

Date of Hearing: May 13, 2026

ASSEMBLY COMMITTEE ON APPROPRIATIONS

Buffy Wicks, Chair

AB 1579 (Ramos) – As Amended April 29, 2026

Policy Committee: Human Services

Vote: 7 - 0

Urgency: No

State Mandated Local Program: No

Reimbursable: No

SUMMARY:

This bill expands the authorized use of grant funds for a children’s crisis residential program (CCRP) for purposes of the Children's Crisis Continuum Pilot Program (pilot program). This bill also authorizes the California Department of Social Services (CDSS) to extend the term of a grant agreement when an entity demonstrates it has available grant funds and the extension is necessary to complete implementation.

Specifically, this bill:

- 1) Provides that an entity participating in the pilot program that does not have a CCRP in its continuum of care may satisfy the requirement to have a CCRP by including in its continuum of care, a comparable residential treatment component designed to serve children and youth experiencing the highest level of acute behavioral health needs, including, but not limited to, a short-term residential therapeutic program (STRTP) or a psychiatric residential treatment facility (PRTF).
- 2) Requires a component described above to meet prescribed qualifications, including sufficient staffing ratios, clinical coverage, and service delivery models and requires CDSS or the California Department of Health Care Services (DHCS), as applicable, to determine whether a component meets these qualifications.
- 3) Requires a participating entity utilizing a comparable component described above to demonstrate that its continuum of care remains fully integrated, includes the components described above, and that the proposed comparable component fulfills a functionally equivalent role to crisis residential care within that continuum.
- 4) Authorizes CDSS, in consultation with DHCS to extend the term of a grant agreement pursuant to the pilot program, if the participating entity demonstrates, in a manner determined by CDSS, (a) the participating entity has unexpended and available grant funds awarded pursuant to the pilot program and (b) the extension is necessary to complete implementation or closeout activities, consistent with the purposes of the pilot program.
- 5) Limits the extension above to the minimum amount of time necessary to complete authorized activities and expend remaining grant funds, but not later than July 1, 2030.
- 6) Specifies the above provisions do not require a participating entity that does not request an extension, or that has fully expended grant funds, to continue operating the pilot program

beyond the end date specified in its grant agreement, except for reporting, audit, record retention, and other closeout requirements.

- 7) Adds specified information relating to the above provisions to the existing interim report to the Legislature required of CDSS and DHCS by April 1, 2027.

FISCAL EFFECT:

CDSS estimates minor and absorbable costs.

COMMENTS:

- 1) **Purpose.** According to the author:

[Statute] requires Pilot counties to open and operate a very specific model for 24-hour crisis programs for youth, the CCRP. CCRPs have staffing requirements and funding challenges that make implementation challenging in many areas. There are other program types that could provide similar services to youth with the highest need that could be implemented successfully with approval from CDSS. This would allow Pilot counties to open and sustainably operate the 24-hour crisis program that most meets the needs of each county and its foster youth population.

- 2) **Background.** AB 153 (Committee on Budget), Chapter 86, Statutes of 2021, established the pilot program as a five-year pilot program in eight counties to provide foster youth with medically necessary mental health services. The program was designed to permit the seamless transition between appropriate and necessary treatment settings and programs with the goal of stabilizing and treating a youth in crisis in a highly integrated local continuum of care rather than defaulting to emergency departments, out-of-area placements, or psychiatric hospitalization.

Under the pilot program, CDSS, in partnership with DHCS, awards competitive grants to participating entities to develop and operate a continuum of care that, in part, fills the gap between non-acute care like STRTPs and inpatient care like PRTFs and Psychiatric Health Facilities (PHFs). Grant recipients must build a 24-hour system of care with the goal of ensuring seamless transitions across levels of care.

The pilot program runs for five years from the date grant recipients are selected. Pilot participants include the Counties of Fresno, Los Angeles, Monterey, Riverside (regional collaborative with San Bernardino), San Diego, San Francisco (regional collaborative with Contra Costa, Marin, Solano, and Sonoma), San Luis Obispo (regional collaborative with Santa Barbara), and Stanislaus (regional collaborative with Merced and San Joaquin).

To date, no participating entity has fully operationalized a CCRP. Stakeholders and advocates cite several barriers including licensing and standards uncertainties, staffing shortages, and funding issues.

Because the grant period is fixed at five years from the date of grant recipient selection and the use of the funds is limited to CCRPs, participating entities are concerned they will lose

unspent funds at the end of the grant term. Participating entities would like to redirect designated CCRP funds under the pilot to other comparable residential treatment components that are currently operational.

This bill modifies the pilot program to allow grant funds to be used for comparable residential treatment components approved by CDSS or DHCS, including existing STRTPs and PRTFs, and allows CDSS to extend the terms of a grant agreement as necessary to allow unspent grant funds to be utilized.

- 3) **Arguments in Support.** The bill is sponsored by the California Alliance of Child and Family Services and Just Advocates and is supported by a variety of child and behavioral health advocates. The California Alliance of Child and Family Services, a co-sponsor, asserts:

The [pilot program] was created to address the complex needs of foster youth in California through a highly integrated continuum of care. However, existing law has created overly specific restrictions and unintended barriers to implementation. [This bill] would seek to address these barriers by expanding the allowable program types for residential crisis treatment. This expansion preserves the safety and overnight standards while giving counties the flexibility to build sustainable, access crisis care options for youth.

- 4) **Arguments in Opposition.** Disability Rights California, the National Center for Youth Law, the National Health Law Program, and the Youth Law Center oppose the bill arguing the proposal to use funds to pay for services at existing PRTFs and STRTPs represents a sharp departure from the pilot program's original intent. The opponents collectively assert:

The previously stated purpose of the Children's Crisis Continuum Pilot Program was to incentivize counties to expand their existing continuum of care for youth with mental health needs by filling a "missing middle" of care between non-acute care like STRTPs and inpatient care like PRTFs and Psychiatric Health Facilities (PHFs).

If financial viability is the barrier, then we should be discussing increasing funding, not decreasing safeguards. The state does not and should not establish a rate and then work backwards to a standard of care.

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