



## CALIFORNIA ALLIANCE PUBLIC POLICY PLATFORM 2023

### OUR VISION: ALL CHILDREN, YOUTH AND FAMILIES IN CALIFORNIA WILL THRIVE IN LOVING, HEALTHY, SAFE COMMUNITIES

The California Alliance of Child and Family Services is the unifying force in the charge to lead change and provide support for the state's children, youth, and families. For those dedicated to improving the lives of these historically underserved populations, the California Alliance stands as a champion and leading voice for organizations that advocate for children, youth, and families, and for advancing policy and services on their behalf.

More than 160 organizations that serve California's most vulnerable populations participate as members of the California Alliance to provide legislative and regulatory advocacy to the Governor and the Legislature, as well as the California Health and Human Services Agency, Department of Finance, Department of Health Care Services, Department of Social Services, Department of Developmental Services, Department of Education, Department of Public Health, and Community Care Licensing.

The following represents the California Alliance's 2023 comprehensive Policy Platform to create system change for communities across our state.

### 1) ENSURE WORKFORCE EXISTS TO EFFECTIVELY SERVE ALL CHILDREN, YOUTH, AND FAMILIES

#### Goal A: Develop strategies to increase and improve workforce capacity

- Advocate for and support efforts to maintain and expand the workforce, and focus on a racially, ethnically, and linguistically diverse workforce:
  - Develop/support budget proposals that provide one-time support to nonprofits
  - Champion the inclusion of parent advocates, youth advocates, peer support specialists, community health workers and other non-traditional roles to be widely incorporated in the workforce
  - Advocate with commercial insurance companies and regulatory entities to accept registered/waiver interns for clinical service provision
  - Develop budget requests that support scholarships and loan forgiveness for those committing to work in community-based organizations
  - Advocate to allow associate clinicians to pursue credentialing with managed care
  - Advocate for the inclusion of a broad range of behavioral health and social service professionals in Department of Healthcare Access and Information (HCAI) workforce initiatives including scholarship and loan repayment programs
  - Advocate with HCAI to make scholarship and loan repayment programs available to employees working in community-based organizations (CBOs)

- Participate in the stakeholder review process for the Behavioral Health Coach role under the Children and Youth Behavioral Health Initiative (CYBHI) to ensure the role will increase the capacity of behavioral health professionals across settings
- Provide feedback and recommendations to the Board of Behavioral Sciences to address licensing and other regulatory barriers
- Address regulations that create limitations for STRTP direct care service staff and social work staff in Foster Family Agencies
- Advocate on behalf of Nonpublic Schools working to maintain a special education workforce

## **2) FULL AND EQUITABLE ACCESS TO BEHAVIORAL HEALTHCARE FOR CHILDREN, YOUTH AND FAMILIES (MENTAL HEALTH AND SUBSTANCE USE SERVICES) IN PUBLIC BEHAVIORAL HEALTH SYSTEMS AND THROUGH PRIVATE INSURERS AND MANAGED CARE ORGANIZATIONS**

Behavioral health affects virtually every major budget and policy issue addressed by government and it must be prioritized. Our behavioral health agenda reflects our commitment to advocate for increased access to behavioral health services and supports; quality of services; and reductions in negative outcomes associated with lack of services. We envision a system where children, youth and families are treated with dignity and early intervention and prevention of mental health and substance use conditions are prioritized, ensuring that race, culture, and gender equity is at the center of our policy work. California’s recently passed [Children and Youth Behavioral Health Initiative \(CYBHI\)](#) which provides a \$4.4 Billion once in a generation investment to the Behavioral Healthcare system that can assist in meeting the vision for all children and youth to access care regardless of the system they find themselves in.

### **Goal A: Drive strategies related to California Advancing and Innovating Medi-Cal (CalAIM) that impact children, youth, and families**

- Influence and address problematic contractual issues, ensure that our finance structure for service delivery is adequate, and develop opportunities for community-based providers (this may include legislation)
- Ensure timely access to care and improve health outcomes
- Influence/Craft Foster Care Model of Care System/Vision
- Ensure that the vision outlined in CalAIM that diagnosis is no longer a qualifying factor for Specialty Mental Health Services and Substance Use Disorder (SUD) is carried out
- Ensure CalAIM successfully reduces the administrative burdens on providers by tracking documentation issues and advocating with the state for clarity and uniformity across counties (this may also include legislation)

