



Moving Away from Unlicensed Care and Emergency Placements in Sacramento County

DANIELS v. COUNTY OF SACRAMENTO PROGRESS REPORT

October 2024



The Youth Law Center, established in 1978, is a national public interest law firm that works to protect children in the nation's foster care and justice systems from abuse and neglect, and to ensure that they receive the necessary parenting, support, and services to thrive. Our core belief is that every child and youth has the potential to live a healthy and productive life. Our mission is to ensure justice for every system-involved child and youth through ensuring effective, developmentally appropriate parenting, strong family and community relationships, freedom from abuse or neglect, appropriate educational support and opportunities, effective health and mental health care, and the ability to become thriving adults.

ACKNOWLEDGEMENTS

We are grateful to the following individuals and organizations for their efforts and support in ensuring that young people in Sacramento County are properly cared for and supported: Sade Daniels; Children's Law Center; Legal Services of Northern California; Disability Rights California; the California Office of the Foster Care Ombudsman; local and national media outlets; Sacramento County's Department of Children, Family, and Adult Services; Sacramento County's Behavioral Health Services Division; and, most importantly, the young people and families impacted by the child welfare and juvenile justice systems in Sacramento County.

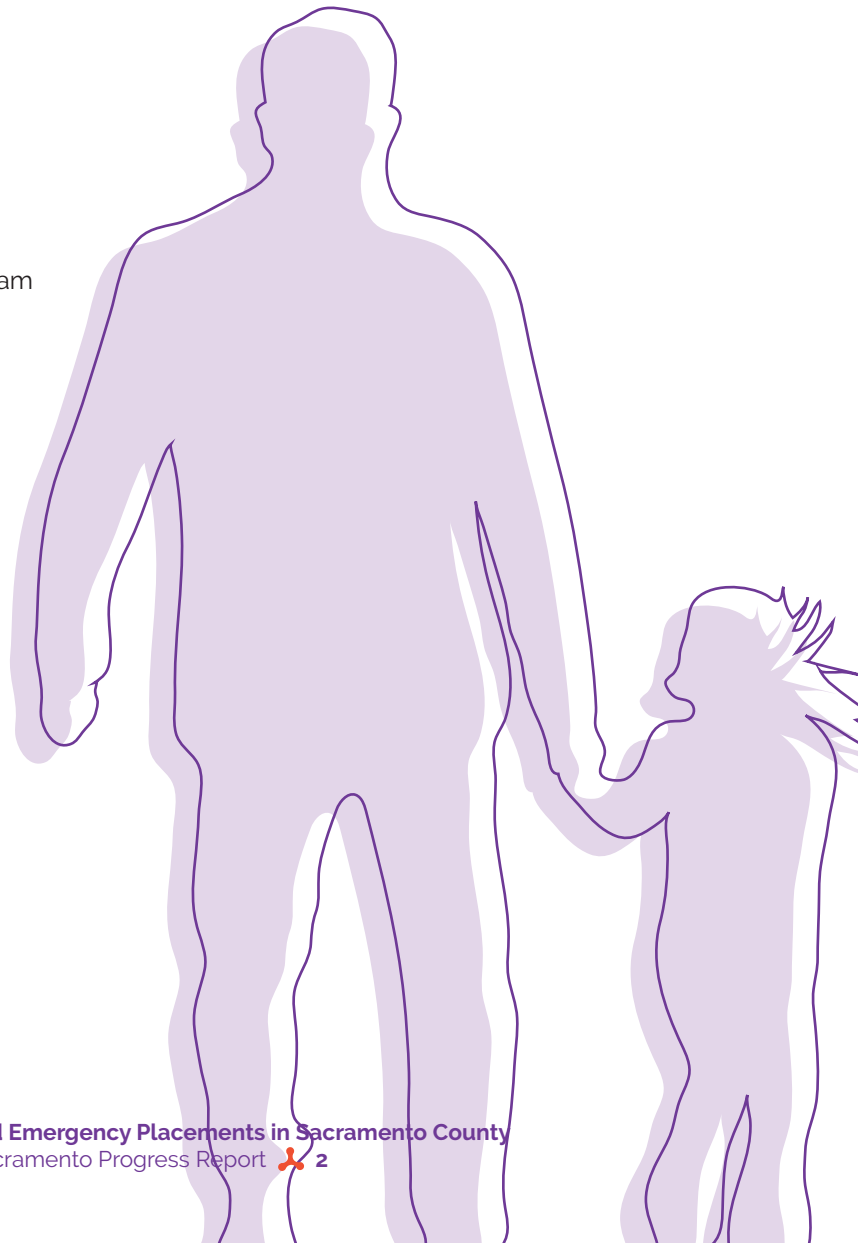
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Acronyms

Below is a list of abbreviated terms used throughout this report. Please see the Appendix for a glossary of key terms.

BHS:	Sacramento County's Behavioral Health Services Division
CDSS:	California Department of Social Services
CPS:	Sacramento County's Child Protective Services Division
CPSU:	Centralized Placement Support Unit
CFT:	Child and Family Team
DCFAS:	Sacramento County's Department of Child, Family and Adult Services
ETCFT:	Expedited Transition Child and Family Team
FIT:	Flexible Integrated Treatment
FFA:	Foster Family Agency
FSP:	Full Service Partnership
ICC:	Intensive Care Coordination
ISFC:	Intensive Services Foster Care
SMHS:	Specialty Mental Health Services
STRTP:	Short-Term Residential Therapeutic Program
TSCF:	Temporary Shelter Care Facility
TBS:	Therapeutic Behavioral Services
TFC:	Therapeutic Foster Care



Introduction



California has been reforming its child welfare system for well over a decade, centering children and families one step and initiative at a time. These efforts have included increased funding for community and family supports and creating systems and processes to better support children at home with families. Finally, in 2017, implementation began in earnest of the state's Continuum of Care Reform (CCR), which was "built around [the notion] that reliance on congregate care should be limited to short-term, therapeutic interventions" and that "all children served by the foster care system need, deserve, and have an ability to be part of a loving family, and not to grow up in a congregate setting."¹

While descriptions of CCR frequently focus on restrictions it placed on congregate care, the reform effort is perhaps more notable for its unprecedented investment in community supports, i.e., the systems needed to support children in family settings instead of in congregate care.² CCR's initial implementation was followed by a succession of financial investments of hundreds of millions of dollars made available to counties to build a foster care system to better support children in community settings and with families.³ However, California has a county-run child welfare system. The State can provide funding and structure, but it is up to the counties to actually use that funding and structure to build something new.

There are many possible approaches to building a foster care system to support children with families and in their community, but three core strategies appear necessary:

1. Increasing kin supports, connections, and placements (including relatives and non-relative extended family members);
2. Connecting youth to community-based therapeutic supports; and
3. Developing emergency home-based options that youth can access when they need them.

Each of these three components contribute to a healthy system. When a county does not build all three, its child welfare system frequently has symptoms of an unhealthy system. For older youth, these symptoms most frequently manifest in a disparately high number of youth needing emergency placements, frequent placement changes, and, in worst case situations, youth missing or living in unlicensed institutions in violation of state law.

For almost a decade, Sacramento County has struggled with emergency placements and placing children in unlicensed settings. Most recently, the County resorted to using a former juvenile detention facility where the youth slept in cells: the Warren E. Thornton Youth Center (WET Youth Center). Also notably, Sacramento County has some of the lowest numbers of youth placed with kin as a first-time placement in California.⁴

As a result of *Daniels v. County of Sacramento*,⁵ filed in June of 2023, the County stopped using the WET Youth Center and pledged to no longer use unlicensed institutions as part of its child welfare system. As described in this report, after years of missteps, the County acted quickly to move children from the WET Youth Center to licensed, appropriate foster homes, including many relative placements. Importantly, the County has used this change as an opportunity for a systemic child welfare reform effort. This reform includes, in part, expanding funding and availability of community-based therapeutic supports for at-risk foster youth, dedicated initiatives focused on increasing connections and placements with kin, an expansion of community-based therapeutic settings through Intensive Services Foster Care (ISFC) for youth with complex care needs, and the creation of several small, home-like emergency settings for older youth. The County has already launched many of these reforms and seen gains quickly in no small part due to multiple departments, including the Department of Child, Family, and Adult Services and the Behavioral Health Services division, working together with support from leadership.

While many of Sacramento's current strategies are best practices, systemic change does not and cannot happen immediately. There is a long road ahead, and much depends on the County's continued willingness to prioritize and staff these reforms. But no reform can happen without the first step, and we believe what is described below is a beginning to real reform.

SUMMARY OF FINDINGS

This report reflects on the first year since the closure of the WET Youth Center in Sacramento and the entry of the court's Final Judgment outlining the County's commitments. While an impressive amount of progress has been made, there is more work to be done.

Sacramento's kinship care numbers have remained low, but the County has initiated several promising partnerships to improve placements with kin, including a Kinship Sprint with Think of Us.

Next steps: *Continuing the new kinship initiatives to create a county-wide focus on kin placements with the ultimate goal of increasing kin-first and predominate kin placements to ensure that children have the opportunity to be at home with family whenever possible.*

The County has taken a number of steps to increase access to community-based mental health services, including expediting referrals, creating more outpatient clinics, and increasing funding for innovative programs to treat youth in foster care.

Next steps: *Continuing the focus and implementation on this excellent work, including tracking appropriate outcome metrics to demonstrate impact, such as more youth accessing services, fewer placement disruptions, and stronger community and family relationships.*

When transitioning youth out of the WET Youth Center, the County leased several residential homes for youth awaiting placement. These homes, referred to as the Welcome Homes, recently received provisional licensure as Temporary Shelter Care Facilities. Forward process has not been without bumps. Licensure took nearly one full year, and some advocates have expressed concerns about the conditions at the homes.

Next steps: *Primarily, taking steps to ensure that no young person is placed in an unlicensed setting. Secondly, but of equal importance, decreasing the number of youth who need emergency placement through the steps described above to increase the number of kin placements and increase access to community-based therapeutic supports so that youth have what they need when they need it and in a family setting whenever possible. We think this multi-tier approach is the only way the County will be successful in helping youth thrive and avoid unlicensed and emergency placements on a sustained basis.*

In writing this report, the Youth Law Center received and reviewed anonymized data provided by Sacramento County. Data production and analysis was delayed due to extensive discussions with the County over the specificity and accuracy of the data. The

County has continued to work with us throughout the process to provide necessary and correct information for this report.

In summary, our analysis finds that Sacramento County is making progress in its efforts to connect youth to community-based mental health services and to develop home-based settings for emergency placements. The County's efforts to increase family-finding and engagement still needs more improvement. Overall, the County's efforts are first steps in what appears to be a systems reform that could help better serve some of the most vulnerable young people in Sacramento County. We have provided a list of recommended next steps at the end of this report.

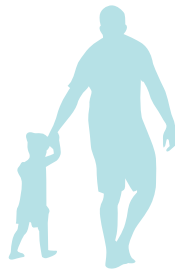
We applaud the County for acting swiftly to close the WET Youth Center and find lawful placements for those youth, and for its continued collaboration with the Youth Law Center.

“When is the best time to plant a tree? Twenty years ago. ... When is the next best time? Now.”

– Richard Powers, The Overstory (2018).



Background



For nearly a decade, Sacramento County moved children and youth in foster care from one unlicensed setting to another. The County previously leased space for its Centralized Placement Support Unit (CPSU) on the campus of the Children's Receiving Home of Sacramento. The CPSU was intended to be an intake unit for youth awaiting placement at a foster home, but in February 2016 the California Department of Social Services (CDSS) cited the County for operating the CPSU as an unlicensed shelter. CDSS found that children and youth brought to the CPSU unlawfully stayed there for extended periods of time, slept on the floor, and went unsupervised. The Youth Law Center sent demand letters to both the County and CDSS to ensure compliance with the law and require closure of the CPSU. CDSS ordered Sacramento County to close the facility by September 30, 2017. However, the County did not ultimately close the CPSU until 2020.

