WELFARE AND INSTITUTIONS CODE - WIC

DIVISION 9. PUBLIC SOCIAL SERVICES [10000 - 18999.98] *(Division 9 added by Stats. 1965, Ch. 1784.)*

PART 4. SERVICES FOR THE CARE OF CHILDREN [16000 - 16589] *(Heading of Part 4 amended by Stats. 1978, Ch. 429.)*

CHAPTER 6. Children's Crisis Continuum Pilot Program [16550 - 16556] *(Chapter 6 added by Stats. 2021, Ch. 86, Sec. 53.)*

16550. For the purposes of this chapter:

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

(b) "Foster youth" means a child or nonminor dependent who is a dependent or ward of the juvenile court or who is at imminent risk of entering foster care.

(c) "Intensive services foster care home participating in this pilot" means a home that is an approved intensive services foster care resource family that provides enhanced care and supervision by a parent or parents who have completed specialized training and meet other requirements pursuant to standards developed by the department and who are supported by an integrated program designed as an alternative to placement into a short-term residential therapeutic program.

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

(Added by Stats. 2021, Ch. 86, Sec. 53. (AB 153) Effective July 16, 2021.)

16551. (a) The department, jointly with the State Department of Health Care Services, and with input from county child welfare departments, probation departments, tribes, impacted youth and families, youth advocates, service providers, community-based organizations, county behavioral health departments, foster youth, families, and other stakeholders, shall establish the Children's Crisis Continuum Pilot Program, including guidelines for foster youth eligibility and the selection, operation, and evaluation of the pilots, for the purpose of developing treatment options that are needed to support California's commitment to keep youth in families to the greatest possible degree based on the best interest of the youth, and to eliminate the placement of foster youth with complex needs in out-of-state facilities whenever possible.

(b) The guidelines for the operation of the pilots shall, at a minimum, include the tracking of the elements required in Section 16555 and provision of each of the following within the structure of the pilot:

(1) Family supports and services to keep youth in family settings from escalating to more restrictive settings whenever possible.

(2) Limits on placements in the restrictive treatment settings operated within the pilot to the most critical and urgent situations where supports and services cannot be provided to keep a youth safe in a family setting.

(3) Limits on length of stay in the restrictive treatment settings operated within the pilot consistent with state law requirements and to the time needed to stabilize the youth and transition the youth to a family setting.

(4) In facility plans of operation, identification of the strategies, treatment, services, and supports that the facility will employ to protect youth served by the program and in each youth's treatment and needs and services plans, identification of the specific strategies, treatment, services, and supports that will be used to protect that individual youth.

(5) Require that when youth are placed in restrictive treatment settings within the pilot that youth and families are connected seamlessly to a continuum of care and services to promote healing and step down to family-based care.

(6) Require all facilities, services providers, and agencies used by the pilot to meet all state law requirements for their licensure category, align their services and programs to the trauma-informed care required by federal and state laws, and comply with all state laws, guidelines, and policies established for the pilot.

(c) In implementing the pilot program, the department, jointly with the State Department of Health Care Services, shall do all of the following:

(1) 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, as defined jointly by the department and the State Department of Health Care Services, for foster youth.

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

(B) When providing technical assistance to small and rural counties, the department shall consider the unique needs of those counties and, in addition to any other technical assistance needed, shall assist the county to mitigate barriers to participation in the pilot program, including by designing an adjusted or modified continuum of care, as described in paragraph (2) of subdivision (b) of Section 16553.

(3) Identify and seek to address any regulatory barriers to support the successful implementation of the pilot program.

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

(d) The State Department of Health Care Services shall determine if any federal approvals related to the Medi-Cal program are necessary to implement one or more components of any of the proposals selected for participation in the pilot program and, if necessary, seek approval no later than June 1, 2022. It is the intent of the Legislature to maximize federal funding received pursuant to Subchapter XIX (commencing with Section 1396) of Chapter 7 of Title 42 of the United States Code.

