

AMENDED IN ASSEMBLY MARCH 25, 2021

CALIFORNIA LEGISLATURE—2021–22 REGULAR SESSION

ASSEMBLY BILL

No. 808

Introduced by Assembly Member Stone

February 16, 2021

An act to add Chapter 6 (commencing with Section 16550) to Part 4 of Division 9 of, and to repeal Section 16555 of, the Welfare and Institutions Code, relating to foster youth.

LEGISLATIVE COUNSEL'S DIGEST

AB 808, as amended, Stone. ~~Foster youth: out-of-state placement.~~
Children's Crisis Continuum Pilot Program.

Existing law generally provides for the placement of foster youth in various placement settings, and governs the provision of mental health services to foster youth. Among other things, existing law authorizes foster youth to be placed in a short-term residential therapeutic program if an interagency placement committee determines that the youth meets certain criteria, including that the youth either meets the medical necessity criteria for Medi-Cal specialty mental health services, is assessed as seriously emotionally disturbed, or their individual behavioral or treatment needs can only be met by the level of care provided in a short-term residential therapeutic program. Existing law also establishes an intensive services foster care program to provide specialized programs to serve children with specific needs, including behavioral and specialized health care needs.

This bill would require the State Department of Social Services, in collaboration with the State Department of Health Care Services, to establish the Children's Crisis Continuum Pilot Program for the purpose of developing 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. The bill would require the pilot program to be implemented for 5 years. The bill would require the State Department of Social Services to take specified actions, including, among other things, providing technical assistance to applicants and participating entities, awarding grants to participating entities, and developing a request for proposal process and selection criteria to determine which applicants will participate in the pilot program. The bill would require the selection criteria to include certain components, including, among other things, submission of a plan of operation by an applicant.

This bill would require participating entities to develop and implement a highly integrated continuum of care for foster youth with high acuity mental health needs that permits the seamless transition of foster youth between treatment settings and programs, as needed for the appropriate treatment of the foster youth. The bill would require the continuum of care, across all service settings, to reflect specified core program features and service approaches, including, among other things, highly individualized and trauma-informed services.

The bill would state the intent of the Legislature to appropriate moneys to the State Department of Social Services in the annual Budget Act or another statute for the purpose of administering a grant program to provide funding to participating entities for the duration of the pilot program. The bill would require the department, by April 1, 2025, to submit a report relating to the pilot program to the Assembly Committee on Health and Human Services and the Senate Committees on Health and Human Services. The bill would authorize the pilot program to be implemented through all-county letters or other similar instruction and would require any guidance issued pursuant to that authorization to be issued by January 1, 2023.

~~Existing law establishes the jurisdiction of the juvenile court and authorizes the removal of a child subject to the jurisdiction of the juvenile court from the physical custody of their parent. Existing law provides for the placement of children removed for the physical custody of their parent pursuant to this provision and authorizes a child to be placed in an out-of-state group home if the juvenile court finds that certain conditions have been met, including that in-state facilities or programs have been determined to be unavailable or inadequate to meet the needs of the minor.~~

~~This bill would state the intent of the Legislature to enact legislation that ensures every foster youth in California has access to a comprehensive continuum of care that prevents the need for out-of-state placements for foster youth with complex needs.~~

Vote: majority. Appropriation: no. Fiscal committee: ~~no~~-yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. (a) *The Legislature finds and declares all of the*
2 *following:*
3 (1) *Chapter 773 of the Statutes of 2015 and Chapter 425 of the*
4 *Statutes of 2015 established the statutory framework to decrease*
5 *the use of residential placement for youth and support a continuum*
6 *of care inclusive of social and behavioral health services delivered*
7 *in family- and community-based settings. In the years since*
8 *implementing this legislation, California has made clear and*
9 *impactful progress in developing alternative, therapeutic,*
10 *family-based placement options for foster youth.*
11 (2) *Further, Chapter 815 of the Statutes of 2018 built upon the*
12 *Continuum of Care Reform effort by promoting a coordinated,*
13 *timely, and trauma-informed system-of-care approach for children*
14 *and youth in foster care who have experienced severe trauma. The*
15 *law requires county-level, cross-systems memorandums of*
16 *understanding, a joint interagency resolution team to promote*
17 *access to services for youth and families, and an analysis of gaps*
18 *in placement types or availability and recommendations to fill*
19 *those gaps.*
20 (3) *Despite these important gains, it remains that some child*
21 *welfare- and juvenile-justice-involved youth have complex,*
22 *persistent, and pervasive cross-system needs, including behavioral*
23 *health that cannot be safely met in a family-based placement*
24 *setting. While short-term residential therapeutic programs,*
25 *established pursuant to Chapter 773 of the Statutes of 2015, were*
26 *originally conceptualized to meet this need, for a multitude of*
27 *reasons, those programs do not represent the intensive tier of*
28 *treatment needed to serve the small number of youth with the most*
29 *profound needs who are served by child welfare and probation*
30 *agencies.*