Sacramento County next moved the children and youth to a County-owned office building. That building was not intended to house children, as it lacked beds, showers, and full kitchen facilities. In May 2022, in response to a complaint about unlicensed care, CDSS determined that housing children and youth at the office building "posed an immediate health and safety risk" and that Sacramento County could not continue to house children and youth there.⁶

The County ultimately stopped housing children and youth at the office building in August 2022 and moved them to the more problematic WET Youth Center. The WET Youth Center was a former juvenile justice facility that closed in 2009. The facility was not licensed to care for children in foster care and was harmful to young people who have experienced trauma. Youth and children slept in the facility's original cells that were outfitted with metal bed frames and had their original toilets covered with wooden boxes. Staff prepared microwavable and air fryer meals in a breakroom that also stored cubicles, printers, and office supplies.⁷ In February 2023, CDSS notified Sacramento County that it was operating the WET Youth Center without a license and was required to submit a licensing application within 45 days.

In March 2023, the Youth Law Center sent a [demand letter](#) to Sacramento County to cease operation of the WET Youth Center and develop individual transition plans for every youth currently housed there. The County applied for a license to operate the WET Youth Center as a Temporary Shelter Care Facility (TSCF) in April 2023, but CDSS denied that application in May, finding that the WET Youth Center was "a former youth detention facility, with a jail-like setting," and violated the personal rights of youth in foster care to live in a safe, healthy, and comfortable home, to be placed in the least restrictive setting possible, and to have trauma-informed de-escalation and intervention techniques used without the threat of law enforcement intervention.⁸

Over the next several months, the County and the Youth Law Center engaged in discussions regarding ending the County's use of unlicensed care. In June 2023, the Youth Law Center filed a [taxpayer lawsuit](#) to stop the County from using the unlicensed WET Youth Center to house foster youth and to require the County to build out the necessary programs and services to avoid future use of unlicensed settings. The Youth Law Center and the County simultaneously filed a stipulated Final Judgment in which the County agreed to take specific action to close the WET Youth Center, move all children and youth to licensed placements, seek support from CDSS and experts in areas such as transition services and family finding strategies to prevent the future use of unlicensed placements, and provide quarterly data to assess the impact of their strategies. By June 16, 2023, all youth were moved out of the WET Youth Center. The Court entered the [Final Judgment](#) on June 27, 2023, retaining jurisdiction for five years.

The Youth at the WET Youth Center



To provide a picture of the youth who stayed at the WET Youth Center and to better understand the needs of the youth and the County, we analyzed demographic and stay data provided under the terms of the Final Judgment. In total, from August 2022, when the County began housing youth in foster care at the WET Youth Center, to June 2023, when it closed, **133 children and youth** had stayed there. Many youth experienced long stays, as well as multiple stays, and the youths most represented in this unlicensed setting were Black girls ages 14 through 18.

NUMBER OF EPISODES

Each time a youth left and returned to the WET Youth Center was documented as a separate stay, or episode. For the 133 youth who stayed at the facility, there were 292 individual

episodes. Nearly 50% of the youth (61) who stayed at the WET Youth Center had at least two episodes, while 9% of youth (12) had five or more episodes. A few youth had exceptionally high numbers of episodes—specifically, two youth had 12 episodes and one had 15 episodes. All three of these young people were 17-year-old girls of different races. Some youth experienced several back to back stays with brief gaps (suggesting some stays were essentially one long stay that was documented as separate stays), while others experienced stays spread out over several months. **For the youth with the highest numbers of episodes, from their first entry date to their last release date, they spent more days in the WET Youth Center than not.**

Increased placement instability has a negative effect on safety, permanency, and well-being. Child development research is clear that children need consistency, predictability, and attachment to caring adults to thrive.⁹ Youth who experience numerous placements have been found to experience delayed permanency, academic difficulties, and challenges developing meaningful attachments.¹⁰ Youth placed at the WET Youth Center, especially those who experienced a high number of episodes, are at a greater risk of experiencing the negative effects associated with placement instability.

Chart 1 below shows the distribution in the number of episodes experienced by youth.

Chart 2 shows the percentage breakdown for the number of episodes experienced by youth.

CHART 1. Number of Episodes (Stays) for the 133 Total Youth at the WET Youth Center (Aug 2022 - Jun 2023)

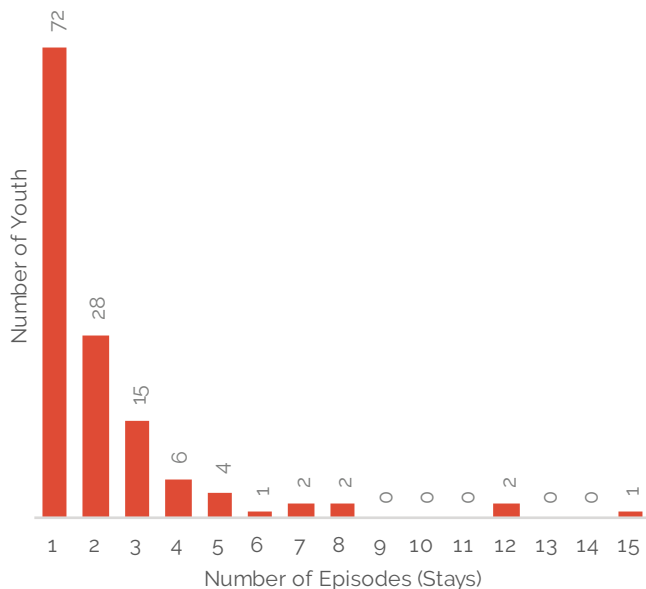
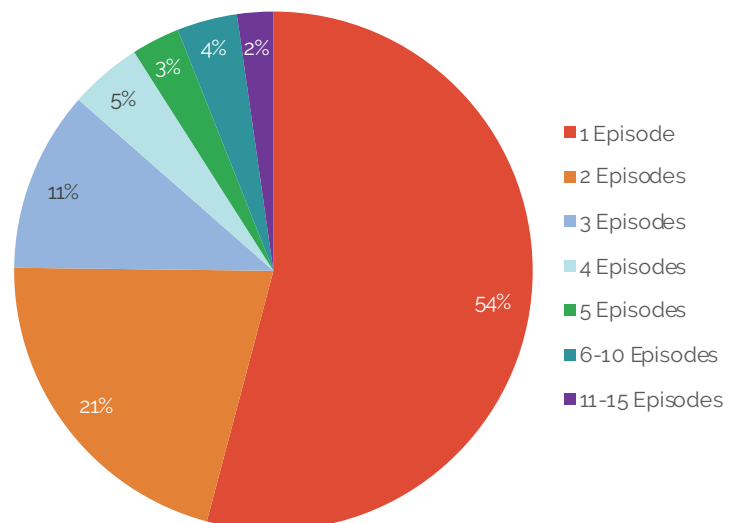


CHART 2. Number of Episodes (Stays) for the 133 Total Youth at the WET Youth Center (Aug 2022 - Jun 2023)



LENGTH OF STAY

Group care settings, such as the WET Youth Center, are harmful to a child or youth's healthy development. Additionally, agencies receiving federal child welfare dollars are required to place children in a "safe setting that is the least restrictive (most family-like) and most appropriate setting available and in close proximity to the parents' home with the best interest and special needs of the child ... [.]"¹¹

Unlawful placements such as the WET Youth Center are by definition not safe settings for youth. A young person who has been removed from their home and family has already experienced trauma, and a group care facility compounds the effects of that trauma by depriving youth of individualized nurturing from engaged adults, as well as opportunities to develop critical thinking and decision-making skills.¹² The longer a youth stays in such a facility, the more harm is caused.

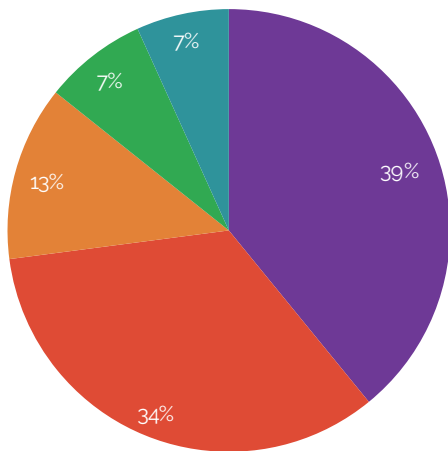
“Unlawful placements such as the WET Youth Center are by definition not safe settings for youth.”

The lengths of stay at the WET Youth Center varied widely for both cumulative and individual lengths of stay. Since many youth had multiple episodes, the cumulative length of stay is based on their combined lengths of stays for all episodes. The individual length of stay is based on the length of an individual episode.

Out of the 133 total youth, nearly 40% of youth stayed for a combined total of 10 days or less, 34% stayed for 11-30 days, and 27% stayed for over 30 days. Several young people stayed over 100 days; the longest total lengths of stay were 200, 190, 166, 146, 108, and 103 days. Four of the youth with the longest lengths of stay were 17-year-old girls, one was a 14-year-old girl, and one was a 15-year-old boy. **Chart 3** shows the breakdown of cumulative lengths of stay.

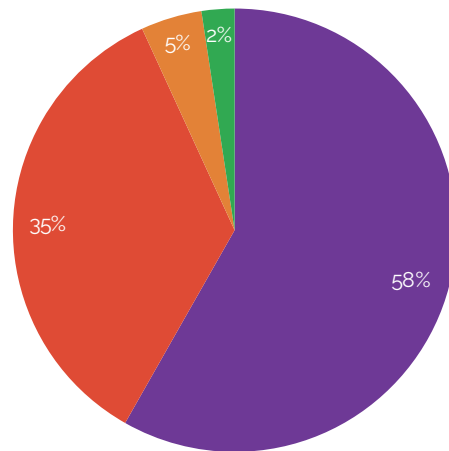
Out of 292 individual episodes, nearly 60% were for 10 days or less, which is the legal limit children and youth may stay in a Temporary Shelter Care Facility—the type of facility license the County eventually sought for the facility and was denied. In addition, 35% of individual episodes were for 11-30 days, and 7% were over 30 days. The longest individual stays were 106, 98, 87, 76, and 75 days. Two of those longest stays were 14-year-old girls, two were 15-year-old boys, and one was a 17-year-old girl. Nearly all of the youth who stayed over 30 days were age 14 or older, but one child was 11 years old and another was 13 years old. **Chart 4** shows the breakdown of individual lengths of stay.

CHART 3. Cumulative Lengths of Stay for the 133 Total Youth at the WET Youth Center (Aug 2022 - Jun 2023)



- 1-10 Days
- 11-30 Days
- 31-60 Days
- 61-90 Days
- 90-200 Days

CHART 4. Individual Lengths of Stay for All 292 Episodes (for the 133 Total Youth) at the WET Youth Center (Aug 2022 - Jun 2023)

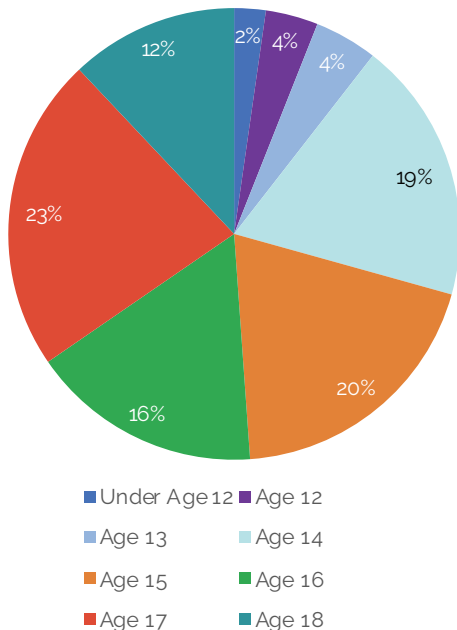


- 1-10 Days
- 11-30 Days
- 31-60 Days
- Over 60 Days

AGE

Of the 133 youth, 90% were ages 14 to 18, while 8% were ages 12 and 13, and 2% were under age 12. The youngest children included a one-year-old whose mother was housed in the facility; they were there together for a total of four days. Other young children included a 10-year-old who was there for 10 days and an 11-year-old who was there for 36 days. As discussed above, long stays in group care facilities are harmful for youth, but any length of stay in group care is particularly harmful for younger children, and the WET Youth Center was entirely unsuitable for infants.¹³ **Chart 5** shows there were similar percentages of youth from ages 14 to 18, but youth age 17 made up the highest percentage at 23% of the youth in the WET Youth Center.

