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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 5.4. Family Urgent Response System for Caregivers and Children or Youth [16526 - 16530] (*Chapter 5.4 added by Stats. 2019, Ch. 27, Sec. 107.*)

16526. For purposes of this chapter, the following definitions apply:

- (a) "Caregiver" means a person responsible for meeting the daily care needs of a current or former foster child or youth, and who is entrusted to provide a loving and supportive environment for the child or youth to promote their healing from trauma.
- (b) "Current or former foster child or youth" includes a child or youth who is adjudicated under Section 300, 601, or 602 and is served by a county child welfare agency or probation department, a child or youth who has exited foster care for any reason, including, but not limited to, reunification, guardianship, adoption, or emancipation, a child or youth who is the subject of a voluntary placement agreement as defined in subdivision (p) of Section 11400, a child or youth who is placed in foster care and is the subject of a petition filed pursuant to Section 300, and a child or youth placed in California pursuant to the Interstate Compact on the Placement of Children. A current or former foster child or youth shall be eligible for services under this chapter until they attain 21 years of age.
- (c) "Department" means the State Department of Social Services.
- (d) "Family Urgent Response System" means a coordinated statewide, regional, and county-level system designed to provide collaborative and timely state-level phone-based response and county-level in-home, in-person mobile response during situations of instability, for purposes of preserving the relationship of the caregiver and the child or youth, providing developmentally appropriate relationship conflict management and resolution skills, stabilizing the living situation, mitigating the distress of the caregiver or child or youth, connecting the caregiver and child or youth to the existing array of local services, and promoting a healthy and healing environment for children, youth, and families.
- (e) "In-home" means the place where the child or youth and caregiver are located, preferably in the home, or at some other mutually agreeable location.
- (f) "Instability" means a situation of emotional tension or interpersonal conflict between a caregiver and a child or youth that may threaten their relationship and may lead to a disruption in the current living situation.
- (g) "Mobile response" means the provision of in-person, flexible, responsive, and supportive services where the caregiver and child or youth are located to provide them with support and prevent the need for a 911 call or law enforcement contact.

(Amended by Stats. 2022, Ch. 833, Sec. 1. (SB 1090) Effective January 1, 2023. Conditionally inoperative pursuant to Section 16530.)

16527. (a) The department shall establish a statewide hotline as the entry point for the Family Urgent Response System, which shall be available 24 hours a day, seven days a week, to respond to calls from a caregiver or current or former foster child or youth during moments of instability. Both of the following shall be available through this hotline:

- (1) Hotline workers who are trained in techniques for deescalation and conflict resolution telephone response specifically for children or youth impacted by trauma.
- (2) Referrals to a county-based mobile response system, established pursuant to Section 16529, for further support and in-person response. Referrals shall occur as follows:
 - (A) A warm handoff whereby the hotline worker establishes direct and live connection through a three-way call that includes the caregiver, child or youth, and county contact. The caregiver, child, or youth may decline the three-way contact with the county contact if they feel their situation has been resolved at the time of the call.

(B) If a direct communication cannot be established pursuant to subparagraph (A), a referral directly to the community- or county-based service and a followup call to ensure that a connection to the caregiver, child, or youth occurs.

(C) The hotline worker shall contact the caregiver and the child or youth within 24 hours after the initial call required under subparagraph (A) or (B) to offer additional support, if needed.

(b) The statewide hotline shall maintain contact information for all county-based mobile response systems, based on information provided by counties, for referrals to local services, including, but not limited to, county-based mobile response and stabilization teams.

(c) The department shall ensure that deidentified, aggregated data are collected regarding individuals served through the statewide hotline and county-based mobile response systems and shall publish a report on the department's internet website by January 1, 2022, and annually by January 1 thereafter, in consultation with stakeholders, including, but not limited to, the County Welfare Directors Association of California, the Chief Probation Officers of California, and the County Behavioral Health Directors Association of California. The data shall be collected using automated procedures or other matching methods mutually agreed upon by the state and county agencies, including, but not limited to, the statewide child welfare automation management system, and shall include all of the following information:

(1) The number of caregivers served through the hotline, separated by placement type and status as a current or former foster caregiver.

(2) The number of current and former foster children or youth served through the hotline, separated by county agency type, current or former foster care status, age, gender, race, and whether the call was made by the caregiver or the child or youth.

(3) The disposition of each call, including, but not limited to, whether mobile response and stabilization services were provided or a referral was made to other services.

(4) County-based outcome data, including, but not limited to, placement stability, return into foster care, movement from child welfare to juvenile justice, and timeliness to permanency.

(d) The department may meet the requirements of this section through contract with an entity with demonstrated experience in working with populations of children or youth who have suffered trauma and with capacity to provide a 24-hour-a-day, seven-day-a-week response that includes mediation, relationship preservation for the caregiver and the child or youth, and a family-centered and developmentally appropriate approach with the caregiver and the child or youth.

