



CALIFORNIA ALLIANCE 2024 PUBLIC POLICY PLATFORM

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

The California Alliance of Child and Family Services (California Alliance) is the unifying force leading change and providing support for the state’s marginalized and vulnerable children, youth, and families, which are disproportionately individuals and families of color, LGBTQ+, and those with disabilities. 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 policies and services on their behalf that dismantle systemic inequities and provide a path forward to healthy and positive outcomes.

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, the California Health and Human Services Agency, and other Departments within the Administration.

The following represents the California Alliance’s 2024 Policy Platform to create system changes for communities across the state.

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

Goal: Develop strategies to increase and improve workforce capacity.

- Advocate for and support efforts to maintain and expand the workforce in child serving systems, and focus on a racially, ethnically, and linguistically diverse workforce:
 - Develop and support budget proposals that provide support to nonprofit community-based organizations (CBO).
 - Champion the inclusion of parent advocates, youth advocates, peer support specialists, community health workers and other non-traditional paraprofessional roles to be widely incorporated in the workforce, and to be paid appropriately for the value of their lived experience.
 - Advocate with commercial insurance companies and regulatory entities to accept registered/waiver interns for clinical service provision.
 - Develop budget requests that support scholarships, loan forgiveness and other innovative strategies for those committing to work in community-based organizations.
 - Advocate to allow associate clinicians to pursue credentialing with managed care plans (MCP) and reciprocity between managed care plans and mental health plans (MHP).
 - 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 CBOs.

- Participate in the stakeholder review process for the Behavioral Health Wellness 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 that disproportionately impact individuals of color, utilizing the CA Alliance’s 2023 Barriers to Licensure report as our framework.
- Address interim licensing standards education and experience for Short Term Residential Treatment Programs (STRTP) direct care service staff that limit who is eligible for hire.
- Advocate for non-public school and special education workforce needs.
- Advocate for former justice involved youth/ credible messengers to work in residential care settings that serve juvenile populations by reducing background check barriers, opportunities for apprenticeship, and certification in trauma-informed practice to ensure that youth with lived experience are eligible for more employment opportunities.
- Advocate for sufficient pass-through rates for Medi-Cal MCPS to ensure providers are able to continue to offer high quality services to youth and families.
- Ensure adequate and equitable compensation for all roles and responsibilities across the provider workforce in both specialty mental health (SMH) and Medi-Cal enhanced care management (ECM).

2) SUPPORT THE EFFORTS OF THE MANDATED REPORTER TO COMMUNITY SUPPORTER TASK FORCE (MRCS)

Goal: Realize system change that reduces family policing by overreporting and shifts the system to support communities and families.

- Monitor and provide input as the MRCS Task Force develops recommendations to review and reform the mandated reporting system and encourage use of community resources and services that mitigate risk and avoid child welfare system involvement for families.
- Monitor and provide input to the MRCS Task Force regarding legal and legislative reforms necessary to enhance the movement from mandated reporting to community supporting, including setting limits on liability for mandated reporters and narrowing the legal definition of neglect.
- Monitor and provide input to the MRCS Task Force and Office of Child Abuse Prevention of the redesign of the statewide mandated reporter training to ensure referrals focus on child safety, as well as use of the community pathway to divert families from the child welfare system.

3) SUSTAIN 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

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, language, and gender equity is at the center of our policy work. California’s [Children and Youth Behavioral Health Initiative \(CYBHI\)](#) which provides a \$4.7 Billion once in a generation investment to the Behavioral Healthcare system 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.

- Ensure timely access to care and improve health outcomes.
- Ensure that the vision outlined in CalAIM and implemented through Behavioral Health Information Notice 21-073 that diagnosis is no longer a requirement for access to Specialty Mental Health Services and Drug Medi-Cal substance use disorder services (SUD) for children and youth is carried out statewide.
- Ensure CalAIM successfully reduces the administrative burdens on providers by tracking documentation issues and advocating with the state for clarity and uniformity across counties, through continued advocacy on AB 1470 (Quirk-Silva).

Goal B: Ensure CalAIM payment reform supports community-based service delivery.

- Develop tools and resources for local advocacy (policy briefs, talking points, media op-eds and stories, social media tool kits, and highlighting successes across the state, etc.).
- Advocate for improved, sustainable rates through CalAIM payment reform that allow providers to recruit and retain high-quality staff and ensure services are provided in the most appropriate location for each youth, including schools, homes, and other community locations.
 - Advocate for reasonable assumptions within CalAIM rates around productivity, travel time, utilization, outcomes, wages, administrative costs, etc.
- Advocate for transparency in the payment reform process under CalAIM, including the public release of county Mental Health Plan rates.
- Influence and address problematic contractual issues, ensure that our finance structure for service delivery reflects the demand and cost of services for community-based providers.

