
THIRD READING

Bill No: SB 1109
Author: Alvarado-Gil (R), et al.
Amended: 4/28/26
Vote: 21

SENATE HUMAN SERVICES COMMITTEE: 4-0, 4/20/26
AYES: Becker, Niello, Laird, Weber Pierson
NO VOTE RECORDED: Pérez

SENATE APPROPRIATIONS COMMITTEE: 7-0, 5/14/26
AYES: Cervantes, Seyarto, Cabaldon, Dahle, Grayson, Richardson, Wahab

SUBJECT: Short-term residential therapeutic programs

SOURCE: Author

DIGEST: 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 the licensee has been issued a total of five or more type “A” citations within the past 12 months.

ANALYSIS:

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. (Health and Safety Code (HSC) 1502(a)(18)) 2)
- 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.)

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 the licensee has been issued a total of 5 or more type “A” citations within the past 12 months.
- 2) Provides that a licensee subject to annual renewal as a result of having been issued a total of five or more type “A” 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.

Background

Author Statement. According to the author, “SB 1109 addresses a gap in current oversight that allows Short-Term Residential Therapeutic Programs (STRTPs) to operate despite numerous serious health and safety concerns to youth clients. In Alpine County - the smallest county in California, with approximately 1,150 residents - two STRTP facilities were placed without a valid letter of support from a placing agency. Due to the absence of basic infrastructure such as a general acute care hospital, a high school, and sufficient emergency and law enforcement resources in rural areas, SB 1109 calls for the state to intervene when facilities raise red flags. SB 1109 requires the state to annually review the licensure of STRTP facilities who have 5 or more ‘type A’ citations within a year. According to the California Department of Social Services, Community Care Licensing Division, ‘type A’ citations refer to ‘the most serious type of violations in which there is an immediate risk to the health, safety, or personal rights of those in care’. The example of Alpine County exemplifies the gap that SB 1109 fills statewide. Where STRTPs are placed is just as important as the critical services they provide. SB 1109 will ensure the state is aware of and prompted to take action in dire situations where at-risk youth are not being served to the best standard possible.”

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.

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.

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 1043 (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) of 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.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

According to the Senate Appropriations Committee, "Unknown ongoing General Fund costs, potentially hundreds of thousands, for the California Department of Social Services (CDSS) for state administration for licensing renewals."

SUPPORT: (5/14/26)

16 Individuals
Alpine County
Alpine County Probation Department
Inyo County Board of Supervisors
Rural County Representatives of California

OPPOSITION: (5/14/26)

None on file

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