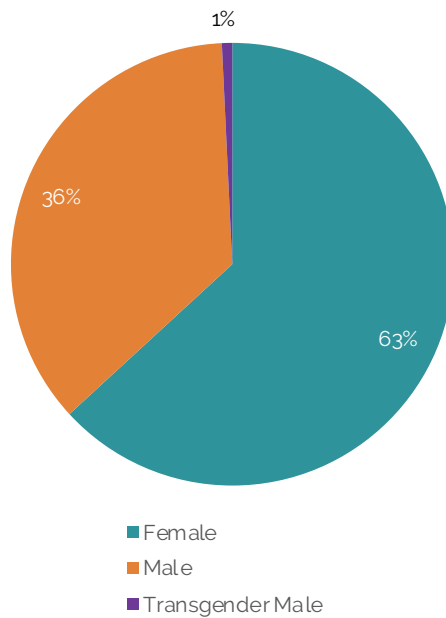
CHART 5. Age of the 133 Total Youth at the WET Youth Center (Aug 2022 - Jun 2023)



GENDER

Sixty-three percent of the 133 youth at the WET Youth Center were identified as cisgender female, 36% were identified as cisgender male, and 1% were identified as transgender male. There were nearly twice as many girls as boys in the facility, and the majority of youth with the 10 highest number of episodes and 10 longest lengths of stay, both cumulative and individual, were girls. **Chart 6** shows the breakdown of youth by gender.

CHART 6. Gender of the 133 Total Youth at the WET Youth Center (Aug 2022 - Jun 2023)

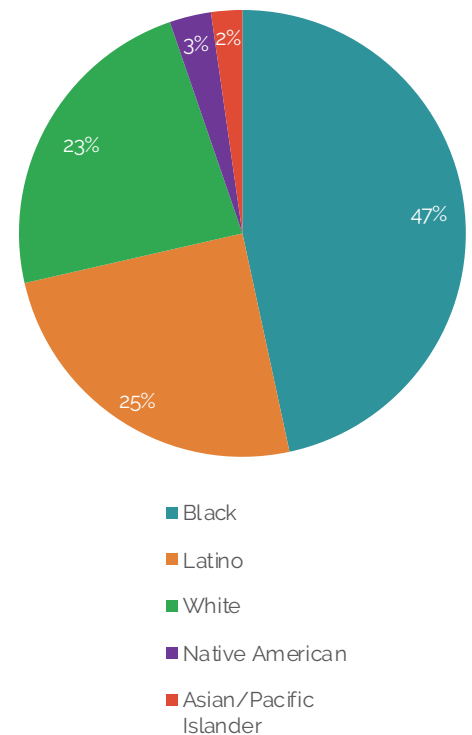


RACE AND ETHNICITY

Black children and youth were most harmed by the County's use of unlicensed care, as they made up the largest percentage of youth at the WET Youth Center and were also over-represented when compared to the County's foster care population and general population of children. About 10% of Sacramento County's general youth population is Black¹⁴ while 34% of Sacramento County's foster youth are Black¹⁵—already reflecting a significant disparity—but a striking **47%** of the youth at the WET Youth Center were Black.

Chart 7 shows the full breakdown for the five main race and ethnicity categories. While nearly 50% of youth were Black, 25% were Latino, 23% were white, and Native American and Asian/Pacific Islander youth combined made up only 5%.

CHART 7. Race/Ethnicity of the 133 Total Youth at the WET Youth Center (Aug 2022 - Jun 2023)

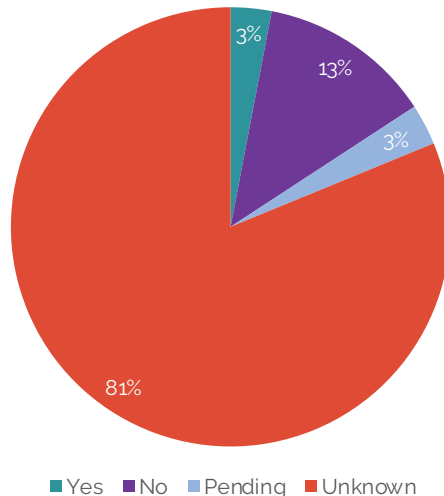


TRIBAL MEMBERSHIP STATUS

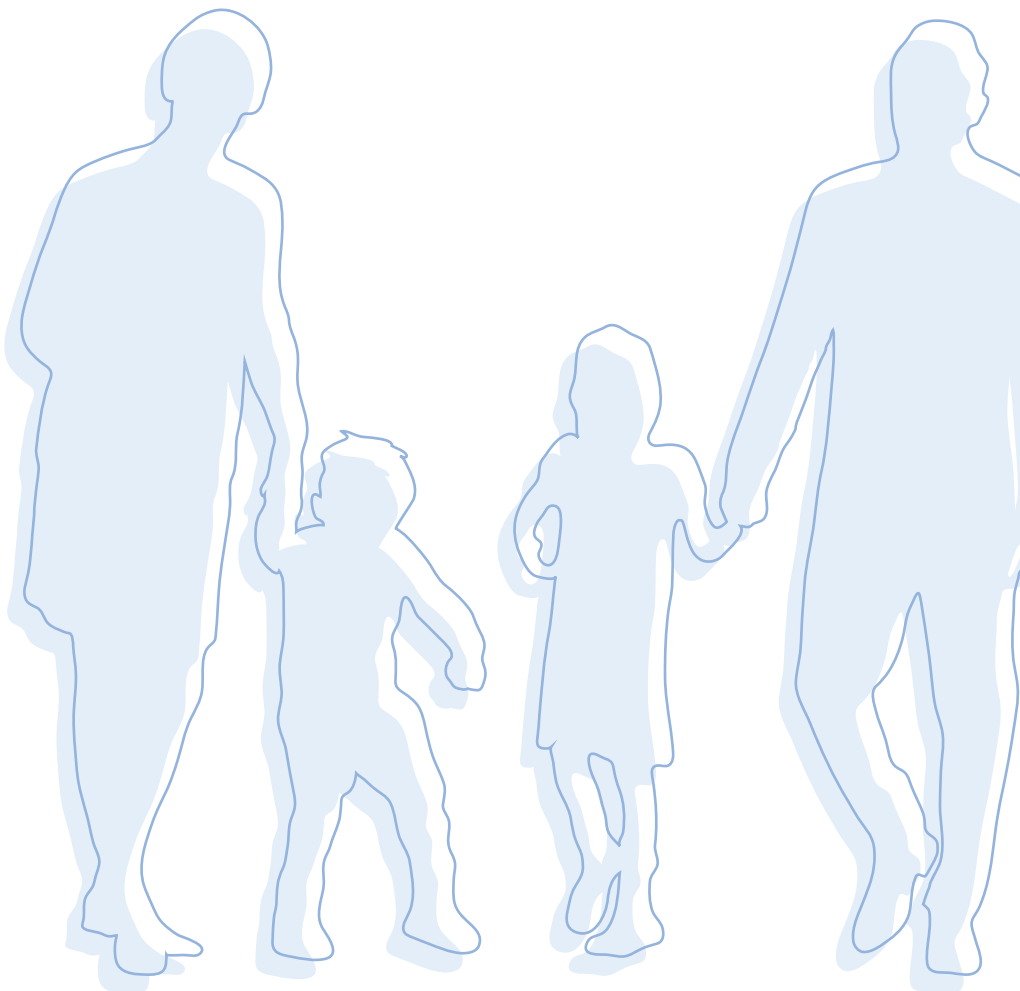
Courts, county welfare departments, and probation departments all have an affirmative and continuing duty to inquire whether a child may be an Indian child in order to ensure that the requirements of the Indian Child Welfare Act of 1978 (ICWA) are followed. The purpose of ICWA is "to protect the best interest of Indian Children and to promote the stability and security of Indian tribes and families by the establishment of minimum Federal standards for the removal of Indian children and placement of such children in homes which will reflect the unique values of Indian culture..."¹⁶ ICWA was enacted "in response to unwarranted removal of Indian children from their families and tribal communities in alarming numbers."¹⁷ ICWA contains additional protections to help ensure that tribal youth or those who are believed to be connected to a tribe who do enter the foster care system are placed in family-based settings.

In order to comply with ICWA requirements, including providing notice to the designated tribal representative and placing a youth with available extended family or their tribe, the County must know a youth's tribal membership status.¹⁸ As shown in **Chart 8** below, the County did not know whether more than 80% of youth at the WET Youth Center had membership or eligibility for membership in a tribe. When asked about this data discrepancy, the County shared that they will develop and provide new training to ensure tribal membership status is appropriately recorded going forward. We hope we are able to share more accurate information in future reporting.

CHART 8. Membership, or Eligibility for Membership, in a Tribe for the 133 Total Youth at the WET Youth Center (Aug 2022 - Jun 2023)



“...the County did not know whether more than 80% of youth at the WET Youth Center had membership or eligibility for membership in a tribe.”



The County's Three-Pronged Approach to Cease Unlicensed Care at the WET Youth Center



In compliance with the court's Final Judgment, by June 16, 2023, Sacramento County had moved all children and youth out of the WET Youth Center to licensed placements or temporary placements pending licensure. To do so, the County focused on three main strategies:

1. Increasing family finding and engagement;

2. Connecting youth to community-based mental health services; and

3. Developing home-based settings for emergency placements.¹⁹

As an essential part of this approach, the County was also required to convene Expedited Transition Child and Family Team (ETCFT) meetings to develop individualized plans to transition each youth who was staying at the WET Youth Center to an appropriate licensed placement as expediently as possible. The ETCFT meetings were modeled on the Child and Family Team (CFT) principles and structure outlined in state law,²⁰ with enhanced requirements to support greater participation and collaboration, frequent communication, and clear actions for successful transition planning for each youth. For example, the transition plans needed to identify strategies for family finding and engagement, assessments to be completed, specific supports or services to be provided, safety risks, and logistical, back-up, and teaming plans. The ETCFT was required to set

clear deadlines for each task or goal and communicate frequently with the youth and family, as well as with each other.

To increase family finding and engagement, the County sought technical assistance from state entities and engaged with outside consultants. The Catalyst Center²¹ presented a detailed proposal to support transition services and make connections, and the Center for Excellence in Family Finding, Engagement, and Support helped the County identify the need to broaden its definition of "kin" to align with recent state law changes and to re-evaluate family members who had previously been excluded.²² The County re-evaluated those homes based on the newly available exemptions and processes. The County also broadened the role of kin in the foster care process beyond placement; even if a young person was not able to live with kin, they were still engaged as supports, dinner partners, confidants, and other roles to strengthen and grow the relationship youth have with caring adults.

To connect youth to community-based mental health services, the County's Department of Child, Family, and Adult Services (DCFAS), including its Child Protective Services (CPS) division, worked closely with the county Behavioral Health Services (BHS) division. They set priorities and problem-solved in order to connect youth who were housed at the WET Youth Center to appropriate mental health services

during their stay, as well as during their transition to a licensed placement. These services included Intensive Care Coordination (ICC), substance use and prevention treatment services, and intensive mental health services, such as High Fidelity Wraparound or a Full Service Partnership.

Finally, the County developed emergency placements based in small houses, rather than institutional facilities. These houses, known as the Welcome Homes, provide short-term options in residential neighborhoods where youth can be connected to necessary services while the County continues to look for family-based placements. The County initially leased three houses, each for a different population of youth: girls; boys; and special circumstances, such as siblings or parenting youth. For each of these homes, the County applied for Temporary Shelter Care Facility licenses with a maximum capacity of 6 youth. Youth are only permitted to stay up to 10 days in TSCFs, meaning that the County is limited not only in the number of youth they can house in the Welcome Homes, but also in the length of time each youth can stay at a Welcome Home, with the goal of preventing the long stays experienced by so many youth at the WET Youth Center.