1 (4) *Until December 2020, due to the lack of intensive treatment*
2 *options available in California, foster youth with the most complex,*
3 *persistent, and pervasive needs were placed in out-of-state*
4 *residential settings far from their homes and communities.*

5 (5) *In December 2020, the State Department of Social Services*
6 *decertified all out-of-state facilities, leading to the expedited return*
7 *of all foster youth residing in out-of-state placements to California.*

8 (6) *However, the system gaps that led to out-of-state placements*
9 *still exist and there is an urgent imperative to address these system*
10 *gaps for this small population of youth in order to support*
11 *California’s commitment to children, youth, and families served*
12 *by the foster care system. Currently, there is not a sufficient number*
13 *of intensive treatment options for youth with the highest acuity*
14 *needs, nor a continuum to both prevent and assist in the transition*
15 *of youth from intensive treatment.*

16 (7) *Youth impacted by commercial sexual exploitation, youth*
17 *with high acuity intellectual disabilities, and youth with behavioral*
18 *health needs require specialized and individually tailored services*
19 *and supports that are not always available within California.*

20 (8) *According to the State Department of Social Services 2018*
21 *Semi-Annual report on the Title IV-E Well-Being Project,*
22 *“securing placement homes for high acuity youth is difficult as*
23 *there is currently a lack of families prepared for and/or willing to*
24 *care for these youth.”*

25 (9) *Foster youth experiencing an acute behavioral health crisis*
26 *must have access to an integrated continuum of intensive and*
27 *highly individualized treatment settings to support stabilization*
28 *and step-down to home-based care. These continuums must be*
29 *available across the state to reduce the need for traumatic and*
30 *costly ambulance transportation across significant distances.*

31 (10) *Only in the most critical and urgent situations where the*
32 *safety of the youth is of concern should restrictive treatment*
33 *settings be considered. When those options are utilized, facilities*
34 *must align their services and programs to the trauma-informed*
35 *care required by federal and state laws, with additional safeguards*
36 *in place to reduce lengths of stay and assurances that youth and*
37 *families are connected seamlessly to a continuum of care and*
38 *services to promote healing and step-down to home-based care.*

39 (b) *It is the intent of the Legislature in enacting this act, in*
40 *alignment with the goals of Continuum of Care Reform and*

1 Chapter 815 of the Statutes of 2018, to establish systems of care
2 to build trauma-informed services in home- and community-based
3 settings, to establish a roadmap with short- and long-term
4 strategies for state and local agencies, working in partnership, to
5 ultimately meet these desired goals and improve safety,
6 permanency, and well-being outcomes for children, youth, and
7 families served by the foster care system.

8 SEC. 2. Chapter 6 (commencing with Section 16550) is added
9 to Part 4 of Division 9 of the Welfare and Institutions Code, to
10 read:

11
12 CHAPTER 6. CHILDREN'S CRISIS CONTINUUM PILOT PROGRAM

13
14 16550. For the purposes of this chapter, the following terms
15 have the following meanings:

16 (a) "Department" means the State Department of Social
17 Services.

18 (b) "Foster youth" means a child or youth who is a dependent
19 or ward of the juvenile court or who is, as determined by the
20 director of the child welfare department, at imminent risk of being
21 found to be a dependent or ward of the juvenile court.

22 (c) "Participating entity" means a county or a regional
23 collaborative of counties that has received a grant pursuant to this
24 chapter.

25 16551. (a) The department, in collaboration with the State
26 Department of Health Care Services, and with input from county
27 child welfare departments, probation departments, and other
28 stakeholders, shall establish the Children's Crisis Continuum Pilot
29 Program for the purpose of developing treatment options that are
30 needed to support California's commitment to eliminate the
31 placement of foster youth with complex needs in out-of-state
32 facilities. The pilot program shall be implemented for five years
33 from the date of the appropriation described in Section 16554.

34 (b) In implementing the pilot program, the department shall do
35 all of the following:

36 (1) Incentivize participation in the pilot program by counties
37 or regional collaboratives of counties in order to develop or
38 enhance comprehensive, integrated, high-end continuums of care
39 for foster youth.

