AGN. NO.

MOTION BY SUPERVISORS KATHRYN BARGER
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SUPPORTS FOR YOUTH WITH COMPLEX CARE NEEDS

In 2015, California Gov. Jerry Brown signed AB 403, known as "Continuum of Care Reform" which overhauled the state's foster care system. One of the main objectives of Continuum of Care Reform was to ensure that all children live as members of committed, nurturing, and permanent families, instead of residing in group homes. The law's goal was to dramatically increase the number of resource families (formerly known as foster families) while reserving congregate care placements for foster youth determined to need specialty mental health services unavailable in other settings. Group homes evolved into Short-Term Residential Therapeutic Programs (STRTP) serving these youth are subject to stricter licensing and staff mandates, and are required to offer more robust behavioral health care. Most stays would be limited to six-months to ensure that young people weren't simply being warehoused until they became legal adults.

At the federal level, the Family First Prevention Services Act (FFPSA) was passed in 2018, which, coupled with the federal definition of an Institution of Mental Disease (IMD), reduced the number of beds in STRTPs to 16 beds per organizational site. As a result of these two laws, the county has fewer options for placement and treatment of youth with complex care needs than before. The County's STRTP Task Force report from June 2021 highlights the challenges in implementation of this legislation, making services to high-need youth more difficult to provide. STRTPs cannot be effective as a 'one-size-fits-all' model that is expected to adequately serve all youth with the highest needs, since those needs are varied and require different services. In addition, not enough placement and service options, especially home-based settings that can provide intensive services and supports, exist along the continuum of care for youth needing lower or high levels of care than STRTPs to best meet their needs.

Additionally, in 2018, Governor Newsom signed AB 2083, Children and Youth System of Care (SOC), which required each county to develop and implement a Memorandum of Understanding (MOU) outlining the roles and responsibilities of the various local entities that serve children and youth in foster care who have experienced severe trauma. The legislation is focused on the child welfare system but can and must be expanded to look at children and youth served by various other systems and locally, the Office of Child Protection (OCP) has led on coordinated efforts to better serve children and youth who are receiving services from multiple departments.

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The goal is to have cross-departmental and cross-jurisdictional collaboration to meet the needs of the children and you who are being served. These are Los Angeles County's (County) children and youth, and all deserve the very best through a coordinated, timely, and trauma-informed services. It is imperative that the County comes together as one government to break down silos and build a culture that serves youth with complex care needs and the SOC is the ideal vehicle to help continue moving this work forward. The California Alliance of Child and Family Services (Alliance) estimated California lost thousands of licensed beds following these reforms. Amid lower-than-promised state payment rates and severe staffing shortages, more than 38% of these residential programs have reduced capacity or closed altogether in California, an Alliance survey released in May found.

During the COVID-19 pandemic, many STRTPs experienced increased costs and reduction of placements – and as a result, several closed or adjusted their mission to serve different populations. In total, during the years of 2020-23, the County saw hundreds of beds taken away from foster youth from locations like STRTPs, Intensive Services Foster Care homes, and others. Additional capacity was lost when the state decertified out-of-state placements at the end of 2020. Those placements were especially valuable for high risk and sex trafficked youth.

These federal and State legislative changes, coupled with a national youth mental health crisis, have left many of the highest-needs youth in the County without stable placement that can meet their needs, and the County has been forced to temporarily house vulnerable youth in unlicensed facilities. This placement does not provide these youth with essential wraparound services, mental health care, stabilization, education, or permanency planning. It is time for alternatives that can help these youth over the long-term transition either reunify with family or extended family members, or into the stable placement they need to thrive. This includes implementing the recommendations developed by the multiagency collaboration led by the County's Department of Children and Family Services and the OCP and submitted to the Board of Supervisors in March 2023 to address placement capacity challenges.

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WE, THEREFORE, MOVE the Board of Supervisors:

1. Direct County Counsel and the Department of Children and Family Services (DCFS), in collaboration with the Chief Executive Officer (CEO) and the Office of Child Protection (OCP), and in consultation with the Departments of Health Services (DHS), Department of Public Health (DPH), Mental Health, (DMH), and Probation to report back to the Board in writing in 60 days on the feasibility of conducting an expedited solicitation to increase the number of beds available on an emergency basis by contracting with a service provider(s) who has proven expertise working with system impacted individuals with complex health, behavioral health, and mental health needs. The following considerations should be explored in the report-back to the Board:
    a. Requiring selected service provider(s) to implement a "no reject, no eject" policy, including incentives for implementing such a policy;
    b. Seeking a provider(s) with the ability to provide medication assisted substance use treatment or other novel substance use treatment modalities to youth;
    c. An update on the County's Children's Crisis Continuum Pilot and the necessity for a provider to provide crisis stabilization settings and services on a 24-hour basis; and
    d. Options to delegate authority to DCFS and Probation to execute, amend, increase or decrease the contract amounts by 10 percent, and terminate contracts with any selected vendor, as needed provided County Counsel approves as to form. The term of the agreements will be up to three (3) years with the option to extend them for two (2) additional years.

2. Direct the OCP System of Care (DHS, DMH, DPH, Probation, DCFS, etc.) in collaboration with the Chief Executive Office (CEO) to report back to the Board, in writing, in 60 days with recommendations to identify any returned funds to the State, and establish a fund dedicated to continuum of services for complex care youth that is comprised of immediate crisis response (such as a dedicated psychiatric mobile response team), earmarked beds for temporary hospitalization and subacute mental health beds, and external supports to existing congregate care providers that are designed to help preserve placements, particularly during times of crisis.

3. Direct the CEO, in partnership with DCFS and DMH, and in collaboration with all relevant County departments including, but not limited to, Probation, Department of Youth Development (DYD), Department of Public Health (DPH), and DHS to build upon the DCFS and DMH "strike team" model to establish Countywide complex care teams comprised of designated staff from each department to develop a written crisis protocol to ensure continuity of care and case management for each individual complex care youth.

4. Direct DCFS, in collaboration with the Chief Executive Officer, to report back in writing, in 60 days, with a plan and cost estimate to expand the DCFS Placement Stabilization Team.

5. Direct the CEO-Legislative Affairs and Intergovernmental Relations to advocate in support of legislation and funding that would:
    a. Allow courts and the counties to utilize secure housing sites that provide psychological and psychiatric care to youth as a placement disposition without requiring a referral to the youth justice/criminal court;
    b. Increase state payment rates for Short Term Residential Therapeutic Programs (STRTP's); and
    c. Remove any barriers or restrictions that have arisen due to the Institution of Mental Disease (IMD) bed restriction issue.

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