

AB 2083: Children and Youth System of Care Annual Technical Assistance Data 2022

[Welfare and Institutions Code Section 16521.6 \(b\)\(2\)\(A\)\(5\)](#)

Technical Assistance Overview

Assembly Bill (AB) 2083: Children and Youth System of Care (Chapter 815, Statutes of 2018), requires the establishment of a Children and Youth System of Care State Technical Assistance (TA) Team, thereafter referred to as the CYSOCTAT consisting of representatives from California Department of Social Services (CDSS), Department of Health Care Services (DHCS), Department of Developmental Services (DDS), and the California Department of Education (CDE). The statute requires the state to develop a process for local partner agencies that are parties to the Children and Youth System of Care Memorandum of Understanding to request interdepartmental technical assistance from the established CYSOCTAT. The CYSOCTAT partners with the CDSS Office of Tribal Affairs to appropriately seek out consultation from Tribal Partners. In addition, the Department of Rehabilitation (DOR) and the newly formed Office of Youth and Community Restoration (OYCR) are both available to consult, as appropriate. The state technical assistance model is built on the foundation of the prior Continuum of Care Reform technical assistance process and has broadened the scope and participation in existing technical assistance meetings, consistent with AB 2083. The goal of the CYSOCTAT is to provide high-level state and local interagency technical assistance, child-specific case consultation, and multisystem process recommendations.

Technical Assistance Process

A request for technical assistance may be made to the CYSOCTAT by county child welfare, probation or mental health plan, regional center, county office of education, or local educational agency. The intent is that the local resolution process has been exhausted first before local partners make a request for technical assistance. Documentation of attempts at resolution at the local level, barriers identified by system partners, and relevant background, inclusive of the history of involvement by various systems should be included in the request. Once a request is submitted, it is triaged, and a meeting is scheduled with active participation of the CYSOCTAT. CYSOCTAT works with the local partner agencies and respective involved state agencies to ensure that necessary information and the appropriate team members are prepared in advance. The meeting is conducted via a facilitated format which reviews information on the youth's needs and strengths and an overview of the cross-system challenges. During the meeting subject matter experts from various Departments, branches and units provide recommendations for the local teams to review and consider for implementation with the local planning team. Barriers that can be supported or removed at the state level are flagged for action by the CYSOCTAT members. Each meeting is followed with an email summary of the recommendations, follow-up meetings conducted by the CYSOCTAT and follow-up meetings which are available at the request of the local system partners.

Although the TA process is not intended to solely serve as a crisis response protocol, the structures and relationships created through the MOU development process have shown to be beneficial for local partners in their responses in times of crises.

Technical Assistance Information Collection and Reporting

The development and implementation of the technical assistance framework has been a cross-system process, including evolving processes of how and what information to collect, beneficial facilitation and engagement frameworks informed by the local system partners and development of processes to include subject matter experts and intra and inter-departmental and programmatic consultation. AB 153 (Chapter 86, Statutes of 2021) codified an annual tracking and reporting requirement for deidentified information about children and nonminor dependents in foster care who have

been assisted to preserve, or secure new, intensive therapeutic options through the technical assistance process including the number of children and nonminor dependents served, characteristics of individuals served, and as applicable, local and statewide systemic issues identified by the team. This annual technical assistance data and information report is required to be posted to the California Health and Human Services Agency website annually, beginning July 1, 2022. Data collection for the purposes of this report originally began December 2021, thus the reporting period for the initial report was December 2021 through June 2022. The 2021 report utilized a separate collection tool from the data collection tool that was utilized by the TA facilitation framework. Efforts over the past year have included combining the two data collection processes to ensure the information was responsive to this mandate, while maximizing fidelity and consistency. This unified collection tool was implemented as of January 2023. Subsequent years will have an annual calendar year reporting cycle for posting data annually in July and utilize the most current version of the data collection tool. The reporting period for this report is January 2022 to December 2022. During the reporting period there was a total of 193 TA meetings. This number is duplicative and may represent the same youth multiple times; the resulting data reflects this duplication. There were 193 TA calls in 2022, representing 170 unique youth. A youth may have had more than one TA call in the 2022 and can be represented in multiple TA calls.

Limitations

Data included in this report are reported by local system partners and as observed during the meetings and represents barriers presented at the time of 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.

County and Child Specific Information^{1 2}

Age of Youth at the Time of TA	
1 to 2	1%
6 to 10	6%
11 to 15	51%
16 to 17	37%
18 to 20	4%
No Information ³	1%
Jurisdiction	
Child Welfare	78%
Probation	11%
Other	4%
No Information	7%
County of Jurisdiction⁴	
Los Angeles	20%
Riverside	11%
Sacramento	7%
San Diego	6%
San Joaquin	6%
San Bernardino	5%
Tehama	5%
Fresno	4%

¹ Data throughout the report reflects duplicated information for youth who had multiple technical assistance meetings.

