AB 2083: Children and Youth System of Care Annual Technical Assistance Data 2024

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

Executive Summary

Background

Assembly Bill (AB) 2083: Children and Youth System of Care (CYSOC) (Chapter 815, Statutes of 2018), requires the establishment of a Children and Youth System of Care State Technical Assistance Team (CYSOCTAT), hereafter 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 CYSOC 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. 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. 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 youth, 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 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 [1]

Observational data was gathered utilizing the TA pre-call documentation, information provided during the TA meeting, recommendations made by the CYSOCTAT, and debrief meetings by the CYSOCTAT that occurred immediately following each TA meeting. These observations provide the opportunity to identify potential system barriers, placement and service gaps, and system strengths. There were 139 TA meetings in 2024 compared to 220 TA meetings in 2023. The counties with the highest number of TA meetings were identified as Sacramento, Riverside, and Kern. The primary requested reasons for TA were due to children and youth in temporary shelter care and/or assistance needed with targeted planning for services and supports. Children and youth who are 11-15 years old have remained the highest age

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

group TA is requested for over the last 3 years. 17% of calls were related to children and youth served by a regional center, which is a decrease from 2023 (21%).

System Barriers [2]

Consistent with the 2023 Annual TA Data Report, the primary system barrier noted was that the complexities experienced by children and youth involve and require multiple system services and that there is not one individual system meeting the needs of the children and youth. There continue to be barriers in regards to effective teaming as indicated in the data, including lack of systems working together (noted for 58% of meetings) (i.e., the TA meeting is bringing together the systems to address barriers, and the referring party is not aware of services already available) and lack of communication (noted for 51% of meetings) (i.e., the TA meeting appeared to be the first time systems were discussing together the child or youth's needs or the referring party needed to be connected to another system point of contact) which was an increase from 43% in the 2023 report. Additionally, it was noted that the Child and Family Team (CFT) [3] is not comprehensive for 40% of meetings (i.e. education, regional center, child/youth and/or family, service providers, etc. were not engaged in CFT meetings) compared to 32% in 2023, and the child/youth/family voice was not present or heard (noted for 17% of meetings) (i.e. the local SOC team was unable to articulate the child/youth or family goals). Of the children and youth who had involvement with parents (biological or adoptive), it was noted for 23% of meetings that due to the complexity of needs, the parents were unable to have the child or youth at home.

Regarding education, school attendance was a barrier for the child or youth for 57% of meetings compared to 51% in 2023. This barrier includes but is not limited to the following: a child or youth refusing to attend, child or youth not being enrolled in school timely, or appropriate school services not being provided. For 29% of meetings compared to 21% in 2023, the Individual Education Plan (IEP) was not up to date, and/or a referral was needed for an IEP assessment to add new services (noted on 33% of meetings). For 17% of meetings, a barrier was noted as Specialty Mental Health Services (SMHS) not being provided, which is a significant decrease from 38% in 2023. The lack of SMHS could be caused by factors such as a referral not being made, or the child or youth's unwillingness to participate, or lack of participation due to frequent absences from care. For children and youth receiving regional center services, it was noted for 3% of meetings that regional center residential options were limited based on the complex needs of the child or youth. Regional center services being limited has been reported in TA meetings due to factors such as the current placement not wanting additional services in the home, or that the child or youth moved placements and locations multiple times making it challenging to provide consistent services. For 15% of meetings, the child or youth were reported to have a substance use disorder (SUD) that was not being treated, which may include but is not limited 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 substance use diagnosis, and/or lack of local services that specialize in SUD.

Placement and Service Gaps

Placement and service gaps include information 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 for 16% of meetings which is a decrease from 32% in 2023. Gaps in specific placement types were noted, such as foster family homes (noted for 22% of meetings), Intensive Services Foster Care (ISFC), noted for 19%, appropriate regional center services or residential settings (noted on 6%), and/or Short Term Residential Therapeutic Programs (STRTP) which were noted for 12% of meetings. Reasons for STRTPs being unavailable were due to 14-day notices issued by the placement provider to relocate the child or youth, providers denying services to the child or youth, or lack of capacity to meet specialized needs. There was a lack of access to specialty services noted for 29% of meetings, a decrease from 51% in 2023. 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), SUD, culturally appropriate services for Tribal children and youth, and mental health services for children and youth with intellectual and developmental disabilities. Lack of

[2] 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.

