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# 2026 Sponsored Bills and Budget Proposal

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# AB 2764 (Ahrens): THPP-NMD Eligibility Expansion

**Background:** The Transitional Housing Placement Program for Non-Minor Dependents (THPP-NMD) is a transitional housing placement for NMDs, ages 18 to 21. THPP-NMD programs offer supervised, transitional housing services to nonminor dependent foster youth under the supervision of the county welfare department or the juvenile probation department. The goal of THPP-NMD is to provide safe housing for NMDs and services to support the skills youth need to transition to independent living.

**Statement of Problem:** Under AB 12, youth ages 18-21 who were in foster care on their 18th birthday are eligible for extended foster care if they meet one of five federal participation requirements: (1) completing high school or a GED, (2) enrolled in college or vocational training, (3) employed at least 80 hours per month, (4) participating in an employment preparation program, or (5) unable to do so due to a verified medical condition. While SILPs and foster/relative placements adhere to these criteria, several counties have added stricter local requirements, such as 40 hours per week of productivity through work or school, mandatory volunteer hours, or demonstration of independence skills. These added standards can unintentionally exclude youth from THPP-NMD programs, reducing access to higher-support placements and increasing the risk of homelessness.

**Proposed Solution:** AB 2764 would require all counties to align their THPP-NMD eligibility requirements with AB 12 eligibility requirements. This would eliminate confusion for providers and youth about eligibility across counties and prevent youth from

# AB 2126 (Elhawary): Peer Employment and Equity Reform (PEER) Act

**Background:** CBOs that work with counties to provide services for foster youth and their families have the option to hire peers on their staff. They can hire parent peers who help families navigate the child welfare system, youth peers who work directly with youth, and even peer support specialists who are certified peers that can have specializations in crisis care, unhoused issues, justice-involved issues, or caregiving. No matter what type of peer, if someone wants to work with one of these organizations, they must undergo a background check process because of licensing requirements, since they are licensed by the Department of Social Services (CDSS).

**Statement of Problem:** Currently, applicants applying to be peers but have criminal records typically can't work in these agencies without an approved exemption from disqualification. After an initial background check is flagged, applicants must submit evidence to CDSS proving they are rehabilitated and have good character sufficient to justify granting an exemption from disqualification. Applicants then have to wait for CDSS to approve their exemption before being hired, which can take up to a year, and on average, four months. People cannot wait that long for a job acceptance, so many organizations lose out on qualified peer candidates.

**Proposed Solution:** AB 2126 would create an automatic exemption from disqualification if the applicant is a former or current foster youth and the crimes were committed under the age of 21, excluding certain felonies, like child abuse or neglect, spousal abuse, elder abuse, crimes against a child, or a crime involving violence. This would provide a streamlined career pathway for foster youth and streamline hiring for culturally responsive, trauma-informed staff who can

# AB 1989 (Tangipa): Out-of-State Background Checks

**Background:** Under the Family First Prevention Services Act, applicants wishing to work in Children’s Residential Programs, including Short-Term Residential Therapeutic Programs (STRTPs), Transitional Housing Placement Programs (THPPs), Group Homes, and Community Treatment Facilities (CTFs), must complete fingerprint-based FBI, DOJ, and in-state child abuse and neglect registry background checks, and if they lived out of state within the last five years, they must request, not complete, an out-of-state child abuse and neglect registry check (OSCA) to begin working. In California, the OSCA must be completed before hiring, which is stricter than federal standards. Because each state maintains its own registry, with no national database, OSCA requests must be sent to individual states, often via physical mail, checks, and require wet signatures.

**Statement of Problem:** On average, it takes 6 months for applicants to clear their OSCA checks, with some programs receiving up to 50% of their applications from out-of-state candidates. Delays in OSCA processing force California providers to lose qualified applicants, especially bilingual and culturally-responsive staff, who cannot wait months for approval.

**Proposed Solution:** AB 1989 would allow Children’s Residential Programs to provisionally hire direct care staff who have lived out of state within the last five years while awaiting their OSCA, as long as they do not have unsupervised contact with youth during this time and have cleared all other required background checks. By modernizing California’s process to reflect federal FFPSA requirements, we can remove a key hiring barrier and ensure more stable, timely access to the residential care

# AB 1626 (Gabriel): Mental Health Training for Coaches

**Background:** California teenagers struggle with severe and ongoing mental health issues. For young people who play high school sports, one potential source of support outside the home is their coach. This proximity means coaches are often the first to notice when students are struggling and can play an incredibly powerful role in shaping identity, belonging, and resilience. Under existing law, California's youth sports coaches are not required to receive training in supporting the mental health needs of their young athletes.

**Statement of Problem:** Unfortunately, [studies](#) show that only 1 in 5 coaches report being highly confident in their ability to support youth with mental health challenges. Without guidance, coaches may miss opportunities for early intervention, positive reinforcement, or, at worst, even contribute to harm. The unaddressed mental health stigma in sports further complicates the potential support system a coach can offer. Student-athletes may fear being perceived as weak or losing playing time, and coaches worry about team performance, recruitment, or unintentionally making a situation worse.

**Proposed Solution:** AB 1626 would require California youth sports coaches to receive training in mental health informed practices. This bill would equip coaches to recognize early warning signs of mental health distress, especially for student athletes who are less likely to seek help, and provide practical tools, supportive communication, and referrals to school and community resources. By strengthening coaches' capacity as mentors, AB 1626 addresses the acute mental health needs of our youth, while creating safer, more supportive athletic environments for all students.