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 members' perspectives.
- Ensure that community-based organizations are an integral part of the CYBHI.
- Foster partnerships with the Administration and all relevant Departments involved to ensure the goals of CYBHI are met.
- Ensure recommendations from the CYBHI Equity Working Group are met.
- Ensure the All-Payer Fee Schedule for School Linked Behavioral Health Services covers programmatic costs of community-Based organizations providing behavioral health services and that the CBOs can bill the third-party administrator directly for the fee schedule.

Goal D: Demonstrate need for Behavioral Health Services Act (BHSA) funds focused on children, youth, and families.

- Continue to advocate that guidance on policy changes to BHSA through Proposition 1 ensure focus on children, youth, and families and the maintain original intent of the MHSA.
- 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.
- Influence the media narrative on Prop. 1 to discuss the anticipated impacts of Prop 1 on children, youth and young adults.

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

- Encourage and highlight a person-centered, integrated care approach to health and behavioral healthcare.
- Advocate again for requirements contained in SB 238 (Wiener) that would automatically refer denied claims by health plans for review to ensure that children and families are getting the care they need.
- Encourage and highlight partnerships with private and fee for service healthcare providers and Alliance members.
- Advocate for administrative relief for providers that provide integrated mental health and substance use disorder services through DHCS' plan for administrative integration of county mental health plans and Drug Medi-Cal Organized Delivery System plans.
- Increase access to publicly and privately funded substance use services for youth.
 - Advocate for appropriate use of Proposition 64 funds as outlined in statute.
 - Educate Alliance members on Proposition 64 funding and training opportunities.
 - Advocate against any efforts to the distribution formula of Proposition 64 funds that reduce the funding for children and youth.

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 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.

- Implement crisis residential programs through Medi-Cal including ensuring appropriate and workable regulations, guidance, and rates that are commensurate with services provided for the Psychiatric Residential Treatment Facilities (PRTF).
- 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 barriers youth face in accessing mental health services under the Medi-Cal minor consent program through effective administrative and regulatory work to implement AB 665 (Carrillo).

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

- Advocate for DHCS to report details of service provision of behavioral health services for youth in Medi-Cal managed care annually.
- Advocate for commercial/private insurance companies doing business in California and schools providing educationally related mental health services to report mental health data elements annually and be 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 (Wiener) is met in the regulations, particularly the definition of health care providers to include associates.

- Work with the Department of Managed Healthcare (DMHC), California Department of Insurance (CDI), 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 collaborative partnerships with CBOs, county behavioral health, schools, county offices of education and managed care plans.
- 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.
- Implement a public health approach when influencing school discipline policies so they are more responsive to addressing youth with substance use disorder needs and less punitive (i.e., zero tolerance). The current suspension and expulsion practices, particularly for substance possession and use disproportionately impact black and brown students as well as foster youth.

Goal J: Influence Policy and best practices in the Medi-Cal Managed Care delivery system.

- Advocate for new funding and contract opportunities that address health disparities and advance health equity.
- Ensure successful partnerships between CBOs and MCPs.
- Ensure that SB 855 (Wiener) that requires adequate mental health and substance use services for children and families through commercial insurance is also applied to Medi-Cal managed care plans.
- Advocate for sustainable managed care rates, including non-specialty mental health and new social service benefits and supports (enhanced care management, community supports, and community health workers).
- Advocate for greater alignment in MCP requirements across counties and plans to limit administrative burden on CBOs.
- Promote the integration of mental health, substance use disorders and physical health care services between MCPs and other delivery systems.
- Advocate for greater collaboration, care coordination, and data sharing between county mental health plans and Medi-Cal managed care plans.
- Foster partnerships with the administration and MCPs to ensure the goals of CalAIM are met by MCPs.
- Influence ECM and community supports policy changes and ensures that CBOs are an integral part of major service changes.

4) ADVOCATE FOR ORIGINAL VISION OF CONTINUUM OF CARE REFORM (CCR)

CCR’s vision is that every child and youth entering the foster care system achieves 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.

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.
- Advocate for sustainable rates for FFAs and STRTPs through the Governor’s CCR Permanent rates proposal.
- 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). Tools like the Level of Care (LOC) assessment should be implemented fairly and consistently across the board, not arbitrarily by each county.
- 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 the 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 relationships 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 relationships 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 to support permanency. Additionally, achieving more meaningful permanency outcomes and enduring relationships for youth will reduce youth homelessness.

Providers supporting children and 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 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.
- Address gaps and delays in foster youth having timely IEP assessments and services.

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

Six 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, that have only been exacerbated since the COVID-19 pandemic.

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. Additionally, with the Medicaid IMD exclusion applying to STRTPs, the state has lost over 1,000 beds between July 2022 and December 2023. This loss of capacity is having significant impacts on provider ability to serve youth and has reduced any economy of scale.