**Goal B: Ensure adequate Medi-Cal organizational provider rates throughout the state**

- Develop tools and resources for local advocacy (rates advocacy, talking points, highlighting success across the State, etc.)
- Advocate for improved, sustainable rates through CalAIM payment reform that allow providers to recruit and retain high-quality staff
- Advocate for transparency in the payment reform process under CalAIM, including the public release of county Mental Health Plan rates

**Goal C: Influence key areas of the Children and Youth Behavioral Health Initiative (CYBHI) impacting CA Alliance member organizations**

- Participate in workgroups for the CYBHI and represent member perspectives
- Ensure that community-based organizations are an integral part of the CYBHI
- Foster partnerships with the Administration and all of the relevant Departments involved to ensure goals of the CYBHI are met
- Engage with the CYBHI Equity Working Group to ensure equity is central to all elements of the initiative

**Goal D: Demonstrate need for Mental Health Services Act (MHSA) funds focused on children, youth and families**

- Influence policy changes on MHSA to ensure focus on children, youth, and families and the original intent of the Act (comment on MHSOAC's Prevention and Early Intervention Strategic Plan for example)
- Ensure stakeholder (including youth, young adults, and families) input at all levels of decision making
- Highlight member best practices funded by MHSA across the state

**Goal E: Integrate health and behavioral health services for children, youth, and families**

- Encourage and highlight partnerships with healthcare providers and Alliance members
- Encourage and highlight partnerships with private and fee for service healthcare providers and Alliance members
- Increase access to publicly and privately funded substance use services for youth
  - Advocate for appropriate use of Prop 64 funds as outlined in statute
  - Educate Alliance members on Prop 64 funding opportunities

**Goal F: Ensure that all children and youth eligible for specialty mental health services through Early Periodic Screening Diagnostic and Treatment (EPSDT) have access to services that are medically necessary**

- Ensure services are provided in the most appropriate location for each youth, including schools, home, and other community locations

- Ensure that substance use services are available through EPSDT statewide and are adequately funded

**Goal G: Ensure youth in Medi-Cal can access the full continuum of services**

- Fund crisis residential programs through Medi-Cal (ensure adequate rates for the Psychiatric Residential Treatment Facilities)
- Advocate to ensure that Day Treatment programs align with Intensive Outpatient Programs (IOP) and Partial Hospitalization Programs (PHP) for youth and are implemented by MHPs
- Address the barriers youth face in accessing mental health services under the Medi-Cal minor consent program through both administrative and legislative efforts

**Goal H: Ensure parity between EPSDT and managed care benefits**

- Advocate for DHCS to report on details of service provision of behavioral health services for youth in Medi-Cal managed care
- Advocate for commercial/private insurance companies doing business in California and schools providing AB 114 mental health services to report mental health data elements included in the DHCS Performance Outcomes System
- Advocate for commercial/private insurance companies doing business in California to match the EPSDT Specialty Mental Health Services continuum of care for individuals under the age of 26
- Advocate with insurers to expand workforce pool to include registered interns
- Ensure vision outlined in SB 855 (Weiner) is met, in particular about the definition of health care providers including associates
- Work with Department of Managed Healthcare (DMHC), California Department of Insurance, and the Attorney General's Office to build relationships

**Goal I: Influence policy and best practices in school-based mental health services**

- Advocate for school-based mental health services that are available to all students through partnerships with community-based organizations (CBOs)
- Participate in coalitions engaged in technical assistance or policy work in the development of school-based mental health
- Advocate to ensure that the central role that CBOs play in school-based behavioral health is broadly understood and considered in funding opportunities.
- Influence school discipline policies so they are less punitive (i.e., zero tolerance) and more responsive to addressing youth SUD needs (i.e., a public health approach)

### 3) IMPLEMENTATION OF FAMILY FIRST PREVENTION SERVICES ACT (FFPSA)

The Family First Prevention Services Act (FFPSA) is a federal bill passed in 2018 and began implementation in October 2021. The bill is the first significant overhaul of child welfare financing and

programs in decades and will implement wide reaching changes in our state systems from prevention all the way through residential care.

