

# State Children and Youth System of Care Annual Technical Assistance Data 2025

## Executive Summary

### Background

[Welfare and Institutions Code \(WIC\) Code Section 16521.6 \(b\)\(2\)\(A\)\(5\)](#), set forth by Assembly Bill (AB) 2083 required the establishment of a joint interagency resolution team, subsequently referred to as the Joint Resolution Team (JRT), consisting of representatives from the California Department of Social Services (CDSS), Department of Health Care Services (DHCS), Department of Developmental Services (DDS), and the California Department of Education (CDE). One primary role of the JRT is to provide technical assistance (TA) to counties to identify and secure the appropriate level of services to meet the needs of children and youth in foster care who have experienced severe trauma. Additionally, the JRT partners with the CDSS and DHCS Offices of Tribal Affairs (OTA) to provide guidance and expertise in working with Tribes and Tribal youth. Although not mandated by statute, the Department of Rehabilitation (DOR) and the Office of Youth and Community Restoration (OYCR) are available to consult, as appropriate.

AB 153 (Chapter 86, Statutes of 2021) requires the JRT to track and report deidentified information about children, youth, and nonminor dependents (NMD) in foster care who have been assisted through the TA process, including the number of children and NMDs served, characteristics of individuals served, and as applicable, local and statewide systemic issues identified by the team. This TA data and information report is required to be posted annually on the California Health and Human Services Agency website. The state TA model is built on the Continuum of Care Reform (CCR) TA process and has broadened the scope and participation in existing TA meetings to include representatives from the JRT, the County Welfare Directors Association (CWDA), DHCS and CDSS OTA, and consultants with subject matter expertise in child and youth specific areas of need, as applicable. This broadened group providing TA is subsequently referred to as the “State TA Team”. The primary goals of the State TA team are as follows:

1. **Enhance Whole Child Outcomes:** Improve safety, permanency, and well-being outcomes for children and youth in the child welfare and probation systems.
2. **Provide Support:** Offer guidance and resources to address the identified needs of individual children and youth, considering factors such as cultural background, trauma history, and developmental needs.
3. **Recommend Best Practices:** Promote the use of evidence-based, family-centered and trauma-informed practices in the care and support of children and youth.
4. **Support Local Capacity Building:** Strengthen the capacity of county agencies, foster parents, and service providers to deliver high-quality, individualized care.

## Summary and Observations <sup>1</sup>

Observational data was gathered utilizing TA pre-call documentation, information provided during the TA meeting, recommendations made by the State TA team, and debrief meetings by the JRT that occurred immediately following each TA meeting. These observations provide the opportunity to identify potential system barriers, placement and service gaps, and system strengths. In 2025, there were 294 TA meetings held, compared to 139 TA meetings in 2024

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<sup>1</sup> The summaries in this section do not report on responses that appeared in two percent or less of the technical assistance meetings.

and 220 in 2023. The counties with the highest number of TA meetings were Kern, Sonoma, and Riverside. The primary requested reason for TA was case consultation. Children and youth who are 11-15 years old have remained the age group for which TA is most frequently requested for over the last 4 years. 8% of TA meetings were related to children and youth served by a regional center, which is a decrease from 2024 (17%) and 2023 (21%). During this reporting period, the JRT focused on process improvement by revising a follow up survey for participants of TA meetings to evaluate the TA experience and impact. The survey data and responses from participants are summarized and reviewed by the JRT on a quarterly basis. Further, the State TA Team is incorporating engagement and learning sessions with individuals with lived experience to better tailor recommendations during TA meetings to the unique needs and current situation of the individual youth. Lastly, the State TA team revised the form used to collect post meeting information to improve the integrity of the data and ability to assess strengths and barriers of complex cases statewide.

## System Barriers <sup>2</sup>

### Cross System Teaming

Consistent with the 2023 and 2024 Annual TA Data Reports, a primary system barrier identified was that the complexities experienced by children and youth require services provided across multiple systems and there is not one individual system positioned to meet their needs. In such instances, effective cross-system teaming and fidelity to Child and Family Teaming practice are essential to coordinating care. While cross-system teaming remains a barrier, overall, the data indicates improvements in specific areas related to and which support effective cross-system teaming. Reported barriers to effective teaming were identified in 51% of TA meetings, a reduction from 58% in the 2024 report. This barrier includes an observed lack of systems working together (noted for 14% of meetings) when the TA meeting is primarily utilized to bring system partners together; or a observed lack of communication (noted for 12% of meetings) when the TA meeting is initiating the cross-system information sharing or connection regarding the child or youth. Additionally, it was noted for 9% of TA meetings, the Child and Family Team (CFT) <sup>3</sup> did not engage essential participants (i.e. education, regional center, child/youth and/or family, service providers, etc.), a reduction from 40% in 2024.

### School Attendance

School attendance barriers have seen a significant reduction over prior years and were identified in 10% of TA meetings in 2025 compared to 57% in 2024. This includes but is not limited to the following: a child or youth refusing to attend school, a child or youth not being enrolled in school timely, or appropriate school services not being provided. The child's Individual Education Plan (IEP) was not up to date in 4% of TA calls, compared to 29% in 2024; and/or a referral was needed for an IEP assessment to add new services in 8% of meetings, compared to 33% in 2024.