(e) Any component of a proposal selected for participation in the pilot program that requires federal approval shall be implemented only to the extent that all necessary federal approvals are obtained and only if and to the extent that federal financial participation is available and is not otherwise jeopardized.

(f) The pilot program shall be implemented for five years from the date the grant recipients are selected. This subdivision also applies to any pilot program funds allocated pursuant to this chapter prior to July 1, 2023.

(Amended by Stats. 2023, Ch. 43, Sec. 78. (AB 120) Effective July 10, 2023.)

16552. (a) The department, jointly with the State Department of Health Care Services, shall develop and administer a request for proposals process, and shall develop selection criteria, to determine which applicants shall be selected to participate in the pilot program. At a minimum, the selection criteria shall include both of the following requirements:

(1) A lead county applicant. To become a participating entity, each lead county applicant shall designate either the county child welfare department, the county behavioral health department, the county mental health plan, or the probation department to lead the application and implementation process.

(2) Submission of a Children's Crisis Continuum Pilot Program plan by the applicant that includes, at a minimum, a plan to contract with community-based providers or entities to meet all of the following requirements:

(A) A 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.

(B) A clear articulation of the funding streams and how they will be used and demonstration of the ability to maximize all sources of local, state, and federal funding.

(C) An oversight plan, pursuant to guidance developed by the department, that includes utilization review controls to ensure appropriate usage of the continuum of care that serves children at all times in the least restrictive setting, in a manner that is consistent with applicable federal and state law and the intent of the Legislature in enacting this chapter.

(D) A commitment to gathering and providing necessary youth-specific information and data, and information that may pertain to the overall pilot site, consistent with the evaluation criteria set forth in Section 16555 and any other outcomes reporting that the department may require.

(b) The department shall require proposals to participate in the pilot program to be submitted no later than December 1, 2022, and shall disburse grant funds no later than June 30, 2023.

(c) The department shall select counties or regional collaboratives of counties to participate in the pilot program on a competitive basis to ensure that the process is fair.

(Amended by Stats. 2023, Ch. 43, Sec. 79. (AB 120) Effective July 10, 2023.)

16553. (a) (1) The Children's Crisis Continuum Pilot Program shall be designed, in partnership with county child welfare departments, county probation departments, and county behavioral health plans, to contract with a county behavioral health plan or plans for the provision of medically necessary mental health services, including specialty mental health services, through the continuum of care described in subdivision (b).

(2) All participating entities shall agree to provide any information requested by the department to assist in evaluating the pilot program and preparing the report described in Section 16555.

(b) (1) A participating entity shall develop, in collaboration with a workgroup, a highly integrated continuum of care for the foster youth served in the pilot program. Except where otherwise indicated in this chapter, the continuum of care shall be designed within current statutes and regulations for crisis stabilization units, children's crisis residential programs, psychiatric health facilities, intensive services foster care and other resource families, and short-term residential therapeutic programs to permit the seamless transition for the appropriate treatment of the foster youth, between treatment settings and programs. The continuum shall include, at a minimum, all of the following:

(A) A crisis stabilization unit.

(i) The crisis stabilization unit shall have the capacity to provide assessment and stabilization for up to 23 hours and 59 minutes for up to eight foster youth, be licensed as a 24-hour health care facility or hospital-based outpatient program or provider site, and comply with all regulations contained in Chapter 11 (commencing with Section 1810.100) of Division 1 of Title 9 of the California Code of Regulations that are applicable to the provision of crisis stabilization, and specifically including Section 1810.210.

(ii) The crisis stabilization unit shall be colocated with, or within 30 miles of, a psychiatric health facility or other secure hospital alternative setting capable of meeting the needs of youth experiencing a mental health crisis in order to reduce delays in care when the host county mental health plan has found inpatient treatment to be medically necessary.

(B) A crisis residential program.