**Goal A: Participate in the implementation of FFPSA and ensure that members are well-represented**

- Part I - Prevention – Evidence Based Prevention Services
  - Advocate for financing structure that ensures providers are fully reimbursed through a process that integrates MediCal and Title IVE funds through County agency collaboration
  - Advocate for funding allocations for prevention services to go to community-based programs including Family enters (FRCs)
  - Monitor and provide input as the Office of Child Abuse Prevention revises California’s Five-Year State Prevention Plan, as well as subsequent interactions with County Child Welfare Agencies regarding their Comprehensive Prevention Plans
- Part II – Substance Use Residential Programs
  - Support the implementation of these programs including ability to claim reimbursement for the cost of payments of eligible children alongside their parent in licensed SUD treatment
  - Support evaluation of rates and ability to expand co-occurring MH and SUD programs
- Part III – Qualified Residential Treatment Programs
  - See Goal B below for detailed advocacy on QRTP/IMD issue
  - Actively participate in Wraparound for aftercare implementation and communicate with membership on upcoming changes
- Part IV – Data
  - Support State efforts to meet federal data requirements

**Goal B: Resolve Qualified Residential Treatment Program (QRTP)/Institution of Mental Disease (IMD) Issue**

- Partner with national and state partners to advocate for STRTP/QRTPs not to be identified as IMDs
- Engage in the development of the 1115 SMI/SED Waiver

**Goal C: Advocate for improvements in Transitional Housing Programs (THP)**

- Advocate for expanding funding to support Transition Aged Youth (TAY)
- Support implementation of the expansion of THP Plus, which expanded eligibility for youth from 24 to 25 and up to 36 months in THP Plus.
- Ensure that THP resources adequately address the needs of current and former foster youth and other TAY

- Advocate for resources including Homekey and Behavioral Health Bridge Housing Program to be directed to support the needs of current and former foster youth at risk of experiencing homelessness and unaccompanied youth experiencing homelessness.

**Goal D: Ensure that Wraparound is available to any youth and family that can benefit from the service**

- Advocate for the expansion of and implementation of high fidelity Wraparound services
- Advocate for more Wraparound providers across the state, and specifically STRTP providers interested in expanding their service array

#### 4) CONTINUUM OF CARE REFORM (CCR) IMPLEMENTATION

- CCR’s vision is that every child and youth entering the foster care system achieve stability and permanency with meaningful, enduring connections to support them across their lifespan. California must do more to ensure that every foster child and resource family has the support they need to stay well and thrive during the COVID Pandemic and into the future.

**Goal A: Children and youth are placed in least restrictive and family-based settings whenever possible**

- Ensure that a fully integrated, adequately funded, and least restrictive continuum of care exists for children and youth in public systems (child welfare, juvenile justice, behavioral health, education)
- Advocate for the implementation of CA Alliance Recommendations in [“Keeping Youth Close to Home.”](#), and continue to develop recommendations to improve systemic barriers, increase resources and reduce regulatory burdens that impact the provision of services and supports for youth and their families.
- Work collaboratively with county and state leaders and advocates to ensure that effective decision-making structures exist and are functioning (e.g., child and family teams, interagency placement committees)
  - Ensure interagency partnership and collaboration in implementation efforts
  - Remove systemic regulatory barriers and redundancy (e.g. Community Care Licensing regulations, inspections and audits, DHCS regulations and practices, national accreditation standards, county contract requirements)
  - Identify gaps in services and work with county associations and state departments to determine how to meet needs of youth at all levels of care
  - Ensure use of Integrated Core Practice Model across all systems

**Goal B: Achieve stability, permanency, and enduring connections for every child as early as possible**

Achieving stability and permanency requires a targeted investment in time and effort and must be supported with funding. Beginning with family finding, what can be an extensive and extended process of engaging the child/youth and their family or prospective permanent caregiver is a complex

and sensitive process that will, if successful, result in permanency and enduring connections for life. Family may be located a distance from the child/youth's location requiring transportation for the child/youth or their family, additional staffing, and other expenses necessarily incurred to make visits possible. Mental health services, not all of which are billable to Medi-Cal, may need to be enhanced as emotional and behavioral needs shift.

Providers supporting children/youth need funding to recruit, employ and retain staff dedicated to family finding and engagement.

