AB 2083: Children and Youth System of Care Annual Technical Assistance Data 2023

Welfare and Institutions Code Section 16521.6 (b)(2)(A)(5)

Executive Summary

Background

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 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 (MOU) to request interdepartmental technical assistance (TA) from the CYSOCTAT. The CYSOCTAT partners with the CDSS and DHCS Offices of Tribal Affairs to provide consultation to Tribal partners. In addition, although not mandated by statute, the Department of Rehabilitation (DOR) and the Office of Youth and Community Restoration (OYCR) are both available to consult, as appropriate. The state TA model is built on the foundation of the prior Continuum of Care Reform TA process and has broadened the scope and participation in existing TA meetings, consistent with AB 2083. The primary goals of the CYSOCTAT are to:

1. **Enhance Child Welfare 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 families, considering factors such as cultural background, trauma history, and developmental needs.
3. **Recommend Best Practices:** Promote the use of evidence-based and trauma-informed practices in the care and support of children.
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[1]

Observational data was gathered utilizing the pre-call documentation, information provided during the TA call, recommendations made by the CYSOCTAT, and debrief by the SOC team meetings that occurred immediately following each TA call. These observations provide the opportunity to identify potential system barriers, placement and service gaps, and system strengths. There were 220 TA calls in 2023 compared to 193 TA calls in 2022. The counties with the top amount of TA calls were Sacramento, Los Angeles, and San Diego. The primary requested reasons for TA were due to youth in temporary shelter care and/or assistance needed with targeted planning. Children and youth who are 11-15 years old have remained the highest age group that TA is requested for. 21% of calls were a child or youth served by a regional center which is a slight decrease from 2022 (24%).

System Barriers[2]

It was consistently indicated that the primary system barrier noted was that the child/youth complexities involve and require multiple system services and that there isn't one individual system that is meeting the needs of the youth. There

[1] The summaries in this section do not report on responses that appeared in two percent or less of the technical assistance meetings.

[2] The response "Interagency Placement Committee (IPC) not functioning optimally" was recorded for 4% 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.

are also consistent barriers regarding effective teaming as indicated in the data including lack of systems working together (56%) (i.e. the TA call bringing together the systems to address barriers, the referring party isn't aware of services already available), lack of communication (43%) (i.e. the TA call appeared to be the first time systems were talking together regarding the youth or needed to be connected to another system point of contact), the child and family team (CFT) isn't comprehensive was noted 32% (i.e. education, regional center, youth and/or family, service providers, etc. weren't engaged in CFT's), and the youth/family voice wasn't present or heard (16%) (i.e. the local SOC team was unable to articulate the youth or family goals). Of the children and youth who had involvement with parents (biological or adoptive), it was noted that due to the complexities, the parents were unable to have the youth at home (22%).

Regarding education, school attendance was a barrier in 51% of calls which may include the child/youth refusing to attend, child/youth not being enrolled in school timely, or appropriate school services weren't being provided. In 20% of calls, the IEP wasn't up to date, and/or a referral was needed for an IEP assessment to add new services (10%). On 38% of calls, the barrier was noted as specialty mental health services not being provided. This could be caused by factors such as a referral for SMHS not being made, the child/youth not being found eligible for services, or the child/youth reportedly refusing to participate in services. It was indicated that the placing agency didn't notify the mental health plan (MHP) of presumptive transfer in 3% of the calls. For youth receiving regional center (RC) services, it was noted that services were limited (8%) or that RC residential options were limited based on the complex needs of the child/youth (7%). RC services being limited have been reported on TA calls due to factors or family such as current placement not wanting additional services in the home or that the child/youth moved placements and locations multiple times, making it challenging to provide stable services. In 15% of calls, the youth were reported to have substance use disorder(s) that weren't being treated which may include refusal by the youth to participate in services, lack of a treatment plan or crisis plan in place, lack of a formal substance use diagnosis, and/or lack of local services that specialize in SUD.