[3] 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.

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.

The data also indicated that placement instability coincides with not having appropriate supports or teaming in place. For 26% of meetings it was indicated that there were gaps in access to appropriate mental health services, which is a large decrease compared to 60% reported in 2023. As indicated previously, the gaps in access to services 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 services delivery across systems (noted for 71% of meetings) which may significantly impact the success of a child or youth in a placement and again highlights the importance of proactive and coordinated teaming. This represented an increase compared to 57% reported in 2023. Additionally, there was a lack of school enrollment or attendance in school (noted for 49% of meetings), although all foster youth are entitled to immediate enrollment. Lastly, teaming was noted on 40% of meetings as a factor impacting placement and service gaps as CFT meetings were not being held regularly, were not inclusive of all system partners, and/or were only held after receiving a 14-day notice.

System Strengths [4]

For 53% 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 22% of TA meetings it was indicated that the team communicated effectively, displayed clear respect and trust for each of their areas of expertise (32%), and cross-system collaboration was present (13%). There was an increase from 19% in 2023 to 24% for this reporting period in identification 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 6% of meetings. Lastly, for 4% of meetings it was noted that the full array of services were accessed for the child or 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 CDSS Intensive Technical Assistance Unit (ITAU) 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 CYSOCTAT received and 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 CYSOC 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 including, but not limited to the CFT, consulting with the local Interagency Leadership Team and Interagency Placement Committee 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 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 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 SOC departments, as well as

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

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 CYSOCTAT. Each meeting is followed with a debrief conversation by the CYSOCTAT 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 CYSOCTAT identifies as needed.

Technical Assistance Information Collection and Reporting

The development and implementation of the TA framework has 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 and intra- and inter- departmental and programmatic consultation. This report is generated by observational data collected following the completion of the TA meeting process in its entirety, including the referral, the pre-call, and TA meeting itself. The reporting period for this report is January 2024 to December 2024. During the reporting period there were a total of 139 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 139 TA meetings in 2024, 123 unique children and youth were represented. In addition to the interdepartmental TA meetings, smaller targeted meetings are also conducted as determined by the CDSS ITAU during the triage phase when a TA referral is received. The data collection timeframe for these meetings began in July 2024 and between July 2024 through December 2024, there were a total of 21 small TA meetings. These meetings provide immediate guidance, supports, 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 interdepartmental TA meetings.

Data Limitations

Data included in this report are 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 [5]

The below charts reflect the data gathered by the CDSS ITAU and the CYSOCTAT 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 ITAU, in collaboration with members of the CYSOCTAT, 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 2026 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%.

Table 1: [6]

Reported Reason for TA	
Temporary Shelter Care Facility	42%

[5] 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.

[6] Categories “No TA Call-Catalyst,” (1%) “No TA Call Other TA Provided,” (1%) and “Provider Support” (1%) omitted for clarity as they were not responsive to the prompt.

Reported Reason for TA	
Targeted Planning	35%
14-Day Notice	10%
Non-Admit	9%
Placement Preservation	2%

Table 2:

Frequency of TA for Youth	
One Prior TA Meeting	74%
Two Prior TA Meetings	18%
Three Prior TA Meetings	5%
Four Prior TA Meetings	2%
Ten Prior TA Meetings	1%

County and Child Specific Information

Table 3:

Age of Youth at the Time of TA	
3 to 5	2%
6 to 10	9%
11 to 15	46%
16 to 17	41%
18 to 20	2%

Table 4:

Jurisdiction	
Child Welfare	95%
Probation	4%
Other	1%

Table 5:

County of Jurisdiction	
Sacramento	27%
Riverside	12%
Kern	9%
Los Angeles	8%
Sonoma	4%
Butte	4%
Imperial	4%
Mendocino	4%
San Diego	4%
San Luis Obispo	3%
Shasta	3%
Tulare	3%
Alameda	1%
Contra Costa	1%