(i) The crisis residential program shall provide highly individualized stabilization services for foster youth who do not require inpatient treatment. The crisis residential program shall be operated in accordance with all statutes and regulations governing the placements of foster youth, including the California Community Care Facilities Act (Article 1 (commencing with Section 1500) of Chapter 3 of Division 2 of the Health and Safety Code). The crisis residential program shall be operated in accordance with all statutes and regulations governing its licensure category, including, for short-term residential therapeutic programs, the interagency placement committee process established pursuant to Section 4096.

(ii) The crisis residential program may be a program that receives funding pursuant to paragraph (3) of subdivision (a) of Section 11460 to the extent federal Medicaid funding is not available and is not otherwise jeopardized.

(iii) The crisis residential program shall not serve more than four foster youth at a time.

(C) A psychiatric health facility, as defined in Section 1250.2 of the Health and Safety Code.

(i) The psychiatric health facility shall be licensed by the State Department of Health Care Services and shall provide a secure, highly individualized, therapeutic, hospital-like setting for foster youth who require inpatient treatment and shall be operated in accordance with Chapter 9 (commencing with Section 77001) of Division 5 of Title 22 of the California Code of Regulations.

(ii) The psychiatric health facility shall not have more than four beds.

(iii) Before placement into a psychiatric health facility, the participating entity shall submit a report to the director or the director's designee using a template established by the department, in collaboration with the State Department of Health Care Services and county entities. The report shall include a statement describing the circumstances that necessitate a psychiatric health facility placement, the results of assessments, prior services provided to the foster youth, the anticipated duration of the treatment in the setting, and identification of any barriers to serving the foster youth in a less restrictive setting.

(iv) These intensive crisis programs shall be integrated with community-based supports and tiered placement settings, including Intensive Services Foster Care (ISFC) and Enhanced ISFC homes.

(D) Intensive services foster care homes participating in this pilot that have integrated specialty mental health services.

(i) To support foster youth in stepping down to less restrictive placements and maintain available capacity in more acute treatment settings, a participating entity shall maintain at least two times the number of intensive services foster care homes participating in this pilot as the number of beds available in the treatment settings described in subparagraphs (A) to (C), inclusive.

(ii) Intensive services foster care homes participating in this pilot shall be enhanced to include in-home staff who are available to provide care, additional behavioral support, permanency services, specialty mental health services, and educational services 24 hours a day, 7 days a week, as needed.

(iii) The residence of an intensive services foster care home participating in this pilot may be owned or operated by the foster parent or parents, a county, or by a private nonprofit organization. For purposes of this chapter, the limitations of Section 18360.35 do not apply.

(E) Community-based supportive services.

(i) Community-based supportive services shall be available 24 hours a day, 7 days a week.

(ii) A participating entity shall utilize a community-based model that provides intensive transition planning and aftercare services using a team approach. Each county child welfare agency, probation department, and mental health plan, in consultation with the local interagency leadership team established pursuant to Section 16521.6, shall jointly provide, arrange for, or ensure the provision of, at least six months of aftercare services for foster youth in the placement and care responsibility of the county child welfare agency or county probation department who are discharged from a short-term residential therapeutic program to a family-based setting. The model shall include the development of an individualized family-based aftercare support plan that identifies necessary supports, services, and treatment.

(iii) Community-based supportive services shall be available to provide front-end and back-end integrated transition services and supports to continue treatment gains made in more restrictive placements and minimize reliance on interventions that may be traumatic for foster youth, including ambulance transport, emergency department visits, and law enforcement involvement.

(iv) Community-based supportive services shall include an intensive transition planning team consisting of, at a minimum, a mental health professional with a master's degree who is either licensed or license-eligible, a support counselor with a bachelor's degree, and a peer partner. An expedited transition planning services team may serve up to four foster youth at a time and shall have the ability to support foster youth in any out-of-home treatment setting in the continuum of care. The department may approve an alternate proposal for these transition planning services, including modified standards.