Placement and Service Gaps

Placement and service gaps contain information both on the types of placements and services as well as items that impact or may cause placement instability. Lack of access to a higher level of care was indicated on 32% of calls. Gaps in specific placement types were noted such as foster family homes (27%), Intensive Services Foster Care (27%) Therapeutic Foster Care (11%) appropriate regional center services or residential settings (8%), and/or Short Term Residential Therapeutic Program (STRTP) unavailable due to 14-day notices, denials, or lack of capacity for specialized needs (28%). There was a lack of access to specialty services noted on 51% of calls. These specialty services may include those tailored to commercially sexually exploited children (CSEC), sexual orientation, gender identity and expression (SOGIE), substance use disorders, culturally appropriate services for Tribal youth, and mental health services for youth with intellectual and developmental disabilities. Lack of access may include referrals not being made by the appropriate party for these services, lack of service providers who specialize in these areas, lack of innovative and collaborative ways to share resources across counties or provide services in creative ways.

There were also items indicated as potentially causing placement instability due to not having appropriate supports or teaming in place. In 60% of calls it was indicated that there were gaps in access to appropriate mental health services. As indicated previously, this may be due to a lack of referral being made, lack of proactive teaming prior to a youth moving placement, a youth not being assessed for needing mental health services, youth refusing services, etc. There were also noted gaps in the integrated services delivery across systems (57%) which may significantly impact the success of a youth in a placement and again highlights the importance of proactive and coordinated teaming. There was a lack of school enrollment or attendance in school (42%), although all foster youth are entitled to immediate enrollment. Lastly, child and family teaming (CFT) was noted (31%) as a factor impacting placement and service gaps as CFT meetings weren't being held regularly, weren't inclusive of all system partners, and/or were only held after 14-day notice has been received.

System Strengths[3]

During 46% of the TA calls, it was noted that the local team was open to or provided creative and out of the box integrated strategies. Teaming was noted as a theme in that on 33% of TA calls it was indicated that the team communicated effectively, displayed clear respect and trust for each of their areas of expertise (30%), and cross-system collaboration was present (25%). On 19% of calls it was noted that the team was child/youth focused (i.e. keeping the youth's wants, needs, culture, and family connections at the forefront of the conversation) and the youth's team was working upstream and in a proactive and preventative ways (13%). On 6% of calls it was noted that the full array of services were accessed for the youth and 4% 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 CYSOCTAT by county child welfare, probation, mental health plan, regional center, Tribe, county office of education, or local educational agency. The TA process was designed to assist county placing agencies and local system partners with identifying and addressing any potential 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 (SOC) MOU development process have shown to be beneficial for local partners in their responses in times of crises. The intent is that the local resolution process (i.e. Child and Family Teaming, consulting with the local Interagency Leadership Team, 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 CYSOCTAT. The CDSS Intensive Technical Assistance Unit (ITAU) 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 provide recommendations for the local teams to review and consider for implementation with the local planning team. Barriers that can be addressed 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.

Technical Assistance Information Collection and Reporting

The development and implementation of the TA 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 TA 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 TA data and information report is required to be posted to the California Health and Human Services Agency website annually, beginning July 1, 2022. In prior reports, the data was collected using a TA data form as well as a pre-call survey that was completed by the referring party. Efforts over the past year have included combining the two datasets to ensure the information was responsive to the mandate, while maximizing fidelity and consistency. This unified collection tool was implemented as of January 2023. Subsequent years

[3] The response "No Information" was recorded for 31% of TA calls.

will have an annual calendar year reporting cycle for posting data annually in July and will utilize the most current version of the data collection tool. The reporting period for this report is January 2023 to December 2023. During the reporting period there was a total of 220 child/youth-specific TA meetings. This number is duplicative and may represent the same youth multiple times; the resulting data reflects this duplication. Of the 220 TA calls in 2023, 201 unique youth were represented.