(e) The department, in consultation with stakeholders, including current and former foster youth and caregivers, shall do all of the following:

(1) Develop methods and materials for informing all caregivers and current or former foster children or youth about the statewide hotline, including a dissemination plan for those materials, which shall include, at a minimum, making those materials publicly available through the department's internet website.

(2) Establish protocols for triage and response.

(3) Establish minimum education and training requirements for hotline workers.

(4) Consider expanding the statewide hotline to include communication through electronic means, including, but not limited to, text messaging or email.

(f) (1) The statewide hotline shall be operational no sooner than January 1, 2021, and on the same date as the county mobile response system created pursuant to this chapter.

(2) Notwithstanding paragraph (1), the statewide hotline may operate sooner than January 1, 2021, or prior to the date that each county has created a county mobile response system, upon notification from each county to the department that the county satisfies one of the following requirements:

(A) Has established a county mobile response system created pursuant to this chapter.

(B) Has an alternative method to accept and respond to referrals from the statewide hotline pending the establishment of the county mobile response system.

(g) The department shall assist, as needed, the State Department of Health Care Services in exercising its authority pursuant to subdivision (b) of Section 16528.

(Amended by Stats. 2020, Ch. 11, Sec. 78. (AB 79) Effective June 29, 2020. Conditionally inoperative pursuant to Section 16530.)

16528. (a) The department, in collaboration with the State Department of Health Care Services, and in consultation with the County Behavioral Health Directors Association of California, the County Welfare Directors Association of California, child welfare

advocates, providers, current or former foster children or youth, and caregivers, shall issue all necessary guidance for county-based mobile response systems for purposes of this chapter, including, but not limited to, data tracking and claiming of federal funding.

(b) The State Department of Health Care Services may submit a Medicaid state plan amendment, waiver request, or both, in order to maximize federal financial participation in implementing this chapter. The State Department of Health Care Services shall, in submitting a Medicaid state plan amendment or waiver request, consult with the department, the County Behavioral Health Directors Association of California, and the County Welfare Directors Association of California, and consider relevant information from other state systems with mobile response capacity.

(c) To the extent that the Director of Health Care Services determines that federal approval is necessary in order to receive federal financial participation for any portion of the activities to be delivered pursuant to the Family Urgent Response System for which federal funding has been assumed, the implementation of the system shall not occur until the effective date specified in the federal approval obtained by the State Department of Health Care Services. This chapter shall be implemented only to the extent that any necessary federal approvals have been obtained pursuant to subdivision (b) and federal financial participation is available for those activities for which federal funding has been assumed, unless state funds are appropriated in the annual Budget Act to implement these activities.

(Added by Stats. 2019, Ch. 27, Sec. 107. (SB 80) Effective June 27, 2019. Conditionally inoperative pursuant to Section 16530.)

16529. (a) County child welfare, probation, and behavioral health agencies, in each county or region of counties as specified in subdivision (e), shall establish a joint county-based mobile response system that includes a mobile response and stabilization team for the purpose of providing supportive services to address situations of instability, preserve the relationship of the caregiver and the child or youth, develop healthy conflict resolution and relationship skills, promote healing as a family, and stabilize the situation.

(b) In each county or region of counties, the county child welfare, probation, and behavioral health agencies, in consultation with other relevant county agencies, tribal representatives, caregivers, and current or former foster children or youth, shall submit a single, coordinated plan to the department that describes how the county-based mobile response system shall meet the requirements described in subdivision (c). The plan shall also describe all of the following:

(1) How the county, or region of counties, will track and monitor calls.

(2) Data collection efforts, consistent with guidance provided by the department, including, at a minimum, collection of data necessary for the report required pursuant to subdivision (c) of Section 16527.

(3) Transitions from mobile response and stabilization services to ongoing services.

(4) A process for identifying if the child or youth has an existing child and family team for coordinating with the child and family team to address the instability, and a plan for ongoing care to support that relationship in a trusting and healing environment.

(5) A process and criteria for determining response.

(6) The composition of the responders, including efforts to include peer partners and those with lived experience in the response team, whenever possible.

(7) Both existing and new services that will be used to support the mobile response and stabilization services. County behavioral health departments that operate mobile crisis units may share resources between mobile crisis units and the mobile response system required pursuant to this chapter, at their discretion.

(8) Response protocols for the child or youth in family-based and congregate care settings based on guidelines developed by the department, in consultation with stakeholders, pursuant to Section 16528. The response protocols shall ensure protections for children and youth to prevent placements into congregate care settings, psychiatric institutions, and hospital settings.