- Ensure every child in foster care has a permanency plan
- Support funding for and integration of family finding and engagement in all counties
- Ensure Child and Family Team implementation is occurring and using best practices

**Goal C: All foster and probation youth receive access to educational resources that meet their unique needs and strengths**

- Develop strategies for engaging educational systems to ensure that youth in Short Term Residential Therapeutic Programs (STRTPs) and foster/resource family placements receive timely educational services and appropriate placements
- Identify educational service gaps and advocacy needs for youth in care and determine technical assistance and training needs

**Goal D: Continuum includes effective and adequately funded models of Short Term Residential Therapeutic Programs**

Four years into CCR implementation, data demonstrates that the existing program model and the assumptions under which funding was calculated must be revised to achieve successful outcomes for our children and youth. STRTPs uniformly report the exceedingly high level of behavioral health needs for children and youth welcomed into their programs.

As therapeutic interventions committed to services that promote trauma-informed healing, STRTPs need to have increased staffing ratios and services, not all of which are billable to their mental health contracts; instead, those STRTPs that are richly- enough resourced are absorbing these increased costs and those smaller STRTPs that comprise some 30% of statewide capacity are threatened with being forced to close. All are experiencing significantly high rates in staff turnover due not only to the highly challenging behaviors, but also due to the amount of documentation required by two sets of Interim Licensing Standards and separate county mental health contracts. The result has become an alarming trend toward reducing actual capacity, shifting to serve commercial insurance clients, and reconfiguring to work with youth outside of the foster care system.

- Develop a policy and practice framework that recognizes, supports, and funds program models across the continuum of care for multisystem-involved youth with high acuity needs in partnership with the state agencies and the county associations
- Advocate to revise DHCS and DSS STRTP Interim Licensing Standards to reduce documentation burden, reduce staff turnover and expand qualifications for direct care staff
- Advocate to adequately fund enhanced staffing ratios, family finding and engagement, and aftercare services

- Work with state and county partners to design specialized and individualized programs for youth with complex unmet needs under AB2944 and SB153
- Advocate for specialized rates that meet the needs of youth with substance use needs, CSEC, and IDD

**Goal E: Adequately fund Community Treatment Facilities**

- Advocate for adequate rates for Community Treatment Facilities.

**Goal F: Continuum includes effective and adequately funded family-based models**

For CCR’s aspiration to ensure foster children flourish in family home care whenever possible, the foundations of recruiting, training and supporting resource families must be adequately funded. The current State rate system undermines the efforts to recruit, train and approve resource parents to serve older foster youth, Commercial Sexual Exploitation of Children (CSEC), LGBTQ, special health care needs and other youth who need unique supports and services.

Visits between foster children and youth, their birth parents and other family members are critical to achieving successful outcomes. According to a Los Angeles County study, “visitation is the single best indicator of reunification and is five times more likely to happen with regular visits.” Although it is proven how ongoing connection between biological parents, siblings and relatives are crucial to the well-being and permanency for foster children, current State funding for both private and public agencies is universally underfunded and the system is fracturing. The funding challenges related to court ordered family visits between children and youth in foster care, their birth parents and other family members require a statewide solution.

- Create foster care rate structures that adequately fund all levels of care and incentivize permanency and enduring connections
  - Work with advocates and CDSS to update the Levels of Care (LOC) protocol with adequate indicators and rates while working towards replacing the LOC with a CANS standardized assessment and CANS-based algorithm
  - Collapse the rate levels from the current system of 5 rates to 3 rates
  - Stabilize Foster Family Agencies (FFAs) by applying an annual California Necessities Index (CNI) based on the cost of living increase adjustment (COLA)
  - Provide appropriate funding for social workers to stem the high turnover rates which will increase permanency and increase healthy outcomes for foster children
  - Advocate for “services only” approach that allows FFAs to serve county homes that need specialized supports
- Evaluate and advocate for funding for the Resource Family approval process
- Create specialized rates for older foster youth and other unique populations [commercially sexually exploited children (CSEC), LGBTQ, special healthcare needs] in family-based placement and permanency
- Advocate for funding for family finding and engagement for CBOs through the new Center for Family Finding Excellence



- Ensure that members can create innovative home-based models of care recently authorized by new statute (AB2944) and complex care funding (SB153)
- Identify and remove obstacles in the Intensive Services Foster Care (ISFC) program and increase access to ISFC for all children, youth and families inclusive of nonrelative extended family members (NREFMs), relatives and county approved resource families
- Advocate for the specialized care increment to be universally available for all resource families
- Advocate for fiscal and programmatic supports for court-ordered family supervised visitation
- Identify gaps and increase access and funding for post adoption, post guardianship, post reunification and post permanency services and supports (i.e., AAP De-Linking programs)
- Ensure effective use of high-fidelity Wraparound throughout the state
- Develop strategy for serving former Adoption Assistance Program youth who are ineligible to re-enter foster care