### Behavioral Health Services

Presumptive transfer related data offered insight into access to Specialty Mental Health Services (SMHS) as 64% percent of children and youth were receiving some level of SMHS following presumptive transfer but were identified as needing additional supports, 18% required the team to follow up on a reported pending referral, and 9% had no available information as SMHS weren't discussed during the TA, while only 9% percent were documented as receiving services as recommended in a completed mental health assessment. These findings reinforce ongoing opportunities to strengthen coordination and follow-through across systems.

There was a gap in access to specialized competencies or service modalities noted for 11% of meetings, a decrease from 29% in 2024. These specialty services may include those tailored to meet the unique needs associated with commercial sexual exploitation (CSE), sexual orientation, gender identity and expression (SOGIE), substance use disorder (SUD), culturally appropriate services for Indian children and youth, and mental health services for children and youth with

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<sup>2</sup> The response "Interagency Placement Committee (IPC) not functioning optimally" was recorded for 1% of TA calls, but calls is omitted from this section due to concerns with its clarity and will likely not be an available option in the future.

<sup>3</sup> Child and family team (CFT) is a child, youth and family-centered team that shares responsibility to assess, plan, intervene, monitor and refine services over time.

intellectual and developmental disabilities (IDD). Lack of access may include but is not limited to, referrals not being made by the appropriate party for these services, lack of service providers who have expertise in these areas, and/or lack of innovative and collaborative ways to share resources across counties or provide services in creative ways.

For 5% of meetings, the child or youth was reported to have a SUD that was not being treated, which may be due to a child or youth's unwillingness to participate in services, lack of a treatment plan or safety plan in place, lack of a formal SUD diagnosis, and/or lack of local services that specialize in SUD.

### **Regional Center Services**

For children and youth receiving regional center services, 2% of TA meetings identified barriers to youth remaining in regional center vendored settings due to the complex needs of the child or youth. This may occur due to factors such as the current placement not wanting additional services in the home or facility, or instances in which the child or youth moved placements and locations multiple times making it challenging to provide consistent services.

### **Foster Care Placement Settings**

Foster Care placement setting refers to the availability of the full continuum of Title IV-E funded placement settings that youth may need as well as barriers to care within those placement settings that may cause placement instability. Lack of access to a higher level of care was identified as a barrier in 8% of TA meetings, which is a decrease from 16% in 2024 and 32% in 2023. Ongoing gaps in specific placement types were noted, including foster family homes (5% of TA meetings), Intensive Services Foster Care (ISFC) (8% of TA meetings), and/or Short Term Residential Therapeutic Programs (STRTP) (6% of TA meetings). Reasons for STRTPs being unavailable were often due to 14-day notices issued by the placement provider to relocate the child or youth, providers denying admission to the child or youth, or lack of capacity to meet specialized needs.

Importantly, the data identifies that placement instability coincides with the above identified gaps in having appropriate support or teaming in place. For 6% of meetings, it was indicated that there were gaps in access to appropriate mental health services, which is a large decrease compared to 26% reported in 2024. The gaps in access to services, mentioned during the meetings, may be due to a lack of referrals being made, lack of proactive teaming prior to a child or youth moving placements, or lack of child or youth engagement in services, etc. There were also noted gaps in the integrated service delivery across systems (noted for 18% of meetings) which may significantly impact the success of a child or youth in placement settings and again highlights the importance of proactive and coordinated teaming. Lastly, there was a lack of school enrollment combined with a lack of attendance in school (noted for 14% of meetings), although all foster youth are entitled to immediate enrollment.

### **Family Connections**

Regarding family connections, in 7% of calls the local system partners were unable to articulate the child/youth or family goals indicating a lack of effective child and family engagement in CFT meetings. In 7% of TA meetings, it was reported that parents (biological or adoptive) were unable to care for the child/youth at home due to the complexity of the youth's needs and 9% of TA meetings reported youth/family voice not present or heard as a barrier.

### **System Strengths<sup>4</sup>**

The following strengths were observed during TA meetings; however, percentages are low, and improvement is needed in these areas. For 27% of the TA meetings, it was noted that the local system partners were open to or provided creative and out of the box integrated strategies. Teaming was noted as a theme in that for 12% of TA meetings it was

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<sup>4</sup> The response "No Information" was recorded for 7% of TA calls.

indicated that the team communicated effectively, displayed clear respect and trust for each of their areas of expertise (21%), and cross-system collaboration was present (8%). For 14% of meetings, it was noted that the local system partners focused on the child or youth's wants, needs, culture, and family connections during the TA meetings. Additionally, the child or youth's team was reportedly working upstream and in proactive and preventative ways for 4% of meetings. Lastly, for 3% of meetings it was noted that the full array of services was accessed for the child or youth and 3% indicated that all assessments and planning documents were current and multi-system informed.

