



LEGISLATIVE FACT SHEET: SB 408 (Ashby) Build Capacity for Foster Youth with Complex Needs

SB 408, by Senator Angelique Ashby, is sponsored by the County Welfare Directors Association (CWDA) and Chief Probation Officers of California (CPOC). SB 408 proposes statutory changes to better serve foster youth with acute, complex needs, specifically:

1. Establish Short-Term Assessment, Treatment and Transition Programs (STATT) with dedicated Care Teams to provide six-months of after care services and supports.
2. Establish Regional Health Teams for diagnostic assessment, direct care and support for youth with the most complex needs who are in crisis.
3. Expand services and funding from the Complex Care Package.

Background

County child welfare and probation agencies continue to face significant challenges in finding appropriate, trauma-informed care options, both family-based and in residential settings, for foster youth with more acute, trauma-based needs. Foster youth with complex, trauma-based needs include youth who are Commercially Sexually Exploited Children (CSEC), youth with intensive, co-occurring Intellectual/Developmental Disabilities (I/DD) and severe mental health needs, youth with co-occurring and significant mental health and substance use issues, youth with trauma-induced assaultive behaviors, and youth with sexual behavioral treatment needs and other complex needs such as fire-setting. Such trauma-induced behaviors can overwhelm even the most experienced and supported family-based caregivers, resulting in the need for intensive therapeutic care within a residential setting.

Unfortunately, many of these residential settings, known as Short-Term Residential Therapeutic Programs (STRTPs), are under-equipped to provide the necessary supports and services to youth with such highly complex needs.¹ As a result, foster youth are ejected or rejected from such facilities, which only exacerbates their trauma. The California Department of Social Services (CDSS) is re-examining the adequacy of the STRTP rates, which is a contributing factor, but that effort is not expected to be complete for several years. As a result, a growing number of foster youth are experiencing overstays in shelters or inappropriate overnight stays in unlicensed settings such as hotels, motels, county offices and referrals to juvenile halls while social workers and probation officers work diligently to find intensive treatment settings.

Recognizing the lack of adequate services for foster youth with complex needs, the State Budget Act of 2021-22 and AB 153 (Ch. 86, 2021) included \$139.1 million State General Fund (SGF) to provide direct services and to begin to build capacity in local service array for foster youth with complex needs. Major components include:

- \$63.1 million SGF one-time, over five years, to establish the Children's Crisis Continuum Pilot Project.
- \$43.3 million SGF one-time, over five years to develop local sustainable services.

¹ Reference the recent article in the Sacramento Bee (1/1/23): 'We didn't get it right.' How California law to help foster kids created a bottleneck in care <https://www.sacbee.com/news/california/article269833277.ece>

- \$18.1 million, on-going available to counties, upon request to CDSS, to help stabilize youth and meet their immediate and longer-term needs.

CDSS recently concluded the application process for the Children’s Crisis Continuum Pilot Project; however, that project will only serve a small percentage of foster youth with the most complex needs. Further, the one-time nature of most of these funds makes planning for sustainability difficult. Other barriers to accessing these funds include the limitations on how such funds can be utilized and a required up-front approval process.

This proposal is intended to address gaps in the services continuum, address the lack of sufficient ongoing funding for these services, and ensure that foster youth have access to a trauma-informed, supportive and therapeutic environment immediately when needed.

Solutions: New Treatment Settings, Ongoing Fiscal Commitments

Short-Term Assessment, Treatment and Transition Program (STATT) with Care Team: This new service (STATT) would be licensed by CDSS to provide intensive stabilization, assessment, therapy and other direct services for foster youth with complex needs. This model would be a ‘can’t say no’ program that builds upon and enhances the existing STRTP licensing standards, to include additional on-site, 24/7 staffing and a Care Team consisting of health, behavioral health, and other direct service providers to perform assessment and either directly provide, or facilitate the provision of, services and supports to the foster youth on-site and for up to six months post-discharge. The Care Team would also work concurrently with the youth’s next care provider (e.g. resource parent, family caregiver, etc.) and the youth’s planned/permanent caregiver(s). This component is estimated at \$3.0 million SGF in Year 1; \$6.0 million SGF in Year 2, and \$15.0 million SGF on-going.

Regional Health Teams: This component leverages 90 percent federal funding for up to two years to establish up to ten Regional Health Teams (RHTs) that will work across counties to serve any foster youth or youth at risk of foster care placement, if that youth is in acute crisis and requires higher-level diagnostic screening, assessment, and service access, beyond what is typically immediately accessible through the child’s primary care provider, mental health clinician, or regional center. This component is estimated at \$2.5 million SGF in Years 2 and Year 3, and \$12.5 million SGF on-going.

Sustained Capacity Building for Youth with Complex Needs: This component would make the one-time, \$43.3 million appropriation an annual appropriation to sustain staffing and capacity for services and combine this with the \$18.1 million child-specific funding to ensure foster youth have immediate access to the supports they need. It would also broaden the allowable uses of these funds so that counties can tailor services to the unique needs of children, youth and families, working in partnership with county behavioral health agencies, regional centers, community-based organizations and care providers. This component is estimated at \$43.3 million SGF on-going.

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