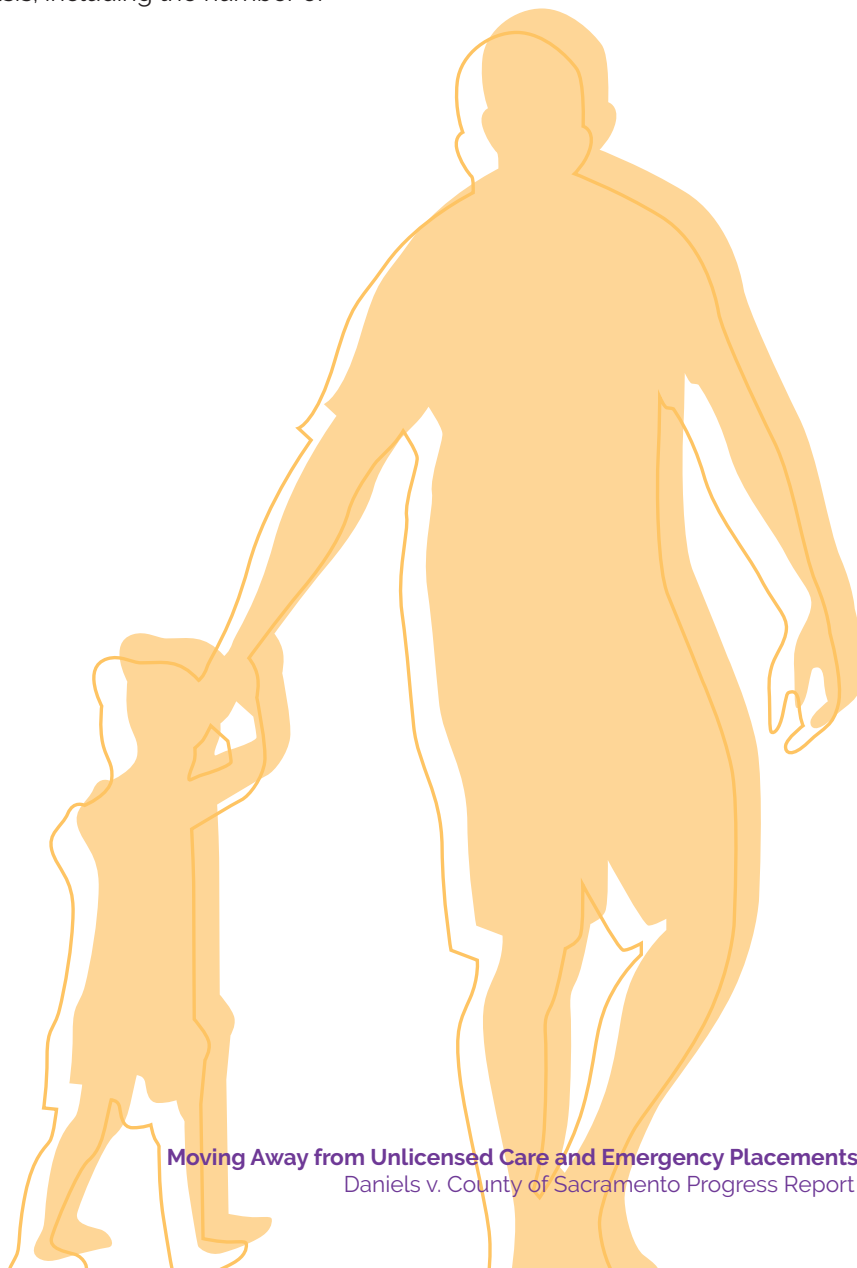
Assessment of the County's Progress



The goal of the Youth Law Center's work with Sacramento County was to help stop a cycle of utilizing unlicensed settings to house youth in foster care and to build out and prioritize community-based services and supports that enable youth to remain in family-based settings. The County successfully closed the WET Youth Center, but lasting change requires ongoing efforts and transparency about outcomes and data. Under the Final Judgment, the County is required to provide de-identified data on a quarterly basis, including the number of

youth placed with kin and the number of youth linked to mental health services. The County and the Youth Law Center are also required to conduct quarterly status conferences concerning the Final Judgment for three years and can bring the matter back to court if needed. These provisions allow the parties to exchange information and assess the impact of the County's efforts, as well as to brainstorm what other strategies can or should be considered.

To evaluate the County's progress in preventing unlicensed care in compliance with the Final Judgment, we have grouped its various actions and efforts under the three-pronged approach in the previous section and assessed whether the County is "Meeting Expectations," "Making Progress," or "Needs Improvement" in each of the three categories. Our assessment is based on the County's statements about its efforts, as well as documentation and data it provided. For this report, we find that the County is **making progress** in its efforts to connect youth to community-based mental health services and to develop home-based settings for emergency placements. The County's effort to increase family-finding and engagement, however, still **needs improvement**.



INCREASING FAMILY FINDING AND ENGAGEMENT

Finding: Needs Improvement

Sacramento County has taken some positive steps to increase the rate at which youth are placed with kin, which includes both relatives and non-relative extended family members (NREFMs), but more work is required.²³ The County was required to utilize all available resources and supports, including those listed in CDSS's Complex Care Resource Guide,²⁴ to find appropriate licensed placements for all children and youth in care from the date of the Final Judgment forward. These resources include consultation and technical assistance from CDSS and other experts on issues including transition and permanency planning, family finding, recruitment, and supporting youth with higher needs in the least restrictive setting. The County was also encouraged to utilize innovative foster care delivery models, such as Mockingbird Family's extended family network,²⁵ and the Children and Youth System of Care Strike Team.²⁶

Over the past year, the County has utilized many, but not all, of these resources. For example, the County did not seek permanency planning support and case consultations from trauma and family engagement experts. To its credit, however, the County acknowledges its need for improvement and has taken some initial and encouraging steps toward prioritizing family finding and kinship care.

Kin-First Initiative and Kinship Sprints

For youth in foster care who have been removed from their homes, maintaining familial connections is critical to the child's well-being. Maintaining these connections minimizes trauma

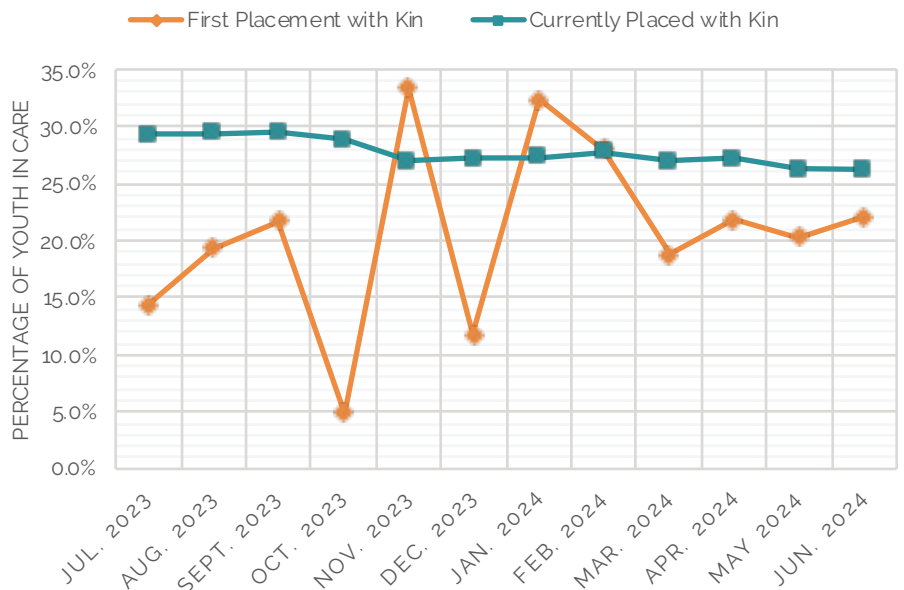
and placement disruption, and leads to better mental and behavioral health outcomes and opportunities for permanency.²⁷ Social workers are also required by law to conduct an investigation to identify and contact relatives once a child has been removed from the physical custody of their parents, and preferential consideration is given to relatives, which includes NREFMs.²⁸ The County has struggled to place youth in foster care with family members, especially as a first placement, but has initiated efforts, as described below, to improve their practices and increase their kinship care numbers.

Chart 9 shows the percentage of youth in kinship care from July 2023 to June 2024, based on the County's data. On average, the County placed 20.7% of youth entering care with kin as their first placement. November and January saw rates over 30%, while July, October, and December were lower than

15%, with October as low as 4.8%. The County's rates for overall kinship care (all youth in care who are placed with kin) for the same time period was more consistent, ranging between 26.2% and 29.5%. However, as the chart shows, the overall rate has trended slightly downward over the past year.

In the fall of 2023, the County launched its Kin-First Initiative to "strengthen kin-first culture, provide upfront family engagement, enhance family finding, and support kinship caregivers and the children in their care."²⁹ The initiative is a partnership between Sacramento County and Casey Family Programs that includes support from CDSS, the UC Davis Center for Excellence in Family Finding, Engagement, and Support, Think of Us, and Implematix. Think of Us is a child welfare research and design lab, and Implematix partners with state and local agencies to improve the provision of services to people in need.³⁰

CHART 9. Percentage of Youth in Kinship Care (Jul. 2023 - Jun. 2024)



The County's work with Think of Us includes participating in its Kinship Accelerator program. The Kinship Accelerator is designed in partnership with CDSS, the Center for Excellence, Casey Family Programs, and eight counties, including Sacramento. The Kinship Accelerator provides a forum for technical assistance and resource-sharing, and includes data profiles and Kinship Sprints to the participating counties. A Kinship Sprint is an in-depth, on-the-ground strategy to understand how a county's child welfare system is working and what gaps exist. Sacramento County is the first of the participating counties that will receive a Sprint. The County's participation in this program is a significant and promising step forward, but this work is only just beginning.

Other Technical Assistance and Outside Support

The County reported that it has utilized several other third party resources to address family finding practices. For example, the County shared that county staff have attended webinars provided by the Center for Excellence in Family Finding, Engagement, and Support and attended meetings with the Catalyst Center. The County also reported that it has consulted with Alia, a Minnesota-based nonprofit that helps redesign child welfare systems around supporting families, on supportive transition services for youth who were at the WET Youth Center, as well as some youth at the Welcome Homes.

Updated Family Engagement Strategies

Families can be engaged as additional supports in a youth's life even when they are unable to live together, providing the opportunity to build or maintain relationships. These supports can include participation in CFT meetings, providing respite for caregivers, providing transportation for the youth, attending school or sporting events, or having meals together. The County reported that it has enabled relatives who are unable to care for a youth to still participate in the youth's life in some way, building out a youth's support network and increasing opportunities for placement in the future.

CONNECTING YOUTH TO COMMUNITY-BASED MENTAL HEALTH SERVICES

Finding: Making Progress

The County has taken a number of steps toward better access and availability of mental health services for youth in foster care. Many of these efforts are new and still being implemented, but we are encouraged by the variety of strategies, the specific focus on youth in foster care, and the collaboration among system partners.

The County's Behavioral Health Services Division was required to make mental health and substance use treatment services available to every youth at the WET Youth Center during their stay and throughout their transition to a licensed placement. Required services included Intensive Care Coordination (ICC) to identify and access appropriate services, facilitate transition planning, and support the child's overall well-being. Required services also included substance use and prevention treatment services, and intensive mental health services such as High Fidelity Wraparound or a Full Service Partnership, if indicated. Additionally, every child and youth who spent at least seven cumulative days at the WET Youth Center were to be referred to and promptly receive ICC and Therapeutic Behavioral Services (TBS), unless their CFT determined that TBS were not appropriate.