## Technical Assistance Process

A request for TA may be made to the CDSS System of Care and Technical Assistance System Support Section by county child welfare agencies, probation departments, county behavioral health plans, regional centers, Tribes, county offices of education, or local educational agencies. Effective in 2024, in addition to the above listed local system partners, the State TA team provided TA as requested by placement providers. The TA process was designed to assist local system partners with identifying and addressing barriers being experienced at the local level and providing recommendations and resources to address those barriers. The structures and relationships created through the local system of care MOU development process have shown to be beneficial for local partners in their responses in times of crisis. The intent is that the local resolution process including, but not limited to the CFT, consulting with the local Interagency Leadership Team (ILT) and Interagency Placement Committee (IPC), etc., has been exhausted prior to local partners making a request for state TA. To best support the local team, it is necessary for the referring party to specify the intended purpose and expected outcome of the TA being requested. The request should include documentation of efforts made to resolve the issue(s) at the local level, any barriers identified by system partners, and relevant background information including the history of involvement by various systems. Once a request is submitted, it is triaged, and a meeting is scheduled with active participation of the State TA team. The CDSS System of Care and Technical Assistance System Support Section works with the local partner agencies and respective state agencies involved to ensure that necessary information and the appropriate team members are prepared in advance. The meeting is conducted via a facilitated format which includes reviewing information on the youth's needs and strengths, and an overview of the cross-system challenges. During the meeting, subject matter experts from the various state departments, as well as contracted consultants, provide recommendations for the local teams to review and consider for implementation with the local planning team. If there are any barriers that can be addressed or removed at the state level, they are flagged for action by the JRT. Each meeting is followed by a debrief conversation by the state TA team and an email summary of the recommendations is sent to the participants of the meeting. Follow-up meetings are available at the request of the local system partners or as the JRT identifies as needed.

## Technical Assistance Information Collection and Reporting

The development and implementation of the TA framework have been a cross-system effort, including evolving processes on information collection, beneficial facilitation and engagement informed by the local system partners, and inclusion of subject matter experts. This report is generated by observational data collected following the completion of the TA meeting process, including the referral, the pre-call, and TA meeting itself. The reporting period for this report is January 2025 to December 2025. During the reporting period there were a total of 294 child and youth-specific TA meetings. This number is duplicative and may represent the same child or youth multiple times; the resulting data reflects this duplication. Of the 294 TA meetings in 2025, 164 unique children and youth were represented. In addition to the interdepartmental TA meetings, smaller targeted meetings are also conducted as determined by the CDSS System of Care and Technical Assistance Support Section during the triage phase when a TA referral is received. There were a total of 17 small TA meetings that provide immediate guidance, support, and resources to meet the needs of children and youth with complex behaviors and are often focused on specific areas of concern (i.e. funding, unlicensed care, etc.). Participants in these calls directly reflect the specific area of concern and subject matter expertise required as opposed to the full State TA team meetings.

## Data Limitations

Data included in this report is observed during the TA meetings and reported by local system partners. The data represents information, including barriers presented at the time of and immediately following case consultation. Given the highly individualized, dynamic and specific nature of these cases, aggregating statewide data presents a particular challenge in using or viewing the data collected to reflect or correlate to the strengths and challenges presented in these cases as being representative of systemic issues throughout the state.

## TA Meeting Specific Information<sup>5</sup>

The charts below reflect the data gathered by the CDSS System of Care and Technical Assistance System Support Section and the State TA team during pre-meetings with the referring party, information provided during the TA meeting, and data reported during the debrief meetings immediately following the TA. The CDSS System of Care and Technical Assistance System Support Section, in collaboration with members of the JRT, are updating the data collection form to ensure that all data points are accurately reflective of the prompt. These changes will be reflected in the 2027 Annual TA Data Report. The displayed percentages in the below tables are rounded to the nearest whole number and therefore some tables display percentages that add up to greater or less than 100%. Data table responses noting “No Information” indicate that the category was not discussed during the pre-call or TA meeting.

Table 1: <sup>6</sup>

| Reported Reason for TA          | Percentage |
|---------------------------------|------------|
| Case Consultation               | 69%        |
| Targeted Planning               | 16%        |
| Temporary Shelter Care Facility | 6%         |
| 14-Day Notice                   | 4%         |
| Non-Admit                       | 3%         |
| Other                           | 1%         |

Table 2: <sup>7, 8</sup>

| Frequency of TA for Youth |     |
|---------------------------|-----|
| One Prior TA Meeting      | 60% |
| Two Prior TA Meetings     | 24% |
| Three Prior TA Meetings   | 12% |
| Four Prior TA Meetings    | 2%  |

## County and Child Specific Information

Table 3: <sup>9</sup>

| Age of Youth at the Time of TA |     |
|--------------------------------|-----|
| 3 to 5                         | 2%  |
| 6 to 10                        | 10% |

<sup>5</sup> Wherever present throughout the report, the categories “Local partners unable to answer” and “Topic was not addressed during call” are combined into the “No Information” category to reflect when a topic was either not discussed during the meeting, or the local team did not provide that information.

<sup>6</sup> Category “Prevention (entry/re-entry)” omitted from table due to accounting for less than 1% of responses.

<sup>7</sup> Categories “First TA Meeting,” “Five Prior TA Meetings,” “Six Prior TA Meetings,” and “Seven Prior TA Meetings” omitted from table due to accounting for less than 1% of responses.

<sup>8</sup> Category “One Prior TA Meeting” is significantly high as data forms are completed following a case consultation which occurs prior to the TA call, causing the data to reflect more than one call for each youth.

