 (Stone), Chapter 773, Statutes of 2015, sponsored by CDSS, sought to improve outcomes for children and youth served by the CWS system by working to ensure that foster youth have their day-to-day physical, mental, and emotional needs met, that they have the opportunity to grow up in permanent and supportive homes, and have the opportunities necessary to become self-sufficient and successful adults. CCR also sought to reduce the use of congregate care as a frequently used placement option for youth, as data have demonstrated that youth placed in congregate care settings experience poorer outcomes than youth placed in family settings. Subsequent legislation to further facilitate implementation of CCR efforts include AB 1997 (Stone), Chapter 612, Statutes of 2016, AB 404 (Stone), Chapter 732, Statutes of 2017, AB 1930 (Stone), Chapter 910, Statutes of 2018, AB 819 (Stone), Chapter 777, Statutes of 2019, and AB 2944 (Stone), Chapter 104, Statutes of 2020.

Mental and behavioral health needs of foster youth: Children placed in the CWS system are removed from their parents' custody because they have suffered abuse or neglect, often at a young age. Research on brain development demonstrates that infancy and early childhood are critical periods in a child's development when it comes to forming attachments, and laying the foundation for future skills such as empathy, trust, and problem solving. In 2012, a publication by the American Psychological Association found that nearly half of foster youth were determined to have

clinically significant emotional or behavioral health problems, and children under age seven who enter foster care show increased rates of developmental problems. Additionally, foster youth are at a greater risk to struggle in school, face difficulties finding employment, and experience substance use issues.

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services: Medi-Cal, which is California's Medicaid program, provides free or low-cost health coverage to foster youth, among other eligible populations, and is administered by DHCS. Medi-Cal contains a child health component, known as the EPSDT, which provides comprehensive health care services to children under the age of 21 who have full-scope Medicaid eligibility; this includes foster youth, who are categorically eligible for Medi-Cal and, therefore, EPSDT. Specifically, EPSDT includes screening, diagnostic, and treatment services that seek to ensure youth receive adequate health care. EPSDT also includes specialty mental health services, which are available to children and certain adults who meet specific medical necessity criteria, as defined in current law.

Efforts to address foster youth mental and behavioral health needs: Pursuant to federal and state laws and regulations, as well as the goals of CCR, California provides a number of services and supports to meet the mental and behavioral health needs of children in the CWS system. These supports include, but are not limited to:

- *Short-term residential therapeutic programs:* In keeping with CCR's goal to reduce reliance on congregate care settings, California adopted a new licensing category, known as STRTPs, which provide short-term, 24-hour care and supervision to youth. STRTPs are intended to provide mental health interventions to stabilize, support, and transition youth with high-level mental health needs to lower levels of care using trauma-informed, culturally relevant services, including SMHS. As of July 2020, there were 387 licensed STRTPs in California with a capacity to serve 4,291youth.

- *Intensive Services Foster Care:* ISFC is intended to serve children and youth who require intensive treatment and behavioral health supports, as well as children and youth with specialized health care needs. The primary goal of the ISFC program is to ensure that youth in foster care receive the services they need in a home-based family care setting or to avoid placement in an STRTP, group home, or out-of-state group home. ISFC provides core services, including mental health treatment, trauma informed care, and transitional support from foster placement to permanent home placement, and requires resource parents be specially trained and receive professional and paraprofessional support. As of January 1, 2021, 605 children were placed in ISFC throughout the state, according to CDSS.

- *Child and Family Teams:* A key tenet of CCR was the implementation of CFTs for all children and youth in foster care. The CFT process is intended to give children and youth, as well as families, an opportunity to provide input into their case plans in order to ensure placement decisions are made based on a youth's best interests. CFTs meetings are convened to discuss potential placement changes and any service needs for a youth.