Limitations

Data included in this report are reported by local system partners and as observed during the TA meetings and represents 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[4,5,6]

Table 1:

Reported Reason for TA	
Temporary Shelter Care Facility	31%
Targeted planning	31%
Non-admit	16%
14-day notice	8%
SOC strike team	7%
No TA call-Catalyst	2%
Placement preservation	2%
Prevention (entry/re-entry)	1%
No TA call-other TA provided	1%
Provider support	1%

Table 2:

Frequency of TA for Youth	
First TA meeting	2%
One prior TA meeting	78%
Two prior TA meetings	13%
Three prior TA meetings	4%
Four prior TA meetings	2%
Five prior TA meetings	1%
Seven prior TA meetings	1%

County and Child Specific Information

Table 3:

Age of Youth at the Time of TA	
6 to 10	4%

[4] Data throughout the report reflects duplicated information for youth who had multiple technical assistance meetings.
[5] Data throughout has been rounded to the nearest whole percent. This can lead to some tables displaying percentages that add up to greater than 100%.
[6] 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.

11 to 15	49%
16 to 17	42%
18 to 20	5%

Table 4:

Jurisdiction	
Child Welfare	91%
Probation	5%
Parent/guardian	1%
Tribe	1%
Non-dependency	1%
Other	1%

Table 5:[7]

County of Jurisdiction	
Sacramento	36%
Los Angeles	10%
San Diego	5%
Tulare	4%
San Bernardino	4%
Humboldt	3%
Kern	3%
Contra Costa	3%
Fresno	3%
Riverside	3%
Imperial	2%
San Luis Obispo	2%
Ventura	2%
Alameda	2%
Butte	2%
San Joaquin	2%

Table 6:

Gender	
Female	48%
Male	45%
Transgender male	2%
Not listed	2%
Transgender female	1%
Gender queer/gender non-binary	1%
No Information	1%

[7] Other counties not reflected had one percent or less of the technical assistance meetings.

Table 7:

LGBTQIAS2+	
No	67%
Yes	16%
Declines to state	3%
No Information	14%

Table 8:

Ethnicity* [8]	
Black	34%
White	28%
Hispanic	20%
Multi-ethnic	10%
Native American	5%
Asian/Pacific Islander (PI)	1%
No Information	4%

Table 9:

Indian Child Welfare Act (ICWA)	
No	93%
Yes	6%
Pending	1%
No Information	1%

Table 10:

Dual Status*	
No	89%
Yes	8%
Pending	2%
No Information	1%

Placement Information

Table 11:

Identified Youth Needs and/or Challenges[9,10]	
Adjustment to trauma	80%
Youth experienced trauma	76%
Behavioral	63%
Aggressive/disruptive	53%
Mental Health Diagnosis	48%
Alcohol/Substance use	38%

[8] Asterisks denote tables that are new as of the 2023 report and are not reflected in the 2022 report.
[9] Percentages indicate the proportion of total TA Meetings that a need was listed.
[10] When looking at unique youth, some who had more than one call, there was an average of approximately 6.9 needs or challenges identified per youth across all calls in 2023. If a youth had a duplicative need identified in more than one call, it was counted once.

Identified Youth Needs and/or Challenges[9,10]	
Educational needs	32%
Absent from placement/truancy	31%
Psychotropic medication management	29%
Hospitalizations	25%
Suicidal/self-harm	24%
Mood disturbances	23%
Commercially Sexually Exploited Children (CSEC)/At risk	20%
Developmental Disability	17%
Criminal involvement	14%
Reaching transitional age	12%
Sexual behaviors	12%
Referral for Specialty Mental Health Services (SMHS)	10%
Medical management	8%
Avoidance	7%
Distressed expression	7%
Sexual Orientation Gender Identity and Expression (SOGIE)	6%
Physical health diagnosis	6%
Young age	6%
Forensically involved	5%
Gang affiliation	4%
ICWA	4%
Intensive Services Foster Care (ISFC)	4%
Adjudicated offense	3%
Hypervigilance/anxiety	3%
Geographical limitations	3%
Language barrier	2%
Other	2%
Pregnancy/parenting	2%
Hearing impairment	1%
Non-ambulatory	1%
Vision impairment	1%
No Information	2%

Table 12:

Siblings in Care*	
No	48%
Yes	28%
Youth does not have siblings	8%
No Information	16%

Table 13:

All needed partners included and attended the Child and Family Team (CFT) Meeting*[11]	
No	16%
Yes	34%

[11] Category “CFT/IPP held” (1.8%) omitted for clarity as it is not responsive to the prompt.