As discussed in more detail in the following sections, the County has made a number of changes to increase the provision of behavioral health services for children and youth in care, especially for youth with higher needs for intensive therapeutic services.

New CPS and BHS Planner Liaison

The County has created a new role to serve as the liaison between CPS and BHS, in order to improve communication and service provision. The Planner Liaison will help identify appropriate service types and expedite referrals when needed. So far, the Liaison has conducted listening sessions with Foster Family Agencies (FFAs) and provided technical assistance to social workers. As coordination and collaboration between CPS and BHS were key to moving youth from the WET Center to licensed care, this is a positive step that demonstrates the County's commitment to providing necessary services to youth in foster care and preventing the use of unlicensed placements.

New Youth Intensive Placement Pool

The County increased funding for several mental health contracts serving children and youth in child welfare placements and combined those contracts into one funding pool with a total of \$13,550,000 (an increase of more than \$9 million) available for this population. The new Welcome Homes are included in this funding pool, as well Therapeutic Foster Care (TFC) homes, Intensive Services Foster Care (ISFC) homes, Short-Term Residential Therapeutic Programs (STRTPs), Wraparound services for youth stepping down from STRTPs, and other innovative settings. The County is also utilizing an open enrollment process to enable more providers with the requisite staff, training, and documentation to participate.

This pooling strategy has allowed the County to build out a continuum of placements and services. A Foster Family Agency (FFA) that provides TFC or ISFC services can request a mental

health contract with BHS to provide outpatient Specialty Mental Health Services (SMHS) so long as they meet minimum qualifications, including staffing, Medi-Cal certification, and capability to provide the full array of SMHS.³¹ Additionally, FFAs and STRTPs can request a mental health contract with BHS to provide high fidelity Wraparound services, Flexible Integrated Treatment (FIT), and TBS to youth throughout their time in foster care.³² These changes allow services for a youth to be delivered by one provider, expands the pool of mental health providers, promotes continuity of care and placement stabilization, and leverages the FFAs' long standing relationship with foster parents they have trained.

The County reported several additional changes to STRTP programs. For example, Medi-Cal rates for STRTP providers who prioritize young people from Sacramento County have been increased as one approach to address the lack of programs serving local youth. Additionally, the increased funding will help facilitate hiring and retention of staff to work with youth displaying heightened mental and behavioral health symptoms and prepare providers for increased utilization of services. While these strategies will reduce the distance of placement for some youth, community-based services should be prioritized over more residential placements. The County must continue investing in both preventative and intensive community-based services that support young people in their current homes and placements.

In fact, the County has explored several innovative models of care that could be expanded or built upon. The County has developed STRTPs of one and two, in which the program is designed specifically for those one or two youth, and bridges to ISFC homes where youth can stay until intensive services and family engagement are arranged.

In 2023, the County submitted at least eight Complex Care Child-Specific Requests for Exceptional Needs to support STRTPs-of-one and STRTPs-of-two. This individualized STRTP model employs intensive staffing ratios, multi-systemic involvement, and a range of intensive supports and services.³³ The County also received complex care funding to provide an enhanced ISFC rate for FFA placements, substance use treatments, and additional supervision. While these services were funded through AB 153 complex care funding, they are the kinds of innovative services that can be continued through the new funding pool.

Increased Access to Outpatient Services

The County reported that the Flexible Integrated Treatment (FIT) program has added at least 15 walk-in clinic sites and the Transition Age Youth Full Service Partnership (FSP) has added at least two walk-in clinic sites. These outpatient clinics allow resource parents to access behavioral health services without first calling the Mental Health Access Line. Families can find providers accepting new clients by reviewing the [Adult and Child Provider Walk-In Hours List](#) available online and updated weekly. Each site will offer the youth and their caregiver a choice of having an immediate assessment for behavioral health services or scheduling an assessment for a later date.

The County's BHS also worked with CPS to identify high-need zip codes based on a combination of the highest number of CPS reports, CPS reports of Black children, high child deaths, high youth suicide rates, high poverty, fewer resources, and high call volume into the CPS system. BHS is adding more FIT locations for children's outpatient mental health services in those areas, but intends to form relationships

around the county and have providers partner with trusted community-based organizations who have capacity and a desire to host outreach, engagement, or mental health services for families.

Increased Referrals to Therapeutic Behavioral Services

Therapeutic Behavioral Services (TBS) are one-on-one mental health services targeting one or two specific challenging behaviors for an individual youth, providing assistance in managing or reducing the behavior, as well as strategies and skills to increase success in the youth's current environment. Previously, the County provided TBS to youth once they received a placement removal notice, commonly referred to as a "14-day notice." Placement changes not only disrupt a youth's stability in a home-based setting, but can also disrupt their school attendance, participation in enrichment activities, and connections to family members, friends, and other supportive adults. Preventing a placement change can help protect a youth's stability and opportunities for normalcy and healing.

After receiving an average of 50 unduplicated 14-day notices a month, the County decided to provide TBS at the first indication of destabilization, in order to prevent the issuance of a 14-day notice. For youth in foster care who are already linked to behavioral health services, the County reported that it amended its contracts to allow providers to make referrals for TBS within one business day of a crisis that threatens the youth's placement stability, in addition to providing ICC for continuity of services, and providers are expected to begin services within three days of the referral. The County also reported that the contracts require a TBS referral for all youth who are newly placed into sheltered care, meaning that all youth at the Welcome

Homes should receive a TBS referral. To facilitate this expedited referral process, the County increased available funding for TBS from \$1.1 million to \$4.6 million, which allowed the County to expand TBS capacity by 25% and increase compensation for this specialized staffing.³⁴ According to the County, in October 2023 (before the contracts were amended in November) 84% of 100 TBS slots were utilized, and by March 2024, 94% of 125 slots were utilized. Given the importance of providing therapeutic services to support a youth's well-being and placement stability, these changes could have a significant positive impact on youth in foster care with higher needs.

Provision of ICC and TBS to Youth Who Were at the WET Youth Center for One Cumulative Week

As mentioned above, for every child and youth who spent at least seven cumulative days at the WET Youth Center from August 2022 to June 2023, the Final Judgment required that they be referred to and promptly receive ICC and TBS, unless their Child and Family Team determined that such services would be inappropriate. ICC is an important service to help facilitate the coordination and provision of other services, and TBS helps manage challenging behaviors to allow youth to be successful in their current environments. These services are very likely to support the identification of an appropriate placement and the necessary services for those youth who remain without family-based placements.

The County provided data on the number of eligible youth who received ICC and TBS, and that data is summarized in the following charts. As noted above, a total of 133 youth spent time at the WET Youth Center, and, according to the County's analysis, 60 youth were

there for at least 7 cumulative days.³⁵ Of those 60 youth, **Chart 10** shows the number of youth who did and did not receive ICC and TBS.

Although not all eligible youth received ICC services, more than two-thirds did. ICC is a type of Specialty Mental Health Service (SMHS), and all youth with child welfare involvement are categorically eligible for SMHS.³⁶ ICC can be particularly important for youth with higher needs because an ICC Coordinator helps ensure that all necessary assessments, referrals and linkages to services and supports occur; facilitates collaborative relationships between the youth, their family, and other systems partners; supports the caregivers in meeting the youth's needs; and provides coordinated care planning to allow the youth to be served in their community, in the

least restrictive setting possible.³⁷ In other words, ICC can help to ensure that those youth who spent a significant period of time at the WET Youth Center have the necessary supports to prevent the kind of placement instability that led to their stay at the WET Youth Center.

Unfortunately, according to the County, **zero** eligible youth received TBS. **Chart 11** shows the various reasons the County cited for not providing TBS to these youth. More than half of youth were indicated to have declined to participate or engage in TBS. Seventeen percent were indicated as already receiving, or having previously received, Wraparound or FIT services. However, TBS is never a stand-alone intervention and is used in conjunction with other therapeutic services, so the County should ensure any

eligible youth receiving other services also receive TBS. Additionally, the County reported unknown reasons for one-fifth of these youth, and another eight percent were indicated as either returning home and no longer being in care, or being "AWOL," which refers to a youth who is "absent without leave" or otherwise absent from their placement.

The County acted quickly to transition youth out of the WET Youth Center and into licensed settings, and now they must ensure that all eligible youth are receiving the appropriate services to support their success in these licensed settings and to prevent potential future placement disruption. Despite the passage of time since these youth transitioned out of the WET Youth Center, the County should continue efforts to provide any additional eligible youth

CHART 10. Youth at the WET Youth Center for 7 Cumulative Days

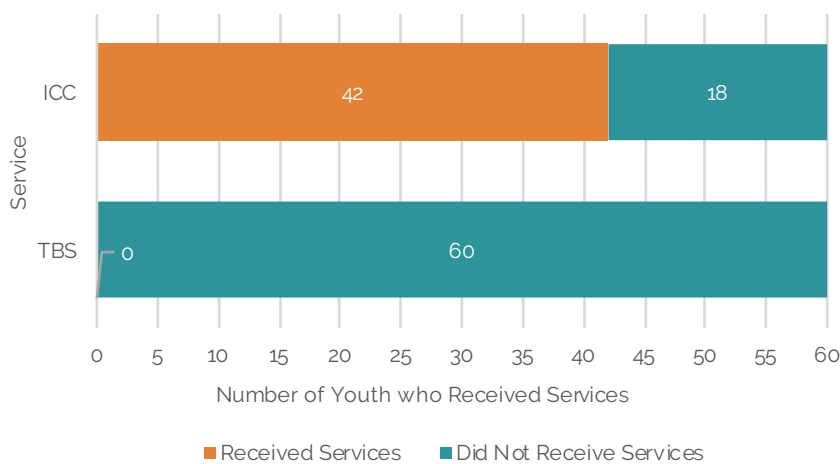
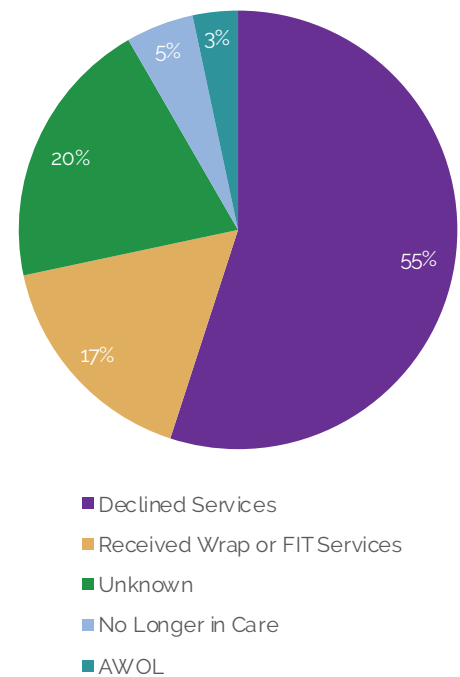


CHART 11. Reported Reasons that Youth at the WET Youth Center for 7 Cumulative Days Did Not Receive TBS



with these services to ensure they have all necessary supports to maintain placement stability, especially given the increased funding for TBS and enhanced focus on providing mental health services for youth in foster care.

Quarterly Data on the Array of Mental Health Services Provided

The Final Judgment requires de-identified data on the mental health services provided to foster youth each quarter, including an aggregated weekly record of the array of mental health services offered and the number of minutes per week each youth received each specialty mental health service. After receiving the first round of quarterly data in November 2023, the Youth Law Center and the County engaged in extensive discussion and negotiation regarding specific data that would satisfy the requirements in the Final Judgment. We also discussed

clarifications and corrections to the data provided, and eventually we agreed on updated terms.

The County has now provided data reflecting the average number of hours per week that each type of mental health service was provided to all youth in foster care, as well as the total number of youth in foster care who were linked to each type of mental health service. In addition, the County has provided the same metrics for youth at risk of placement instability, which is defined as youth who stayed at a Welcome Home, who received a 14-day placement removal notice, or who experienced both during the relevant quarter.