1 (2) Provide technical assistance to applicants, including those
2 that are not selected to participate, and participating entities.
3 Technical assistance shall include, but is not limited to, guidance
4 on program implementation and leveraging multiple sources of
5 public revenue to support long-term sustainability.

6 (3) Work with the State Department of Health Care Services
7 and the department's Community Care Licensing Division to make
8 any regulatory changes necessary to support the successful
9 implementation pilot program.

10 (4) Award grants pursuant to this chapter and oversee the
11 successful implementation of the pilot program.

12 (c) The State Department of Health Care Services shall
13 determine if any amendments to the Medicaid state plan are
14 necessary to implement the pilot program and, if necessary, seek
15 approval of any amendments to the state plan no later than January
16 1, 2023. It is the intent of the Legislature to utilize federal funding
17 received pursuant to Subchapter XIX (commencing with Section
18 1396) of Chapter 7 of Title 42 of the United States Code to deliver
19 the intensive treatment and services established pursuant to the
20 pilot program.

21 16552. The department shall develop and administer a request
22 for proposals process, and shall develop selection criteria, to
23 determine which applicants shall be selected to participate in the
24 pilot program. At a minimum, the selection criteria shall include
25 all of the following requirements:

26 (a) A lead county applicant. Each lead county applicant shall
27 designate either the county child welfare department or the county
28 behavioral health department to lead the application and
29 implementation process.

30 (b) A regional or local population of 750,000 to 1,000,000.

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

33 (1) Demonstrated ability to partner and collaborate across
34 county child welfare, behavioral health, probation, developmental
35 services, and education departments in the design, delivery, and
36 evaluation of the pilot program.

37 (2) A clear articulation and demonstration of the ability to
38 maximize all sources of local, state, and federal funding.

39 (3) An oversight plan that includes utilization review controls
40 to ensure appropriate usage of the continuum of care in a manner

1 *that is consistent with the intent of the Legislature in enacting this*
2 *chapter.*

3 *16553. (a) Except as otherwise provided, in lieu of providing*
4 *foster youth with high acuity mental health needs mental health*
5 *services pursuant to existing statutory procedures, a participating*
6 *entity shall provide mental health services to foster youth through*
7 *the continuum of care established pursuant to this chapter.*

8 *(b) A participating entity shall develop and implement a highly*
9 *integrated continuum of care for foster youth with high acuity*
10 *mental health needs. The continuum of care shall be designed to*
11 *permit the seamless transition of foster youth, as needed for the*
12 *appropriate treatment of the foster youth, between treatment*
13 *settings and programs, which shall include, at a minimum, all of*
14 *the following:*

15 *(1) A crisis stabilization unit.*

16 *(A) The crisis stabilization unit shall have the capacity to*
17 *provide assessment and stabilization for up to 23 hours and 59*
18 *minutes for up to eight youth, be a licensed 24-hour health care*
19 *facility or hospital-based outpatient program or provider site, and*
20 *comply with all regulations contained in Chapter 11 (commencing*
21 *with Section 1810.100) of Division 1 of Title 9 of the California*
22 *Code of Regulations that are applicable to the provision of crisis*
23 *stabilization.*

24 *(B) The crisis stabilization unit shall be colocated with a*
25 *psychiatric health facility or other secure hospital alternative*
26 *setting capable of meeting the needs of youth experiencing a mental*
27 *health crisis in order to reduce unnecessary and traumatizing*
28 *delays and ambulance transport when inpatient treatment is*
29 *necessary.*

30 *(2) A crisis residential program.*

31 *(A) The crisis residential program shall provide highly*
32 *individualized stabilization services for foster youth who do not*
33 *require inpatient treatment and shall be licensed as a crisis*
34 *residential program, a short-term residential therapeutic program,*
35 *or a community treatment facility. The crisis residential program*
36 *shall be operated in accordance with all statutes and regulations*
37 *governing its licensure category, including, for short-term*
38 *residential therapeutic programs, the interagency placement*
39 *committee process established pursuant to Section 4096.*

1 (B) *The crisis residential program may be a program that*
2 *receives funding as an individualized alternative to residential*
3 *care pursuant to paragraph (3) of subdivision (a) of Section 11460.*

4 (C) *The crisis residential program shall not serve more than*
5 *four youth at a time.*

6 (3) *A psychiatric health facility.*

7 (A) *The psychiatric health facility shall provide a secure, highly*
8 *individualized, therapeutic, hospital-like setting for foster youth*
9 *who require inpatient treatment and shall be operated in*
10 *accordance with Chapter 9 (commencing with Section 77001) of*
11 *Division 5 of Title 22 of the California Code of Regulations.*