**Goal G: All youth in foster care and probation receive appropriate and timely access to behavioral health services**

- Advocate for an effective statewide data system and reporting that accurately captures penetration rates and access to all needed services
- Advocate for effective implementation of AB 1051 (Bennett), which makes changes to presumptive transfer, and that providers receive payment for Speciality Mental Health Services delivered to out-of-county foster youth timely.
  - Collaborate with county partners and Department of Health Care Services to ensure there is clear implementation guidance for counties and providers to implement AB 1051.
- Collaborate/advocate with county partners, County Welfare Directors Association, (CWDA); County Behavioral Health Directors Association (CBHDA); and the California Probation Officers of California (CPOC), to ensure access to effective behavioral health services for foster and probation youth given the new definitions for access provided through CalAIM
  - Increase penetration rates of all counties to meet or exceed nationally standards based on research (80% or better)
  - Develop solutions with partner associations (CBHDA, CWDA, CPOC) to resolve interagency communication and collaboration

**5) CHILDREN AND YOUTH HAVE ACCESS TO EDUCATIONAL RESOURCES NEEDED TO BE COLLEGE/CAREER READY**

Foster youth, low income and English learners fall significantly behind their peers in all areas of academic achievement. We must work diligently to address the unique needs of these students, including trauma and externalizing behavior, frequent school moves, disenfranchisement, and

inadequate educational assessments to determine the appropriate services to keep students on track for educational achievement

**Goal A: Students in special education are placed in the least restrictive environment necessary to access educationally related mental health services**

- Advocate for partnerships to deliver high quality mental health services on school campuses that respond to the individual needs of each student
- Advocate for best practices in developing trauma responsive schools and classrooms
- Ensure school based mental health services are provided by appropriately trained professionals working within their scope of practice
- Educate stakeholders on the benefits of contracting with a CBO to deliver school based mental health services
- Ensure that education programs are trained and supported to serve high needs youth with the least number of physical holds necessary to maintain safety of all students and professionals
- Advocate for special education students to be served in California based programs rather than be placed out of state
- Ensure that youth have access to higher levels of care when necessary and appropriate

**Goal B: Foster and probation youth are completing high school, college or career ready**

- Advocate for college prep and career tech programs for foster and probation youth
- Advocate for equitable educational opportunities and resources
- Ensure youth placed in STRTPs have all necessary educational assessments on a timely basis and educational options that serve their unique needs
- Advocate to ensure that foster youth have comprehensive educational advocacy spanning their entire time in care
- Advocate for resources and services that support the unique needs of students in foster care to increase educational outcomes
- Ensure that foster youth have complete and appropriate schools records to facilitate timely transfer into new schools when necessary
- Ensure that foster youth have access to summer school and credit recovery programs to facilitate their ability to meet their educational goals

**Goal C: Early education is available to all children**

- Work closely with partner organizations to support efforts to adequately fund early education
- Ensure Therapeutic Preschool is available for all children that need this service

**Goal D: Special education service continuum meets students' individual needs and is well-funded**

- Actively participate and influence policy regarding special education finance reform
- Advocate for accountability in the Out of Home Care Formula

- Advocate for transparency and accountability of how AB114 funds are utilized
- Advocate that Alliance member Nonpublic Schools are included in the NPS study to ensure they are represented accurately

**Goal E: The Local Control Funding Formula and Accountability system and special education funding formulas drive schools to improve outcomes for foster youth and low-income youth**

- Advocate for increased services and accountability for foster, low-income youth and English learners in Local Control Accountability Plans

## 6) FAMILY SUPPORTS AND SERVICES ARE READILY AVAILABLE IN COMMUNITIES

The California Alliance is committed to improving the lives of children and youth through supports and services provided in their local communities and schools to reduce the need for system involvement. To achieve this, we must ensure that all children grow up in healthy families and communities, where interventions and supports are provided to families early before it reaches crisis level.