<sup>9</sup> Categories “Less than 1” and “1 to 2” omitted from table due to accounting for less than 1% of responses.

|                 |     |
|-----------------|-----|
| <b>11 to 15</b> | 55% |
| <b>16 to 17</b> | 29% |
| <b>18 to 20</b> | 3%  |

Table 4:

|                        |     |
|------------------------|-----|
| <b>Jurisdiction</b>    |     |
| <b>Child Welfare</b>   | 84% |
| <b>Probation</b>       | 8%  |
| <b>Non-Dependency</b>  | 4%  |
| <b>Parent/Guardian</b> | 2%  |
| <b>Other</b>           | 2%  |

Table 5: <sup>10</sup>

|                                                                                                                                  |     |
|----------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>County of Jurisdiction</b>                                                                                                    |     |
| <b>Kern</b>                                                                                                                      | 20% |
| <b>Riverside</b>                                                                                                                 | 14% |
| <b>Sonoma</b>                                                                                                                    | 11% |
| <b>Tulare</b>                                                                                                                    | 6%  |
| <b>Imperial &amp; Orange</b>                                                                                                     | 4%  |
| <b>Los Angeles, San Joaquin, Shasta, &amp; Ventura</b>                                                                           | 3%  |
| <b>Butte, Sacramento, Alameda, Contra Costa, El Dorado, Lake, &amp; San Bernardino</b>                                           | 2%  |
| <b>Mariposa, Mendocino, San Francisco, Napa, Siskiyou, Stanislaus, Fresno, Lassen, Merced, Monterey, Santa Clara, &amp; Yolo</b> | 1%  |
| <b>Not Applicable</b>                                                                                                            | 3%  |

Table 6: <sup>11</sup>

|               |     |
|---------------|-----|
| <b>Gender</b> |     |
| <b>Female</b> | 50% |
| <b>Male</b>   | 44% |
| <b>Other</b>  | 6%  |

Table 7:

|                          |     |
|--------------------------|-----|
| <b>LGBTQIAS2+</b>        |     |
| <b>No</b>                | 20% |
| <b>Yes</b>               | 4%  |
| <b>Declines to State</b> | 4%  |
| <b>No Information</b>    | 72% |

Table 8:

|                               |     |
|-------------------------------|-----|
| <b>Ethnicity</b>              |     |
| <b>White</b>                  | 39% |
| <b>Black</b>                  | 25% |
| <b>Hispanic</b>               | 17% |
| <b>Multi-ethnic</b>           | 11% |
| <b>Native American</b>        | 4%  |
| <b>Asian/Pacific Islander</b> | 3%  |

<sup>10</sup> Counties (Kings, Placer, San Luis Obispo, San Mateo, Santa Barbara, Solano) selected for less than 1% of calls omitted for clarity.

<sup>11</sup> Category "Not Listed" omitted from table due to accounting for less than 1% of responses.

|                |    |
|----------------|----|
| No Information | 1% |
|----------------|----|

Table 9:

| Indian Child Welfare Act (ICWA) |     |
|---------------------------------|-----|
| No                              | 28% |
| Yes                             | 2%  |
| Pending                         | 2%  |
| No Information                  | 69% |

Table 10:

| Dual Status    |     |
|----------------|-----|
| No             | 31% |
| Yes            | 1%  |
| No Information | 68% |

## Placement Information

Table 11: <sup>12, 13, 14, 15</sup>

| Identified Youth Needs and/or Challenges                  |     |
|-----------------------------------------------------------|-----|
| Adjustment to Trauma                                      | 87% |
| Behavioral                                                | 74% |
| Youth Experienced Trauma                                  | 72% |
| Aggressive/Disruptive                                     | 71% |
| Educational Needs                                         | 39% |
| Alcohol/Substance Abuse                                   | 37% |
| Hospitalizations                                          | 35% |
| Suicidal/Self-Harm                                        | 30% |
| Mental Health Diagnosis                                   | 29% |
| Absent from Placement/Truancy                             | 28% |
| Psychotropic Medication Management                        | 28% |
| Developmental Disability                                  | 25% |
| Referral for Specialty Mental Health Services (SMHS)      | 23% |
| Commercially Sexually Exploited Children (CSEC)/At risk   | 21% |
| Avoidance                                                 | 21% |
| Sexual Behaviors                                          | 20% |
| Mood Disturbances                                         | 14% |
| Young Age                                                 | 12% |
| Medical Management                                        | 11% |
| Referral to MCP                                           | 9%  |
| Physical Health Diagnosis                                 | 7%  |
| Hypervigilance/Anxiety                                    | 7%  |
| Reaching Transitional Age                                 | 7%  |
| Sexual Orientation Gender Identity and Expression (SOGIE) | 6%  |
| Other                                                     | 6%  |

<sup>12</sup> Percentages indicate the proportion of total TA Meetings that a need was listed.

<sup>13</sup> Multiple responses to this prompt may be selected simultaneously. Percentages thus represent the portion of all respondents that indicated a given need.

<sup>14</sup> Categories "Unaccompanied Refugee Minor," "Hearing Impaired," and "Pregnancy/Parenting" omitted from table due to accounting for less than 1% of responses.