(9) A process for identifying whether the child or youth has an existing behavioral health treatment plan and a placement preservation strategy, as described in Section 16010.7, and for coordinating response and services consistent with the plan and strategy.

(10) A plan for the mobile response and stabilization team to provide supportive services in the least intrusive and most child, youth, and family friendly manner, such that mobile response and stabilization teams do not trigger further trauma to the child or youth.

(c) A county-based mobile response system shall include all of the following:

(1) Phone response at the county level that facilitates entry of the caregivers and current or former foster children or youth into mobile response services.

(2) A process for determining when a mobile response and stabilization team will be sent, or when other services will be used, based on the urgent and critical needs of the caregiver, child, or youth.

(3) A mobile response and stabilization team available 24 hours a day, seven days a week.

(4) Ability to provide immediate, in-person, face-to-face response preferably within one hour, but not to exceed 3 hours in extenuating circumstances for urgent needs, or same-day response within 24 hours for nonurgent situations.

(5) Utilization of individuals with specialized training in trauma of children or youth and the foster care system on the mobile response and stabilization team. Efforts should be made to include peer partners and those with lived experience in the response team, whenever possible.

(6) Provision of in-home deescalation, stabilization, and support services and supports, including all of the following:

(A) Establishing in-person, face-to-face contact with the child or youth and caregiver.

(B) Identifying the underlying causes of, and precursors to, the situation that led to the instability.

(C) Identifying the caregiver interventions attempted.

(D) Observing the child and caregiver interaction.

(E) Diffusing the immediate situation.

(F) Coaching and working with the caregiver and the child or youth in order to preserve the family unit and maintain the current living situation or create a healthy transition plan, if necessary.

(G) Establishing connections to other county- or community-based supports and services to ensure continuity of care, including, but not limited to, linkage to additional trauma-informed and culturally and linguistically responsive family supportive services and youth and family wellness resources.

(H) Following up after the initial face-to-face response, for up to 72 hours, to determine if additional supports or services are needed.

(I) Identifying any additional support or ongoing stabilization needs for the family and making a plan for, or referral to, appropriate youth and family supportive services within the county.

(7) A process for communicating with the county of jurisdiction and the county behavioral health agency regarding the service needs of the child or youth and caregiver provided that the child or youth is currently under the jurisdiction of either the county child welfare or the probation system.

(d) County-based mobile response systems may be temporarily adapted to address circumstances associated with COVID-19, consistent with the Governor's Proclamation of a State of Emergency, issued on March 4, 2020.

(e) (1) Each county shall establish a mobile response system no sooner than January 1, 2021, and on the same date as the statewide hotline created under this chapter.

(2) Notwithstanding paragraph (1), a county may establish a mobile response system, or an alternative method to accept and respond to referrals from the statewide hotline, pending the establishment of the county mobile response system, prior to January 1, 2021, in order to facilitate the early operation of the statewide hotline.

(3) The county agencies described in subdivisions (a) and (b) may implement this section on a per-county basis or by collaborating with other counties to establish regional, cross-county mobile response systems. For counties implementing this section pursuant to a regional approach, a single plan, as described in subdivision (b), signed by all agency representatives, shall be submitted to the department and a lead county shall be identified.

(4) Funds expended pursuant to this act shall be used to supplement, and not supplant, other existing funding for mobile response services described in this chapter.

(5) A county or region of counties may receive an extension, not to exceed six months, to implement a mobile response system after January 1, 2021, upon submission of a written request, in a manner to be prescribed by the department, that includes a demonstration of actions to implement, progress towards implementation, and the county's alternative method to accept and respond to referrals from the statewide hotline pending the establishment of the county mobile response system.

(f) The creation and implementation of the Family Urgent Response System shall not infringe on entitlements or services provided pursuant to Title IV-E of the federal Social Security Act (42 U.S.C. Sec. 670 et seq.) or the federal Early and Periodic Screening, Diagnosis and Treatment services (42 U.S.C. Sec. 1396d(r)).

(g) The department, in collaboration with the County Welfare Directors Association of California, the County Behavioral Health Directors Association of California, and the Chief Probation Officers of California, on an annual basis beginning on January 1, 2022, shall assess utilization and workload associated with implementation of the statewide hotline and mobile response and provide an update to the Legislature during budget hearings.

(Amended by Stats. 2020, Ch. 11, Sec. 79. (AB 79) Effective June 29, 2020. Conditionally inoperative pursuant to Section 16530.)

16530. This chapter shall be inoperative in any fiscal year for which funding is not appropriated in the annual Budget Act for the purpose of complying with the requirements of Sections 16527 and 16529.

(Amended by Stats. 2021, Ch. 86, Sec. 52. (AB 153) Effective July 16, 2021. Conditionally inoperative as prescribed by its own provisions.)