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June 30, 2021

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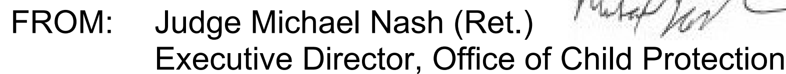

FROM: Judge Michael Nash (Ret.)
Executive Director, Office of Child Protection

A REPORT FROM THE SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM (STRTP) TASK FORCE

Following a fatal incident at the Wayfinder Family Services STRTP on January 2, 2021, Department of Children and Family Services (DCFS) Director Bobby D. Cagle and Department of Mental Health (DMH) Director Dr. Jonathan Sherin asked the assistance of the Office of Child Protection (OCP) in convening a specialized task force to study issues surrounding the STRTP treatment option for high-needs foster youth. The attached report is jointly made by DCFS, DMH, and the OCP with input from scores of stakeholders, including those with lived experience, community members, advocates, providers, the juvenile court, law enforcement, County departments, and front-line staff.

The Continuum of Care Reform (CCR) effort launched in California in 2017 called for a greater emphasis on individualized, family-based treatment scenarios for youth with multiple traumas and significant mental health needs, as opposed to the group-home or congregate-care model that has a long history in Los Angeles County. Unfortunately, few of these alternatives developed sufficiently to serve the numbers of young people needing them, and STRTPs have become a *de facto* ‘all things to all people’ placement for our most-troubled youth.

The Task Force’s recommendations include several to improve local practice; those lie within the existing authority of the County and can be implemented by its child-serving departments in a relatively short timeframe. Also included are longer-term solutions, many of which depend on state statutory and budgetary/funding action. Combining those inter-dependent approaches is the only way we can fulfill the intended promise of CCR, improve services for our most vulnerable youth, and poise the County for further adjust-ments under the soon-to-be-implemented federal Family First Prevention Services Act.

Many thanks to the numerous individuals who shared honest and insightful feedback throughout the process that drove these recommendations, and to everyone who spent considerable time and energy contributing to the development of this report.

If you have any questions, please contact me at (213) 893-1152 or via e-mail at mnash@ocp.lacounty.gov, or your staff may contact Carrie Miller at (213) 893-0862 or via e-mail at cmiller@ocp.lacounty.gov.

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A Report from the

Short-Term Residential Therapeutic Program (STRTP) Task Force

convened by

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Executive Summary

From February through June 2021, the Office of Child Protection (OCP), in partnership with the Los Angeles County departments of Children and Family Services (DCFS) and Mental Health (DMH), convened a large group of stakeholders, individuals with lived experience, and interested and relevant parties through a series of listening sessions, multiple workgroups, and a central task force to develop recommendations for improving the Short-Term Residential Therapeutic Program (STRTP) and continuum of care in Los Angeles County to better support high-need foster youth.

The Task Force's recommendations include several to improve local practice; those lie within the existing authority of the County and can be implemented by its child-serving departments in a relatively short timeframe. Also included are longer-term solutions, many of which depend on state statutory and budgetary/funding action. Combining those interdependent approaches is the only way we can fulfill the intended promise of the Continuum of Care Reform (CCR), improve services for our most vulnerable youth, and poise the County for further adjustments under the soon-to-be-implemented federal Family First Prevention Services Act (FFPSA).

Listening Session Take-Aways

- STRTPs cannot be effective as a 'one-size-fits-all' model that is expected to adequately serve all youth with the highest needs.
- Not enough placement and service options exist along the continuum of care for youth needing lower or higher levels of care than STRTPs to best meet their needs.
- Youth voices need to be respected and more meaningfully incorporated into decision-making processes around placements and case planning for services and supports.
- STRTP placements and services are more successful when youth make strong connections to staff, and youth would benefit from more peer support and opportunities to connect to mentors.
- Youth do not have enough engaging activities (of all types) available to them in the STRTP milieu, which contributes to behavioral issues.
- Safety issues, both on site at STRTPs and in their surrounding communities, occur because the trauma experienced by youth and staff is not being addressed in a meaningful way.
- Families are not being included enough in the case-planning and treatment processes, and aftercare supports are inconsistent or lacking, which can result in challenges for family reunification and step-down placements from STRTPs.
- More efforts are needed across County departments, STRTP providers, and court stakeholders—including minors' attorneys and their specialty teams—to keep youth placements stable.
- STRTP providers do not feel empowered and supported to use 'prudent parent' standards to support youth independence, encourage pro-social activities, allow for more typical childhood experiences, reward positive growth, and hold youth accountable for their actions, when needed.

Summary of Report Recommendations

1. Expand the Continuum of Care

- Expand options for older youth stepping down from STRTPs.
- Increase the recruitment of families that can provide intensive services to higher-need youth.
- Review and enhance the STRTP model to better meet youth needs.
- Prioritize the implementation of missing levels of care that are necessary for meeting youth needs.

2. Improve Multidisciplinary Teaming and Interagency Collaboration for High-Need Youth

- Expand the multidisciplinary teaming pilot led by DCFS' Accelerated Placement Team (APT), along with DMH, to focus on 100 additional high-need youth.
- Improve interdepartmental communication and collaboration when serving survivors of the commercial sexual exploitation of children (CSEC) who are in STRTPs or at risk of placement there.
- Consider co-locating liaisons from departments' out-of-home care divisions at STRTP sites to improve communication and collaboration.
- Develop an accountability mechanism to ensure County departments' fidelity to the Child and Family Team (CFT) process.

3. Elevate Youth Voices and Ensure Their Incorporation Throughout Case-Planning Processes

- Ensure that youth have an active voice that is respected in the CFT process and meetings and throughout all placement-decision and case-planning processes.
- Improve the pre-placement process (visits to prospective STRTPs, interviews for youth and STRTPs, etc.) so that youth have an active voice in placement and service decisions.
- Ensure that CFT meetings (CFTMs) incorporate healing-centered engagement practices.

4. Expand Peer-to-Peer Supports and Mentoring

- Increase peer-to-peer support/peer-counsel representation and its role within the STRTP. These would be Medi-Cal–claimable, culturally competent services provided by individuals with lived experience.

5. Expand SUD Supports and Services

- Expand the Department of Public Health's (DPH) Substance Abuse Prevention and Control's (SAPC's) substance use/abuse field-based treatment for youth in STRTPs with SUD issues.
- Expand placement options and intervention services for youth with serious SUD needs.

6. Strengthen Clinical Supports

- Explore and address STRTP workforce issues—recruitment, retention, pay, administrative requirements, etc.—to strengthen STRTP clinical staffing.
- Ensure that STRTPs provide non-traditional mental health treatments and more evidence-based practices, as well as improve access to Regional Centers services.

7. Expand Culturally Relevant and Affirming Supports

- Ensure that STRTPs provide more engaging activities for youth and consult with youth about what activities and interests they want to be involved in.

8. Improve Aftercare Services

- Increase flexibility in the provision of aftercare services so that the provider that best fits the youth's needs, particularly geographically, can deliver those services.

- Ensure that STRTPs identify community supports for families during the youth's transition home and with aftercare efforts, to improve reunification success.
- Advocate for flexibility in aftercare services under FFPSA to ensure the availability of both Medi-Cal–claimable and non–Medi-Cal-claimable services.
- Expand respite care overall by streamlining the process for approving respite-care providers and increasing funding for respite care.

9. Improve Family-Finding and Family-Engagement Supports

- Increase the use of parent partners and offer transportation resources to engage family and non-family supports for youth in STRTPs.
- Ensure that DCFS's Permanency Partners Program, CFTs, and other family-finding best practices are used to support permanency for STRTP youth.
- Provide support to relative caregivers to address barriers to Resource Family Approval (RFA).

10. Improve Court Oversight Over STRTP Placements

- Revisit the Juvenile Court's prior group-home reporting protocol to apply to STRTP placements and ensure it is aligned with existing STRTP placement-related processes and new FFPSA requirements.

11. Improve STRTP Placement Decisions

- Ensure that placement in an STRTP is discussed and decided on in CFTMs before involving the Interagency Placement Committee (IPC) and that all stakeholders, including youth and minors' attorneys, are part of these discussions.
- Make County placing agencies' internal decision-making processes for referring youth to STRTPs more transparent to STRTP providers.
- Improve the IPC process so that County placing agencies and STRTP providers have more information for placement discussions and decisions.

12. Expand Education Supports and Services

- Connect the Los Angeles County Office of Education's (LACOE's) regionally based counselors in the field with their local STRTPs to provide additional support to resident youth and make sure they are engaged in school.
- Explore using one-on-one behavioral aides for youth with special-education needs.
- Expand the credit-recovery practice for youth in STRTPs.
- Expand relationships with and knowledge of alternative settings (e.g., charter schools, schools-within-schools, magnet programs, etc.), as not every youth will thrive in a traditional school setting.

13. Create a Safe Environment at and Near STRTP Sites

- Ensure that STRTPs are implementing and reinforcing a healing-centered model at their sites.
- Explore ways to ensure that STRTPs have an appropriate number of staff on site at all times, including rethinking staffing ratios, adding the flexibility to increase as needed
- Explore ways for STRTPs to create consistency, boundaries, routines, and structure at their sites, while also respecting and promoting youth voice and independence.
- Consider incorporating delayed egress at STRTP sites.
- Explore options to support the use of security guards (whose roles are clearly defined) on STRTP sites.
- Ensure that STRTPs incorporate anti-bullying practices and programming at their sites.

14. Reduce Unnecessary Law-Enforcement Agency (LEA) Engagement with STRTPs

- Develop a protocol for STRTPs on when and whom to call when they need assistance with youth.
- Consider adopting the Association of Community Human Service Agencies' electronic reporting protocol to LEAs for low-risk runaway incidents, to reduce LEAs' need to intervene on STRTP sites.
- Implement trainings for LEAs on how to appropriately engage with STRTPs and youth.
- Develop partnerships between STRTPs and youth diversion programs.