<sup>15</sup> When looking at unique youth, some who had more than one call, there was an average of approximately 7.4 needs or challenges identified per youth across all calls in 2025. If a youth had a duplicative need identified in more than one call, it was counted once.

| Identified Youth Needs and/or Challenges |    |
|------------------------------------------|----|
| Criminal Involvement                     | 4% |
| Adjudicated Offense                      | 4% |
| Intensive Services Foster Care (ISFC)    | 3% |
| Language Barrier                         | 3% |
| Distressed Expression                    | 3% |
| Forensically Involved                    | 3% |
| Geographical Limitations                 | 2% |
| Non-Ambulatory                           | 2% |
| ICWA                                     | 1% |
| Gang Affiliation                         | 1% |
| No Information                           | 3% |

Table 12:

| Siblings in Care             |     |
|------------------------------|-----|
| No                           | 15% |
| Yes                          | 12% |
| Youth Does Not Have Siblings | 3%  |
| No Information               | 71% |

Table 13: <sup>16, 17</sup>

| All Needed Partners Included and Attended the Child and Family Team Meeting |     |
|-----------------------------------------------------------------------------|-----|
| No                                                                          | 8%  |
| Yes                                                                         | 13% |
| Some Partners are Not Included                                              | 5%  |
| CFT Meeting Pending/Has Not had One                                         | 1%  |
| Non-Dependency                                                              | 1%  |
| No Information                                                              | 69% |

Table 14:

| Placing Agency Holding Regular Child and Family Team Meetings |     |
|---------------------------------------------------------------|-----|
| No                                                            | 2%  |
| Yes, as Needed                                                | 15% |
| Yes, Monthly                                                  | 5%  |
| Yes, Every 3 Months                                           | 3%  |
| Yes, Every 6 Months                                           | 2%  |
| Non-Dependency                                                | 1%  |
| No Information                                                | 72% |

Table 15: <sup>18</sup>

| Permanency or Case Status/Goal             |     |
|--------------------------------------------|-----|
| Reunification                              | 12% |
| Other Permanent Planned Living Arrangement | 12% |
| Guardianship                               | 2%  |

<sup>16</sup> Category "CFT/Individual Program Plan (IPP) held" (0.3%) omitted for clarity as it is not responsive to the prompt.

<sup>17</sup> Category "Partners are Invited but Not Attending" omitted from table due to accounting for less than 1% of responses.

<sup>18</sup> Category "Family Maintenance" omitted from table due to accounting for less than 1% of responses.

|                                                                            |     |
|----------------------------------------------------------------------------|-----|
| <b>Not a Dependency Case</b>                                               | 2%  |
| <b>Adoption</b>                                                            | 1%  |
| <b>Not a Dependency Case - TA Sought to Prevent Entry into Foster Care</b> | 1%  |
| <b>Prejudication</b>                                                       | 1%  |
| <b>No Information</b>                                                      | 69% |

Table 16: <sup>19</sup>

| <b>Of Youth with a Completed Child and Adolescent Needs and Strengths (CANS) Assessment, Who Completed the Assessment?</b> |     |
|----------------------------------------------------------------------------------------------------------------------------|-----|
| <b>Behavioral Health Plan</b>                                                                                              | 66% |
| <b>Child Welfare</b>                                                                                                       | 18% |
| <b>Other</b>                                                                                                               | 14% |
| <b>No Information</b>                                                                                                      | 2%  |

Table 17: <sup>20</sup>

| <b>Current Care Setting</b>               |     |
|-------------------------------------------|-----|
| <b>Temporary Shelter Care Facility</b>    | 26% |
| <b>STRTP</b>                              | 19% |
| <b>Juvenile Hall</b>                      | 10% |
| <b>Psychiatric Facility/Hospital</b>      | 10% |
| <b>Hotel</b>                              | 9%  |
| <b>Foster Family Agency (FFA)</b>         | 5%  |
| <b>Other Resource Family Home</b>         | 4%  |
| <b>Group Home</b>                         | 3%  |
| <b>Transitional Shelter Care Facility</b> | 3%  |
| <b>Other</b>                              | 2%  |
| <b>Regional Center Vendorized Home</b>    | 2%  |
| <b>Parent/Guardian</b>                    | 2%  |

Table 18:

| <b>Family Finding Efforts in Last 30 Days</b> |     |
|-----------------------------------------------|-----|
| <b>No</b>                                     | 12% |
| <b>Yes</b>                                    | 14% |
| <b>No Information</b>                         | 74% |

Table 19: <sup>21</sup>

| <b>Number of Prior Placements</b> |     |
|-----------------------------------|-----|
| <b>0</b>                          | 70% |
| <b>1-9</b>                        | 22% |
| <b>10+</b>                        | 8%  |

<sup>19</sup> This table reflects 50 youth with a most recent CANS date.

<sup>20</sup> The responses "State Family Home," "Child Welfare Services (CWS) Office," "DJJ," "Intensive Services Foster Care Home," "Transitional Care Facility for Children," "Enhanced STRTP," "Foster Family Sub-Agency," "ISFC+," and "Relative/Non-Relative Extended Family Member (NREFM)" were each omitted for reflecting one percent or less of the technical assistance meetings.