12 (B) *The psychiatric health facility shall not serve more than*
13 *four foster youth at a time.*

14 (4) *Intensive services foster care with integrated specialty mental*
15 *health services.*

16 (A) *To support foster youth in stepping down to less restrictive*
17 *placements and maintain available capacity in more acute*
18 *treatment settings, a participating entity shall maintain at least*
19 *two times the number of intensive services foster care resource*
20 *families as the number of beds available in the hospital alternative*
21 *treatment settings.*

22 (B) *Intensive services foster care may be enhanced to include*
23 *in-home staff who are available to provide care, additional*
24 *behavioral support, permanency services, mental health services,*
25 *and educational services 24 hours a day, 7 days a week, as needed.*

26 (5) *Community-based supportive services.*

27 (A) *Community-based supportive services shall be available 24*
28 *hours a day, 7 days a week.*

29 (B) *A participating entity shall utilize a model equivalent to the*
30 *department's expedited transition planning services model for*
31 *youth returning from out-of-state placement, including an expedited*
32 *transition planning services team, to provide community-based*
33 *supportive services.*

34 (C) *Community-based supportive services shall be available to*
35 *provide front- and back-end integrated transition services and*
36 *supports to support treatment gains made in more restrictive*
37 *placements and minimize reliance on costly and ineffective*
38 *interventions, including ambulance transport, emergency*
39 *department visits, and law enforcement involvement.*

1 (D) Each expedited transition planning services team shall
2 include, at a minimum, one mental health professional with a
3 master's degree who is either licensed or license-eligible, one
4 support counselor with a bachelor's degree, and one peer partner.
5 An expedited transition planning services team may serve up to
6 four foster youth at a time and shall have the ability to support
7 foster youth in any out-of-home treatment setting in the continuum
8 of care.

9 (c) A participating entity shall provide a foster youth
10 participating in the continuum of care, or ensure foster youths
11 participating in the continuum of care are provided, with all of
12 the following:

13 (1) One-on-one services, when clinically indicated.

14 (2) Single occupancy rooms, unless a double occupancy room
15 is clinically indicated by the individual plan of care developed by
16 an interdisciplinary treatment team.

17 (3) A deinstitutionalized environment with warm and comforting
18 decor, food, and clothing that maintains safety at all times.

19 (d) The continuum of care created by a participating entity
20 shall, across all service settings, reflect all of the following core
21 program features and service approaches:

22 (1) Highly individualized and trauma-informed services.

23 (2) Culturally and linguistically responsive and competent
24 treatment.

25 (3) Alignment with the integrated core practice model and a
26 commitment to centering the voices of foster youth and their
27 families and a team approach to all decisionmaking. The child
28 and family team shall be involved in all treatment planning and
29 decisions and family engagement and involvement in treatment
30 shall be central to all programs within the continuum of care.

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

36 16554. (a) It is the intent of the Legislature to appropriate
37 moneys to the department in the annual Budget Act or other statute
38 for the purpose of administering a grant program to provide
39 funding to participating entities for the duration of the pilot
40 program.

1 (b) The department shall work with participating entities to
2 design long-term plans to sustain the successful operation of
3 continuums of care established pursuant to this chapter.

4 16555. (a) No later than April 1, 2025, the department shall
5 submit a report to the Assembly Committee on Health and Human
6 Services and the Senate Committee on Health and Human Services
7 that includes, at a minimum, both of the following:

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

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

18 (b) (1) A report to be submitted pursuant to subdivision (a)
19 shall be submitted in compliance with Section 9795 of the
20 Government Code.

21 (2) Pursuant to Section 10231.5 of the Government Code, this
22 section shall become inoperative on April 1, 2029, and, as of
23 January 1, 2030, is repealed.

24 16556. Notwithstanding the rulemaking provisions of the
25 Administrative Procedure Act (Chapter 3.5 (commencing with
26 Section 11340) of Part 1 of Division 3 of Title 2 of the Government
27 Code), the department and the State Department of Health Care
28 Services may implement this chapter, and provide guidance to
29 participating entities regarding consistent implementation of this
30 chapter, through all-county letters or other similar instruction.
31 Any guidance issued pursuant to this section shall be issued by
32 January 1, 2023.

33 ~~SECTION 1. It is the intent of the Legislature to enact~~
34 ~~legislation that ensures every foster youth in California has access~~
35 ~~to a comprehensive continuum of care that prevents the need for~~
36 ~~out-of-state placements for foster youth with complex needs.~~