
SENATE COMMITTEE ON HUMAN SERVICES

Senator Becker, Chair
2025 - 2026 Regular

Bill No: SB 1109
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Consultant: Heather Hopkins
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Subject: Short-term residential therapeutic programs

SUMMARY

This bill provides that beginning January 1, 2027, all licenses issued for the operation of a short-term residential therapeutic program (STRTP) are subject to renewal annually by the California Department of Social Services (CDSS) if either of the following are met: the licensee has been issued a total of five or more type “A” or type “B” citations within the past 12 months or the county in which the STRTP operates has a population of less than 75,000 residents and there is no high school or general acute care hospital operating in the county.

ABSTRACT

Existing Law:

- 1) Defines an STRTP as a residential facility operated by a public agency or private organization and licensed by CDSS that provides an integrated program of specialized and intensive care and supervision, services and supports, treatment, and short-term, 24-hour care and supervision to children. Further, requires the care and supervision provided by an STRTP be nonmedical, except as otherwise permitted, as specified. (*Health and Safety Code [HSC] 1502(a)(18)*)
- 2) Establishes the “California Community Care Facilities Act” and requires CDSS to administer and license community care facilities providing nonmedical services, including adult residential facilities and STRTPs, among others. (*HSC 1500 et seq.*)
- 3) Requires interagency placement committees to do the following when placing a child with an STRTP:
 - a. Ensure that the care and services the child needs are provided by the STRTP program selected for their placement;
 - b. Ensure commonality of need requirements have been met;
 - c. Consider the detailed history, which shall be provided by the placing agency to the STRTP provider, outlining behavior that may pose a threat to the health or safety of that child and other children residing in the program and consider any

potential interference with the effectiveness of the care and services provided to that child and other children residing in the program;

- d. Describe additional safety measures and therapeutic interventions needed to mitigate identified challenging behaviors or risks to the safety of the child and other children in the facility; and
 - e. Present the determination to the placing agency within five business days of the referral. (*Welfare and Institutions Code [WIC] 4906(e)(2)*)
- 4) Requires STRTP applicants to submit an application to CDSS that includes a letter of recommendation in support of its program from a county placing agency. The letter of recommendation shall include a statement that the county placing agency reviewed a copy of the applicant's program statement. If the letter of recommendation is not from the county in which the facility is located, the STRTP applicant shall include, with its application, a statement that it provided the county in which the facility is located an opportunity for that county to review the program statement and notified that county that the facility has received a letter of recommendation from another county. (*HSC 1562.01(f)(1)(A)*)
 - 5) Requires CDSS, if the application does not contain a letter of recommendation, to cease review of the application. Provides that this does not constitute a denial of the application. (*HSC 1562.01(f)(1)(B)*)
 - 6) Provides that a new letter of recommendation is not required when a STRTP moves locations. (*HSC 1562.01(f)(1)(C)*)
 - 7) Provides that a STRTP shall submit a copy of its program statement to all county placing agencies from which the STRTP program accepts placements, including the county in which the facility is located, for optional review when the STRTP updates its program statement. (*HSC 1562.01(f)(2)*)

This Bill:

- 1) Provides that, beginning January 1, 2027, all licenses issued for the operation of an STRTP shall be subject to renewal annually by CDSS if either of the following are met:
 - a. The licensee has been issued a total of 5 or more type "A" or type "B" citations within the past 12 months.
 - b. The county in which the STRTP operates has a population of less than 75,000 residents and there is no high school or general acute care hospital operating in the county.
- 2) Provides that a licensee subject to annual renewal as a result of having been issued a total of five or more type "A" or type "B" citations within the past 12 months shall not be subject to ongoing annual renewal if they have less than five violations in the 12 months following an annual license review.

FISCAL IMPACT

This bill has not yet been analyzed by a fiscal committee.