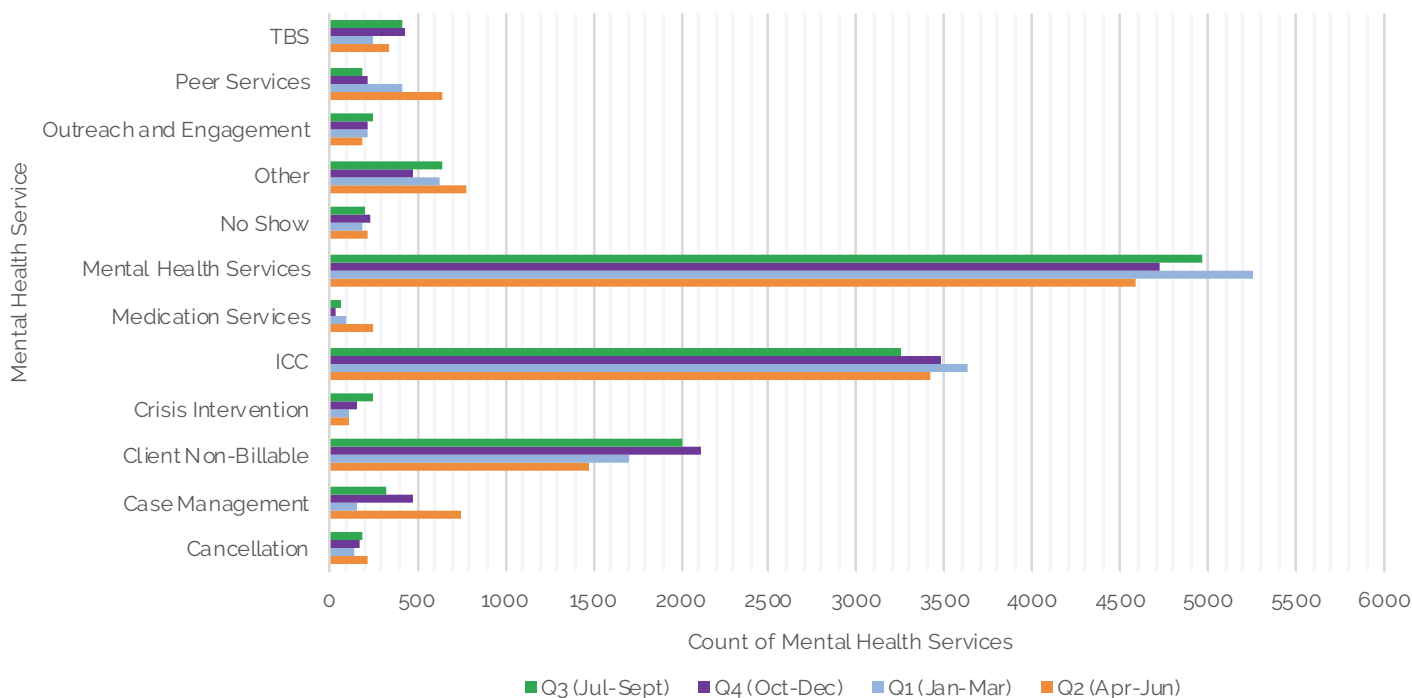
All Foster Youth

Chart 12 shows the total number of mental health services provided to youth in foster care through the County's BHS division for Quarters 3 and 4

of 2023 and Quarters 1 and 2 of 2024. These totals are aggregated from weekly totals throughout the quarter, so they reflect duplication of youth who received services during multiple weeks, multiple sessions of services each week, and multiple types of services each week.

Looking across this one-year span, there were several increases in critical services from the first quarter to the last. For example, the number of peer support services provided to youth in foster care increased more than three-fold from Quarter 3 of 2023 to Quarter 2 of 2024. The number of ICC services steadily increased until declining in the final quarter, yet still remained higher in the final quarter than in the first. The provision of case management services fluctuated throughout the year, but more than doubled from the first quarter to the last. These are critical community-based services and suggest that the County's investments are on the right track.

CHART 12. Total Count of Mental Health Services Provided to Foster Youth (Q3 2023 - Q2 2024)



On the other hand, the provision of other important services fluctuated significantly and ultimately decreased from the beginning to the end of the one-year period. The number of general mental health services (which are defined as individual or group therapies and interventions that are separate from other types of intensive and rehabilitative specialty mental health services) peaked in Quarter 1 of 2024, then dropped to its yearly low in Quarter 2. The provision of TBS decreased by about half between Quarter 4 of 2023 and Quarter 1 of 2024, and despite increasing in the final quarter, was still lower than in the first. Although the County reported an increase in TBS for all Sacramento County youth by March 2024, the numbers are still fairly low and it is likely that most youth in care received less intensive services over TBS. **In general, the large number of ICC and general mental health services provided reflects that many youth in foster care are at least receiving some form of coordinated mental health care.**

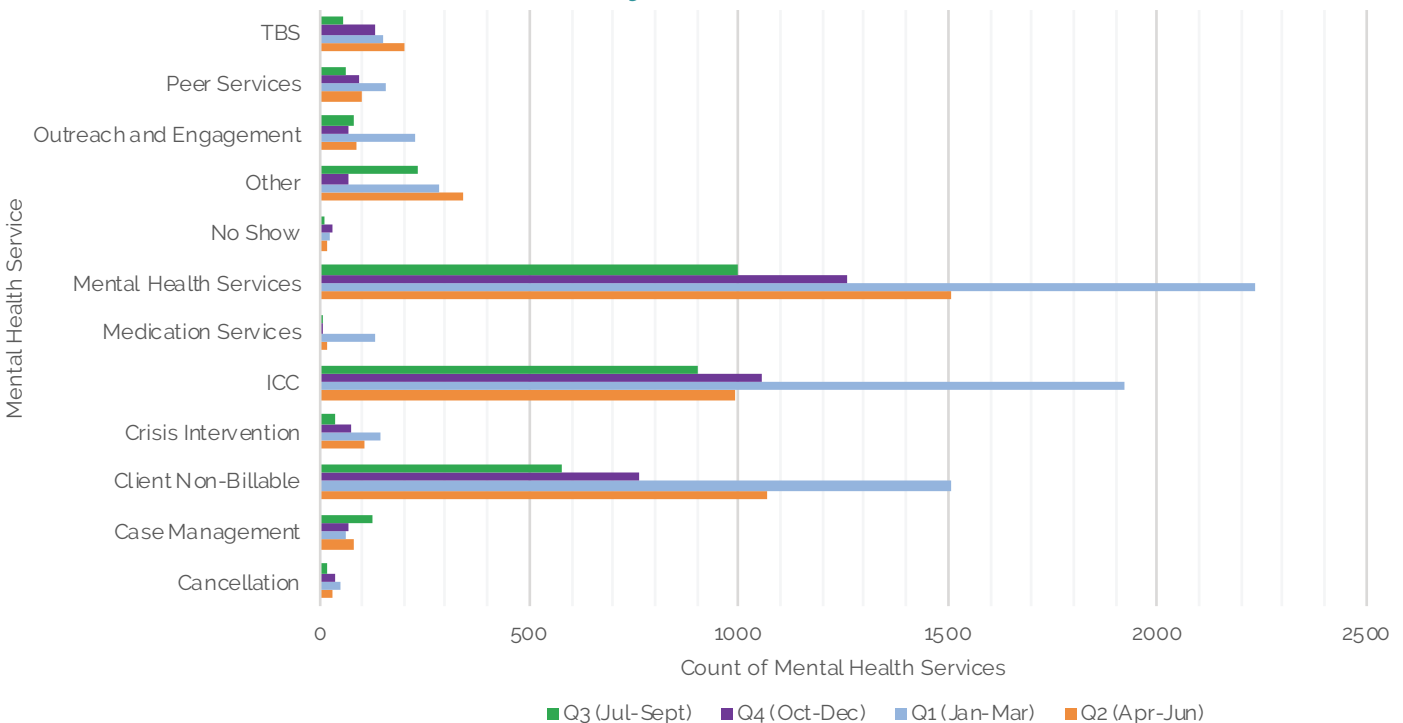
Foster Youth at Risk of Placement Instability

To better understand how the County is meeting the needs of youth most at risk of placement instability (i.e., those youth likely to be housed at the WET Youth Center if it were still in operation), we identified three subgroups on which to focus: youth who stayed at a Welcome Home; youth who received a 14-day notice; and youth who both stayed at a Welcome Home and received a 14-day notice during the quarter (in order to avoid duplication).

Chart 13 shows the total number of mental health services provided to foster youth at risk of placement instability for Quarters 3 and 4 of 2023 and Quarter 1 of 2024. Just like Chart 12, these totals are aggregated from weekly totals throughout the quarter, so they reflect duplication of youth who received services during multiple weeks, multiple sessions of services each week, and multiple types of services each week.

Unlike the total foster care population, the provision of TBS for youth at risk of placement instability increased each quarter, with the final quarter, Quarter 2 of 2024, nearly four times higher than the first quarter, Quarter 3 of 2023. This suggests a positive impact of the County's decision to increase funding and expedite referrals for TBS and possibly reflects a focus on the most vulnerable youth in foster care. Most other services, including ICC, peer services, crisis intervention, and general mental health services, rose dramatically from Quarter 4 of 2023 to Quarter 1 of 2024, then sharply declined in Quarter 2. It is unclear if this is because the overall number of youth at risk of placement instability decreased, or if other factors contributed to this drop. It will be important for the County to continue analyzing its mental health services data to determine whether foster youth are receiving necessary services, and if not, what policy and practice changes they must make.

CHART 13. Total Count of Mental Health Services Provided to Foster Youth at Risk of Placement Instability (Q3 2023 - Q2 2024)



OPERATING LICENSED HOME-BASED SETTINGS FOR EMERGENCY PLACEMENTS

Finding: Making Progress

Overall, the County has made progress since utilizing the unlicensed WET Youth Center to care for children and youth in foster care. **All of the Welcome Homes currently in operation are provisionally licensed by CDSS as temporary shelter care facilities.**