15. Streamline and Improve STRTP Training Requirements

- DCFS, DMH, and Probation should review and streamline their training requirements for STRTPs, as well as review and enhance, as necessary, the training recommended in this report.

16. Streamline and Improve STRTP Administrative Requirements

- Streamline the Mental Health Program Approval (MHPA) process for STRTPs to remove burdensome and/or duplicative administrative and documentation requirements that can prevent STRTP staff from engaging with and serving more youth.

Please see Appendix B—Longer-Term/State-Level Recommendations for further proposals.

Introduction

It is widely known that a misalignment exists between the array of services and supports available for foster and probation youth and the needs of the youth we serve in out-of-home placements. A misalignment likewise exists between these services and the policy requirements issued by the federal and state government. This 'double disconnect' contributes to operational challenges that reverberate throughout the child-welfare and juvenile-justice systems and cause further disruption to the lives of the youth we are trying to support. That reality requires us to re-examine our entire portfolio of out-of-home placements and services, and to identify key strategies and action steps for improvement.

Task Force Background

On January 2, 2021, a 25-year-old counselor, David McKnight-Hillman, was reportedly assaulted at the Wayfinder Family Services Short-Term Residential Therapeutic Program (STRTP) by seven residents after attempting to break up a fight. He later died as a result of his injuries. Two of the residents were 18 years old, and the other five were in their teens. This tragedy brought significant attention to the STRTP model and the issues inherent within it.

The challenges existing within the STRTP model are not new issues. When the Continuum of Care Reform (CCR) effort was launched in 2017, the STRTP model of care—replacing the previously used group-home model—was specifically designed to treat and stabilize youth so they could transition to lower levels of care in family-based settings.[1] What has often resulted, however, is a higher number of youth with significant challenges being placed together in settings that lack the resources to effectively meet their needs, plus have shorter timeframes in which to treat them. This places far higher pressures than before on provider program operations and service-delivery systems, hampering their ability to adapt to CCR's requirements and fulfill the design of the new care model. After experiencing years of unresolved trauma, youth can present with complex issues that are extremely difficult to resolve—substance abuse, sexual exploitation, running away, aggressive behavior toward self and/or others, trust and attachment difficulties, and, more often than not, a history of multiple placement changes. When incidents arise at facilities resulting from these compound stressors, the communities surrounding STRTPs are often disrupted.

The current direction of congregate care through STRTPs does not appear to sufficiently support either the high-need youth who require comprehensive services or the County systems that serve them. As a result, the Los Angeles County departments of Children and Family Services (DCFS) and Mental Health (DMH) decided together to analyze the issues surrounding both the Wayfinder incident and the STRTP model as a whole and to develop recommendations to address those issues. DCFS and DMH enlisted the assistance of the Office of Child Protection (OCP) to lead this process, which convened a large group of stakeholders, individuals with lived experience, and interested and relevant parties through a series of listening sessions, multiple workgroups, and a central task force.

This exercise gave a highly dedicated group of participants an opportunity to apply a sustained focus on two pressing issues—ensuring a high-functioning, high-quality continuum of care for youth with varying levels of need, and reducing the negative impact experienced in neighborhoods surrounding the facilities in this continuum. One set of recommendations and actionable steps can be implemented locally, and one should be implemented in partnership with the state.

[1] http://file.lacounty.gov/SDSInter/dmh/1020386_CCRFactSheet1.19.17.pdf

Continuum of Care Reform (CCR)

In California, legislation (AB 403, Stone) implemented Continuum of Care Reform (CCR) on January 1, 2017. CCR is the culmination of years of efforts in California to improve outcomes for foster children and youth, particularly those residing in group homes.[2] Children and youth in residential care experience a number of significant challenges and issues.

- A higher proportion of children/youth in congregate care age out of foster care or enter extended foster care.
- A higher proportion 'cross over' from child welfare to juvenile justice.
- A higher proportion are prescribed and administered psychotropic medications.
- A higher proportion are targeted for and become victims of commercial sexual exploitation (CSEC).
- A higher proportion obtain significantly lower levels of academic achievement.
- A higher proportion have issues with substance abuse.
- The disproportionality of African-American children/youth is higher in congregate care.

As a result of the data supporting these issues, both federal and state bodies have passed legislation designed to reduce the reliance on congregate care in our systems. Although it has not been eliminated, laws seek to ensure that it is used, when necessary, for only limited periods of time, require more comprehensive services for youth in congregate care, and create greater oversight and accountability for its use. CCR drew together a series of existing and new reforms to the state's child-welfare services programs designed out of an understanding that when the state determines that children must live apart from their biological parents, they do best when they are cared for in committed, nurturing family homes.[3] Some new or revised levels of care/supports resulting from that effort included:[4]

- **Short-Term Residential Therapeutic Programs (STRTPs)**, which work to treat and stabilize youth so they can be successfully transitioned to a lower level of care in a family-based setting. STRTPs were designed to be short-term interventions reviewed every six months. CCR also created the Interagency Placement Committee (IPC) to assess the appropriateness of a given youth's placement in an STRTP. The IPC process is designed to ensure that children and youth are placed in the most appropriate and least restrictive setting that is able to meet their needs.
- **Intensive Services Foster Care (ISFC)** was established from what was previously known as Intensive Treatment Foster Care (ITFC). These placements provide a family setting with individualized and intensive services and supports, including mental health services.
- **Foster Family Agencies (FFAs)**, the nonprofit entities that recruit, train, approve, and support resource families, began providing additional help and "core services," including educational assistance, mental health services, and transportation, to further support children and promote permanency.
- **Resource Family Approval (RFA)** is the uniform process to approve all resource families, including relative caregivers. RFA includes a comprehensive family evaluation, home-environment check, and training for resource families. The approval process is intended to prepare families to

[2] Ibid.
[3] https://www.cdss.ca.gov/inforesources/continuum-of-care-reform
[4] http://file.lacounty.gov/SDSInter/dmh/1020386_CCRFactSheet1.19.17.pdf

better meet the needs of vulnerable children in the foster-care system, and supports more seamless transitions to permanency.

- **Intensive Care Coordination (ICC)**, **Intensive Home-Based Services (IHBS)**, and **Therapeutic Foster Care (TFC)** services. Working within the Child and Family Team process, ICC ensures that plans from any system partners are integrated to comprehensively address identified goals and objectives, and that the activities of all parties involved with services to the child/youth and/or family are coordinated to support and ensure successful and enduring change. IHBS are intensive, individualized, strength-based, needs-driven intervention activities that further the engagement and participation of the child/youth and his/her significant support persons, and help the child/youth develop skills and achieve the goals and objectives of the plan. The TFC service model is a short-term, intensive, highly coordinated trauma-informed and individualized rehabilitative service covered under Medi-Cal that is provided to a child/youth up to age 21 with complex emotional and behavioral needs who is placed with trained and intensely supervised and supported TFC parents.

The hope from these efforts was that CCR would help promote positive outcomes for youth in ways that included:[5]

- Creating a proper continuum of supports
- Increasing mental health and holistic individual supports
- Ensuring that youth input was critical in the decision-making process
- Informing youth about placement changes and providing support during transitions

Much of the feedback we heard through the 'listening' process we pursued to develop our recommendations was that the current model falls short of achieving these goals.

[5] https://calswec.berkeley.edu/sites/default/files/cyc_ccr_toolkit.pdf

What the Task Force Heard

To better understand the key challenges and areas for improvements in the STRTP model, we convened a series of listening sessions with a wide array of stakeholders, including:

- Youth who have experience in group-home or STRTP placements
- Community members who live near STRTP facilities
- STRTP leadership and administrators from providers of varying facility sizes
- STRTP staff, including clinical staff and care-and-supervision staff who work with youth in the residential milieu setting
- DMH clinicians and staff who participate in placement decisions for STRTPs and provide technical assistance and guidance to STRTP providers
- Children's Social Workers (CSWs) from DCFS
- Deputy Probation Officers (DPOs)
- Parents and family members of youth who have been placed in STRTPs
- Intensive Services Foster Care (ISFC) provider agencies
- Dependency court stakeholders, including bench officers, minors' attorneys, and County Counsel
- Law-enforcement agencies

These sessions focused on what is working well in the current STRTP model, challenges and areas for improvement, the needs of youth placed in STRTPs, and what the County could do to better support and meet the needs of youth in or at risk of placement in STRTPs.

Key themes emerging across these listening sessions include:

- STRTPs cannot be effective as a 'one-size-fits-all' model that is expected to adequately serve all youth with the highest needs, since those needs are varied and require different services. STRTPs are being asked to serve more youth with serious substance use disorders (SUD), violent and aggressive behavior, involvement with the commercial sexual exploitation of children (CSEC), gang involvement, involvement with the juvenile-justice system, co-occurring mental health and intellectual/developmental disabilities, and multiple mental health diagnoses, including psychosis that is not substance-use related. Not only are STRTPs struggling to meet the different and individualized needs of these youth, but staffing and resources are diverted away from effectively serving other youth in their care.

- Not enough placement and service options exist along the continuum of care for youth needing lower or higher levels of care than STRTPs to best meet their needs. An insufficient number of appropriate home-based settings exist to provide intensive services and supports to youth, and there is a lack of specific resources for youth being sexually exploited, struggling with SUD, or involved with the juvenile-justice system.

- Youth voices need to be respected and more meaningfully incorporated into decision-making processes around placements and case planning for services and supports. In addition, youth in STRTPs should be provided more opportunities to develop and exercise their independence as appropriate.

- STRTP placements and services are more successful when youth make strong connections to staff, and youth would benefit from more peer support and opportunities to connect to mentors.

- Youth do not have enough engaging activities (of all types) available to them in the STRTP milieu, which contributes to behavioral issues.