All needed partners included and attended the Child and Family Team (CFT) Meeting*[11]	
Partners are invited but not attending	5%
Some partners are not included	4%
CFT meeting pending/has not had one	3%
Non-dependency	3%
No Information	35%

Table 14:

Placing Agency Holding Regular CFT Meetings*	
No	12%
Yes, as needed	26%
Yes, monthly	9%
Yes, every 3 months	7%
Yes, every 6 months	2%
Non-Dependency	3%
No Information	40%

Table 15:

Permanency or Case Status/Goal*	
Other permanent planned living arrangement	36%
Reunification	26%
Guardianship	14%
Pre-adjudication	5%
Adoption	5%
Not a dependency case	5%
Not a dependency case - TA sought to prevent entry into foster care	2%
No Information	8%

Table 16:

Of Youth with a Completed Child and Adolescent Needs and Strengths Assessment (CANS), Who Completed the Assessment?*[12,13]	
Child Welfare	41%
Behavioral Health/Mental Health Plan (MHP)	30%
Provider	8%
Other	5%
No Information	16%

Table 17:

Current Care Setting*[14]	
Temporary Shelter Care Facility	24%
Other	14%

[12] This table reflects 61 youth with a most recent CANS date.
[13] Category "Non Dependency" (3.2%) omitted for clarity as it is not responsive to the prompt.
[14] The responses "Department of Juvenile Justice," "State Family Home," "Community Treatment Facility (CTF)," "Regional Center Vendored Home," and "Parent/Guardian" were each omitted for reflecting one percent or less of the technical assistance meetings.

Current Care Setting*[14]	
Therapeutic Foster Care (TFC)/Intensive Services Foster Care(ISFC)[15]	12%
STRTP	11%
Juvenile Hall	8%
Child Welfare Services (CWS) office	6%
Psychiatric Facility/Hospital	6%
Hotel	4%
Other Resource Family Home	2%
Enhanced STRTP	2%
Foster Family Agency (FFA)	2%
Group Home	2%
Relative/Non-Relative Extended Family Member (NREFM)	2%
Transitional Shelter Care Facility	2%

Table 18:

Family Finding Efforts in Last 30 Days	
No	41%
Yes	41%
No Information	19%

Table 19:

Number of Prior Placements[16]	
0	5%
1-9	70%
10+	23%
No Information	3%

Table 20:

Reason for Non-Admit or 14-Day Notice	
Mental health symptoms/diagnosis	34%
Provider inability to meet needs/lack of capacity	28%
Not a non-admit or 14-day notice	21%
Developmental considerations	11%
Milieu incompatibility	9%
No vacancies	8%
Educational considerations	7%
Staffing shortages/concerns	4%
No responses from provider	3%
Medical diagnosis	3%
Youth unwilling to participate in facility interview	2%
Language: non-verbal	1%
No Information	2%

[15] The ISFC program is for child welfare or probation youth that are in foster care and is distinct from TFC, which can be provided to any Medi-Cal beneficiary who meets specific eligibility criteria.

[16] When looking at unique youth, 25% of youth had 1.75 or fewer placements, 50% of youth had 4 placements, and 75% of youth had 9 or fewer placements.

Behavioral/Mental Health Information

Table 21:

Mental Health Diagnosis*	
No	12%
Yes	78%
No Information	10%

Table 22:

Mental Health (MH) Diagnosis Type*	
Attention Deficit Hyperactivity Disorder (ADHD)	38%
Post-Traumatic Stress Disorder (PTSD)	32%
Major Depressive Disorder (MDD)	21%
Anxiety	17%
Mood Disorder	17%
Autism Spectrum Disorder (ASD)	12%
None	11%
Bipolar Disorder	11%
Conduct Disorder	11%
Oppositional Defiant Disorder (ODD)	9%
Substance Use Disorders (SUD)	9%
Intellectual Disability (Mild), not a MH diagnosis	6%
Pending Assessment	5%
Intermittent Explosive Disorder	5%
Impulsive Control	4%
Schizoaffective Disorder	4%
Reactive Attachment Disorder (RAD)	2%
Refusing a MH Assessment	2%
Fetal Alcohol Spectrum Disorder (FASD)	1%
Personality Disorder	1%
Traumatic Brain Injury (TBI)	1%
Adjustment Disorder	1%
Attention Deficit Disorder (ADD)	1%
Speech Sound Disorder	1%
Gender Dysphoria	1%
Pervasive Developmental Disorder (PDD)	1%

Table 23:

Barriers to Mental Health Services*	
Youth participation refusal/engagement concerns	47%
Services not yet requested/referrals not yet made	19%
No reported barriers for the service system	18%
Services requested/referred (specified service not available)	10%
Available services not being accessed by provider/caregiver	7%
Services requested/referred (on a wait list)	3%
No Information	9%

Table 24:

SMHS at the Time of the TA	
No, referred	22%
No, referral needed	15%
Yes, receiving some but may benefit from additional	27%
Yes, receiving	20%
Youth is in restrictive setting where services cannot be pushed in	2%
Receiving Managed Care Plan (MCP) mental health services	1%
Not eligible	1%
No Information	13%

Table 25:

SMHS Being Received (Presumptive Transfers Only)	
No, referred	32%
No, referral needed	14%
Yes, receiving some but may benefit from additional	27%
Yes, receiving	18%
No Information	9%

Table 26:

Psychotropic Medications	
No	25%
Yes	60%
Youth/Non-Minor Dependent (NMD) not taking as prescribed	5%
No Information	11%

Table 27:

Qualified Individual (QI) Assessment Referral Occurred*	
No	35%
Yes	47%
Non-Dependency	3%
No Information	15%

Table 28:

Current Crisis Intervention Plan	
No	51%
Yes	21%
No Information	28%

Substance Use[17]

Table 29:

Substance Use	
No	43%
Yes	51%
No Information	6%

Table 30:

Primary Substance*	
Cannabis (marijuana)	37%
Alcohol	7%
Opioids (Fentanyl, Oxycodone, Hydrocodone, etc.)	3%
Methamphetamine	2%
Other	1%
Heroin	1%
Tobacco (nicotine and vaping)	1%
No known substance use	40%
No Information	8%

Table 31:

Substance Use Diagnosis*	
No	51%
Yes	8%
No known substance use	32%
No Information	9%

Table 32:

Substance Use Treatment*	
No	54%
Yes	3%
No known substance use	34%
No Information	10%

Regional Center Information

Table 33:

Youth Served by a Regional Center[18]	
No, referred	6%
No, referral needed	5%
Yes	21%
Not served by a regional center[19]	67%

[17] 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.
[18] This table was present in the 2022 TA Data Report, but with a fewer number of available responses.
[19] Category represents the combined percentages of both the responses “Not served by a regional center” (57%) and “No suspected need” (10%).

Evaluation in progress	1%
Found non-eligible	6%

Table 34:

Regional Center Qualifying Diagnosis*	
Intellectual Disability (ID)	13%
Autism Spectrum Disorder (ASD)	12%
Other (5th category)[20]	3%
Not served by a regional center	76%
No Information	1%

Table 35:

Regional Center Name (if applicable)*	
Alta California	19%
Central Valley	15%
Far Northern	13%
San Diego	8%
Valley Mountain	8%
Inland	6%
North LA County	6%
San Gabriel/Pomona	6%
Tri Counties	6%
Kern	4%
Regional Center of the East Bay	6%
Frank D. Lanterman	2%
Regional Center of Orange County	2%
Redwood Coast	2%

Table 36:

Specialized Statewide Resource Search (SSRS) Submitted[21]	
No	22%
Yes	36%
No Information	42%

Table 37:

Barriers to Developmental Services*	
Referrals for services pending	8%
Available services not being accessed by provider/caregiver	6%
No reported regional center barriers	6%
Referrals for services submitted (wait list)	3%
Services not available in catchment area	2%
Referrals for services not submitted	2%
Not served by a regional center	75%

[20] Diagnoses incorporated under this response include Autism, Cerebral Palsy, Epilepsy, Intellectual Disabilities, and other conditions closely related to, or that require treatment similar to, that required for an intellectual disability.
[21] Not a RC Consumer selection was excluded for clarity.

