SB 408, by Senator Angelique Ashby, is sponsored by the County Welfare Directors Association (CWDA) and Chief Probation Officers of California (CPOC). SB 408 proposes to establish up to ten Regional Health Teams to deliver trauma-informed health home services for foster youth and youth at risk of foster care entry through a coordinated, trauma-informed approach to meet the physical health, behavioral health, and developmental needs of youth and their families.

Background
County child welfare and probation agencies continue to face significant challenges in meeting the service needs for foster youth with more acute, trauma-based needs. This includes youth with significant physical health care needs, youth who are victims of commercial sexual exploitation (CSEC), youth with intensive, co-occurring Intellectual/Developmental Disabilities (I/DD) and mental health needs, and youth with co-occurring mental health and substance use issues. Due to increasing mental health acuity amongst youth in general, county child welfare agencies are also experiencing growing instances of families turning to child welfare when their children are discharged from hospital-based settings in desperation to gain additional supports and services for their children.

AB 2083 (Cooley), Chapter 815, Statutes of 2018, established a process to ensure that coordinated, timely, and trauma-informed services are provided to children and youth in foster care who have experienced severe trauma. AB 2083 established expectations for state and local interagency accountability for meeting the needs of foster youth across systems, including requirements for local multi-agency MOUs and technical assistance. AB 2083 also tasked the State Interagency Leadership Team (ILT) to issue a report to the Legislature identifying the gaps and recommendations for addressing the gaps in serving youth with unmet, complex needs. This report was issued in January 2023 and included several recommendations that align with SB 408, including the need to increase services and prioritize capacity-building efforts that enable children with complex needs to have those needs coordinated within the child’s home community, and another recommendation to establish highly specialized multi-agency assessment models for children and youth with exceptionally complex needs.

Regional Health Teams
SB 408 seeks to address gaps in the service planning and care management for foster youth and ensure that foster youth have access to a trauma-informed, supportive and therapeutic environment when needed by establishing ten Regional Health Teams (RHTs) across the state for diagnostic assessment, direct care, and support for youth in crisis and their families. The proposed RHTs will be a patient-centered, integrated care delivery model designed to provide

1 AB 2083: Children and Youth System of Care Legislative Report (January 2023) can be accessed on the California Health and Human Services Agency website: [https://www.chhs.ca.gov/home/system-of-care/](https://www.chhs.ca.gov/home/system-of-care/).
outpatient-based services through a regional approach to include care coordination, linkage to community-based supports and services, and transition planning. The RHT will integrate primary care and behavioral health care to support foster youth who are at risk of placement destabilization as well as youth at risk of foster care entry due to unmet physical or behavioral health needs. The team would also include a licensed social worker, public health nurse, nutritionist, occupational therapist, community health worker, peer support, training coordinator, and behavioral health clinician.

The RHT will coordinate with other service providers (i.e. wraparound, regional centers, education and others), to prevent the separation of youth from their family caregivers and to reduce incidence of youth going into institutional settings (i.e. hospitals and congregate care).

**Intersection with CalAIM**

The California Advancing and Innovating Medi-Cal (CalAIM) initiative will provide enhanced care management (ECM) and community supports to children beginning July 1, 2023. The health home model was previously implemented in California focusing on older adults with chronic conditions and has evolved into ECM under CalAIM. ECM became available for foster youth who are enrolled in managed care effective July 1, 2023. However, 46 percent of foster youth under CalAIM will not be enrolled in managed care and instead will be served by the fee-for-service system, thereby these youth will not have access to ECM and community supports. The RHTs will help to fill this gap for foster youth and youth at risk of foster care entry.

**Cost**

The bill utilizes a federal Medicaid option that allows states to establish “health homes” -- a recommended strategy by the U.S. Department of Health and Human Services, Centers for Medicaid and CHIP Services (USDHHS/CMS) to improve the delivery of physical and behavioral health care services for children and youth. This model leverages 90 percent federal funding for up to two years. SB 408 is estimated at $2.5 million SGF in Years 1 and Year 2, and $12.5 million SGF on-going.

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