BACKGROUND AND DISCUSSION

Purpose of the Bill:

According to the author, “SB 1109 addresses a gap in current law that allows Short-Term Residential Therapeutic Programs (STRTPs) to be sited in counties that may lack the infrastructure necessary to support the youth they serve, without meaningful input from the host county. In Alpine County—the smallest county in California, with approximately 1,100 residents—two STRTP facilities were established with approval from another county, despite the absence of a general acute care hospital, a high school, and sufficient emergency and law enforcement resources. SB 1109 requires that STRTPs obtain support from the county in which they operate, establishes a periodic license renewal process to ensure ongoing oversight, and prohibits new or renewed licenses in counties with populations under 75,000 that lack critical infrastructure. This bill seeks to better align placement decisions with local capacity and ensure that youth placed in STRTPs have access to the resources and services necessary to support their care and safety.”

Movement to Family Based Care

In 2011, the California Legislature directed the CDSS to reduce the child welfare system’s dependence on congregate care. In 2015, after a three-year workgroup co-led by the County Welfare Directors Association of California, the CDSS published a report entitled “California’s Child Welfare Continuum of Care Reform (CCR),” as required by the legislature in SB 1013 (*Committee on Budget and Fiscal Review, Chapter 35, Statutes of 2012*). The 56-page report, developed in collaboration with stakeholders, provided recommendations for restructuring the child welfare system to care for children in foster homes. The CCR report outlined a reform of California’s child welfare system by improving assessments of children and families, emphasizing home-based family placements of foster children and changing the goals of congregate care placements. The report noted: “Children should live in their communities in home-based family care settings.” This move mirrored changes being made at the federal level.

CCR was designed to reduce the number of foster children placed in congregate care settings by improving the assessments of children and families and establishing child and family teams for each child in foster care. AB 403 (*Stone, Chapter 773, Statutes of 2015*) was the first of six CDSS-sponsored CCR bills and provided the statutory and policy framework to ensure services and supports provided to the child or youth and their family are tailored toward the ultimate goal of maintaining a stable permanent family. AB 403 advanced California’s goal to move away from the use of long-term group home care by enacting a sunset for group home licenses, increasing youth placement into family settings, strengthening training and supports through the development of child and family teams. Subsequent bills established requirements for mental health certification of STRTPs, made changes to the Resource Family Approval process, and provided additional oversight of foster homes (the Intensive Services Foster Care category for

children with high needs), and added an option to license respite caregivers, among other changes. A sunset was also placed on federal and state participation in rates paid to group homes, effectively eliminating placement into group home care.

In the years leading up to California's CCR efforts, federal law directed states to implement policies to ensure children are placed in a permanent home quickly through reunification, adoption, guardianship, or permanent placement with a fit and willing relative. Changes in federal law included prohibiting a plan of long-term foster care for children younger than 16 years old, expanding the requirement to notify relatives when a child is brought into care, and increased incentives for adoption and guardianship. The reforms also created the STRTP model, which requires an integration of federal Title IV-E and Medi-Cal funded services.

Out of State Placement

In April 2020, staff members at a Michigan facility for foster youth restrained 16-year-old Cornelius Frederick for 12 minutes until he lost consciousness. He was in cardiac arrest when the paramedics arrived. Frederick died in a hospital two days later and his death was ruled a homicide. He had been living at the facility for two years. A Michigan state investigation concluded that the facility failed to follow state licensing rules on restraints.

Following Frederick's death, several fights broke out and 26 of the 124 youth housed there ran away, according to news accounts. The facility was also experiencing widespread exposure of COVID-19 at the time. The Michigan Department of Health and Human Services subsequently ordered all youth be removed from the facility. Forty-one California youth were brought home in May 2020.

The same year, CDSS reviewed the operations of all certified out-of-state facilities and found significant licensing violations. In December 2020, CDSS decertified the out-of-state facilities failing to meet licensing standards, and returned all youth placed in those facilities back to California. Subsequently, the Legislature passed AB 153 (*Committee on Budget, Chapter 86, Statutes of 2021*), a budget trailer bill, which phased out the use of out-of-state residential facilities by child welfare and probation departments, removing foster children from out-of-state facilities by July 1, 2022.

