

COLLABORATING FOR CHANGE: A BLUEPRINT FOR COUNTIES TO ADDRESS EMERGENCY PLACEMENT NEEDS FOR OLDER YOUTH IN FOSTER CARE

Many counties in California are grappling with emergency housing needs for older youth in foster care. For example, after housing youth in foster care in [various unlicensed settings](#), including the Warren E. Thornton Youth Center (WET Youth Center), over the past several years, Sacramento County [recently committed](#) to a number of strategies to ensure that foster youth are placed in appropriate settings and provided effective supports. Informed by the work in Sacramento as well as in other counties, this document details a three-pronged approach that can be replicated by other counties seeking creative solutions for youth with intensive and more complex needs, including guidance on available funding and the necessary administrative and organizational partners for each prong. This approach includes a combination of short-term immediate responses, middle-term bridges to stability, and longer-term, upstream reforms in three main categories: (1) connecting youth to community-based mental health services; (2) emphasizing kinship finding and engagement; and (3) developing emergency home-based placements and services.

THE FOUNDATION: CHILD AND FAMILY TEAMS AND CROSS-DEPARTMENTAL COLLABORATION

The importance of engaging the child, their family, and their multi-disciplinary providers cannot be overstated. Each of the three prongs described below rely on the commitment of these partners to communicate and collaborate as often as needed in order to allow every child in foster care to grow up in a home and receive the care and support they need to thrive.

In Sacramento, to expediently move children out of the WET Youth Center and into safe and licensed placements, the County began utilizing Expedited Transition Child and Family Team (ETCFT) meetings through a contracted provider for youth who were awaiting placement at the WET Youth Center. The ETCFTs created transition plans that addressed family finding strategies, assessments, services, referrals, safety risks, and mitigation strategies, as well as a logistical plan for transition when there was an identified placement. Teaming and communication with all providers and those engaging the youth was improved through this process.

These ETCFT meetings were modeled on the Child and Family Team structure outlined in statute, but also required: that the child's attorney, or their designee, was invited to the meeting; that the child's existing behavioral health team, or the County's behavioral health representative, attended the meeting; and that the meetings occurred **no less than weekly and as often as daily** to expedite the transition. After successfully moving all youth out of unlicensed care, the County has continued this ETCFT format to find timely placements for youth who are not currently in a home-based setting.

Additionally, Sacramento County's approach to prevent the placement of children in unlicensed settings heavily relies on close collaboration between the agencies responsible for child welfare and children's behavioral health. This includes active participation from the leadership of both divisions in problem-

solving, priority-setting, directing staff, and funding interventions. The County also welcomed outside expertise, including consultants provided, either directly or through contracts from the State, as part of their all-hands-on-deck response to the urgency of the issues. Sacramento County's reform efforts and successes to this point would not have been possible at all – let alone at the speed with which they were deployed – without these close collaborations.

PRONG 1: CONNECTING YOUTH TO COMMUNITY-BASED MENTAL HEALTH SERVICES

HOW IT WORKS: Community-based therapeutic supports are a vital piece to both preventing and ending the reliance on emergency placements. In Sacramento, in conjunction with the ETCFT, the County's Division of Behavioral Health Services (BHS) ensured that all young persons who were housed at the WET Youth Center received Intensive Care Coordination (ICC), substance use and prevention treatment services, and intensive mental health services, such as High Fidelity Wraparound or a Full Service Partnership. BHS ensured that these services were provided during their stay and throughout their transition and that there was a tight timeline to assign an ICC Coordinator to each youth and for the ICC Coordinator to meet with the youth to start developing a transition plan.

The County also engaged with outside consultants, including the Catalyst Center, who presented a detailed proposal to support transition services and make connections. The mental health service team included sufficient staff, which could include clinicians and peer advocates, to meet identified needs. BHS also dedicated more staff to the project directly, as well as augmented their contracts with providers.

Furthermore, recognizing the trauma and harm caused by this unlicensed setting, BHS agreed to refer and provide ICC and Therapeutic Behavioral Services (TBS) to every child and youth who spent at least seven cumulative days at the WET Youth Center since it was first used as an unlicensed foster care placement. Lastly, BHS initiated a number of upstream reforms to help prevent older youth from needing an emergency placement going forward, including making it easier and more efficient for a youth to receive TBS if they are identified as being at risk of placement instability.

Other counties are also exploring innovative models of care. For example, San Francisco's child welfare department automatically provides ICC to youth in foster care and co-facilitates CFT meetings with the County behavioral health department.

AVAILABLE FUNDING: ICC and TBS are Specialty Mental Health Services that are covered by Medi-Cal under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. High-Fidelity Wraparound services provided through the California Department of Social Services (CDSS) can be paid first through Medi-Cal, with the remainder through Title IV-E funding, including using the county-level Wraparound Trust Fund methodology that was created under SB 163 in 1997.¹ Counties can also access AB

¹ Welf. & Inst. Code § 18254(c). See [CFL 20/21-94](#) for updated claiming instructions.

153 complex care funding to support child-specific requests for exceptional needs that are not billable to Medi-Cal, and to support county capacity-building to provide a high quality continuum of care.²

REQUIRED PARTNERS: County Behavioral Health; Child Welfare; State-contracted consultants, such as the UC Davis Center for Excellence and the Catalyst Center; and CFT partners.