² Data throughout has been rounded to the nearest whole percent.

³ 'No Information' throughout this report reflects that the topic was either not discussed during the meeting, or the local team did not provide that information.

⁴ Other counties not reflected had one percent or less of the technical assistance meetings.

Humboldt	3%
Kern	3%
Kings	3%
Butte	2%
Contra Costa	2%
Madera	2%
San Francisco	2%
Solano	2%
Sonoma	2%
Stanislaus	2%
Ventura	2%
Yuba	2%
Indian Child Welfare Act (ICWA)	
Yes	4%
Pending	1%
No	93%
No Information	3%
Gender	
Female	48%
Male	44%
Trans Female	2%
Trans Male	4%
Other	2%
No Information	2%
LGBTQIAS2+	
Yes	13%
No	29%
Unknown	22%
No Information	36%

TA Meeting Specific Information

Frequency of TA for Youth	
First TA Meeting	38%
One Prior TA Meeting	49%
Two Prior TA Meetings	11%
Three Prior Calls TA Meetings	1%
Four Prior Calls TA Meetings	1%
Identified Youth Needs and/or Challenges⁵ *	
Aggressive/Disruptive	67%
Youth Experienced Trauma	62%
Mental Health Diagnosis	61%
Adjustment to Trauma	59%
Psychotropic Medication Management	45%
Absent from Placement/Truancy	44%
Mood Disturbances	40%

⁵ Percentage is calculated as count of identified need divided by the 193 Total TA meetings in 2022.

* When looking at unique youth, some who had more than one call, there was an average of 7 needs or challenges identified per youth across all calls in 2022. If a youth had a duplicative need identified in more than one call, it was counted once.

Hospitalizations	39%
Alcohol/Substance Use	38%
Suicidal/Self-Harm	37%
Educational Needs	23%
CSEC/At Risk	21%
Developmental Disability	19%
Other	18%
Sexualized Behaviors	18%
Avoidance	12%
Medical Management	12%
Young Age	10%
Reaching Transitional Age – Transition Planning Needed	9%
ISFC	7%
Physical Health Diagnosis	6%
Hypervigilance/Anxiety	4%
ICWA	4%
Adjudicated	1%
Language Barrier	1%
Pregnancy/Parenting	1%
Reported Reason for TA	
Non-Admit to Placement ⁶	45%
Catalyst Referral	22%
14-Day Notice	12%
TSCF	10%
Other	7%
No Information	4%
Provider	1%
Reason for Non-Admit/14-Day Notice	
Other	39%
Complex Case	33%
No Information	11%
Lack of Capacity	8%
Services Not Available at Facility	6%
Aggressive and assaultive behaviors	1%
COVID-19	1%
Insufficient Staffing	1%
Number of Prior Placements^{7**}	
1	12%
2	12%
0	11%
3	10%
4	7%
5	6%
7	6%
6	5%
11	3%

⁶ 'Non-Admit' is defined as children rejected from admittance to a Short-Term Residential Therapeutic Program or Resource Family Home.

⁷ Placement counts under 1% not included.

** When looking at unique youth, 25% of youth had 2 or fewer placements. Half of youth had 4 or fewer placements. 75% of youth had 10 or fewer placements.

8	3%
17	3%
9	2%
13	2%
23	2%
25	2%
15	2%
18	2%
24	2%
28	2%
Family Finding Efforts in Last 30 Days	
Yes	49%
No	26%
No Information	25%
Current Crisis Intervention Plan	
Yes	23%
No	39%
No Information	38%

Regional Center Information

Youth Served by the Regional Center	
Yes	24%
Pending	6%
No	68%
No Information	2%
Youth Not Served by the Regional Center: Regional Center Referral	
Yes	5%
Pending	4%
No	18%
No Information	73%

Behavioral/Mental Health Information

Substance Use	
Yes	50%
No	46%
No Information	4%
Psychotropic Medications	
Yes	64%
No	21%
No Information	15%
Specialty Mental Health Services at the Time of the TA	
Yes	48%
Pending	13%
No ⁸	25%
No Information	14%

⁸ 'No' SMHS includes youth who are not accessing services, those who may not be engaging in services and those not determined to meet medical necessity.

Presumptively Transferred Specialty Mental Health Services	
Yes ⁹	18%
Pending	3%
No	72%
No Information	8%

Education Information

Youth's Grade as of TA	
1	2%
4	3%
5	4%
6	5%
7	5%
8	7%
9	19%
10	18%
11	16%
12	6%
No Information	16%
Disability and Education	
Child/Youth has an Individualized Education Program (IEP) or 504	70%
No IEP or 504	21%
No Information	9%
Of those Children/Youth Identified as having an IEP or 504	
IEP	93%
504	1%
No Information	6%
Same School Prior to Removal	
Yes	16%
No	52%
No Information	32%

⁹ 'Yes', includes some youth who may have had delays in services starting.