Short-Term Residential Therapeutic Programs (STRTPs)

A key component of CCR was the goal of reducing youth placement in congregate care facilities and placing youth in family homes in the community. Under CCR, traditional group homes were permitted to transition to STRTPs, which provide short-term, 24-hour care and supervision to youth, and are intended to provide short-term mental health interventions to stabilize, support, and transition youth with high-level mental health needs to lower levels of care. As part of its program model, a STRTP must make available a core set of trauma-informed, culturally relevant services and must be prepared to provide a broad range of services that are tailored to the individual needs of a child. STRTPs are required to obtain a contract with a county mental health plan in order to provide specialty mental health services to youth and must demonstrate the ability to meet the individual therapeutic needs of each child. As of June 2025, the CDSS oversees 340 STRTPs with a total capacity of 2,470 children.

Current Licensing Requirements

STRTPs are subject to strict licensing requirements under Interim Licensing Standards. Interim Licensing Standards are rules issued by CDSS as a tool to implement a law that was recently passed and will be replaced with Title 22 regulations once written and approved. The current licensing standards are contained within a 341-page Interim Licensing Standards document.¹

The Application and Supporting Document Checklist² for STRTPs contains 22 items, including an application for a Community Care Facility, County Letter of Recommendation and Designation of Facility Responsibility. The County Letter of Recommendation plays a key role in how the county where the facility is to be located is involved in the licensing process.

An application requires at least one letter of recommendation in support of its program from a county placing agency. The following outlines this portion of the licensing process.

- An applicant shall submit an application to CDSS that includes at least one letter of recommendation in support of its program from a county placing agency.
 - To obtain a letter of recommendation, an applicant shall submit a copy of its program statement and information to all county placing agencies from which it anticipates receiving placements, including the county in which the facility is located.

The licensing standards go on to outline what documents need to be submitted with the application, including:

- A letter of recommendation in support of its program from a county placing agency.
 - The letter of recommendation shall include a statement that the county placing agency reviewed a copy of the applicant's program statement.
 - If the letter of recommendation is not from the county in which the facility is located, the letter of recommendation shall include the following:
 - A statement from the supporting county stating that they engaged the county in which the facility is located and notified them of the intent to provide the letter of support. The statement shall include an explanation of why a letter of recommendation was not given by the county in which the facility is located, a summary of any concerns raised by the county in which the facility is located, and a description of if and how any of those concerns were resolved.
 - If the letter of recommendation is not from the county in which the facility is located, the applicant shall provide the following:

¹ https://www.cdss.ca.gov/Portals/9/CCL/Childrens-Residential-Licensing/ILS/STRTP_ILS_v5.pdf

² <https://www.cdss.ca.gov/Portals/9/Additional-Resources/Forms-and-Brochures/2020/I-L/LIC281E.pdf?ver=2025-01-06-150218-173>

- A statement from the applicant that they engaged the county in which the facility is located and notified them of the intent to operate a STRTP in their county. The statement shall include both of the following:
 - A statement that the applicant provided the county in which the facility is located an opportunity for that county to review the program statement and notified that county that the facility received a letter of recommendation from another county.
 - An explanation of why a letter of recommendation was not given by the county in which the facility is located, a summary of any concerns raised by the county in which the facility is located, and a description of if and how any of those concerns were resolved. This process includes submitting a copy of their program statement and Plan of Operation to all county placing agencies from which it anticipates receiving placements, including the county in which the facility is located.

The letter or recommendation is just one of many requirements before an application can be submitted to CDSS who makes the decision to license the facility or not.

