



## SB 408 – Supporting Foster Youth in Crisis

*Establishes Regional Health Teams to provide specialized intensive care for foster youth*

### SUMMARY

SB 408 seeks to better serve foster youth in crisis by establishing ten Regional Health Teams (RHTs) across the state for diagnostic assessment, direct care, and support for youth in crisis and their families.

### BACKGROUND

County child welfare and probation agencies continue to face significant challenges in finding appropriate trauma-informed care options for foster youth going through crises.

In 2015, the Legislature enacted the Continuum of Care Reform (CCR) to reduce the use of congregate care, focus on keeping children and youth with families or family-like relations, and improve outcomes by leveraging critical supports and services, including mental health, for children and foster youth served by child welfare and probation.

Through CCR, California required all former group homes to convert into higher level centers with more treatment options known as ‘short-term residential therapy placements’ (STRTPs) to provide intensive therapeutic interventions for youth.

Implementation of CCR began on January 1, 2017. In the five years since, CCR has been successful in many ways. Counties have reduced placements into congregate care settings by 56% and family-based caregiving has greatly increased. While those are important accomplishments, some foster youth, especially those either going through a crisis or with complex trauma and significant, co-occurring needs across multiple child-serving systems continue to lack the intensive, specialized and coordinated services they need.

### THE PROBLEM

These foster youth have needs that cross systems of care – education, occupational therapy, mental health, and substance use to name just a few. Trauma these youth have endured oftentimes compounds underlying needs, making it

increasingly difficult to find appropriate care and services.

Many of these STRTPs, as currently constructed, are under-equipped to provide the necessary supports and direct services to meet the complete needs of many foster youth in crisis. This has resulted in escalating behaviors, with youth often acting out their frustration in trauma-induced outbursts, which have injured staff and led to increased interactions with law enforcement and sometimes, referrals to juvenile halls.

Additionally, services to this population are currently delayed, lacking, and disjointed, resulting in foster youth often experiencing frequent placement changes because no single provider can meet their needs. This results in a cycle of multiple placement moves, frequent changes in service providers and caregivers, and exacerbated trauma to the youth.

### THE SOLUTION

SB 408 seeks to address gaps in the services continuum and ensure that foster youth have access to a trauma-informed, supportive and therapeutic environment when needed by establishing:

#### Regional Health Teams (RHT):

- RHTs will be made up of a primary care physician, a licensed clinical social worker, a public health nurse, a nutritionist or dietitian, an occupational therapist, a community health worker, a peer support specialist, a training coordinator, and additional behavioral health staff as appropriate.
- RHTs will be multidisciplinary, trauma-informed, and prioritize referrals from child welfare, probation, and tribes. RHTs can also help youth at risk of entering foster care – a critical component for youth not currently in care but in desperate need of help coordinating complex systems.
- RHTs will help refer foster youth or youth at risk of foster care placement with case planning, coordinate physical and mental health services including substance use issues, coordinate

individual, family, and caregiver support. By having RHTs to help coordinate care when foster youth are facing issues in care access or treatment options, we can reduce the number of youth who leave placements for lack of services or would need a Specialized STRTP to stabilize their needs before placements.

- Tehama County Social Services
- Urban Counties of California (UCC)
- Ventura County

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### FOR MORE INFORMATION

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The current STRTP model of care is unable to meet the level of complexity for these foster youth who often have intensive psychological, health, and developmental needs.

SB 408 simply seeks to meet highly-traumatized foster youth where they are at and provide the trauma-informed services they are in great need of.

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### SUPPORT

- County Welfare Directors Association (sponsor)
- Chief Probation Officers of California (sponsor)
- Alameda County Board of Supervisors
- Butte County
- California Court Appointed Special Advocates (CASA) Association
- California State Association of Counties (CSAC)
- Child Abuse Prevention Center
- Children's Partnership
- City and County of San Francisco – Human Services Agency
- Contra Costa County
- Fresno County
- Humboldt County
- Kern County Board of Supervisors
- Kern County Department of Human Services
- Kings County Human Services Agency
- Los Angeles County
- Merced County
- Rural County Representatives of California (RCRC)
- Sacramento County
- San Bernardino County
- San Diego County
- San Diego County District Attorney's Office
- San Luis Obispo County Department of Social Services
- Santa Clara County
- SEIU
- Solano County Department of Health and Social Services