- Safety issues, both on site at STRTPs and in their surrounding communities, occur because the trauma experienced by youth and staff is not being addressed in a meaningful way. In addition, some STRTPs may need more staff on site to provide stability and safety for everyone on and around campus.
- Families are not being included enough in the case-planning and treatment processes, and aftercare supports are inconsistent or lacking, which can result in challenges for family reunification and step-down placements from STRTPs.
- More efforts are needed across County departments, STRTP providers, and court stakeholders—including minors' attorneys and their specialty teams (e.g., the Children's Law Center of California's Mental Health Advocacy and CARE teams)—to keep youth placements stable. This includes strengthening interagency collaboration and the Child and Family Team process so shared and aligned goals exist to meet youth needs, improving the matching process between youth and their placements, and respecting youth voices throughout the case-planning and placement processes.
- STRTP providers do not feel empowered and supported to use 'prudent parent' standards to support youth independence, encourage pro-social activities, allow for more typical childhood experiences, reward positive growth, and hold youth accountable for their actions, when needed.

Recommendations

We endorse the goals of CCR and many of its provisions, although part of its implementation has been difficult in Los Angeles County and in other parts of the state; some CCR elements have not fully materialized, making services to high-need youth more difficult to provide. For example, the ISFC provider base never developed, which led to concentrating more youth with significant needs in fewer residential facilities.

Ultimately, we value our critical partnership with the state and want to work together to address these issues. Given the urgency of the situation and the strong obligation we have to children who have experienced maltreatment, we offer recommendations for the County to implement in a relatively short timeframe, within its existing authority. However, we have also identified longer-term solutions, many of which depend on state statutory and budgetary action. It is only through the combination of improved local practice and modified state statutory and funding structures that we will fulfill the intended promise of CCR.

The following recommendations were informed by the stakeholder listening sessions and several workgroups consisting of County department representatives, STRTP providers, youth leaders, court stakeholders, advocates, and community members. These key recommendations should be considered as a whole, as many are interdependent on others. Together, their implementation will allow us to succeed in improving the STRTP model, the continuum of care, and the quality of services to youth in congregate care and beyond.

1. Expand the Continuum of Care

- DCFS, Probation, and DMH should conduct a data analysis of youth currently in or at risk of placement in STRTPs to identify their strengths and needs and the behaviors they exhibit. Understanding the numbers of youth with specific needs will allow the County to better identify the placement and service gaps in the current continuum of care.
- Use this 'youth needs' data to inform the expansion of the continuum of care, including:
  - Expanding options for older youth stepping down from STRTPs
  - Increasing the recruitment of families that can provide intensive services to higher-need youth
  - Reviewing and enhancing the STRTP model to better meet youth needs
  - Prioritizing the implementation of missing levels of care that are necessary for meeting youth needs

While we do not believe in taking reform efforts backward to lean more heavily on congregate care, we recognize that a full set of placements must be available to best meet the needs of each youth. Without expanding the continuum of care, no amount of tweaking to the current STRTP model will address the problems we are trying to solve. Expanding the continuum of care will require local and state-level changes, as well as alignment with federal requirements and policies like the Family First Prevention Services Act (FFPSA). The fiscal impact of potentially expanding and/or enhancing existing placement options, as well as developing and implementing new placements in the continuum, must also be expected. Therefore, this recommendation requires working closely with the state on legislative and budgetary changes to strengthen the overall continuum of care, as well as advocacy at the federal level to coordinate and align state and local continuum-of-care changes with federal mandates.

The matrix in Appendix A—Continuum-of-Care Recommendations Matrix details considerations and recommendations for expanding the continuum of care. For both existing and potentially new

placement types, the matrix includes 1) what needs would be addressed by the placement, 2) what is needed to build and/or enhance the placement, 3) shorter-term action steps to consider, and 4) longer-term action steps to consider. We define 'shorter-term' as action steps the County has the legal authority to take without state or federal approvals or actions, and 'longer-term' action steps as those that will require some state action—changes to regulations, statutes, funding, etc. Several shorter-term actions also require more funding; to the extent that monies are not available at the County level, these may evolve into longer-term actions to seek new state and federal funding.

2. Improve Multidisciplinary Teaming and Interagency Collaboration for High-Need Youth

- Expand the multidisciplinary teaming pilot led by DCFS' Accelerated Placement Team (APT), along with DMH, to stabilize and find permanency for up to 100 more high-need youth who are at risk of STRTP placement and/or have struggled in STRTP placements.

To date, 112 of the highest-risk youth in County systems have been served by this pilot, in which a secondary DCFS social worker leads multidisciplinary teaming to stabilize and find permanency for hard-to-place youth who have overstays in or repeatedly return to the County's 10-day Transitional Shelter Care Facilities (TSCFs). The pilot's approach is resource intensive, with secondary social workers carrying caseloads of only eight clients. Expanding this pilot to serve up to 100 more high-need youth would require adding more social workers, along with supervision and clerical staff, and have a fiscal impact of approximately $2.6M annually. However, the benefits of this pilot are clear from its program data, which show increases in placement stability, decreases in the number of placements, and significant decreases in re-entering TSCFs for the youth served in this pilot. Moreover, recent data show that 100% of youth in the pilot report increased satisfaction with DCFS as a result of working with the multidisciplinary team.

It is important to note that this recommendation must be implemented in tandem with others, particularly the recommendation to expand the continuum of care. Simply expanding the pilot may have diminishing returns if other placements do not expand as well; the County must have appropriate placement options to meet the individualized needs of our highest-risk youth.

- Improve interdepartmental communication and collaboration when serving survivors of the commercial sexual exploitation of children (CSEC) who are in STRTPs or at risk of placement there.
  - Each departments' CSEC units must be 'on the same page' in terms of treatment goals and approaches to working with youth, to best meet the needs of CSEC survivors.
  - The County should clarify DCFS, Probation, and DMH roles, responsibilities, and strategies for effectively collaborating to meet the needs of these youth.
  - Enhanced trainings should be provided to CSWs, DPOs, and DMH staff on how to engage with CSEC youth, develop more defined treatment goals, implement targeted Child and Family Team (CFT) meetings, and work with both female and male CSEC survivors.
  - The County should also establish best-practice strategies on interventions and supports for providers and families working with these youth.
    - Implement strategies for harm-reduction approaches to supporting children and youth who have experienced commercial sexual exploitation.

Implementing enhanced cross-trainings on working with CSEC survivors across departments and to providers/families may have a fiscal impact, although some of these trainings are already underway. For example, the Los Angeles Sheriff's Department (LASD) has offered to provide CSEC trainings to STRTPs.

- The County should consider co-locating DCFS and Probation liaisons from those departments' out-of-home care divisions at STRTP sites to improve communication and collaboration between the County and STRTPs. Co-locating County staff at STRTP sites may have a fiscal impact.

- Develop an accountability mechanism for ensuring County departments' fidelity to the CFT process.

Throughout the listening sessions, stakeholders emphasized the importance of a strong CFT process around placement and case-planning decisions, and, as further outlined in Recommendation 3, ensuring that youth voices are central to the CFT process. The County should build on departments' existing quality improvement and assurance efforts to ensure fidelity to the Core Practice Model and the CFT process. This could include implementing a CFT fidelity tool, which may have a workload impact on staff and providers.

3. Elevate Youth Voices and Ensure Their Incorporation Throughout Case-Planning Processes

- Ensure that youth have an active voice that is respected in the CFT process and throughout all placement-decision and case-planning processes. Strategies for enhancing and supporting the youth voice in CFTs include:
  - CFT meetings (CFTMs) being led either by neutral parties or by youth when they prefer leading their own. The County could consider providing coaches of the youth's choice to support youth who want to lead their own meetings, and/or bringing back former foster/probation youth as neutral parties to lead these meetings.
  - Ensuring that youth are properly notified of all CFTMs—unless an emergency CFTM must address a time-sensitive issue—so they can prepare and reach out to their support team, and so they themselves are able to attend.
  - Implementing a training for County staff led by youth on how to incorporate youth voices into the CFT process
  - Including youth on communications about their placement changes so they know what is happening
  - Providers and teams giving youth a chance to show that they have improved their behavior if they are being turned down for a placement as a result of past issues

- Ensure that CFTMs are held to conduct early planning for placement changes and other transitions for youth. Before any placement change, the County should ensure that all placement options are discussed with the youth and decided on during a CFTM. The CFT must improve upfront placement planning so that, when appropriate:
  - Services and supports are reviewed and/or increased to avoid placement disruptions
  - Youth can remain in their communities
  - Youth can remain in their schools of origin
  - Youth can continue with community supports that are beneficial
  - Visitation with parents, siblings, and family is easier
  - Less disruption occurs in services/supports, including mental health services
  - Youth can transition from STRTPs back into the community, with appropriate services and supports
  - Permanency and aftercare-support planning begin upon placement, as soon as possible

- Improve youth engagement in the STRTP placement-decision and -matching process.
- Arrange pre-placement visits of prospective STRTPs for youth, virtually and in-person—including overnight when desired by the youth—before placement decisions are made.
- Improve the interview process for youth and STRTPs so that youth have a voice in placement and service decisions.
  - This includes better youth engagement, describing the program and how it could benefit the youth, and creating opportunities for the youth and provider to interview each other.
- Ensure that CFTMs incorporate healing-centered engagement practices. These are non-clinical, strength-based approaches that view those exposed to trauma "as agents in the creation of their own well-being rather than victims of traumatic events." [6] Healing-centered engagement not only is culturally grounded and views healing as the restoration of identity for the youth, but it also supports adult providers with their own healing.

  Examples of effective practices[7] include:

  - Actively engaging with youth in conversations about identity
  - Sharing experiences with youth about harm and healing from aspects of your identity
  - Identifying and integrating culturally appropriate procedures and processes
  - Creating opportunities for young people to identify their own assets
  - Regularly engaging young people in positive discussions about their future
  - Creating opportunities for dreaming and imagination-building
  - Building opportunities for goal-setting

Ensuring that youth voices are incorporated and respected in placement decisions, the CFT process, and throughout case planning is critical to successfully identify the youth's strengths and needs, and the supports and services necessary for them to achieve their goals. The strategies outlined above build on the County's existing Core Practice Model and CFT process, and stakeholders across the listening sessions emphasized the importance of enhancing current practices to further elevate youth voices. Implementing neutral and/or youth facilitators for CFTMs, along with providing transportation for youth to STRTPs for pre-placement site visits and interviews with STRTPs, will have a fiscal impact. In addition, implementing trainings for County departments, providers, and other CFT members on healing-centered engagement may have a fiscal impact. However, a pilot is currently underway between DCFS, the Los Angeles County Department of Arts and Culture, DMH, the Arts for Healing and Justice Network, OCP, and two STRTPs to implement a Healing Informed Arts Education Workshop; the plan is to expand healing-informed arts programming to more STRTPs.