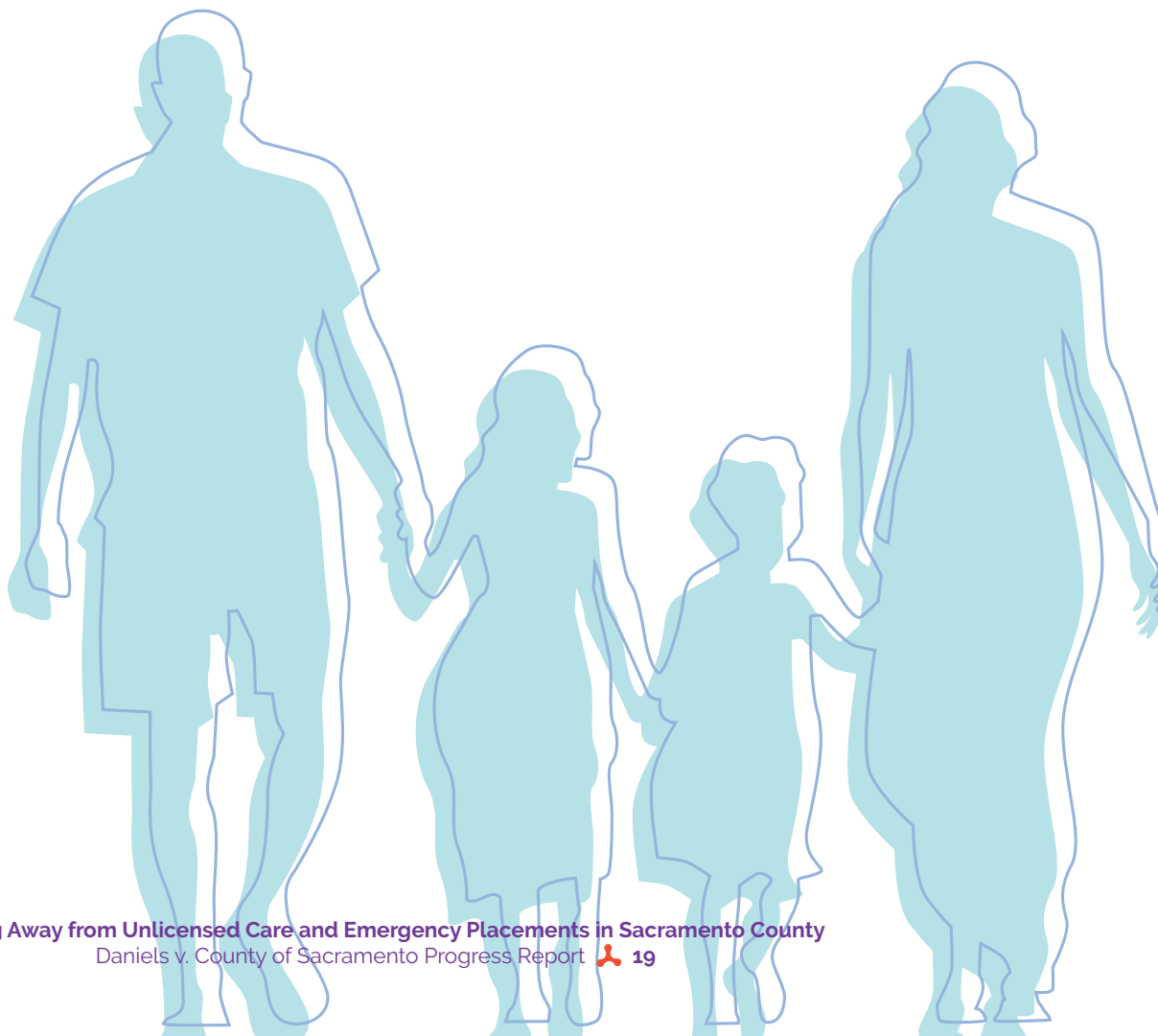
A provisional license indicates that (1) the facility is in substantial compliance with applicable law and regulation; (2) an urgent need for licensure exists; and (3) a corporate applicant's board of directors, executive director, and officer are eligible for licensure.³⁸ CDSS's Community Care Licensing Division can issue a provisional license for up to six months or 12 months if it believes full compliance with licensing regulations will be achieved in that time frame.³⁹

It is impressive and commendable that the County was able to create the Welcome Homes so quickly and provide home-based emergency placements for youth who need them. Compared to the former juvenile detention facility and office spaces previously utilized for this population of youth, this is an extraordinary accomplishment.

Notwithstanding this significant improvement, it is important to acknowledge that there are still areas of concern with the Welcome Homes that need to be addressed. Due to the lengthy period of time it took to become licensed, two of the Welcome Homes received complaints about providing unlicensed care in violation of Health and Safety Code Section 1508, which CCLD investigated and substantiated.⁴⁰ Not all of the Welcome Homes had appropriate confidential space, which is important for youth meeting with mental health providers,

their lawyers, and others. Additionally, in June 2024, the Sacramento County Grand Jury raised a number of concerns about staff training and youth safety, many of which the County did not dispute as areas of concern.⁴¹

The County has addressed some of these issues—for example, it has sought to find new homes equipped with sufficient confidential spaces—but it must ensure that the Welcome Homes comply with all licensing requirements and protect the rights of youth in foster care. Furthermore, the County should continue prioritizing efforts to support youth in family-based settings over congregate care settings like the Welcome Homes. The Welcome Homes are an improvement, but they are not the goal.



Recommendations and Conclusion



Sacramento County has made great strides in the one year since closing the WET Youth Center. To continue to make progress and keep unlicensed care in its past, the County should implement the recommendations below.

1. Continue to utilize all available resources, including those required by the Final Judgment, to build a healthy child welfare system.

There are both required and suggested resources listed in the Final Judgment, some of which the County has not fully utilized. The County must continue to explore and use all available resources to create the infrastructure that allows all youth to grow up in a loving family.

2. Ensure that youth first entering foster care are placed with kin by taking clear steps to implement CDSS' new Kin-First best practices, including establishing a "firewall" policy and supervisory support to increase kin-first placements.

A kin-first firewall policy requires specific actions and internal review processes to help identify and enable placement with kin as youth enter care. CDSS and the UC Davis Center for Excellence in Family Finding, Engagement, and Support published a [Kin-First Policy Guide Toolkit](#) with best practice recommendations and resources to support building a kin-first culture.

3. Provide ICC and TBS to all youth who stayed at the WET Youth Center and are still in care, as well as all other youth at risk of placement instability.

By continuing to prioritize youth most at risk of placement instability and ensuring they have all necessary behavioral health services and other supports, the County can reduce the need for emergency placements. The County identified a number of reasons that eligible youth at the WET Youth Center did not receive TBS, including that several youth are no longer in care. For those who are still in the County's care and supervision, however, periodic check-ins and offers of services would help promote placement stability and permanency.

4. Conduct prompt and frequent CFT meetings for youth at the Welcome Homes to ensure youth have a family-based placement within the 10-day maximum.

The County reported that CFTs attempt to meet within 48 to 72 hours of a youth entering a Welcome Home, then every two weeks thereafter while they remain in the Welcome Home. However, because TSCFs like the Welcome Homes have a maximum stay of only 10 days, more frequent CFTs are likely to be needed to comply with the law. Given the short time that TSCFs are permitted to care for youth, a prompt CFT meeting and frequent follow-up meetings are necessary to develop a transition plan and begin identifying kin and family-based placement options right away.

5. Update county policies to provide guidance and expectations for use of the Welcome Homes.

Pursuant to the Final Judgment, the County provided emergency placement policies, but those policies did not reflect the existence of the Welcome Homes and where they fall in the continuum of care for foster youth.

6. Provide greater transparency in the creation of new facilities to care for youth in foster care, including prompt notification of plans to utilize a new facility and seek licensure.

In February 2024, the County needed to move youth between facilities and began utilizing a new unlicensed home as a temporary measure. In March 2024, the County and the Youth Law Center met to discuss this potential violation of the Final Judgment and, ultimately, executed an agreement detailing a process for notification that includes explaining the need for the new facility and receiving a valid license prior to housing any children or youth there. The County's commitment to this process is a promising step forward.

7. Provide greater transparency about outcomes measures and data to reflect the County's progress in their efforts to reform their system and protect the rights of youth in foster care.

The County has explored other productive resources and partnerships that are not listed in the Final Judgment. The County should publicly report on all of its efforts to explore and implement each resource, as well as other steps it has taken to improve its kinship care practices, expand the array and capacity of behavioral health services offered, and place youth in home-based settings over group care settings. In addition, the County should publicly report on its efforts to monitor and evaluate its practices, staff, and facilities in order to meet its legal requirements to protect youth in its care. As mentioned on page 19, there have also been reports of licensing violations and conditions at the Welcome Homes that raise concerns about youth privacy and safety, and the County should provide regular public updates on what steps it is taking to address those concerns.

The County has entered a new chapter in its child welfare system in which it prioritizes family connections, access to community-based services, and licensed, short-term emergency placements for youth in foster care. There is still work to do, but the County has made a solid start that is laying the foundation for a child welfare system in which all children and youth have the care they deserve.

Appendix: Glossary of Key Terms

Child and Family Team (CFT)

A CFT is a group of individuals who are convened by the placing agency to identify the strengths and needs of a youth and their family and to help achieve positive outcomes for safety, permanency, and well-being. CFTs provide input into the development of a child and family plan and placement decisions, and include individuals who provide both formal and informal supports to the child and family.

Expedited Transition Child and Family Team (ETCFT)

ETCFTs were utilized by Sacramento County to transition youth out of the WET Youth Center. They were modeled after Child and Family Teams outlined in state law and policy, but required additional members, such as the youth's attorney and mental health support team, and frequent meetings to ensure expedient transitions. ETCFTs are described in paragraphs 20-22 of the Final Judgment entered June 27, 2023.

Flexible Integrated Treatment (FIT)

FIT provides outpatient mental health services for youth under age 21 with serious emotional disturbance. The services range from basic outpatient to more intensive, and are strengths-based, youth and family-driven, and provided in collaboration with child-serving systems, agencies, and other individuals involved with the youth.

Foster Family Agency (FFA)

A foster family agency is a public agency or nonprofit organization that certifies and supports foster parents and resource families and works with county agencies to find homes for youth in foster care.

Full Service Partnership (FSP)

A full service partnership is a collaborative relationship between the County and the client, and when appropriate the client's family, through which the County plans for and provides the full spectrum of community services so that the client can achieve their identified goals.

Wraparound Services

Wraparound services are intensive community-based services that are wrapped around a child as an alternative to high-level group home care. The services are delivered through a collaborative multidisciplinary team approach, build on the child and family's strengths, and are tailored to their unique and changing needs.

Intensive Care Coordination (ICC)

ICC is a Medi-Cal specialty mental health service (SMHS) available to young people under age 21. Services include facilitating assessments, care planning, and coordinating services for children who have more intensive needs, who are involved in multiple child-serving systems, and/or whose treatment requires cross-agency collaboration. An ICC Coordinator works with the Child and Family Team to foster a collaborative relationship and ensure the youth receives medically necessary services in the least restrictive setting possible.

Intensive Services Foster Care (ISFC)

An ISFC program ensures youth in foster care who require intensive treatment and behavioral supports, or who have specialized health care needs, receive the services they need while in a home-based family care setting or transitioning out of a congregate care setting. ISFC requires specially trained resource parents and professional and paraprofessional support.

Short-Term Residential Therapeutic Program (STRTP)

An STRTP is a 24-hour residential facility that provides an integrated program of specialized and intensive care and supervision, services and supports, and treatment. The care and supervision is trauma-informed, nonmedical, and for a short term.

Specialty Mental Health Services (SMHS)

SMHS include a range of Medi-Cal mental health services, including those available to youth under age 21 through the Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. SMHS are carved out of Medi-Cal managed care plans and are provided by county mental health plans. Youth with child welfare involvement, juvenile justice involvement, or who are experiencing homelessness are entitled to receive all medically necessary SMHS.

Temporary Shelter Care Facility (TSCF)

A TSCF is a 24-hour residential facility owned and operated by the county, or on behalf of a county by a private non-profit agency, that provides no more than 10 calendar days of residential care and supervision for children under 18 years of age who have been removed from their homes as a result of abuse or neglect, as defined in Welfare and Institutions Code Section 300.

Therapeutic Behavioral Services (TBS)

TBS are a type of SMHS available to young people under age 21 who are experiencing serious emotional challenges. These services are intensive, short-term behavioral interventions that are provided in conjunction with another SMHS. TBS are provided one-on-one in the youth's home, school, and community in order to help the youth, caregivers, and other support persons learn ways to manage the youth's behaviors so that they can be successful in their current environment.

Therapeutic Foster Care

TFC is a type of SMHS that youth under age 21 are entitled to as a Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. It is provided by a TFC parent under the direction of a mental health professional.