County of Jurisdiction	
Fresno	1%
Kings	1%
San Francisco	1%
San Joaquin	1%
Santa Clara	1%
Solano	1%
Calaveras	1%
Del Norte	1%
Lake	1%
Orange	1%
Stanislaus	1%
Trinity	1%
Yuba	1%

Table 6:

Gender	
Female	48%
Male	42%
Not Listed	4%
Gender Queer/Gender Non-Binary	3%
No Information	2%
Transgender Male	1%

Table 7:

LGBTQIAS2+	
No	60%
Yes	12%
Declines to State	3%
No Information	25%

Table 8:

Ethnicity	
Black	35%
White	33%
Hispanic	20%
Multi-ethnic	7%
Native American	4%
Asian/Pacific Islander	1%
No Information	1%

Table 9:

Indian Child Welfare Act (ICWA)	
No	93%
Yes	5%
No Information	2%

Table 10:

Dual Status	
No	89%
Yes	9%
Pending	3%

Placement Information

Table 11: [7] [8] [9] [10]

Identified Youth Needs and/or Challenges	
Behavioral	72%
Adjustment to Trauma	68%
Youth Experienced Trauma	53%
Aggressive/Disruptive	46%
Absent from Placement/Truancy	38%
Alcohol/Substance Abuse	37%
Educational Needs	37%
Hospitalizations	28%
Mental Health Diagnosis	28%
Commercially Sexually Exploited Children /At Risk	27%
Referral for Specialty Mental Health Services	21%
Mood Disturbances	19%
Psychotropic Medication Management	19%
Suicidal/Self-Harm	17%
Developmental Disability	14%
Young Age	11%
Reaching Transitional Age	11%
Sexual Behaviors	10%
Criminal Involvement	10%
Sexual Orientation Gender Identity and Expression	9%
Medical Management	8%
Intensive Services Foster Care	6%
Other	6%
Pregnancy/Parenting	4%
Avoidance	4%
Gang Affiliation	4%
Hypervigilance/Anxiety	2%
Language Barrier	2%
ICWA	2%
Distressed Expression	2%
Physical Health Diagnosis	1%

[7] Percentages indicate the proportion of total TA Meetings that a need was listed.

[8] 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.

[9] Category "No Information" omitted as it is not responsive to the prompt.

[10] Multiple responses to this prompt may be selected simultaneously. Percentages thus represent the portion of all respondents that indicated a given need.

Identified Youth Needs and/or Challenges	
Referral to Managed Care Plan	1%
Non-Ambulatory	1%

Table 12:

Siblings in Care	
No	55%
Yes	35%
Youth Does Not Have Siblings	9%
No Information	1%

Table 13: [11]

All Needed Partners Included and Attended the Child and Family Team Meeting	
No	21%
Yes	51%
Partners are Invited but Not Attending	6%
Some Partners are Not Included	5%
CFT Meeting Pending/Has Not had One	3%
Non-Dependency	1%
No Information	13%

Table 14:

Placing Agency Holding Regular Child and Family Team Meetings	
No	4%
Yes, as Needed	47%
Yes, Monthly	22%
Yes, Every 3 Months	9%
Yes, Every 6 Months	5%
Non-Dependency	2%
No Information	12%

Table 15:

Permanency or Case Status/Goal	
Other Permanent Planned Living Arrangement	52%
Reunification	30%
Guardianship	9%
Adoption	4%
Not a Dependency Case - TA Sought to Prevent Entry into Foster Care	2%
Preajudication	2%
No Information	2%

[11] Category "CFT/IPP held" (1%) omitted for clarity as it is not responsive to the prompt.