<sup>21</sup> When looking at unique youth, 25% of youth had 3 or fewer placements, 50% of youth had 5 placements, and 75% of youth had 10 or fewer placements.

Table 20: <sup>22</sup>

| Reason for Non-Admit or 14-Day Notice             |     |
|---------------------------------------------------|-----|
| Youth/NMD Behavior                                | 61% |
| Mental Health Symptoms/Diagnosis                  | 11% |
| Provider Inability To Meet Needs/Lack of Capacity | 10% |
| Developmental Considerations                      | 10% |
| Medical Diagnosis                                 | 3%  |
| Educational Considerations                        | 1%  |
| Staffing Shortages/Concerns                       | 1%  |
| Language: Non-Verbal                              | 1%  |

## Behavioral/Mental Health Information

Table 21: <sup>23</sup>

| Mental Health Diagnosis |     |
|-------------------------|-----|
| No                      | 6%  |
| Yes                     | 24% |
| No Information          | 70% |

Table 22: <sup>24, 25</sup>

| Mental Health Diagnosis Type                    |     |
|-------------------------------------------------|-----|
| Post-Traumatic Stress Disorder (PTSD)           | 14% |
| Attention Deficit Hyperactivity Disorder (ADHD) | 14% |
| Major Depressive Disorder (MDD)                 | 10% |
| Mood Disorder                                   | 9%  |
| Oppositional Defiant Disorder (ODD)             | 8%  |
| Anxiety                                         | 5%  |
| Conduct Disorder                                | 5%  |
| None                                            | 5%  |
| Bipolar Disorder                                | 4%  |
| Substance Use Disorders (SUD)                   | 3%  |
| Schizoaffective Disorder                        | 2%  |
| Impulsive Control                               | 2%  |
| Pending Assessment                              | 2%  |
| Reactive Attachment Disorder (RAD)              | 1%  |
| Intermittent Explosive Disorder                 | 1%  |
| Adjustment Disorder                             | 1%  |
| Compulsive Disorder                             | 1%  |
| Attention Deficit Disorder (ADD)                | 1%  |

<sup>22</sup> Categories “No Responses,” “No Vacancies,” “Visitation/Court Ordered Contacts,” “Milieu Incompatibility,” “Youth Unwilling to Participate in Facility Interview,” “Topic was not Addressed during Call,” and “Local Partners Unable to Answer” omitted due to each accounting for less than 1% of responses.

<sup>23</sup> Category “No information” is a functionality discrepancy within the data form. This will be resolved with the new form release.

<sup>24</sup> Category “Intellectual Disability (ID) (Mild),” and “Autism Spectrum Disorder (ASD)” omitted due to not being a mental health diagnosis.

<sup>25</sup> Multiple responses to this prompt may be selected simultaneously. Percentages thus represent the portion of all respondents that indicated a given diagnosis.

Table 23:<sup>26</sup>

| <b>Barriers to Mental Health Services</b>                                         |     |
|-----------------------------------------------------------------------------------|-----|
| <b>Youth participation refusal/engagement concerns</b>                            | 52% |
| <b>No reported barriers for the service system</b>                                | 15% |
| <b>Services not yet requested/referrals not yet made</b>                          | 11% |
| <b>Services requested/referred (on a wait list)</b>                               | 5%  |
| <b>Services Requested/Referred (Specified Service Not Available)<sup>27</sup></b> | 2%  |
| <b>Available Services Not being Accessed by Provider/Caregiver</b>                | 4%  |
| <b>No Information</b>                                                             | 12% |

Table 24:

| <b>SMHS at the Time of the TA</b>                                                       |     |
|-----------------------------------------------------------------------------------------|-----|
| <b>No, referral needed</b>                                                              | 3%  |
| <b>No, referred</b>                                                                     | 2%  |
| <b>Yes, receiving some but may benefit from additional</b>                              | 16% |
| <b>Yes, receiving</b>                                                                   | 7%  |
| <b>Youth is in restrictive setting where services can not be pushed in, like an IMD</b> | 1%  |
| <b>No Information</b>                                                                   | 71% |

Table 25:

| <b>SMHS Being Received (When Presumptive Transfer Occurred)</b> |     |
|-----------------------------------------------------------------|-----|
| <b>No, referral needed</b>                                      | 9%  |
| <b>No, referred</b>                                             | 9%  |
| <b>Yes, receiving some but may benefit from additional</b>      | 64% |
| <b>Yes, receiving</b>                                           | 9%  |
| <b>No Information</b>                                           | 9%  |

Table 26:

| <b>Psychotropic Medications</b> |     |
|---------------------------------|-----|
| <b>No</b>                       | 8%  |
| <b>Yes</b>                      | 21% |
| <b>No Information</b>           | 71% |

Table 27:

| <b>Qualified Individual (QI) Assessment Referral Occurred<sup>28</sup></b> |     |
|----------------------------------------------------------------------------|-----|
| <b>No</b>                                                                  | 14% |
| <b>Yes</b>                                                                 | 12% |
| <b>Non-Dependency</b>                                                      | 3%  |
| <b>No Information</b>                                                      | 71% |

<sup>26</sup> Multiple responses to this prompt may be selected simultaneously. Percentages thus represent the portion of all respondents that indicated a given barrier.