(2) Notwithstanding paragraph (1), the department may consider a proposal that does not include a psychiatric health facility, or a psychiatric health facility and a crisis stabilization unit.

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

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

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

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

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

(1) Highly individualized and trauma-informed services.

(2) Culturally and linguistically responsive and competent treatment.

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

(4) Coordinated and streamlined assessment practices to ensure that level-of-care determinations are appropriate and that foster youth are able transition between more restrictive and less restrictive placements across the continuum of care, as needed.

(e) A participating entity shall establish policies and procedures that demonstrate compliance at all times with the notification and due process requirements of the Lanterman-Petris-Short Act (Chapter 1 (commencing with Section 5000) of Part 1 of Division 5) and any other applicable laws pertaining to involuntary treatment. This subdivision does not limit the protections to foster youth related to voluntary or involuntary treatment settings.

(f) The department, jointly with the State Department of Health Care Services, may establish operational procedures, performance and evaluation standards, and utilization criteria for participating entities pursuant to this section. These standards and criteria shall be developed in consultation with the State Department of Developmental Services, the State Department of Education, the Judicial Council of California, county placing agencies, behavioral health plans, and other interested stakeholders.

(Added by Stats. 2021, Ch. 86, Sec. 53. (AB 153) Effective July 16, 2021.)

16554. (a) It is the intent of the Legislature to appropriate moneys to the department 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 Children's Crisis Continuum Pilot Program.

(b) The department, jointly with the State Department of Health Care Services, shall work with participating entities to consider long-term plans to support the successful operation of a continuum of care.

(Added by Stats. 2021, Ch. 86, Sec. 53. (AB 153) Effective July 16, 2021.)

16555. (a) No later than April 1, 2027, the department, jointly with the State Department of Health Care Services, shall submit an interim report to the Assembly Committee on Human Services and the Senate Committee on Human Services that includes, at a minimum, all of the following:

(1) A description of the impact of the pilot program on desired outcomes, including 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 reduced absences from placement by youth who received services within the pilot program.

(2) An analysis that includes all of the following elements:

(A) The reasons youth were served by the pilot program.

(B) To the extent not covered in subparagraph (A), a discussion of the most common needs of youth placed into the pilot program that could not be met in family care and the services available in the pilot program to meet those needs.

(C) The number of youth served in the pilot program, including the number of youth receiving services in each component or level of care in the pilot program, and the length of time youth were served for each service and level of care in the pilot program, including time spent in congregate care settings.

(D) Types of services provided by the pilot program.

(E) Outcomes for youth who received services within the pilot program related to youth safety, well-being, and permanency at 6 months and 12 months after participating in the pilot program, or upon exit from foster care.

(F) Other impacts of the pilot program interventions and services on the youth.

(G) The impact of the pilot program on the goals of building trauma-informed, in-home and community-based services.

(3) A description of the reasons foster youth were served by the pilot, the specific needs of the foster youth that could not be met in a family setting, services available to the foster youth in the pilot program and the actual services received, the impact of the interventions, services, and treatment on foster youth safety, well-being, and permanency, and the lengths of stay of the foster youth in the pilot program.

(4) 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.

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

(2) Pursuant to Section 10231.5 of the Government Code, this section shall become inoperative on April 1, 2031, and, as of January 1, 2032, is repealed.

(Amended by Stats. 2023, Ch. 43, Sec. 80. (AB 120) Effective July 10, 2023. Inoperative April 1, 2031, by its own provisions. Repealed as of January 1, 2032, by its own provisions.)

16556. Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department and the State Department of Health Care Services may implement, interpret, or make specific this chapter, in whole or in part, by means of plan or county letters, information notices, plan or provider bulletins, or other similar instruction, without taking any further regulatory action. Any guidance issued pursuant to this section shall be issued on an ongoing basis during the pilot program implemented pursuant to this chapter.

(Amended by Stats. 2023, Ch. 43, Sec. 81. (AB 120) Effective July 10, 2023.)