Table 16: [12]

Of Youth with a Completed Child and Adolescent Needs and Strengths (CANS) Assessment, Who Completed the Assessment?	
Behavioral Health/Mental Health Plan	44%
Child Welfare	30%
Other	10%
Provider	7%
Probation	1%
No Information	7%

Table 17: [13]

Current Care Setting	
Temporary Shelter Care Facility	40%
STRTP	11%
Psychiatric Facility/Hospital	9%
Hotel	7%
Juvenile Hall	7%
Foster Family Agency	5%
Other	4%
Other Resource Family Home	4%
Transitional Care Facility for Children	4%
Parent/Guardian	2%

Table 18:

Family Finding Efforts in Last 30 Days	
No	28%
Yes	59%
No Information	13%

Table 19: [14]

Number of Prior Placements	
0	1%
1-9	70%
10+	30%

Table 20: [15]

Reason for Non-Admit or 14-Day Notice	
Youth/Non-Minor Dependent Behavior	72%
Mental Health Symptoms/Diagnosis	19%
Provider Inability To Meet Needs/Lack of Capacity	13%
Educational Considerations	7%

[12] This table reflects 70 youth with a most recent CANS date.

[13] The responses "Group Home," "Relative/Non-Relative Extended Family Member (NREFM)," "Community Treatment Facility (CTF)," "Transitional Shelter Care Facility," "Child welfare Services (CWS) Offices," "Intensive Services Foster Care Home," and "State Family Home" were each omitted for reflecting one percent or less of the technical assistance meetings.

[14] 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.

[15] Categories "No Responses," "No Vacancies," and "Local Partners Unable to Answer" omitted due to each accounting for less than 1% of responses.

Reason for Non-Admit or 14-Day Notice	
Developmental Considerations	5%
Unable to Accommodate Medical Complexities	3%
Milieu Incompatibility	2%
Youth Unwilling to Participate in Facility Interview	2%
Staffing Shortages/Concerns	1%
Visitation/Court Ordered Contacts[16]	1%
Language: Non-Verbal	1%
Topic was Not Addressed During Call	1%

Behavioral/Mental Health Information

Table 21:

Mental Health Diagnosis	
No	22%
Yes	74%
No Information	3%

Table 22: [17] [18]

Mental Health Diagnosis Type	
Attention Deficit Hyperactivity Disorder	32%
Post-Traumatic Stress Disorder	29%
Major Depressive Disorder	24%
None	21%
Mood Disorder	17%
Bipolar Disorder	17%
Anxiety	14%
Autism Spectrum Disorder	13%
Conduct Disorder	13%
Oppositional Defiant Disorder	13%
Substance Use Disorders	9%
Impulsive Control	6%
Intellectual Disability (Mild), not a Mental Health Diagnosis	6%
Intermittent Explosive Disorder	4%
Pending Assessment	3%
Schizoaffective Disorder	2%
Adjustment Disorder	2%
Reactive Attachment Disorder	2%
Refusing a Mental Health Assessment	2%
Compulsive Disorder	1%
Insomnia Disorder	1%

[16] Category "Visitation/Court Ordered Contacts" indicates where placement providers have at times been unable to meet the visitation and/or contact needs and declined or issued notice as a result.

[17] Category "Intellectual Disability (ID) (Mild), not a Mental Health Diagnosis" omitted due to not being a mental health diagnosis.

[18] Multiple responses to this prompt may be selected simultaneously. Percentages thus represent the portion of all respondents that indicated a given diagnosis.

Mental Health Diagnosis Type	
Fetal Alcohol Spectrum Disorder	1%
Pervasive Developmental Disorder	1%

Table 23: [19]

Barriers to Mental Health Services	
Youth Participation Refusal/Engagement Concerns	60%
Services Not yet Requested/Referrals Not yet Made	19%
No Reported Barriers for the Service System	14%
Services Requested/Referred (Pending Services)	8%
No Information	7%
Services Requested/Referred (Specified Service Not Available) [20]	5%
Available Services Not being Accessed by Provider/Caregiver	3%

Table 24:

SMHS at the Time of the TA	
No, but Referral Needed	27%
No, but They were Referred	17%
Yes, Receiving some but May Benefit from Additional [21]	27%
Yes, Receiving	19%
Receiving Managed Care Plan Mental Health Services	1%
Not Eligible	1%
No Information	7%

Table 25:

SMHS Being Received (When Presumptive Transfer Occurred)	
No, but Referral Needed	32%
Yes, Receiving	27%
Yes, Receiving some but May Benefit from Additional [22]	27%
No, but They were Referred	14%

Table 26:

Psychotropic Medications	
No	32%
Yes	63%
Youth /Non-Minor Dependent not Taking as Prescribed	2%
No Information	3%

Table 27:

Qualified Individual (QI) Assessment Referral Occurred [23]	
No	46%

[19] Multiple responses to this prompt may be selected simultaneously. Percentages thus represent the portion of all respondents that indicated a given barrier.
[20] Examples of unavailable services are peer partners or advocates, lack of available service due to geographical location, etc.
[21] Selection of this category is based on system of care member's perception and not clinically indicated during the meetings.
[22] Selection of this category is based on system of care member's perception and not clinically indicated during the meetings.
[23] QI referrals only happen when the recommended level of care is STRTP or CTF.

Yes	45%
Non-Dependency	4%
No Information	6%

Table 28:

Current Crisis Intervention Plan	
No	63%
Yes	23%
No Information	14%

Substance Use [24]

Table 29:

Substance Use	
No	45%
Yes	50%
No Information	4%

Table 30:

Primary Substance	
Cannabis (Marijuana)	37%
Alcohol	5%
Methamphetamine	3%
Opioids (Fentanyl, Oxycodone, Hydrocodone, etc.)	3%
Other	3%
Tobacco (Nicotine and Vaping)	1%
No Known Substance Use	46%
No Information	2%

Table 31:

Substance Use Diagnosis	
No	55%
Yes	11%
No known substance use	32%
No Information	1%

Table 32:

Substance Use Treatment	
No	57%
Yes	5%
No known substance use	36%
No Information	3%

[24] 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.

Regional Center Information

Table 33:

Youth Served by a Regional Center	
No, but Referral Needed	7%
No, but They were Referred	3%
Yes	17%
Evaluation in Progress	4%
Found Non-Eligible	1%
Not Served by a Regional Center [25]	68%

Table 34: [26]

Regional Center Qualifying Diagnosis	
Autism Spectrum Disorder	12%
Intellectual Disability	7%
Other (5th category) [27]	2%
Not Served by a Regional Center	81%

Table 35:

Regional Center Name (If Applicable)	
East Bay	15%
Alta California	11%
Central Valley	11%
Far Northern	11%
Eastern Los Angeles	7%
Kern	7%
Redwood Coast	7%
South Central Los Angeles	7%
Golden Gate	4%
Harbor	4%
Inland	4%
North Bay	4%
Northern Los Angeles County	4%
Valley Mountain	4%

Table 36: [28]

Specialized Statewide Resource Search Submitted	
No	39%
Yes	32%
No Information	29%

[25] Category represents the combined percentages of both the responses "Not a Regional Center Consumer" (64%) and "No suspected need" (4%).

[26] Multiple responses to this prompt may be selected simultaneously. Percentages thus represent the portion of all respondents that indicated a given diagnosis.

[27] 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.

[28] "Not a Regional Center Consumer" selection was excluded for clarity.

Table 37: [29]

Barriers to Developmental Services	
Referrals for Services Pending	14%
No Reported Regional Center Barriers	5%
Available Services not being Accessed by Provider/Caregiver	4%
Referrals for Services not Submitted	4%
Referrals for Services Submitted (Wait List)	1%
Services not Available in Catchment Area	1%
Not Served by a Regional Center	75%
No Information	5%

Education Information

Table 38:

Children/Youth Identified as Having an Individualized Education Plan (IEP) or 504 Plan[30]	
Individualized Education Plan	75%
General Education	11%
504 Plan	5%
No Information	10%

Table 39:

Is Individualized Education Plan (IEP) Current	
No	25%
Yes	41%
No Individualized Education Plan	31%
No Information	3%

Table 40:

Youth's Grade as of TA	
Pre-Kindergarten	1%
Kindergarten	3%
1	3%
2	1%
3	1%
4	1%
5	2%
6	7%
7	8%
8	9%
9	13%
10	19%
11	15%
12	7%

[29] Multiple responses to this prompt may be selected simultaneously. Percentages thus represent the portion of all respondents that indicated a given barrier.