Endnotes

1. Cal. Dep't of Social Servs., *Continuum of Care Reform: Successes to Date and Looking Ahead* (Mar. 2022), https://www.cdss.ca.gov/Portals/9/CCR/CDSS_CCR_Is-sue_Brief_APU.pdf.
2. Contrast this with the federal parallel to CCR, the Family First Prevention Services Act, which was enacted after CCR and made similar but more extensive restrictions on congregate care placements, and offered no additional funding for community supports for children in the foster care system.
3. These investments include, in part, \$139 million for youth with complex care needs, more than \$450 million through the Behavioral Health Continuum Infrastructure Program, and increased funding to relative caregivers through the Approved Relative Caregiver program and other reforms. Additionally, much of the billion-dollar investment in CalAIM (the state's multi-year initiative to reform Medi-Cal) and other improvements to the children's behavioral healthcare system are intended to expand community supports that can be leveraged for foster youth in the community.
4. See Cal. Dep't of Social Servs., *CCR Dashboard, Placements and Exits from Foster Care, First Placement by County*, https://public.tableau.com/app/profile/california.department.of.social.services/dashboard/design/viz/CCRDashboard_17060562329960/PlacementsandExits (Sacramento's rate of placing foster youth with relatives as a first time placement (15%) is lower than the overall rate for the State (33%), and the rate for Los Angeles (44%.) (last visited Sep. 3, 2024).
5. To view the Complaint and Final Judgment, see Youth Law Center, *Youth Law Center and County of Sacramento Reach Settlement Agreement*, https://www.ylc.org/ylc_sacramento_county_settlement_agreement/ (last visited September 3, 2024).
6. See Letter from Kevin Gaines, Deputy Dir., Community Care Licensing, to Dr. Verronda Moore, Child Protective Servs. Div. Manager, Sacramento Cty. Centralized Placement Servs. Unit (Aug. 30, 2022) (on file with author).
7. See Disability Rights California, *"It Feels Like a Juvenile Hall to Me": A Snapshot of Conditions in the Warren E. Thornton Youth Center* (May 10, 2023), <https://www.disabilityrightsca.org/custom-page/it-feels-like-a-juvenile-hall-to-me-a-snapshot-of-conditions-in-the-warren-e-thornton-0>.
8. See Letter from Margo Castaneda, Regional Manager, Sacramento Children's Residential Regional Office, Community Care Licensing Div., Cal. Dep't of Social Servs., to Cty. of Sacramento, Dep't of Children, Family, and Adult Servs. (May 16, 2023) (on file with author).
9. See Casey Family Programs, *Strong Families Issue Brief: What Impacts Placement Stability?* 1-2, <https://www.casey.org/media/23.07-QFF-SF-Placement-Stability-Impacts.pdf> (last updated May 2023).
10. *Id.*
11. 42 U.S.C. § 675(5)(a).
12. See Annie E. Casey Foundation, *Every Kid Needs a Family*, 2-4 (May 19, 2015), <https://assets.aecf.org/m/resourcedoc/aecf-EveryKidNeedsAFamily-2015.pdf>; Sampson Chama and Octavio Ramirez, *Young People's Perceptions of a Group Home's Efficacy: A Retrospective Study*, 31(2) *Residential Treatment for Children & Youth* 120 (2014), https://www.researchgate.net/publication/271622325_Young_People's_Perceptions_of_a_Group_Home's_Efficacy_A_Retrospective_Study; Bethany Lee et al., *Outcomes of Group Care for Youth: A Review of Comparative Studies*, 21(2) *Sage Journals* 120 (2011), https://www.researchgate.net/publication/258183930_Outcomes_of_Group_Care_for_Youth_A_Review_of_Comparative_Studies.
13. See *Every Kid Needs a Family*, *supra* note 12, at 2-4. See also National Disability Rights Network, *Desperation without Dignity: Conditions of Children Placed in For Profit Residential Facilities* 15-17 (Oct. 2021), https://www.ndrn.org/wp-content/uploads/2021/10/NDRN_Desperation_without_Dignity_Final.pdf; Marinus van Ijendoorn et al., *Institutionalisation and Deinstitutionalisation of Children 1: A Systematic and Integrative Review of Evidence Regarding Effects on Development* 7(8) *Lancet Psychiatry* 606 (Aug. 2020), [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(19\)30399-2/abstract](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(19)30399-2/abstract); Chapin Hall & Chadwick Center, *Using Evidence to Accelerate the Safe and Effective Reduction of Congregate Care for Youth Involved with Child Welfare* 4 (Jan. 2016), https://www.chapinhall.org/wp-content/uploads/effective_reduction_of_congregate_care_0.pdf.
14. Population Reference Bureau, *Child Population, by Race/Ethnicity (Regions of 10,000 Residents or More): Sacramento County*, <https://www.kidsdata.org/topic/2146/child-population-race-10k/table#fmt=3093&loc=344&tf=156&ch=7,11,726,1406,72,1407,73&sort-ColumnId=0&sortType=asc> (last visited Aug. 2, 2024).
15. University of California at Berkeley California Child Welfare Indicators Project, *Point in Time/In Care*, <https://ccwip.berkeley.edu/childwelfare/reports/PIT/MTSG/r/ab636/l> (last visited Sep. 3, 2024).
16. 25 U.S.C. § 1902.
17. Indian Child Welfare Act Law Center, *Understanding the ICWA*, <https://www.icwlc.org/education-hub/understanding-the-icwa/#:~:text=From%20the%201950s%20through%20the,the%20best%20interests%20of%20Indian> (last visited Sep. 3, 2024).
18. Cal. Welf. & Inst. Code §§ 224.2, 224.3.
19. For more detailed guidance on the County's efforts that can be replicated in other jurisdictions, please see *Collaborating for Change: A Blueprint for Counties to Address Emergency Placement Needs for Older Youth in Foster Care* (Oct. 2023), <https://www.ylc.org/resource/collaborating-for-change-emergency-placement-blueprint/>.
20. Cal. Welf. & Inst. Code § 16501(a)(4); Cal. Dep't of Social Servs., *All County Letter No. 22-35* (May 6, 2022), <https://www.cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/2022/22-35.pdf?ver=2022-05-09-132605-113>; Cal. Dep't of Social Servs., *All County Letter No. 18-23* (Jun. 1, 2018), <https://www.cdss.ca.gov/Portals/9/ACL/2018/18-23.pdf>.
21. The Catalyst Center provides training and technical assistance to child and family-serving professionals. See Catalyst Center, *Our Services*, <https://www.catalyst-center.org/services> (last visited Sep. 3, 2024).
22. See Cal. Dep't of Social Servs., *All County Letter No. 22-33* (May 5, 2022), <https://www.cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/2022/22-33.pdf?ver=2022-07-12-145256-273>.

23. In California a relative includes any "adult who is related to the child by blood, adoption, or affinity within the fifth degree of kinship, including stepparents, stepsiblings, and all relatives whose status is preceded by the words 'great,' 'great-great,' or 'grand,' or the spouse of any of these persons, even if the marriage was terminated by death or dissolution." It also includes any nonrelative extended family member (NREFM), which is defined as "as an adult caregiver who has an established familial relationship with a relative of the child or a familial or mentoring relationship with the child." Cal. Dep't of Social Servs., *Kinship Care*, <https://www.cdss.ca.gov/inforesources/foster-care/kinship-care> (last visited Sep. 3, 2024). See also Cal. Welf. & Inst. Code §§ 309(e), 319, 361.3, 362.7; Advokids, *Info for Relatives and NREFMs*, <https://advokids.org/legal-tools/information-for-relatives-nrefm/> (last visited Sep. 3, 2024).
24. Cal. Dep't of Social Servs., *Complex Care Resource Guide* (2023), <https://www.cdss.ca.gov/Portals/9/CCR/Complex-Care-Guide.pdf>.
25. Mockingbird Family is "an innovative, alternative approach to foster care that creates micro-communities designed to support, develop, and retain foster families." See The Mockingbird Society, *Our Work*, <https://mockingbirdsociety.org/our-work/mockingbird-family> (last visited Sep. 3, 2024).
26. The AB 2083 System of Care Strike Team is a child specific working group that connects and conducts warm hand offs to assist with a path forward when youth are staying in non-licensed settings. See Complex Care Resource Guide, *supra* note 24, at 7.
27. Tyresa Washington & Brittany P. Mihalec-Adkins, *Kinship Care Supports the Academic Performance of Children, Child Trends* (Sept. 27, 2023), <https://www.childtrends.org/publications/kinship-care-supports-the-academic-performance-of-children>; Heidi Redlich Epstein, *Kinship Care if Better for Children and Families*, American Bar Association (Jul. 1, 2017), https://www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/child_law_practice/vol-36/july-aug-2017/kinship-care-is-better-for-children-and-families/.
28. Cal. Welf. & Inst. Code §§ 309(e), 361.3.
29. Memorandum from Melissa Lloyd, Deputy Dir., Child Protective Servs., to CPS & QMAS Staff, Cty. of Sacramento (Jun. 26, 2024) (on file with author).
30. Think of Us, *About Us*, <https://www.thinkofus.org/who-we-are/about-us> (last visited Sep. 3, 2024); Implematix, *About*, <https://implematix.org/about/> (last visited Sep. 3, 2024).
31. Dep't of Health Servs., Cty. of Sacramento, *Mental Health Provider Minimum Qualifications (MQ): Therapeutic Foster Care (TFC) and Intensive Services Foster Care (ISFC) Open Enrollment* (Jul. 31, 2024), <https://dhs.saccounty.gov/Documents/BHS-MQ-TFS-ISFC%20Revised%20July%2031%202024.pdf>.
32. Dep't of Health Servs., Cty. of Sacramento, *Mental Health Contractor Minimum Qualifications (MQ): Foster Family Intervention, Resources, Services, and Treatment (FFIRST)* (Jul. 31, 2024), <https://dhs.saccounty.gov/Documents/Open%20Enrollment-Mental%20Health%20Provider%20Minimum%20Qualifications%20%28MQ%29%20Foster%20Family%20Intervention%20Resources%2c%20Services%20and%20Treatment.pdf>.
33. See *Complex Care Resource Guide*, *supra* note 24, at 3.
34. Sheri Green, Cty. of Sacramento, *Children's System of Care Updates* (Jan. 25, 2024) (on file with author).
35. Our analysis of separate data provided by the County yielded a higher number of 98 youth who spent at least 7 cumulative days. We are continuing to work through data discrepancies with the County to ensure we both have accurate information to examine and consistent standards for review.
36. Cal. Welf. & Inst. Code § 14184.402(d)(1); Cal. Dep't of Health Care Servs., *Behavioral Health Information Notice (BHIN) No: 21-073* (Dec. 10, 2021), <https://www.dhcs.ca.gov/Documents/BHIN-21-073-Criteria-for-Beneficiary-to-Specialty-MHS-Medical-Necessity-and-Other-Coverage-Req.pdf>.
37. Cal. Dep't of Social Servs. & Cal. Dep't of Health Care Servs., *Medi-Cal Manual: For Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries* 24 (Jan. 2018), https://www.dhcs.ca.gov/Documents/ChildrensMH-ContentFlaggedForRemoval/Manuals/Medi-Cal_Manual_Third_Edition.pdf.
38. Cal. Code Regs. tit. 22, § 80030(a).
39. Cal. Code Regs. tit. 22, §§ 80030(c)-(d).
40. Community Care Licensing Div., Cal. Dep't of Social Servs., *Complaint Investigation Report for County of Sacramento DCFAS Sunset House* (May 3, 2024), <https://www.ccl.dss.ca.gov/transparencyapi/api/FacilityReports?facNum=347006592&inx=5>; Community Care Licensing Div., Cal. Dep't of Social Servs., *Complaint Investigation Report for Sacramento Welcome Center (SWC) - Hilltop House* (May 3, 2024), <https://www.ccl.dss.ca.gov/transparencyapi/api/FacilityReports?facNum=347006608&inx=5>.
41. Sacramento Cty. Grand Jury, *Invisible Foster Teens: Where Are They?* (Jun. 7, 2024), <https://agendanet.saccounty.gov/BoardofSupervisors/Documents/ViewDocument/ATT%201%20-%20Grand%20Jury%20Report.pdf?meetingId=9225&documentType=Agenda&itemId=431217&publishId=1393858&isSection=false>; Sacramento Cty. Bd. of Supervisors, *Response to the Findings and Recommendations in the Grand Jury Report, Invisible Foster Teens: Where Are They?* (Jul. 23, 2024), <https://agendanet.saccounty.gov/BoardofSupervisors/Documents/ViewDocument/ATT%202%20-%20Responses%20to%20Findings%20and%20Recommendations%20in%20Foster%20Teen%20GJ%20Report.d.pdf?meetingId=9225&documentType=Agenda&itemId=431217&publishId=1393859&isSection=false>; Sacramento Cty. Bd. of Supervisors, *Action Summary for Jul. 23, 2024 Meeting, Item No. 33*, <https://agendanet.saccounty.gov/BoardofSupervisors/Meetings/ViewMeeting?id=9225&doctype=2>.