If a facility is licensed, they are then subject to inspections by the CDSS Community Care Licensing Division. During those inspections, citations may be issued for type A violations regarding immediate health, safety, or personal rights impacts, or type B violations regarding potential health, safety, or personal rights impacts. Citations are issued on a preponderance of the evidence standard. If complaints are made against the facility or its staff, those are also investigated, and citations may be issued. The reports for the inspections and the complaint investigations are posted on CDSS's website along with the number of citations issued and any corrective action taken or needed.

Once a license is obtained, the STRTP has 24 months to obtain accreditation from The Council on Accreditation, Commission on Accreditation of Rehabilitation Facilities or The Joint Commission and must update CDSS on its accreditation status at 12 months and 18 months after the date of licensure. STRTPs have 12 months from the date of licensure to obtain mental health program approval from the California Department of Health Care Services or from a delegated county Mental Health Plan. STRTPs must also abide by requirements related to staffing, training, and supervision.

Related/Prior Legislation:

SB 1943 (Grove, Chapter 628, Statutes of 2024) requires facilities operating STRTPs to provide specified information to a child subject to seclusion or behavioral restraints, their parent, foster parent, guardian, or tribal representative, and CDSS. Requires CDSS to review all reported incidents involving the use of seclusion or behavioral restraints and investigate any incidents that indicate a potential health and safety concern or licensing violation. Requires CDSS to display data that is specific to STRTPs on its website regarding the use of seclusion or behavioral restraints.

AB 2317 (Ramos, Chapter 589, Statutes of 2022) requires the Department of Health Care Services to license and establish regulations for psychiatric residential treatment facilities. Further requires the Department of Health Care Services' regulations and certifications to be consistent with federal Medicaid regulations governing psychiatric residential treatment facilities in order to maximize federal financial participation. Adds inpatient psychiatric services to individuals under 21 years of age provided in a licensed children's crisis psychiatric residential treatment facility as mental health services provided under the Medi-Cal Program.

AB 808 (Stone, 2021) would have proposed numerous changes to address the continuum of care needs of high acuity foster youth, including the creation of a of a Specialized Foster Home to provide 24-hour care for foster children in the residence of the foster parent with enhanced care and supervision provided by foster parent that have completed specialized training; would have placed additional responsibilities on the Integrated Resolution Team to include making specified recommendations to the Legislature; and would have created a five-year children's crisis continuum pilot program; among other provisions. The policy of AB 808 was included in a budget trailer bill.

COMMENTS

STRTPs are part of the CCR that began in California in 2011. These facilities are meant to be short-term placements that provide intensive services for youth with the most complex needs. They are licensed by the state and subject to state regulations and inspections. This bill would require only specified STRTPs be subject to annual license renewal. Currently, there is no license renewal process. This bill provides that such annual license renewal would be required in two circumstances. The first circumstance requiring annual license renewal would be if a STRTP had a total of five type A or type B citations in a 12-month period. Type A citations involve an immediate health, safety, or personal rights impact. Type B citations involve a potential health, safety, or personal rights impact. The type of activity that can result in a citation varies widely, not only between citation types, but within a citation category. In reviewing Facility Evaluation Reports on the CCLD website, type A citations were issued for things such as confiscating a client's phone and not returning it, allowing a minor to drive a car while impaired, and staff punching a youth during an argument. Type B citations were issued for things such as not having a current CPR/First aid certification, prescriptions not being refilled timely, and not having proof of TB tests for staff on file. Type A are the more serious citations, and it may be more appropriate to limit license renewal to repeated violations in that category.

The second category this bill would require annual license renewal for would be if the STRTP is located in a county with less than 75,000 people and no high school or acute care hospital. This category appears to be directly targeted at the two STRTPs in Alpine County, as that is currently the only county that meets those requirements, effectively changing state licensing for two specific facilities. It is unclear that any issues in facilities in Alpine County were a direct result of not having a high school or acute care hospital within the county. Furthermore, if a county is geographically large, it is possible there could be an acute care hospital or high school within the county, but that hospital is farther away than a hospital across county lines. There appears to be no direct nexus between having a high school or acute care hospital within the county and the success of an STRTP. If there is evidence that the closer in proximity an acute care hospital or high school is the more successful the youth at STRTPs are, then the more prudent approach

would be to require those facilities to be within a certain distance or travel time from the STRTP for all STRTPs in the state.