[6] Ginwright, Shawn. (2018). "The Future of Healing: Shifting from Trauma Informed Care to Healing Centered Engagement." https://ginwright.medium.com/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c

[7] Ginwright, Shawn. (2019). "Healing Centered Engagement: Addressing Trauma by a Focus on Assets" Presentation.

4. Expand Peer-to-Peer Supports and Mentoring

- Increase peer-to-peer support/peer-counsel representation and its role within the STRTP.
  - These peer specialists would provide Medi-Cal–claimable, culturally competent services offered by individuals with lived experience.
  - STRTP peer-support specialists would be certificated, established as Medi-Cal providers with documentation and claiming guidance, and supervised by STRTP clinical staff.
  - STRTPs would be encouraged to hire young people with prior lived experience to help current youth in STRTPs transition in to and navigate the placement, providing individualized support, coaching, education, and skill-building to support youth functioning, self-advocacy, and recovery.
- Build on existing models that encourage youth leadership through pairing them with a supportive adult who can provide guidance and support.

Establishing peer-support specialists as Medi-Cal providers expands clinical supports for youth in STRTPs. There would be a fiscal impact to adding these new positions, but STRTPs would also be allowed to utilize STRTP residential and aftercare funding for services that peer-support specialists provide. In addition, DMH worked with DCFS and Probation to compile a list of community-based mentoring programs, and departments can help broker relationships between STRTPs and these programs.

5. Expand SUD Supports and Services

- Expand the Department of Public Health's (DPH) Substance Abuse Prevention and Control's (SAPC's) substance use/abuse field-based treatment for youth in STRTPs with SUD issues. This includes connecting SAPC contractors who provide field-based services for youth to STRTP providers, as well as SAPC's developing a training around substance use/abuse issues to be used at STRTP sites.
- Expand placement options and intervention services for youth with serious SUD needs. This recommendation is tied to expanding the continuum of care; potential options to consider include:
  - Contracting or licensing STRTPs to provide their own SUD services
  - Developing SUD detox and/or treatment centers for adolescents (in highly supervised/structured settings different than an STRTP)
  - Training STRTP staff to use opioid-overdose medication
  - Developing a continuum of care for children/youth with co-occurring mental health and substance-use disorders (e.g., outpatient, intensive outpatient, residential inpatient, clinically managed low-intensity residential services, clinically managed medium-intensity residential services, medically monitored high-intensity inpatient services, medically managed intensive inpatient services)

More youth with serious SUD issues are being referred to and/or placed in STRTPs. Therefore, in addition to expanding SUD field-based services and collaborations between SAPC contractors and STRTPs, there is a need to expand placement options specifically for youth struggling with SUD.

Some youths' SUD issues are too acute for them to directly enter an STRTP, particularly when those issues prevent them from adequately engaging or participating in services the STRTP provides. In addition, there may be other youth in the STRTP who may be actively working on their own substance abuse issues/sobriety and can be easily triggered to relapse. Stakeholders identified a need for a residential detox or

inpatient option where a youth can stabilize prior to STRTP admission, or where an STRTP resident can go for a brief time if substance use escalates, then return to the STRTP. Establishing new placements specifically to address SUD needs will have a fiscal impact and require working with the state to establish new placement types. As this is being done, we will gather stakeholder input to discuss 'lessons learned' from agencies that have tried to run this type of program in the past, and will also need to:

- Determine the criteria and process for referring youth to these interventions
- Discuss consent issues with court stakeholders
- Identify strategies to integrate mental health and SUD treatment in a way that is less overwhelming for youth and families

6. Strengthen Clinical Supports

- Explore and address STRTP workforce issues—recruitment, retention, pay, administrative requirements, etc.—to strengthen STRTP clinical staffing. This includes ensuring that STRTP clinical staff look like the youth they serve and reflect their diversity; supporting the retention of clinical staff; and increasing the number of clinical staff with substantial years of experience.

- Ensure that STRTPs provide non-traditional mental health treatments. Examples include:

  - Healing-informed arts/creative well-being programming, art therapy, music circles, poetry jams, emotional support animals, etc.
  - Neurofeedback as an alternate intervention for youth in STRTPs. A DMH pilot is currently underway, funded by the Pritzker Family Foundation, that focuses on training individuals to use neurofeedback—reimbursable by Medi-Cal as a therapeutic intervention—to address trauma and high-risk behaviors.
  - Community-based youth development programs with proven efficacy in supporting youth involved with child welfare and/or probation

- Ensure that STRTPs maintain a treatment culture among a consistent clinical team that:

  - Builds a foundation of seeing a youth as a whole person
  - Uses a healing-centered engagement model (described under Recommendation 3)
  - Commits to working with youth when they act out or present challenges
  - Provides on-site, integrated crisis supports for youth
  - Holds frequent CFTMs that incorporate and respect youth voices
  - Offers consistency among treatment supports

- Improve access to Applied Behavior Analysis (ABA) services funded by Regional Centers, at the STRTP site, to address the needs of the intellectual/developmentally challenged youth placed in STRTPs for whom talk therapy and/or Cognitive Behavioral Therapy is not effective.

- Explore funding to train STRTP clinicians in evidence-based practices designed to treat the clinical and behavioral needs of youth placed in STRTPs.

Strengthening STRTP clinical supports through improved staffing and treatment strategies will require a combination of state-level changes and local STRTP contractual changes. Addressing workforce issues like recruitment (including background and educational requirements), retention, pay, staffing ratios, and administrative requirements that affect staff workload will require reviewing and addressing both state-level licensing requirements and County requirements for STRTP contracts, and will likely have a fiscal impact. Ensuring that STRTPs provide non-traditional mental health treatments and maintain a youth- and healing-centered engagement approach may have a fiscal impact and will likely require more

training and technical assistance to STRTPs, plus contractual changes to enforce compliance in delivering these treatments and maintaining the treatment milieu; STRTP contractual changes will be further discussed with STRTP providers prior to implementation. Finally, expanding access to Regional Centers services for youth in STRTPs requires collaborating further with the state and Regional Centers.

7. Expand Culturally Relevant and Affirming Supports

- Ensure that STRTPs provide more engaging activities for youth and consult with youth about what activities and interests they want to be involved in. Examples include:
  - Career mentoring/mirroring/shadow days
  - Outing opportunities that expose youth to a variety of culturally diverse hobbies and activities
  - Exposure to culturally relevant activities
- Ensure that STRTPs incorporate healing-centered engagement approaches into their regular practices to support both youth and staff.

Stakeholders, including youth, emphasized the importance of providing youth with more engaging activities in the STRTP milieu, which contributes to improving youth well-being and promotes their healing. Many pointed out that behavioral issues in STRTPs are triggered or exacerbated because youth are bored and need more structure, including activities they are interested in, in the milieu. Expanding these supports will likely require providing STRTPs more training and technical assistance—particularly around healing-centered engagement approaches to delivering these services—as well as STRTP contractual changes to ensure the delivery of these activities.

8. Improve Aftercare Services

- Increase flexibility in the provision of aftercare services so that the provider that best fits the youth's needs, particularly geographically, can deliver those services. In addition, if an STRTP must refer exiting youth to a different intensive mental health provider because the youth is moving too far from the facility to ensure the provider can respond in a crisis, referrals should be streamlined to ensure timely access to medically necessary specialty mental health services. STRTPs should actively engage the agency to whom youth are referred to ensure they engage with the receiving agency prior to discharge from the STRTP.
  - When it is not feasible for the STRTP to provide aftercare services, ensure that the youth's receiving treatment team and STRTP are allowed 30 to 60 days of overlap, in either direction, to maintain continuity of services for the youth.
- Ensure that STRTPs identify community supports for families during the youth's transition home and with aftercare efforts, to improve reunification success.
- Advocate for flexibility in aftercare services under FFPSA to ensure the availability of both Medi-Cal–claimable and non–Medi-Cal-claimable services:
  - Flexible funds/case rates that can be used to facilitate successful and stable reunifications/ transitions to the community when other funding sources do not exist (e.g., funds for wraparound services and supports like housing, food, utilities, relocation to a different neighborhood, education, or extracurricular activities)
  - Funds to support youth aging out of Community Treatment Facilities (CTF) and STRTPs
  - Funds to support brief respite care to preserve reunifications/stability

- Expanding respite care overall by streamlining the process for approving respite-care providers and increasing funding for respite care.

Providing strong, consistent aftercare services is critical to successfully transitioning youth from STRTPs and supporting their return home or move to a lower level of care. Currently, aftercare services are provided as part of Los Angeles County's STRTP programs, but we must advocate at the state level to obtain state STRTP funding for non-Medi-Cal–claimable services. This requires working with the state and will have a fiscal impact if aftercare services are expanded. Respite care—as part of aftercare services, but also available across the continuum of care to ISFC providers, resource parents, and families—must also be streamlined and expanded to stabilize and preserve reunifications and placements. Streamlining the requirements for recruiting and approving respite-care providers across the continuum requires working with the state, as well as making local contractual changes for STRTPs and FFAs that work with ISFC and resource families. Expanding respite care overall will have a fiscal impact.

9. Improve Family-Finding and Family-Engagement Supports

- Increase the use of parent partners to engage family and non-family supports for youth in STRTPs.
- Ensure that DCFS' Permanency Partners Program, CFTs, and other family-finding best practices are used to support permanency for STRTP youth.
- Offer transportation resources to families to help increase their participation in visits with youth and STRTP family activities.
- Provide support to relative caregivers to address barriers to Resource Family Approval (RFA).