# AB 1540 (Gonzalez): 988 Crisis Hotline LGBTQ+ Press 3 Option

**Background:** Since 2022, 988, the official hotline for suicide prevention and crisis management, has contracted with several non-profit organizations to create a subnetwork of providers that offer specialized services designed to prevent LGBTQ+ youth suicide. By calling “988” and pressing “3,” help seekers would be automatically routed to this subnetwork. Since 2022, 988 has routed over [1.5 million](#) contacts to the subnetwork. The 988 LGBTQ+ youth subnetwork received 73,000 calls from California from July 2024 to June 2025, representing 9% of all calls to the subnetwork.

**Statement of Problem:** On July 17th, 2025, by order of the President, the Substance Abuse and Mental Health Services Administration ended all contracts with 988 sub-network providers, leaving no specialized care services for queer youth. LGBTQ+ youth are at heightened risk of experiencing verbal, physical, and online harassment, which negatively affects their mental health and, as research has shown, increases rates of suicidal ideation or death by suicide.

**Proposed Solution:** AB 1540 ensures that all LGBTQ+ youth in California, once again, have access to critical and lifesaving suicide and crisis intervention. It would re-establish the program cut by this federal administration, saving thousands of lives every year.

# AB 1579 (Ramos): Children's Crisis Continuum Pilot Program Expansion

**Background:** The Children's Crisis Continuum Pilot Program was created in 2021 as a collaborative initiative between CDSS and DHCS to develop a comprehensive, highly integrated continuum of care for foster youth with high-acuity needs, to be modeled across California. Counties participating in its implementation create a network of services so that, when a youth requires a higher or lower level of intervention, movement between levels of care and within levels of services is not disrupted or delayed by the need to arrange services or locate appropriate placements.

**Statement of Problem:** Current law uses specific language for residential crisis program types, requiring a Children's Crisis Residential Program (CCRP) and not allowing other similar services, which limits providers' options to establish those. CCRPs face staffing requirements and funding challenges that complicate implementation in many areas. There are other program types that could provide the same services to youth with the highest need that could be implemented successfully with approval from CDSS, but they have not been added in statute.

**Proposed Solution:** AB 1579 would expand the allowable program types for residential crisis treatment to include Psychiatric Residential Treatment Facilities (PRTFs), Crisis Stabilization Unit/Psychiatric Health Facility (CSU/PHF) combinations, Short Term Residential Therapeutic Programs (STRTPs), or other CDSS-approved residential crisis models. The change would preserve safety and oversight standards while giving counties the flexibility needed to build sustainable,

# AB 2622 (Pellerin): Expanding Nurse Practitioner Licensure Eligible Settings

**Background:** Nurse Practitioners (NPs) are registered nurses who have completed additional graduate education to prepare them to deliver a broad range of services, including the diagnosis and treatment of acute and chronic illnesses. They are also the largest group of nonphysician primary care providers. In 2020, two new categories of NPs were introduced: 103, which allows NPs to work in a group setting with at least one physician and surgeon, and 104, which allows NPs to work independently within the population of focus of their national certification.

**Statement of Problem:** To qualify for the 103 and 104 levels, NPs must meet the required clinical hours in specific settings that do not include community-based organizations, even though NPs practice in nearly every health care setting, including CBOs.

**Proposed Solution:** AB 2622 expands the list of eligible settings where NPs can meet the 103 and 104 licensure clinical hour requirements, including community-based organizations. This will enable more NPs to obtain licensure to practice more autonomously and increase access to primary and behavioral health care for children and families throughout California.

# AB 2333 (Pellerin): Addressing the Insurance Crisis

**Background:** Many community-based organizations contract with counties to provide services for foster youth and their families. In these contracts, it is common practice for counties to indemnify themselves, meaning the CBO would be held liable for the county's negligence even if the CBO did not participate in the negligent incident. This practice contributed to the sudden collapse in the availability and affordability of liability coverage for Foster Family Agencies (FFAs) in 2024, leading to significantly higher premiums and restrictive coverage terms. On average, FFAs experienced premium increases of more than \$160,000 annually, with some seeing increases exceeding \$300,000 or even \$600,000. In 2024, AB 2496 was passed, which prohibited this county indemnification practice with Foster Family Agencies (FFAs) until 2027.

**Statement of Problem:** In addition to FFAs, other provider types are experiencing higher premiums and more restrictive coverage terms for liability insurance. Because liability insurance is required for licensure and county contracts, agencies cannot operate without it. So when coverage becomes unavailable or unaffordable, providers close, and youth lose placements.

**Proposed Solution:** AB 2333 would expand the county indemnification language in AB 2496 to include other program types, such as Short Term Residential Therapeutic Programs (STRTPs), and extend the sunset language beyond 2027.

# Budget Ask: FFA Bridge Funding of \$30M

- We are requesting one-time **\$30 million in funding** to stabilize the more than 200 Foster Family Agencies (FFAs) serving over 6,500 foster youth across California.
- FFAs continue to face significant financial strain due to the ongoing liability insurance crisis. Since October 2024, 28 FFA site closures were reported to the California Department of Social Services (CDSS).
- Without this bridge funding, we anticipate renewed instability and potential closures. This \$30 million request would provide necessary short-term relief while we continue working in partnership with the Administration to advance long-term solutions to the insurance crisis and ensure placement stability for children and youth these organizations care for.
- **Assemblymember Champion:** Assemblymember Ramos

# THANKS!

FOR WATCHING THIS PRESENTATION

Do you have any questions?

[cacfs.org](http://cacfs.org)

Annie Thomas

([athomas@cacfs.org](mailto:athomas@cacfs.org))