Proposed Amendments: The committee proposes the following amendments to narrow the bill to address only those STRTPs that have received five or more Type A citations in a 12-month period.

1520.15. (a) Notwithstanding any other law, commencing January 1, 2027, all licenses issued for the operation of a short-term residential therapeutic program shall be subject to renewal annually by the department if ~~either of the following are met:~~

~~(1) The licensee has been issued a total of 5 or more type “A” or type “B” citations within the past 12 months.~~

~~(2) The county in which the short-term residential therapeutic program operates has a population of less than 75,000 residents and there is no high school or general acute care hospital operating in the county.~~

(b) A licensee subject to annual review pursuant to ~~paragraph (1) of~~ subdivision (a) shall not be subject to ongoing annual renewal pursuant to ~~paragraph (1) of~~ subdivision (a) if the licensee has less than 5 violations in the 12 months following an annual license review.

SUPPORT/OPPOSITION

Arguments in Support:

Alpine County Probation Department writes, “As the least populous county in California, Alpine County faces unique challenges that are not adequately addressed under the current STRTP framework. While we fully support the intent behind STRTPs and the need to provide trauma-informed care for youth, our experience has demonstrated that rural counties with extremely limited infrastructure are not always suitable environments for these high-acuity placements. Alpine County has limited access to emergency medical services, no general acute care hospital, no high school, and constrained behavioral health resources. At the same time, local law enforcement operates with minimal staffing across a vast geographic area. Alpine County’s remote and rugged environment, including extreme winter conditions and wild animal encounters, creates heightened safety risks when youth leave placement settings and limits timely emergency response. The placement of STRTP facilities in such a setting can result in a disproportionate demand on public safety and emergency response systems. In the last five years, a single digit number of placements has resulted in 12% of law enforcement calls for service. This has placed significant strain on already limited resources and created safety concerns for both youth and the broader community.”

Arguments in Opposition:

The California Alliance of Child and Family Services writes, “SB 1109’s provisions are problematic for several reasons. First, STRTPs already operate within a rigorous state oversight framework. Community Care Licensing (CCL), the licensing division under the California Department of Social Services (CDSS), does not currently place permanently licensed facilities into a routine annual renewal cycle. Instead, CCL uses a risk-based compliance and enforcement structure through their Facility Evaluation and Visit Manual and STRTP CARE Tools that

includes required annual visits for specified higher-risk facilities, random-sample comprehensive visits for others, complaint investigations, case management visits, and plan-of-correction follow-up... Separately, STRTPs' Mental Health Program Approval (MHPA) is itself a condition of permanent licensure and is subject to an annual onsite review by the Department of Health Care Services (DHCS) or its delegate... If the onsite review shows the STRTP is not meeting those requirements, DHCS or its delegate may issue a notice of noncompliance or non-renewal. Against that backdrop, SB 1109 does not fill an accountability gap; it adds another layer of review on top of an already rigorous state regulatory and oversight structure...

“[W]e are also concerned that the bill’s separate trigger language for programs located in counties with fewer than 75,000 residents and no high school or general acute care hospital is arbitrary and disconnected from actual program quality or safety. That provision would single out rural communities that already struggle with limited placement options and could discourage providers from operating where they are often most needed.

“Finally, this bill comes at a time when STRTPs are already facing workforce shortages, rising costs, and serious instability under the upcoming Foster Care Tiered Rate Structure. Adding a new annual renewal regime on top of that reality risks further thinning the provider network and reducing in-state options for foster youth with the most complex needs.”

POSITIONS

Support:

Alpine County
Alpine County Probation Department
Rural County Representatives of California (RCRC)
16 Individuals

Oppose:

California Alliance of Child and Family Services

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