<sup>27</sup> Examples of unavailable services are peer partners or advocates, lack of available service due to geographical location, etc.

<sup>28</sup> QI referrals only happen when the recommended level of care is STRTP or CTF.

Table 28:

| Current Crisis Intervention Plan |     |
|----------------------------------|-----|
| No                               | 17% |
| Yes                              | 9%  |
| No Information                   | 74% |

## Substance Use <sup>29</sup>

Table 29:

| Substance Use  |     |
|----------------|-----|
| No             | 18% |
| Yes            | 13% |
| No Information | 69% |

Table 30: <sup>30</sup>

| Primary Substance      |     |
|------------------------|-----|
| No Known Substance Use | 18% |
| Cannabis (marijuana)   | 6%  |
| Alcohol                | 4%  |
| Methamphetamine        | 2%  |
| No Information         | 69% |

Table 31:

| Substance Use Diagnosis |     |
|-------------------------|-----|
| No                      | 10% |
| Yes                     | 4%  |
| No known substance use  | 16% |
| No Information          | 71% |

Table 32:

| Substance Use Treatment |     |
|-------------------------|-----|
| No                      | 9%  |
| Yes                     | 4%  |
| No known substance use  | 16% |
| No Information          | 71% |

## Regional Center Information

Table 33: <sup>31</sup>

| Youth Served by a Regional Center |    |
|-----------------------------------|----|
| No, but referral needed           | 1% |
| No, but they were referred        | 3% |
| Yes                               | 8% |

<sup>29</sup> All tables within this section correspond to distinct and separate questions on the TA Data Form. Consequently, discrepancies in the percentages of categories such as *No known substance use* are reflective of entry errors or unique youth circumstances.

<sup>30</sup> Categories "Cocaine," "Opioids," and "Other" omitted from table due to accounting for less than 1% of responses.

<sup>31</sup> Category "Found Non-Eligible" omitted from table due to accounting for less than 1% of responses.

|                               |    |
|-------------------------------|----|
| <b>Evaluation in progress</b> | 1% |
|-------------------------------|----|

Table 34:<sup>32</sup>

| <b>Regional Center Qualifying Diagnosis</b> |     |
|---------------------------------------------|-----|
| <b>Autism Spectrum Disorder</b>             | 17% |
| <b>Intellectual Disability</b>              | 16% |
| <b>Cerebral Palsy</b>                       | 1%  |

Table 35:<sup>33 34</sup>

| <b>Regional Center Name (If Applicable)</b> |    |
|---------------------------------------------|----|
| <b>Far Northern</b>                         | 3% |
| <b>Alta California</b>                      | 1% |
| <b>Central Valley</b>                       | 1% |
| <b>Inland</b>                               | 1% |
| <b>Kern</b>                                 | 1% |
| <b>North Bay</b>                            | 1% |
| <b>Tri Counties</b>                         | 1% |
| <b>Valley Mountain</b>                      | 1% |

Table 36:<sup>35</sup>

| <b>Specialized Statewide Resource Search Submitted</b> |     |
|--------------------------------------------------------|-----|
| <b>No</b>                                              | 1%  |
| <b>Yes</b>                                             | 6%  |
| <b>No Information</b>                                  | 71% |

Table 37:<sup>36</sup>

| <b>Barriers to Developmental Services</b>                          |     |
|--------------------------------------------------------------------|-----|
| <b>No Reported Regional Center Barriers</b>                        | 14% |
| <b>Referrals for Services Pending</b>                              | 11% |
| <b>Available Services not being Accessed by Provider/Caregiver</b> | 3%  |
| <b>Referrals for Services not Submitted</b>                        | 2%  |
| <b>Referrals for Services Submitted (Wait List)</b>                | 1%  |
| <b>No Information</b>                                              | 3%  |

## Education Information

Table 38:<sup>37</sup>

| <b>Children/Youth Identified as Having an Individualized Education Plan (IEP) or 504 Plan</b> |     |
|-----------------------------------------------------------------------------------------------|-----|
| <b>Individualized Education Plan</b>                                                          | 23% |
| <b>General Education</b>                                                                      | 5%  |
| <b>No Information</b>                                                                         | 72% |

<sup>32</sup> Multiple responses to this prompt may be selected simultaneously. Percentages thus represent the portion of all respondents that indicated a given diagnosis.

<sup>33</sup> Responses reflect 28 youth. Responses of "No Information" and "Not a Regional Center Consumer" omitted for clarity.

<sup>34</sup> Categories "Orange County" and "San Diego" omitted from table due to accounting for less than 1% of responses.

<sup>35</sup> "Not a Regional Center Consumer" selection was excluded for clarity.

<sup>36</sup> Multiple responses to this prompt may be selected simultaneously. Percentages thus represent the portion of all respondents that indicated a given barrier.

<sup>37</sup> Category "504 Plan" omitted from table due to accounting for less than 1% of responses.