- *Children's Crisis Residential Program (CCRP):* Current law defines a CCRP as a facility licensed by CDSS as an STRTP and approved by DHCS, or a county mental health plan, to operate a children's crisis residential mental health program to serve children experiencing mental health crises as an alternative to psychiatric hospitalization. There are currently no approved CCRPs in California.

- *Out-of-state facilities:* Prior to December 2020, California utilized out-of-state facilities in instances where out-of-state placement was determined to be the best option to meet the mental, behavioral, and emotional needs of a youth. Counties identified out-of-state facilities that provided unique programs for children that were not available in California, and CDSS was required to certify these facilities, as well as monitor the facilities for compliance with California licensing laws and regulations. While out-of-state facilities were generally larger in size than group homes in California, CDSS was only permitted to certify an out-of-state facility that met the same standards required in California.

Decertification of out-of-state facilities: A December 11, 2020, article in the San Francisco Chronicle explored the use of out-of-state facilities to provide intensive mental and behavioral health services to California foster youth. The article discussed an April 29, 2020, incident at Lakeside Academy, a Michigan facility that housed dozens of California foster youth, in which a 16-year-old boy was suffocated when seven employees piled on top of him. The young man, Cornelius Fredericks, died of cardiac arrest two days later. On May 9, 2020, Governor Newsom's Office of Emergency Services ordered that the dozens of youth placed in Lakeside Academy be brought home. The article goes on to state that, over the last six years, California has sent more than 1,240 youth to facilities operated by Sequel Youth & Family Services, which includes Lakeside Academy, to provide residential treatment services aimed at addressing the specific behavioral or mental health needs of foster youth stemming from substance use issues, post-traumatic stress, and human trafficking, among other causes. Institutions in Michigan, Iowa, Wyoming, Arizona, and Utah were found to have housed youth who were disproportionately Black, and who suffered from broken bones and sexual assault at the hands of employees.

As a result of the abuses cited by the Chronicle article, as well as numerous licensing violations, on December 9, 2020, CDSS announced it would be de-certifying all out-of-state placements for foster youth. As of April 7, 2021, all 133 youth who had been placed out of state had been returned to California. Of those youth, 50 were placed in STRTPs; 38 were placed with relatives; 14 were absent without leave (AWOL); seven were placed in foster homes; eight were placed in the state's extended foster care program for youth ages 18 to 21; nine were placed in the juvenile hall; three were placed through the state's regional center system, which serves youth with developmental disabilities; two were placed in a shelter care facility; and, two had whereabouts that were categorized as other/unknown.

Child Welfare Council policy recommendations: In late 2020, the Behavioral Health Committee of the California Child Welfare Council, an advisory body responsible for improving the collaboration and processes of agencies and courts that serve children in the CWS system, submitted recommendations to the Council to better meet the needs of youth involved in, or at risk of involvement in, CWS. These recommendations include:

1) Strengthen access to necessary behavioral health services for youth and families involved in or at risk of involvement in the child welfare and probation systems;

2) Define the continuum of behavioral health services and supportive placements needed by child welfare-involved youth and youth at risk of involvement; and,

3) Build the capacity of our child-serving public systems to define, capture, and share performance and outcome data.

In its recommendations, the Behavioral Health Committee states, "The successful implementation of these recommendations will require thoughtful and consistent cross-sector state and local leadership, engagement, and dialogue. California has made important strides in recent years, with current efforts underway to facilitate critical behavioral health reforms through [certain] state initiatives."

In regards to the second recommendation, the Behavioral Health Committee acknowledges that access to a comprehensive array of behavioral health services is dictated more by a child's zip code than their history of trauma, symptoms, or level of need or impairment. While EPSDT SMHS and other services are provided by county mental health plans, there exists significant variability in the availability of services across the state. As such, the Behavioral Health Committee states that the next step is to comprehensively define what these services should be and establish a full-service continuum in every county or region of the state. Additionally, the Behavioral Health Committee recommended that the continuum be available statewide, with a full array of services available for each population of 500,000 to 750,000 and scaling up as needed for larger geographies and denser urban settings; the recommended services include: prevention and early intervention; community-based supports; tiered therapeutic placement options; aftercare services; and high-needs and crisis services.