Youth, families, STRTP providers, and County departmental staff all underscored the importance of early and consistent engagement with and connections between youth and their families/non-related extended family members. Family and other natural supports should play an important role in the lives of youth while they reside in the STRTP, whether that involves cultivating hobbies and interests, maintaining connections to extended family and/or community, including youth in family-centered activities, or supporting youth at school, sporting events, and their other activities. We must moreover ensure early permanency planning for youth in STRTPs, including incorporating family and other important individuals into the CFT process, case planning, and counseling, and providing consistent support to prepare them for the youth's transition home. The steps outlined in this recommendation to improve family-finding and -engagement supports build on existing programs and services. There are fiscal impacts to expanding these supports and resources for families, but the longer-term benefits of successful reunifications and stability when youth step down from STRTPs may outweigh the upfront costs.

10. Improve Court Oversight Over STRTP Placements

- Revisit the Juvenile Court's prior group-home reporting protocol to apply to STRTP placements.
  - It required DCFS or Probation to file a report within 3 days when a youth is placed in a group home, with subsequent reports filed at least every 90 days while the youth remains in group care.
  - It required this report to be filed every 15 days if the youth was placed in the group home only because no other placement options existed.
  - It also called for more frequent court hearings to discuss these reports and any plans to transition the youth home or to a lower level of care.

The Juvenile Court can play a critical role in ensuring that 1) youth are not unnecessarily placed in congregate care; 2) youth who *are* placed in congregate care remain there only as long as necessary; 3) there is a clear and comprehensive case plan for all youth in congregate care; and 4) case plans for youth in congregate care are being timely and appropriately monitored and implemented. The Juvenile Court, with input and agreement from County stakeholders, implemented a group-home reporting protocol in 2014, and we recommend revisiting this protocol to apply to STRTP placements.

The protocol would need to be aligned with existing STRTP placement-related processes like the Inter-agency Placement Committee (IPC), as well as with FFPSA's court oversight and reporting requirements for Qualified Residential Treatment Programs (QRTPs), which call for the court to review the appropriateness of a child's placement in a QRTP within 60 days of placement for additional oversight and assurance that it is the correct setting for that child. There would be workload impacts on County departments and the Juvenile Court to implement this recommendation, but changes will be necessary in any case for the County to comply with federal FFPSA requirements.

11. Improve STRTP Placement Decisions

- Ensure that placement in an STRTP is discussed and decided on in CFTMs before involving the Interagency Placement Committee (IPC).
- Streamline and/or allow greater flexibility in the CFT process so that stakeholders, including minors' attorneys and public defenders, can participate in teaming discussions and decisions around placement. In accordance with current statute, minors' counsel should be notified before placement changes occur.
- Make County placing agencies' internal decision-making processes for referring youth to STRTPs more transparent to STRTP providers. This includes ensuring that CSWs and supervising CSWs understand the STRTP model—the short-term nature of the intervention and the need for discharge planning to begin immediately upon admission, for example—and clearly recognize the criteria for STRTP placement.
  - What types of intensive services can be provided within a community family/home setting, thereby avoiding an STRTP placement?
  - Under what circumstances would an STRTP as a first placement be appropriate?
  - What efforts were made to avoid serial placement disruptions in resource family homes before the youth was considered for STRTP placement?
- Improve the IPC process so that County placing agencies and STRTP providers have more information for placement discussions and decisions.
  - This includes ensuring that CSWs provide minimum documentation to the IPC in advance of the placement discussion: mental health assessments, CFTM notes, the form JV-220–*Application for Psychotropic Medication* (if applicable), and education information. The IPC should discuss past placements, family involvement, permanency/transition planning, and clinical services the youth needs
  - The County should also provide additional training and technical assistance to STRTPs on the importance of completing the Referral Acknowledgment form on time and fully.
  - County placing agencies should develop guidelines and clarify for STRTPs as to what constitutes an appropriate placement denial.

- Improve the process for determining an appropriate length of stay in STRTPs for youth, based on youth needs and treatment goals. This includes involving DMH in the second-level review process for determining STRTP lengths of stay to help identify mental health service needs and participate in case/transition planning.

Stakeholders expressed that STRTPs could be successful in meeting youth needs if placement-decision and provider/youth matching processes were improved, and if goals for serving youth were shared and aligned among the County placing agencies and STRTP providers. This recommendation streamlines and improves a number of existing processes so that the STRTP placement-decision process includes and is clear to all stakeholders, and everyone involved has the information needed to make the best placement decisions to meet the youth's needs. This mostly requires reviewing local requirements and protocols for the processes outlined above, but will also involve working with the state to ensure alignment with FFPSA requirements and available funding for a qualified individual to assess the appropriateness of placements in QRTPs. We should also ensure that this qualified individual under FFPSA connects with the appropriate stakeholders, including minors' attorneys and other CFT members, as part of the assessment process.

12. Expand Education Supports and Services

- Connect the Los Angeles County Office of Education's (LACOE's) regionally based counselors in the field with their local STRTPs to provide additional support to resident youth and make sure they are engaged in school.
- Explore using one-on-one behavioral aides for youth with special-education needs.
- Expand the credit-recovery practice for youth in STRTPs.
- Ensure that school-district Foster Youth Liaisons include STRTP staff in best-interest determinations (BIDs) for school-of-origin decisions, and request special-education assessments when needed.
- Ensure that social workers request special-education assessments when needed.
- Expand relationships with and knowledge of charter schools, schools-within-a-school, magnet programs, and other alternative settings, as not every youth will thrive in a traditional school setting. Examples of schools with healing-informed curricula that understand and support foster youth include RISE High, DaVinci High Schools, San Jose Charter, and Everest Independent Charter.

Youth in STRTPs need increased supports and services to stay connected to and engaged in school and to succeed academically. Particularly during the COVID-19 pandemic and virtual schooling, stakeholders shared that youth in STRTPs needed more support—from the STRTP as well as from other resources—to meet their educational needs. Connecting LACOE's Foster Youth Services Coordinating Program (FYSCP) counselors to local STRTPs is already underway, and FYSCP counselors can collaborate with youth, schools, social workers, and STRTPs to increase special-education assessments and credit-recovery practices for these youth. Moreover, DCFS, LACOE, local school districts, and the OCP's Education Coordinating Council have partnered to implement the foster youth school-stability provisions of the federal Every Student Succeeds Act (ESSA); these efforts include providing guidance and technical assistance to social workers, providers like STRTPs, and school districts on the BID process. There may be fiscal impacts related to expanding educational supports like education-related behavioral aides and increasing funding for transportation to schools of origins for STRTP youth, but, as outlined in Appendix B—Longer-Term/State-Level Recommendations, we recommend working with the state to explore expanding funding in the STRTP model to provide educational supports.

13. Create a Safe Environment at and Near STRTP Sites

- Ensure that STRTPs are implementing and reinforcing a healing-centered model at their sites. (as outlined under Recommendation 3).
  - This includes ensuring that, when behavioral issues or challenges arise, an STRTP's level of intervention matches the situation at hand so that circumstances do not escalate further.
- Explore ways to ensure that STRTPs have an appropriate number of staff on site at all times, including:
  - Rethinking staffing ratios, adding the flexibility to increase as needed
  - Developing standards for obtaining 1:1 and 2:1 behavioral supports by reviewing and refining the process for expedited approval when providers are accepting and/or stabilizing high-risk youth; developing a procedure for appealing denials for behavioral aides; and training stakeholders on the process for requesting behavioral aides
- Explore ways for STRTPs to create consistency, boundaries, routines, and structure at their sites, while also respecting and promoting youth voice and independence.
- Consider incorporating delayed egress at STRTP sites.
- Explore options to support the use of security guards (whose roles are clearly defined) on STRTP sites.
- Ensure that STRTPs incorporate anti-bullying practices and programming at their sites.

STRTP providers and staff, youth, and community members living near STRTP sites expressed the need for creating a safer environment at and near STRTP facilities. This recommendation includes exploring operational changes at STRTPs—such as providing and increasing flexibility around staffing, including behavioral aides and security guards—and considering delayed egress at STRTP sites. Delayed egress may assist in serving youth with runaway behaviors triggered by SUD, CSEC involvement, and other unmet needs who are challenging to engage in treatment when insufficient means exist to keep them physically present at STRTP sites. This recommendation also includes programmatic changes like implementing healing-centered engagement and anti-bullying practices, and clarifying STRTPs' use of 'prudent parent' standards to hold youth accountable for their actions while also respecting youth voices and independence. Implementing this recommendation will require working closely with the state's Community Care Licensing Division (CCLD) to review, clarify, and potentially advocate for changes to staffing ratios, delayed-egress options, and licensing requirements and guidelines around 'prudent parent' standards. Increasing staffing at STRTP sites will also have a fiscal impact. As for balancing both youth accountability and youth voice/independence, reaching consensus on the best approach will require collaborating with youth, the state's CCLD, County departments, STRTP providers, advocates, and others to consider 'prudent parent' standards, the Foster Youth Bill of Rights, and other regulations. These state and local stakeholders must work collectively to better address high-risk behaviors, safety concerns, and respecting youth voices. Finally, ensuring that STRTPs implement the recommended programmatic changes will likely require more training and technical assistance to STRTPs, as well as STRTP contractual changes to enforce compliance in implementing these practices. STRTP contractual changes will be further discussed with STRTP providers prior to implementation.