No Information	2%

Education Information

Table 38:

Children/Youth Identified as having an IEP or 504 Plan[22]	
IEP	64%
General Education	23%
504	4%
No Information	9%

Table 39:

Is Individualized Education Plan (IEP) Current	
No	21%
Yes	32%
No IEP	34%
No Information	14%

Table 40:

Youth's Grade as of TA	
Kindergarten	1%
1	1%
2	1%
3	1%
4	1%
5	1%
6	5%
7	9%
8	9%
9	16%
10	20%
11	15%
12	12%
12+	2%
No Information	8%

Table 41:

Enrollment Status*[23]	
Student is enrolled	37%
Student is attending	28%
Youth is not enrolled in school	22%
Enrolled at school of origin (post Foster Care placement)	6%
Youth has graduated	1%

[23] Category “Best interest determination was held/documented” (1%) was omitted for clarity as it does not reflect an enrollment status on its own.

Non-Minor Dependent and is in restrictive acute setting, not attending school	1%
No Information	28%

Table 42:

County of Education*[24]	
Sacramento	31%
Los Angeles	9%
San Bernardino	5%
Kern	5%
San Diego	5%
Fresno	4%
Riverside	4%
Tulare	3%
Contra Costa	3%
Imperial	2%
San Luis Obispo	2%
Humboldt	2%
Shasta	2%
Stanislaus	2%
No Information	5%

Table 43:

School Setting*	
Public	62%
Non-Public School (NPS)	21%
Not enrolled	6%
Private	4%
No Information	7%

Table 44:

High School Students on Track to Graduate*	
Not on target	36%
Student is not enrolled in high school	31%
On target	13%
Certificate of completion track	2%
No Information	18%

Table 45:

Education Notified Prior to Child Moving Placements	
No	8%
Yes	28%
Child did not move placements	7%
No Information	56%

[24] Counties not reflected had one percent or less of the technical assistance meetings.

Table 46:

Best Interest Determination (BID) Completed*	
No	25%
Yes	5%
No Information	71%

Table 47:

Same School Prior to Removal	
No	51%
Yes	21%
No Information	28%

Medical

Table 48:

Health/Physical Concerns*	
No	61%
Yes	36%
No Information	4%

Table 49:

Non-Ambulatory*	
No	96%
Yes	3%
No Information	1%

Next Steps

Table 50:

Recommendations Made*[25]	
Recommendation provided for additional services (WRAP, CSEC, Parent/Youth partners, mentors, etc.)	69%
Recommendations provided for additional treatment services/access to services (Applied Behavior Analysis, Therapeutic Behavior Services, etc.)	59%
Recommendations provided for additional placement/care setting options (CTF, ISFC, ISFC+, STRTP for 1, Low census, regional center vendored homes, psychiatric facilities, etc.)	50%
Provided list of potential placements	34%
Provided funding/rates related information (i.e.; complex care funding, innovative models of care, etc.)	30%
CDSS referrals for contracted services (UC Davis consults, Daley Solutions, provider training, Youth Resource Group, etc.)	29%
Provided information regarding policies/processes (i.e.; Interim Licensing Standards (ILS) Deeper Dive, QI requirements, waivers, etc.)	9%
Concerns/barriers escalated to leadership	6%

[25] Percentages indicate the proportion of total TA Meetings that a category was listed.

Recommendations Made*[25]	
Follow-up calls for targeted planning (i.e.; call with rates, SOC Strike Team, STRTP for 1, etc.)	6%
ILS concerns brought to CCL's attention	5%
Follow-up calls for training purposes (i.e.; managed care vs fee for service, QI requirements, complex care options, age waivers, etc.)	2%
No Information	1%