Table 39:

| Is Individualized Education Plan (IEP) Current |     |
|------------------------------------------------|-----|
| No                                             | 6%  |
| Yes                                            | 17% |
| No Individualized Education Plan               | 9%  |
| No Information                                 | 69% |

Table 40: <sup>38</sup>

| Youth's Grade as of TA |      |
|------------------------|------|
| Kindergarten           | 1%   |
| 1                      | 0.3% |
| 3                      | 0.3% |
| 4                      | 1%   |
| 5                      | 2%   |
| 6                      | 2%   |
| 7                      | 2%   |
| 8                      | 5%   |
| 9                      | 3%   |
| 10                     | 4%   |
| 11                     | 6%   |
| 12                     | 6%   |
| 12+                    | 1%   |
| No Information         | 71%  |

Table 41: <sup>39, 40</sup>

| Enrollment and Attendance                                 |      |
|-----------------------------------------------------------|------|
| Student is Enrolled                                       | 60%  |
| Student is Attending                                      | 24%  |
| Youth is Not Enrolled in School                           | 5.6% |
| Enrolled at School of Origin (Post Foster Care Placement) | 1.6% |
| Best interest determination was held/documentated         | 1.6% |
| Youth has Graduated                                       | 1.6% |
| No Information                                            | 4.8% |

Table 42: <sup>41</sup>

| County of Education |    |
|---------------------|----|
| Kern                | 5% |
| Riverside           | 4% |
| Sonoma              | 3% |
| El Dorado           | 2% |
| Tulare              | 2% |
| Orange              | 1% |
| Sacramento          | 1% |

<sup>38</sup> Grades "1" and "3" omitted from table due to accounting for less than 1% of responses.

<sup>39</sup> Categories "Best interest determination was held/documentated" (1.6%) and "Non-Minor Dependent and is in restrictive acute setting like an IMD not attending school" (0.8%) were omitted for clarity as they do not reflect an enrollment status on their own.

<sup>40</sup> Multiple responses to this prompt may be selected simultaneously. Percentages thus represent the portion of all respondents that indicated a given status.

<sup>41</sup> Counties selected for less than 1% of calls omitted for clarity.

| County of Education |     |
|---------------------|-----|
| Shasta              | 1%  |
| Butte               | 1%  |
| Ventura             | 1%  |
| Alameda             | 1%  |
| Mendocino           | 1%  |
| Merced              | 1%  |
| San Bernardino      | 1%  |
| San Joaquin         | 1%  |
| Stanislaus          | 1%  |
| No Information      | 69% |

Table 43: <sup>42</sup>

| School Setting    |     |
|-------------------|-----|
| Public            | 18% |
| Non-Public School | 11% |
| No Information    | 70% |

Table 44:

| High School Students on Track to Graduate |     |
|-------------------------------------------|-----|
| Student is Not Enrolled in High School    | 14% |
| Not on target                             | 9%  |
| On Target                                 | 6%  |
| No Information                            | 71% |

Table 45:

| Education Notified Prior to Child Moving Placements |     |
|-----------------------------------------------------|-----|
| No                                                  | 7%  |
| Yes                                                 | 16% |
| No Information                                      | 77% |

Table 46:

| Best Interest Determination Completed |     |
|---------------------------------------|-----|
| No                                    | 20% |
| Yes                                   | 3%  |
| No Information                        | 77% |

Table 47:

| Attending School of Origin |     |
|----------------------------|-----|
| No                         | 23% |
| Yes                        | 6%  |
| No Information             | 72% |

<sup>42</sup> Category "Certificate of Completion Track" omitted from table due to accounting for less than 1% of responses.

## Medical

Table 48:

| Health/Physical Concerns |     |
|--------------------------|-----|
| No                       | 24% |
| Yes                      | 7%  |
| No Information           | 69% |

Table 49:

| Non-Ambulatory |     |
|----------------|-----|
| No             | 31% |
| Yes            | 1%  |
| No Information | 69% |

## Next Steps

Table 50: <sup>43</sup> <sup>44</sup>

| Recommendations Made                                                                                                                                                  |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| Recommendations provided for additional treatment services/access to services (ABA, TBS, etc.)                                                                        | 25% |
| Recommendation provided for additional services (WRAP, CSEC, Parent/Youth partners, mentors, ETP&L, etc.)                                                             | 18% |
| Recommendations provided for additional placement options (CTF, ISFC, ISFC+, STRTP for 1, Low census, Regional Center vendorized homes, psychiatric facilities, etc.) | 18% |
| Received funding/rates related information (i.e.; complex care funding, Innovative models of care, etc.)                                                              | 8%  |
| Received information regarding policies/processes (i.e.; ILS Deeper Dive, QI requirements, waivers, etc.)                                                             | 8%  |
| Follow-up calls for targeting planning (i.e.; call with rates, SOC Strike Team, STRTP for 1, etc.)                                                                    | 8%  |
| CDSS referrals for contracted services (UC Davis consults, Daley Solutions, Provider training, Youth Resource Group, etc.)                                            | 10% |
| Concerns/barriers escalated to leadership                                                                                                                             | 3%  |
| Follow-up calls for training purposes (i.e.; managed care vs fee for service, QI requirements, complex care options, age waivers, etc.)                               | 2%  |

<sup>43</sup> Percentages indicate the proportion of total TA Meetings that a category was listed.

<sup>44</sup> Multiple responses to this prompt may be selected simultaneously. Percentages thus represent the portion of all respondents that indicated a given recommendation.