14. Reduce Unnecessary Law-Enforcement Agency (LEA) Engagement with STRTPs

- Develop a protocol for STRTPs on when and whom to call when they need assistance with youth. This protocol should include:
  - Resources like the Family Urgent Response System (FURS), Psychiatric Mobile Response Team (PMRT), and other departmental resources and contacts, so that contacting LEAs is a last resort and considered only when the law has been broken
  - Guidance for STRTPs on developing partnerships and collaborations with their local LEAs and clarifying each other's roles
- Consider adopting the Association of Community Human Service Agencies' electronic reporting protocol to LEAs for low-risk runaway incidents, to reduce LEAs' need to intervene on STRTP sites.
- Implement trainings for LEAs on how to appropriately engage with STRTPs and youth. Consider funding the Department of Health Services' (DHS) Office of Diversion and Re-Entry's (ODR) Youth Diversion and Development's (YDD) training-coordinator contractor to provide trainings to LEAs and STRTPs on reducing LEA engagement at these facilities.
  - Trainings for LEAs should include the Los Angeles County District Attorney's Office's special directives and filing guidelines specific to congregate care, and engaging with youth in a healing-centered way.
- Develop partnerships between STRTPs and youth diversion programs. This includes:
  - Building a pathway for STRTPs to make direct referrals to diversion programs, and eventually considering a pathway for CSWs to make referrals
  - Expanding the County's capacity for diversion programs—like restorative/transformative justice programs and youth development programs—to serve more youth
  - Providing trainings to STRTP providers on YDD and diversion programs/services, so they can better collaborate moving forward

Providing clarity and information to STRTPs on resources to contact when they need assistance with youths' high-risk behaviors and challenges not only will reduce unnecessary LEA engagement with STRTPs, but will likely also contribute to preserving placements and better meeting youth needs. For example, FURS, which will roll out in Los Angeles County in July 2021, is a coordinated, statewide, regional, and county-level system designed to provide collaborative and timely state-level phone-based response and county-level in-home/on-site, in-person mobile response during situations of instability to preserve the relationship of the caregiver/provider and the child or youth. We can further reduce LEA involvement at STRTPs by clarifying the 'runaway' criteria and adopting the electronic reporting of low-risk runaways (STRTPs must currently contact LEAs whenever there is a runaway). Clarifying the runaway criteria will require working with stakeholders, including minors' attorneys, County departments, and STRTP providers. In terms of implementing trainings for LEAs and STRTPs, YDD currently contracts with a community-based organization that can provide such trainings; sustaining that contractor will cost approximately $200,000 annually. A potential state grant opportunity may exist through AB 1811 (2018) to train LEAs on reducing their engagement at congregate-care facilities. The California Department of Social Services (CDSS) will likely release a revised scope for this grant soon, so we may be able to use this as a funding source for the LEA/STRTP trainings in this recommendation. Finally, improving the collaboration between youth diversion programs and STRTPs, as well as expanding capacity overall for community-based diversion programs, will reduce LEA engagement and juvenile-justice involvement for youth in or at risk of placement in STRTPs. There would be a fiscal impact to expanding youth diversion programs countywide, but the longer-term benefits of reducing justice-system involvement outweigh the upfront costs.

15. Streamline and Improve STRTP Training Requirements

- DCFS, DMH, and Probation should review and streamline their training requirements for STRTPs, including the training recommendations included in this report.

- Identify how locally required and state-required trainings through CDSS and the California Department of Health Care Services (DHCS) can be aligned to avoid duplication.

- Review and enhance, as necessary, trainings for STRTP staff on:

  - How to prevent youth from becoming involved in CSEC
  - Youth-led training on how to incorporate youth voices into the CFT process
  - Harm-reduction strategies
  - Sexual orientation, gender identity and expression (SOGIE), racial equity, inclusion, and implicit bias
  - Foster Youth Bill of Rights
  - SB 89 training on reproductive and sexual health
  - Management and executive-team training on providing ongoing diversity, equity, and inclusion (DEI) and affirming supports and resources within the agencies
  - How to de-escalate incidents, build resiliency within youth, address their trauma, and promote healing
  - Motivational interviewing, particularly around substance abuse
  - Recognizing signs of substance abuse, harm-reduction techniques for co-occurring mental health and substance-use disorders, evidence-based practices (EBP) in SUD prevention, identification, and treatment
  - More EBPs like Dialectical Behavioral Therapy (for addressing trauma and building healthier coping skills, strategies to regulate mood, etc.) and Alternative for Families (for working with families on child and family aggression and abuse)
  - Strategies for promoting placement stability and healing-informed strategies for working with individuals who are intellectually and developmentally challenged
  - Trainings to keep youth and staff safe in crises, such as:
    - Cross-trainings between security teams and staff so that all staff learn to build rapport, de-escalate incidents, effectively separate youth, and provide consistent messaging to youth as to why security is present and needed
    - Special trainings on measures taken to ensure that youth are kept safe, and for staff on how to protect themselves
    - Pro-ACT training for behavioral aides
    - Developing protocols for STRTP safety drills for specific high-risk youth actions

To ensure that effective practices are implemented at STRTPs, County departments and STRTP providers must work together both to streamline existing training requirements across local and state agencies and to review/enhance trainings around the topics listed above. Stakeholders in the listening sessions particularly emphasized enhanced trainings around respecting and elevating youth voices, implementing healing-centered engagement practices, DEI culture and practices within STRTPs, specific strategies to support youth with SUD issues and CSEC involvement, and implementing more EBPs at STRTPs to better meet youth and family needs. More trainings at STRTPs may have a fiscal impact for the County and STRTPs, but a number are already provided by County departments and community-based organizations, so it may be more a matter of ensuring through contractual changes that STRTPs implement and access these trainings. STRTP contractual changes will be further discussed with STRTP providers prior to implementation.

16. Streamline and Improve STRTP Administrative Requirements

- Streamline the Mental Health Program Approval (MHPA) process for STRTPs by:
  - Providing clarification to STRTPs on what DMH can control within the process as a delegate county
  - Advocating to the state to change the MHPA annual requirement to every three years, similar to Medi-Cal certification and accreditation, and to make the daily progress-note requirement less frequent
  - Streamlining DMH's site-visit requirements for STRTPs

Burdensome and/or duplicative administrative and documentation requirements can prevent STRTP staff, particularly clinical staff, from engaging with and serving more youth. Streamlining and improving administrative requirements for STRTPs requires working with the state and also reviewing local requirements and processes. DMH will convene a short-term workgroup with STRTPs to solicit feedback on how to make the MHPA policies and procedures more flexible. In addition, as outlined in Appendix B—Longer-Term/State-Level Recommendations, we recommend working with the state to consider the STRTP administrative improvements identified by the California Alliance of Child and Family Services, which worked with STRTP providers statewide to develop its recommendations.

A summary chart of these 16 recommendations can be found in Appendix C—STRTP Task Force Recommendations (Summary), along with the set of recommendations in Appendix B—Longer-Term/State-Level Recommendations.

Additional Considerations

Legislatives Changes

Currently, a draft Assembly Bill (AB 808, Stone) calls for the creation of a Children's Crisis Continuum Pilot Program to build (by 2025) treatment options along a continuum of care for foster youth with significant mental health needs. A draft Assembly Bill (AB 226, Ramos), also being considered, would create a Children's Crisis Psychiatric Residential Treatment Facility, allowing counties to create a high-level placement to divert youth requiring a more robust treatment setting from admittance to a psychiatric hospital. These concepts are supported by the continuum-of-care recommendations in this report and could be a positive development, if passed into law as currently conceived.

The Family First Prevention Services Act (FFPSA), signed into law in 2018, allows federal dollars to be used for preventing children from entering the foster-care system, and restricts the types and length of congregate-care placements to favor family-based settings.[8] An exception to the restriction on group-care settings is Qualified Residential Treatment Programs (QRTPs), which function similarly to the STRTP model in that they are designed to be short-term, employ a healing-informed treatment model, support family and sibling involvement, provide aftercare services, and be used only as a last resort.[9] A number of the recommendations outlined in this report reinforce these aspects of the model and should facilitate the transition from STRTPs to QRTPs that is set to go into effect on October 1, 2021. The main concern expressed by many child-welfare officials and providers is that the QRTP model has been determined by

[8] https://www.ncsl.org/research/human-services/family-first-prevention-services-act-ffpsa.aspx
[9] https://support.blueprintfamilyfirst.org/hc/en-us/articles/360034393611-How-will-Qualified-Residential-Treament-Programs-QRTPs-be-funded-

the federal government to be subject to the Institution for Mental Diseases (IMD) exclusion,[10] whereby federal law prohibits Medicaid from reimbursing psychiatric treatment facilities with more than 16 beds. With more than a dozen in- and out-of-county STRTP facilities having more than 16 beds, a number of our longstanding facilities will be subject to this exclusion, which will significantly affect their ability to effectively transition to QRTPs and significantly reduce residential capacity for children in the County.

While these changes are undoubtedly difficult and costly to absorb, this is an opportunity for us to consider realigning the placement capacity needed to best meet the needs of our youth with the continuum-of-care recommendations outlined in this report. An analysis of the bed capacity needed to implement the proposed continuum-of-care levels may encourage some of the larger STRTP facilities to convert to one or more of these other placement types, removing them from the IMD exclusion issue, retaining their expertise and resources, and helping us develop the true continuum of care that best serves our youth.

Recommendation Implementation

While a number of the recommendations in this report can be implemented locally with varying levels of ease, partnering with the state on the others will be critical to achieving success. It is tempting to focus on those recommendations that are simpler and less costly to implement, but we want to challenge ourselves and our partners to do what is imperative to **get it right**, not just do what is easiest to do. We believe several of these recommendations can and should be implemented now, and that the ensuing benefit to our youth will be well worth the effort.

Beyond the Recommendations

We believe that all of the recommendations in this report, if implemented together, will produce substantive improvements to our models of care. While that is important, we believe it is vital that we also invest significant energy and resources into addressing and healing the trauma that our youth face early on, as soon as they enter the child-welfare or probation systems. It is often the case that youth displaying aggressive and/or disruptive behavior do so as a result of severe unresolved trauma. Without addressing this as well, we will always be fighting an uphill battle in creating the conditions for success.

Conclusion

The stressors present within our current models of care will not be resolved until we take the steps necessary to build out a proper continuum of care, meaningfully include youth in decision-making, ensure that appropriate supports are in place to best meet the needs of our youth and minimize disruptions to our communities, and enforce accountability throughout the process. The dual urgencies created by both the tragedy at Wayfinder Family Services and looming changes to federal regulations can and should galvanize us into action.