Need for this bill: The provisions of this bill seek to further the goals of CCR, as well as implement recommendations of the CWC Behavioral Health Committee, particularly in light of the state's recent decision to decertify all out-of-state group homes, to provide a broader array of mental and behavioral health supports to youth who require intensive services. Specifically, the provisions of this bill would require CDSS to, in collaboration with stakeholders, establish the Children's Crisis Continuum Pilot Program for up to five years in order to establish systems of care to build trauma-informed services in home- and community-based settings, and establish strategies for state and local agencies to improve safety, permanency, and well-being outcomes for children, youth, and families served by the CWS system. Additionally, this bill requires CDSS to develop and administer a request for proposals process, and develop selection criteria to determine which applicants will be selected to participate in the pilot program. This bill would also require participating entity to develop and implement a highly integrated continuum of care for foster youth with high acuity mental health needs, which must include a crisis stabilization unit, a crisis residential program, a psychiatric facility, ISFC with integrated specialty mental health services, and community-based supportive services. Ultimately, the provisions of this bill seek to create a network of available services and placements that will serve youth with high acuity mental health needs in order to step down youth to lower, less intensive, levels of care.

According to the author, "Every year since 2015, I have introduced legislation meant to improve the continuum of care provided to foster youth in the State of California. [This bill] builds on this work by establishing a crisis continuum program to serve youth with complex care needs who have historically been sent out-of-state for treatment.

"Up until December of 2020, California was sending some dependent youth with high-acuity needs to out-of-state sites with intensive treatment options. CDSS has since decertified all out-of-state facilities and worked with counties to return all foster youth to California. While most youth have been returned to the state, the system gaps that led to out-of-state placements still exist and it is crucial to address these deficits for this population of youth. [This bill] addresses these system gaps by establishing a highly individualized continuum of care to support the stabilization of foster youth experiencing mental health crisis.

"We have a duty to ensure that every youth in our care has access to the comprehensive treatment they need without resorting to out-of-stat placements. [This bill] reflects that commitment by setting up a continuum of care that can support our most vulnerable youth, in-state and closer to the communities they call home."

Double referral: *This bill will be referred to the Assembly Health Committee should it pass out of this committee.*

PRIOR AND RELATED LEGISLATION:

AB 2944 (Stone), Chapter 2944, Statutes of 2020, furthered CCR efforts made by AB 403, AB 1997, AB 404, AB 1930, and AB 819.

AB 819 (Stone), Chapter 777, Statutes of 2019, furthered CCR efforts made by AB 403, AB 1997, AB 404, and AB 1930.

AB 2083 (Cooley), Chapter 815, Statutes of 2018, required each county to develop an MOU to describe the roles and responsibilities of certain entities that serve youth in foster care who have experienced severe trauma, and instructed the Secretary of the California Health and Human Services Agency and the Superintendent of Public Instruction to establish a joint interagency resolution team to implement and review aspects of the MOU.

AB 1930 (Stone), Chapter 910, Statutes of 2018, furthered CCR efforts made by AB 403, AB 1997, and AB 404.

AB 404 (Stone), Chapter 732, Statutes of 2017, furthered CCR efforts made by AB 403 and AB 1997.

AB 1997 (Stone), Chapter 612, Statutes of 2016, furthered CCR efforts made by AB 403.

AB 403 (Stone), Chapter 773, Statutes of 2015, implemented CCR recommendations to better serve children and youth in California's child welfare services system.

REGISTERED SUPPORT / OPPOSITION:

Support

County Welfare Directors Association of California (CWDA) (Co-Sponsor)
Seneca Family of Agencies (Co-Sponsor)
Contra Costa County

Opposition

Youth Law Center

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