Youth's Grade as of TA	
12+	2%
No Information	6%

Table 41: [31] [32]

Enrollment and Attendance	
Student is Enrolled	53%
Student is Attending	27%
Youth is Not Enrolled in School	25%
Enrolled at School of Origin (Post Foster Care Placement)	3%
Non-Minor Dependent and is in Restrictive Acute Setting like an IMD Not Attending School	1%
School of Origin Transportation Provided by Local Education Agency	1%
School of Origin Transportation Provided by Child Welfare	1%
Youth has Graduated	1%
No Information	6%

Table 42:

County of Education	
Sacramento	25%
Riverside	10%
Kern	9%
Los Angeles	7%
Contra Costa	6%
Sonoma	5%
Butte	4%
Imperial	4%
Mendocino	3%
San Diego	3%
San Luis Obispo	3%
Shasta	3%
Alameda	2%
Not Applicable	2%
No Information	2%
Fresno	1%
San Joaquin	1%
Santa Clara	1%
Stanislaus	1%
Tulare	1%
Del Norte	1%
Kings	1%
Lake	1%
Local partners were unable to answer	1%

[31] Categories "Best interest determination was held/documented" (4%), "Non-Minor Dependent and is in restrictive acute setting like an IMD not attending school" (1%), "School of origin transportation provided by LEA" (1%), and "School of origin transportation provided by CW" (1%) were omitted for clarity as they do not reflect an enrollment status on their own.

[32] Multiple responses to this prompt may be selected simultaneously. Percentages thus represent the portion of all respondents that indicated a given status.

County of Education	
Orange	1%
San Bernardino	1%
Tehama	1%
Topic was not addressed during call	1%
Trinity	1%
Yuba	1%

Table 43:

School Setting	
Public	65%
Non-Public School	21%
Not enrolled	8%
Private	2%
No Information	4%

Table 44:

High School Students on Track to Graduate	
Not on target	40%
Student is Not Enrolled in High School	38%
On Target	12%
Certificate of Completion Track	1%
No Information	9%

Table 45:

Education Notified Prior to Child Moving Placements	
No	15%
Yes	48%
No Information	37%

Table 46:

Best Interest Determination Completed	
No	81%
Yes	7%
No Information	12%

Table 47:

Attending School of Origin	
No	59%
Yes	27%
No Information	14%

Medical

Table 48:

Health/Physical Concerns	
No	76%
Yes	20%
No Information	3%

Table 49:

Non-Ambulatory	
No	96%
Yes	4%

Next Steps

Table 50: [33] [34]

Recommendations Made	
Recommendations Provided for Additional Treatment Services/Access to Services (ABA, TBS, etc.)	87%
Recommendations Provided for Additional Supports and Services (WRAP, CSEC, Parent/Youth partners, mentors, etc.)	71%
Recommendations Provided for Additional Placement Options (ISFC, ISFC+, STRTP for 1, Low Census, Regional Center Vendored Homes/Facilities, Community Treatment Facility, Psychiatric Facilities, etc.)	35%
CDSS Referrals for Contracted Services (UC Davis Consults, Daley Solutions, Provider Training, Youth Resource Group, etc.)	19%
Provided Funding/Rates Related Information (i.e.; Complex Care Funding, Innovative Models of Care, etc.)	18%
Provided Information Regarding Policies/Processes (i.e.; ILS Deeper Dive, Qualified Individual Requirements, Waivers, etc.)	17%
Follow-up Calls for Targeting Planning (i.e.; Call with Rates, SOC Strike Team, STRTP for 1, etc.)	6%
ILS Concerns Brought to Community Care Licensing's Attention	4%
Follow-up Calls for Training Purposes (i.e.; Medi-Cal Managed Care vs Fee for Service, Qualified Individual Requirements, Complex Care Options, Age Waivers, etc.)	1%
Concerns/Barriers Escalated to Leadership	1%

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

[34] Multiple responses to this prompt may be selected simultaneously. Percentages thus represent the portion of all respondents that indicated a given recommendation.