We must not miss this opportunity to re-envision how we serve the youth entrusted to our care. It was evident from the extensive participation in this process how deeply committed stakeholders and participants are to wanting substantial and lasting change. It's important that we honor that commitment and do what we can to make it happen.

[10] https://www.nami.org/Advocacy/Policy-Priorities/Improving-Health/Medicaid-IMD-Exclusion#:~:text=This%20policy%2C%20known%20as%20the%20%E2%80%9CIMD%20exclusion%2C%E2%80%9D%20is,impact%20on%20people%E2%80%99s%20ability%20to%20access%20needed%20treatment.

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Appendix A—Continuum-of-Care Recommendations Matrix

This matrix includes recommendations on 1) capacity expansion and program improvements for existing placements/programs; and 2) potential new placements/programs to consider adding to the continuum of care. The matrix outlines both shorter-term and longer-term action steps, as well as funding considerations and changes that require state-level involvement. 'Shorter-term' means the County has the legal authority to take the action step without state or federal approvals or actions, whereas 'longer-term' action steps will require some state action—changes to regulations, statues, funding, etc. Several shorter-term actions also require more funding; to the extent that monies are not available at the County level, these may evolve into longer-term actions to seek new state and federal funding.

Existing Placements/Programs—Capacity Expansion/Program Modifications Needed

Placement/ Program Type	What is Needed in This Program?	Shorter-Term Action Steps	Longer-Term Action Steps
Supervised Independent Living Placement (SILP)	Increased case-management support and/or housing-navigation support to facilitate more permanent/stable living options for non-minor dependents (NMDs).	Review strategies to increase case-management support for NMDs.	**Local:** Increase staffing/funding to support NMDs. Increase funding for housing (collaboration with the Los Angeles Housing Services Authority [LAHSA] and Measure H). **State:** Advocate for funding adjustments to acknowledge that NMD case management should be funded as if they were in family reunification (higher funding resources) versus long-term relative placement (lower funding resources).
Transitional Housing Program (THP) NMD	Greater capacity in the program so it can be more effectively used as STRTP step-down for NMDs. Increased case-management support and/or housing-navigation support to facilitate transitions to more permanent/stable living options for NMDs. Mental health funding—both EPSDT and non-EPSDT funding to meet the ongoing mental health needs of youth ages 21 and older	Review of County requirements that are more extensive than state requirements and inhibit expansion by providers. Review requirements placed on youth that may make it challenging for them to be accepted into/remain with the program and be successful.	**Local:** Review funding sources and identify alternatives. In some cases, funding sources are linked to criteria that exclude youth from getting the support. For example, LAHSA funding is limited, and attempts to expand what LAHSA can do for child-welfare–involved youth have not been successful in the past. Need to consider alternative funding sources to expand these programs more effectively.

Placement/ Program Type	What is Needed in This Program?	Shorter-Term Action Steps	Longer-Term Action Steps
Intensive Services Foster Care (ISFC)	Expanded capacity; need more resource parents in general, but specifically those willing to work with teenagers having intensive needs. Expand support/training of resource families to increase recruitment and retention. Quicker certification of families once they are interested. Review of training requirements; Foster Family Agencies (FFAs) and resource families are frustrated by requirements that feel duplicative or not relevant to supporting the work they do with children/youth. Increased access to respite.	Support expansion through the recruitment and retention of highly qualified resource families; ensure appropriate program support and oversight; increase ISFC administrative infrastructure in the County departments. Explore County funding/resources to support recruitment campaigns and community partnerships. Use data to target recruitment to match the needs of the County and the youth who requiring this level of placement. Review the Resource Family Approval (RFA) process to see if it can be made more efficient and inclusive. Continue to explore the Mockingbird Family Model and move forward with a pilot, given its good outcomes with improving the retention of resource families and building supportive communities. Review training requirements: reduce redundancy, reconsider the frequency with which certain trainings are required, increase useful/ meaningful trainings that help resource families more effectively meet the needs of the youth being served. • HOPE trainings by Dr. Ceth Ashen (sponsored by DMH and UCLA Center of Excellence) have gotten very positive feedback from FFAs and resource parents. • Together Facing the Challenge trainings (currently sponsored by DMH) for ISFC FFAs to use with resource parents began in March 2020; consider expansion if feedback is positive. Under FFPSA, it is possible that this	**Local:** Increase the ISFC administrative infrastructure in County departments. **State:** Advocate for a review of the ISFC rate structure to a tiered rate structure that considers the cost of living in Los Angeles County versus the rest of the state. Could also consider whether enhanced rates that address the range of higher needs within the same level of care and/or based on the level of training the resource parent needs to support a youth in their home would be appropriate.

Placement/ Program Type	What is Needed in This Program?	Shorter-Term Action Steps	Longer-Term Action Steps
		training could be funded by IV-E prevention funds; approval is pending. Review respite requirements in partnership with FFAs to identify ways to expand the network of respite families. Also consider if crisis stabilization beds/STRTP respite beds could contribute to the overall options for respite, particularly for youth who step down into ISFC from an STRTP.	
STRTP	Focused/specialty training/interventions • Substance Use Disorders (SUD) • Commercial Sexual Exploitation of Children (CSEC) • Intellectually and developmentally challenged • LGBTQIA • Expecting/parenting youth • Special Health Care Needs	County survey of what already exists in terms of specialties among STRTPs. **SUD:** Bringing DPH/SAPC to the table to discuss building out substance abuse services across all STRTPs. • Build relationships with SUD providers and STRTPs: outpatient treatment and/or on-site treatment. • Explore licensing STRTPs to provide their own SUD services. • Need SUD treatment center for adolescents (different than STRTP).	
Community Treatment Facility (CTF)	Expanded capacity, particularly with regard to other providers being given the opportunity to add this to the continuum of care they can offer. Clarification, particularly for Children's Social Workers (CSWs) and those involved in the Interagency Placement Committee (IPC) process, regarding the admission criteria for the STRTP versus the CTF. Operationalize behaviors appropriate for treatment in the CTF setting. Concerns that this setting would not necessarily address all youth needing a	Los Angeles should advocate with the state that this is an ongoing need. Expansion may be needed elsewhere in the state so that Los Angeles County isn't the sole CTF provider. Determine an estimated number of youth in Los Angeles County in need of this level of care. Need clarification from the state on how CTFs will be affected by FFPSA.	

Placement/ Program Type	What is Needed in This Program?	Shorter-Term Action Steps	Longer-Term Action Steps
	contained residential setting, particularly those stepping down from Juvenile Hall.		
Psychiatric Health Facility (PHF)	Currently, Los Angeles County has only one PHF (Star View, 16 beds), which is co-located with Star View's CTF. Co-locating a PHF with other programs (Crisis Stabilization Units [CSUs], Children's Crisis Residential Program [CCRPs], or STRTPs) provides the ability for youth to step up and step down as needed to stabilize. This allows youth to maintain treatment relationships and is flexible enough to meet youth needs.	More information is needed on the program. Some providers may be interested in having this option within their continuum.	*See CSU and CCRP longer-term action steps related to AB 808 (Stone).*

New Placements/Programs—Development of New Levels of Care

Placement/ Program Type	What Needs Would Be Addressed by This Program?	What Is Needed to Build This Program?	Shorter-Term Action Steps	Longer-Term Action Steps
THP-NMD w/enhanced mental health services	As indicated in a recent Association of Community Human Services Agencies (ACHSA) survey, more than 60% of THP-NMD program participants have a mental health need, yet only one-third are receiving mental health services. A greater level of integrated support and services will facilitate youths' ability to continue to meet AB 12 eligibility requirements and follow the THP-NMD program agreement, and will ensure the safety of the youth and others in the program and community. It would also support placement stability, which reduces the risk of unplanned dis-	Increased mental health funding to THP-NMD providers. Increased DCFS funding to THP-NMD providers to increase the intensity of case management to any youth who need mental health services, but decline.	Provide a mental health assessment to all current THP-NMD participants who may require mental health services. Identify which THP-NMD providers have Los Angeles County mental health contracts and look at current program/funding levels to determine if a better internal pathway can be established to ensure linkages to mental health services. For those without mental health contracts, explore whether linkages to other existing mental health services is an adequate solution or whether expanding contracting opportunities to all providers should be considered.	Advocate for revisions to the youth coordinated entry system (LAHSA) to allow youth to go to programs where they feel comfortable/have pre-existing relationships, versus being assigned to programs on a rotational basis as is current practice. Develop a peer advocacy/peer support model within the program. Identify/implement increased funding to expand program capacity and enhance services and supports. Expand funding for housing navigators/case managers.

Placement/ Program Type	What Needs Would Be Addressed by This Program?	What Is Needed to Build This Program?	Shorter-Term Action Steps	Longer-Term Action Steps
	charges into unstable housing or homelessness.		For youth stepping down from an STRTP, develop a process for more intentional/effective coordination between STRTP aftercare mental health services and THP. Identify additional options for youth who are not interested in traditional "talk therapy." Expand funding for housing navigators/case managers. DCFS and DMH to explore ways to better coordinate these programs across both departments to ensure that youth needs are being addressed.	
Professional Foster Parent Model	CSEC Substance Use Expecting/Parenting Youth Youth who are seeking connections with adults/ caregivers and need intensive support in a home-based setting. **Model 1:** Clustering professional foster families together with 24/7 staff support. Hospital alternative. Respite homes built in 1:2. Agency provides the housing. $100,000/year for a couple; $60,000 for an individual, plus all housing costs. **Model 2:** ISFC + professional foster parent who is a TFC service provider, staff support from a therapist for 4 to 6 youth,	**Model 1:** Need to address the physical space where this program could be based (e.g., an STRTP with a campus and ways to individually house families, an apartment complex, a THP that already has space in apartment complexes). Build out the funding structure (STRTP rate, Therapeutic Foster Care rate, billable mental health services). Dedicate staff from the County to support the programs and the youth.	Determine if agencies are interested in pursuing this model. Determine if any of those agencies have the physical space to operate this type of program, or resource parents willing to use their own homes. Need to review policies and procedures around respite to address current barriers to using respite consistently and in a preventative way across our system.	Need a comprehensive and sustainable plan to recruit resource parents who have a higher level of skill, training, and/or experience. May take advocacy at the state level to get rate adjustments for this type of care. May take the development of the physical spaces to operate this program (agencies and/or the County renting, buying, building housing to support the families).