**Goal A: Advocate for Expansion of Community-Based Supports for Families**

- Co-sponsor budget request to fund Family Resource Centers
- Advocate for financing structure that ensures providers are fully reimbursed through a process that integrates Medi-Cal and Title IVE funds through County agency collaboration
- Promote place-based strategies that boost social connections and concentrate focus on those communities most in need

**Goal B: Ensure access to services for immigrant families**

- Partner with immigrants' rights organizations and other advocates to support their efforts on behalf of immigrant families and unaccompanied minors

**Goal C: Promote Wraparound as a high quality prevention and early intervention program**

- Ensure funding mechanisms exist to support and expand high fidelity wraparound
- Advocate for increased wraparound programs to be delivered in collaboration with Local Educational Agencies
- Engage in implementation efforts for high fidelity wraparound

**Goal D: Support efforts to ensure racial equity, justice and inclusion in service access and provision**

- Identify policy areas in which system change is needed to address institutional racism and work with partner organizations and stakeholder to develop strategies to take action

**Goal E: Support Policy Initiatives Aimed at Promoting Child Wellbeing to Prevent Child Abuse**

- Encourage, monitor and support legislation with potential to boost protective factors among California's children and families

- Advance equity in child welfare by addressing the disproportionate rates at which families of color are reported to and involved in the system

## 7) YOUTH AND FAMILIES HAVE SAFE AND STABLE HOUSING

Recently released data in the John Burton Advocacy for Youth Annual Report 2019-2020 evidences the critical need to increase housing capacity for transition age foster youth as well as former foster youth, all of whom are at risk of homelessness. Housing is one component of the transitional housing program; youth are embraced in services and supports designed to prepare them for transition into successful lives in their communities.

With implementation of FFPSA, some programs supporting minor-age foster youth are no longer eligible to receive Title IV-E funds. Statewide capacity for foster youth ages 18-21, our “non minor dependents,” as well as for former foster youth is significantly lacking and underfunded. Youth are couch surfing, living in their cars and otherwise languishing when we should be caring for them and supporting their transition into successful adulthood.

### **Goal A: Ensure that all efforts to decrease homelessness are focused on youth and families**

- Identify partners in the housing and homeless advocacy community that advocate for youth and families and work to develop shared advocacy strategies

### **Goal B: Transitional Age Youth (TAY) can access the most appropriate Transitional Housing**

- Actively engage in efforts to ensure that CDSS engages stakeholders in developing and identifying funding strategies to sustain THP-M programs
- Engage with community stakeholders, advocates and youth in efforts to expand and fund capacity to ensure youth will not experience homelessness
- Monitor implementation of regulations for Transitional Housing Programs and advocate as needed
- Increase the quantity and quality of behavioral health services and supports that are integrated with transitional housing programs
- Champion for greater resources to be dedicated to homeless TAY and for more research on best practices to help homeless TAY

### **Goal C: Support TAY with higher-needs that need a step-down from an STRTP**

- Evaluate adequacy of existing THP programs for youth not that are at risk of experiencing homelessness or justice involvement due to inability to provide appropriate intensity of services in THP programs and historically would have been served in an STRTP.
- Evaluate regulatory and fiscal barriers to providing a step-down from STRTP for 17-19 year old TAY.
- Advocate for enhanced clinical support for TAY with higher-needs/

## 8) YOUTH INVOLVED IN THE JUVENILE JUSTICE SYSTEM ARE APPROPRIATELY SERVED

SB 823, enacted into law in July 2020, has realigned responsibility and funding from the Department of Juvenile Justice to California's counties. State agencies and the county associations have begun considering policy development and planning for implementation of this reform to the juvenile justice system.

### **Goal A: Develop policies and implementation planning for juvenile justice system reform**

- Participate in stakeholder forums at state, county and community-based levels and advocate for adequate funding and effective programs and services
- Increase access to family and community-based services for youth in juvenile justice

## 9) IMMIGRANT FAMILIES SEPARATED UNDER FEDERAL LAW HAVE ACCESS TO SERVICES AND SUPPORTS

The implementation of federal law authorizing separation of immigrant families from their children has left hundreds of children lingering in detention centers and temporary housing unable to be reunited with their families.

### **Goal A: Create a statewide system providing resource and referral programs to assist families in accessing resources**

- Support state, regional and local development of programs
- Support providers in effectively implementing Office of Refugee Resettlement Grants to support unaccompanied migrant youth.

## 10) ADDRESS LIABILITY ISSUES THAT HAMPER PROVIDER'S ABILITY TO SERVE FOSTER YOUTH

**Goal A:** Identify legislative and policy solutions that reduce liability costs for providers.