PRONG 2: EMPHASIZING KINSHIP FINDING AND ENGAGEMENT

HOW IT WORKS: Relatives and kin more broadly are a necessary part of strengthening supports for young people in the foster care system and a core part to helping prevent emergency placements. The County prioritized kinship finding and engagement as a goal in ETCFT meetings and is receiving technical assistance from the Center for Excellence in Family Finding, Engagement and Support. This included broadening the concept of “kin” and inquiring into all possible relationships and contacts. The County realized that some kin had been excluded as possible foster homes due to outdated prohibitions that had recently changed under SB 354, and took steps to support staff in reaching out to those homes and reevaluating based on the newly available exemptions and processes.³

The County also broadened the role of kin in the foster care process beyond mere placement; even if a young person was not able to live with kin, they were still engaged as supports, dinner partners, confidants, and other roles to strengthen and grow the relationship youth have with caring adults. Other counties have described this expanded formal role with kin as three overlapping categories:

1. Kin who can be foster homes for young people;
2. Kin who can be formal supports and participate in the CFT process; and,
3. Kin who can support youth through specific roles, such as math tutor, weekly dinner host, soccer transportation and cheering section, etc.

Other counties have also brought in kin as respite providers for youth in non-kin placements (or placements with other kin).

Counties who have committed to kinship care and maximally leveraging the new resources and processes designed to help support relatives have increased their kinship care numbers significantly. While predominant placement with kin statewide has increased to 46%, some counties have increased their percentage to more than 55% with the highest achieving counties increasing kin placements to more than 70%.⁴

² [CDSS Complex Care Resource Guide](#); see [ACL 21-119](#) and [CFL 21/22-35](#) for information on child-specific requests; [ACL 21-143](#) and [CFL 21/22-54](#) for information on county capacity-building.

³ See [ACL 22-33](#).

⁴ Data as reported via the California Child Welfare Indicators Project (Oct. 2023), <https://ccwip.berkeley.edu/childwelfare/reports/Entries/MTSG/r/ab636/1>.

- AVAILABLE FUNDING:** Complex care funding and available family recruitment and support funding from the State can be used for intensive family finding activities and payments to support engagement efforts. The State provides consultants and technical assistance through the UC Davis Center for Excellence in Family Finding, Engagement and Support. Counties can also opt in to the Excellence in Family Finding, Engagement and Support Program by June 30, 2025 to receive a General Fund allocation, but must demonstrate a 50 percent match of local funds. Federal financial participation under Title IV-E is also available for administrative expenditures at a rate of 50 percent.⁵
- REQUIRED PARTNERS:** UC Davis Center for Excellence in Family Finding, Engagement and Support; CDSS.

PRONG 3: UTILIZING HOMES AND SERVICES FOR EMERGENCY PLACEMENTS

HOW IT WORKS: While the County worked to transition youth to resource families or other appropriate placements, it simultaneously worked to develop emergency placements based in small homes, rather than facilities. The County leased three houses that are each pending licensure as Temporary Shelter Care Facilities for up to 6 youth and for stays no longer than 10 days. These homes provide the County with a short-term option when it is unable to find a family-based placement for a youth, but allows youth to live in a residential home and neighborhood and be connected to any necessary services. Having multiple small placements also allows flexibility in where a youth can stay based on individual needs. For example, it has allowed youth with children to have their own room and support.

In addition, the County is developing a bridge to more intensive, emergency placements, such as Intensive Services Foster Care (ISFC) homes, where youth can stay for an extended period of time while intensive community services and family engagement are being set up as described above. BHS has initiated a procurement process that allows any ISFC Foster Family Agency (FFA) to also be the provider of outpatient specialty mental health services to youth in their foster homes, rather than relying on the current pool of BHS mental health providers, which may or may not include FFAs. This change will enable continuity of care and leverage the FFAs' longer term relationships with the resource parents. These FFAs have trained and supported the resource parents from the beginning and have a better understanding of the strengths and challenges of the resource parents who are a vital part of the treatment team.

Other jurisdictions have done targeted recruiting ("micro-recruiting") for kin or non-kin foster parents to act as emergency placements, sometimes through special enhanced contracts with Foster Family Agencies (FFAs).

- AVAILABLE FUNDING:** Braided Title IV-E and Medicaid dollars; complex care funding.

⁵ See [ACL 23-12](#); [CFL 22/23-52](#).

REQUIRED PARTNERS: Child Welfare; Children’s Behavioral Health; consultants and other technical assistance providers; service providers. Close collaboration with each of these partners is required to help build the necessary programs and fiscal structure.

NEXT STEPS

The above is intended as a starting point for the public sector, advocates, and providers on the county-level to develop innovative models to address the need for emergency placements for older youth in foster care. None of these interventions will eliminate the need overnight. Counties may have a current emergency placement crisis because they have not yet invested the time and resources in building out the three parts of a healthy child-serving system for youth with complex care needs and/or placement instability as described above. Other counties may need to build (or renew) their relationships between their child welfare and children’s behavioral health departments. Regardless, this model has both short-term and long-term approaches to provide immediate relief (and to reduce immediate harm and trauma for young people) while also building longer term solutions to help reduce the need for emergency placements in the first place.

We mention Sacramento County not because the issues have been resolved, but as an example of what can occur to begin resolving these systems issues to better serve older youth. What has been remarkable in Sacramento County is two-fold: first, the close collaboration between its child welfare and children’s behavioral health departments, working in lockstep to address the immediate crisis; and second, a commitment to build real, lasting change upstream to help avoid the crisis from happening again. Additionally, Sacramento County was able to set up a number of the interventions described above in less than 100 days. While there is still much to be done, this has built momentum and strong first steps in resolving the issues and shows what can be done as an immediate response when there is public sector willingness and leadership.