Placement/ Program Type	What Needs Would Be Addressed by This Program?	What Is Needed to Build This Program?	Shorter-Term Action Steps	Longer-Term Action Steps
	plus bachelor's-level staff (1:6) to provide additional support. Peer support. Resource parent's home. $100,000/year for a couple; $60,000 for an individual (housing not included). Respite 1:12. **Professional parent:** Professional backgrounds or lived experience both qualify. In both models parents are compensated such that they do not need to have outside employment.			
STRTP for One or ISFC+	Can be used to provide short-term intensive services, support, and supervision to youth needing intensive individual support to stabilize. Per the state, needs can be met by an STRTP or an ISFC FFA with the resource parent funded at the STRTP rate. Would be utilized to stabilize youth for less than six months so they can transition to a lower level of care (STRTP or other as appropriate). Specific populations that could be served by this program: • CSEC • Youth with more aggressive/assaultive behaviors stepping down from Juvenile Hall.	Providers interested in delivering the model and willing to build out a structure/policy and procedure to support it. Need to develop a specific program statement for the model. DCFS/Probation would need to create policies and procedures about when/how this option would be accessed. Determine what revisions may need to be made to existing contracts, etc. DMH may need to redistribute dollars or obtain additional funding. Collaborative partnerships between DCFS/Probation, DMH, education, Regional Centers. Per the state, approved STRTP-for Ones all have these entities sharing costs, depending on the youth's needs.	The state indicates that it will soon release a document explaining the licensure process. Talk with providers about putting together a blended funding budget (as they did with RBS). DCFS/Probation to obtain additional information from other agencies in the state who have implemented similar models (Redwood, Seneca, Uplift). • How does socialization with peers get addressed in this model?	The state is working on additional funding pathways, as it has seen that sometimes the STRTP rate (even with Mental Health and Regional Centers dollars) isn't sufficient. Explore the Youth Justice Initiative to see if there is funding to support the development of this type of placement for youth stepping down from Juvenile Hall.

Placement/ Program Type	What Needs Would Be Addressed by This Program?	What Is Needed to Build This Program?	Shorter-Term Action Steps	Longer-Term Action Steps
STRTP Cottage Model	Specific populations that could be served by this program include any population where being with larger groups of youth could be counterproductive to managing behaviors/ acute symptoms (e.g., CSEC, aggression, substance use) and for youth for whom a family setting is too intimate, but a large STRTP is intimidating/ exacerbates symptoms/ behaviors. The cottage model includes smaller physical buildings (e.g., 4 to 6 beds/youth in the home) so the focus is on a smaller group; helps with supervision and creating a more family-like environment.	A physical site that supports this environment	With the pending changes to the STRTP model due to FFPSA, it is possible that many of the remaining STRTP physical sites will be forced to downsize, with all sites ranging from 6 to 16 beds.	
Crisis Stabilization Unit (CSU)	23 hour-receiving center to provide short-term assessment and stabilization. Serves as an ER/hospital diversion. Youth can either be stabilized and returned to the community or transition into crisis residential programs for longer stabilization. Co-locate with a PHF or CCRP.	Identifying funding (mental health), would likely require a solicitation. Ideally, a provider would build out this continuum so a youth could be supported through each level by the same agency/staff. How would continuity be achieved for youth who work with a smaller agency that does not have the ability to build the full continuum?	Both the CSU and the CCRP models raise similar questions/next steps. Data is needed from DCFS and Probation regarding the number of youth who would benefit from these types of programs—particularly data around hospitalizations and placement disruptions. **To build the programs, a [CHFFA grant] is currently available to counties specifically for CSU, CCRP, and mobile**	Pending legislation—AB 808 (Stone)—calls for the creation of a Children's Crisis Continuum Pilot Program to build (by 2025) treatment options along a continuum of care for foster youth with significant mental health needs. PHFs, CSUs, and CCRPs would be required elements of this continuum pilot. Los Angeles County should evaluate whether it should be a pilot county should the bill become law. Becoming a pilot, it would have the chance to

Placement/ Program Type	What Needs Would Be Addressed by This Program?	What Is Needed to Build This Program?	Shorter-Term Action Steps	Longer-Term Action Steps
Children's Crisis Residential Program (CCRP)	Alternative to hospitalization/ locked inpatient setting for a period of 10 to 15 days. When paired with the CSU, serves as a step-down that allows for additional support and planning before the child returns to the community or a lower level of care.	Identify funding; would likely require a solicitation	**crisis support. The deadline to apply is October 29, 2021, at 5:00 p.m.** • As of 5/18/2021, DMH received funding ($2.9 million) to create 12 CSU beds for youth age 3 to 12. These beds are not specific to the child-welfare population. Clarify if this and another placement would be funded at the same time so that placement can be maintained?	drive the model that could become a basis for permanent changes to the continuum at the state level.
Psychiatric Residential Treatment Facility (PRTF)	For youth with severe mental health issues (high numbers of hospitalizations, placement disruptions due to mental health symptoms), the PRTF offers an intensive level of mental health treatment above what is available in an STRTP. PRTFs can be locked settings but are not required to be. This is not considered a placement, but more like a hospitalization where eligibility is determined based on the acuity of the youth's mental health symptoms and treatment needs.	Advocacy at the state level to allow the development of this type of treatment facility; definition of regulations. Identifying providers/facilities that would be interested/able to develop this program.	Need data from DCFS/Probation on the number of youth who may benefit from this treatment option (high number of hospitalizations and/or placement disruptions due to significant mental health issues).	The state needs to determine if it will create a license category for PRTF, and counties would need to weigh in regarding the needed capacity.

CSEC Notes: Regardless of specific programs/placements, appropriate communication/collaboration that involves attorneys, courts, and Probation regarding the status of the youth and their needs is critical

Expectant/Parenting Youth (EPY) Notes: These youth may or may not have intensive mental health needs. Some may not need mental health services, but do need the support of a caregiver/professional around parenting, independent living skills, etc.

Appendix B—Longer-Term/State-Level Recommendations

1.	**Expand and Better Utilize the Continuum of Care and Services**
See Appendix A—Continuum-of-Care Recommendations Matrix.	
2.	**Improve the STRTP Model**
a)	Review and consider recommendations from the California Alliance of Child and Family Services' February 2021 report, *STRTP Policy and Practice Recommendations*.
b)	Revisit the funding structure for the STRTP model. • Consider increasing flexible funding for mental health services. • Reconsider care and supervision rates to respond to actual occupancy rates and "milieu" treatment costs.
c)	Review state requirements around staffing, including educational and background check requirements, ratios, and pay. • Advocate for the state to modify personnel requirements in Interim Licensing Standards.
d)	Advocate for state funding for non-Medi-Cal–claimable aftercare services, a critical component of the STRTP model.
e)	Address the educational needs of youth in STRTPs. • Consider the use of alternative school arrangements, particularly for youth who struggle with attendance and require credit recovery. • Consider increasing funding for the 'care and supervision' portion of the STRTP rate for staff caring for youth who are suspended from school or resistant to attending during school hours. • Consider increasing funding to STRTPs that are expected to provide transportation for youth to their schools of origin.
f)	Consider removing or streamlining state-level documentation, monitoring, duplicative training, and other administrative requirements. • Coordination will be required between California's Department of Social Services and its Department of Health Care Services.
g)	Review data tracking and monitoring of programs/services within the continuum of care. • Consider who should monitor programs like STRTPs—e.g., independent and qualified parties, the role of court in monitoring the effectiveness of STRTPs.
3.	**Balance Youth Responsibility and Youth Voices/Independence**
a)	Consider adopting the Association for Community Human Service Agencies' STRTP Community Independence Guidelines, which outline the process to support community independence through the Child and Family Team (CFT) process and treatment team.
b)	Review STRTP-placed youth cell-phone policies and other licensing requirements, and what STRTPs can do with regard to the Reasonable and Prudent Parent Standard to keep youth safe.
c)	Review current STRTP requirements and practices related to provision of life-skills classes, work/volunteer opportunities, and opportunities for youth to be independent and leave campus appropriately.
4.	**Address the Use of Psychotropic Medications for Youth**
a)	Review policies and practices around psychotropic medications for youth placed in STRTPs.
5.	**Consider the Impact of the Family First Prevention Services Act (FFPSA) and Other Legislation on STRTPs and the Continuum of Care**
a)	Consider how FFPSA changes related to Qualified Residential Treatment Programs (QRTP), as well as the institutions for mental disease (IMD) exclusion, impact the STRTP model and the overall continuum of care placement/intervention options.
b)	Consider the impacts of pending legislation—e.g., AB 808 (Stone) on the children's crisis continuum pilot program and AB 226 (Ramos) on children's crisis psychiatric residential treatment facilities—on STRTPs and the continuum-of-care expansion.

Appendix C—STRTP Task Force Recommendations (Summary)

1. Expand the continuum of care.
2. Improve multidisciplinary teaming and interagency collaboration for high-need youth.
3. Elevate youth voices and ensure their incorporation throughout case-planning processes.
4. Expand peer-to-peer supports and mentoring.
5. Expand substance-use disorder (SUD) supports and services.
6. Strengthen clinical supports.
7. Expand culturally relevant and affirming supports.
8. Improve aftercare services
9. Improve family-finding and family-engagement supports.
10. Improve court oversight over STRTP placements.
11. Improve STRTP placement decisions.
12. Expand education supports and services.
13. Create a safe environment at and near STRTP sites.
14. Reduce unnecessary law-enforcement agency (LEA) engagement with STRTPs.
15. Streamline and improve STRTP training requirements.
16. Streamline and improve STRTP administrative requirements.