- 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 Mental Health Program Approval and CDSS 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 enhanced care programs for youth with complex unmet needs under AB 2944 and SB 153. Advocate for a streamlined process to apply for innovative models of care.
- Advocate for specialized rates that meet the needs of youth with substance use needs, CSEC, and IDD.
- Advocate for funding for a crisis stabilization bed within STRTPs.
- Advocate for appropriate funding for “school of origin” transportation costs borne by STRTPs.

Goal E: Adequately fund Community Treatment Facilities.

- Advocate for adequate rates for Community Treatment Facilities (CTFs) and to revise the supplement that CTFs receive that has not been changed since its inception over 20 years ago.

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, youth who have experienced exploitation; LGBTQ+ youth and youth with 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 LOC protocol with adequate indicators and rates while working towards replacing the LOC with a CANS standardized assessment and CANS-based algorithm. Ensure tools like the Level of Care assessment are implemented fairly and consistently across the board, not arbitrarily by each county:
 - Collapse the rate levels from the current system of 5 rates to 3 rates.
 - Stabilize FFAs by applying an annual California Necessities Index (CNI) based on the cost-of-living increase adjustment (COLA) for both LOC and ISFC rates.
 - Provide appropriate funding for social workers to stem the high turnover rates which will increase permanency and increase healthy outcomes for children in foster care.
 - Advocate for "services only" approach that allows FFAs to serve county homes that need specialized supports.
 - Advocate for rate changes that allow FFAs to serve relatives more effectively including funding for FFAs that accept emergency placements of youth and changes to how costs for resource family approval are reimbursed.
- Evaluate and advocate for funding for FFA costs associated with Resource Family approval process, and the potential for funding.
- Create specialized rates for older foster youth and other unique populations [youth who have experienced commercial sexual exploitation (CSE), individuals with substance use disorders, LGBTQ+ youth, and youth with special healthcare needs] in family-based placements and to achieve permanency.
- Advocate for funding for family finding and engagement to flow to CBOs through the new Center for Family Finding and Excellence.

- Ensure that members can create innovative home-based models of care authorized by statute (AB 2944) and complex care funding (SB 153).
- 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 support 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).
 - Participate in the state’s post-adoption workgroup identifying gaps and needs for adoptive youth and families that cannot be met without relinquishing youth back into foster care.
- Ensure effective use of high-fidelity Wraparound throughout the state.
- Develop strategy for serving former AAP 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 Specialty 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.
 - Advocate for consistent levels of service paid for by counties and removal of artificial contract caps that do not appropriately pay for services that youth and families need.
- 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) FULFILL THE 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 Medi-Cal and Title IV-E funds through County agency collaboration.

- Advocate for funding allocations for prevention services specifically for community-based programs including Family Resource Centers (FRCs).
- Monitor and provide input as the Office of Child Abuse Prevention implements California’s Five-Year State Prevention Plan, as well as subsequent interactions with County Child Welfare Agencies regarding their Comprehensive Prevention Plans.
- Advocate that those programs utilized by Alliance members be included in the federal Title IV-E Prevention Services Clearinghouse and the California Evidence-Based Clearinghouse for Child Welfare, including High-Fidelity Wraparound.
- Monitor and provide input as the Child Welfare Council’s Prevention and Early Intervention Committee and its Community Pathway Advisory Subcommittee identify statewide measures of Community Pathway progress, review of statewide aggregate data for Community Pathway outcomes, develop policy recommendations based on results of data review, and identify, promote and support culturally responsive models.
- 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 IV– Qualified Residential Treatment Programs
 - See Goal B below for detailed advocacy on QRTP/IMD issue.
 - Actively participate in Wraparound for aftercare ACL/BHIN development and communicate with membership on upcoming changes.

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

- Partner with national and state partners and members to advocate for STRTP/QRTPs not to be identified as Medicaid IMDs as part of the SUPPORT Act Reauthorization. Advocate that SUPPORT Act reauthorization language allow for Medicaid services to be paid for by federal funds in the program, in accordance with the intent of FFPSA to deliver an integrated treatment program. The current SUPPORT Act bill language passed by the House in December 2023 is a partial fix.
- Advocate for the effective implementation of the BH-CONNECT waiver and advocate for as many counties as possible to opt-into the waiver.

Goal C: 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 with rates to align with costs associated with High-Fidelity Wraparound model.
- Advocate for more Wraparound providers across the state, and specifically STRTP providers interested in expanding their service array.

6) GUARANTEE CHILDREN AND YOUTH HAVE ACCESS TO EDUCATIONAL RESOURCES NEEDED TO BE COLLEGE/CAREER READY

Youth in foster care, low-income youth, and English language 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 engagement and 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 between CBOs and schools to deliver high quality behavioral 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 behavioral health services.
- Address inequities in the system where non-dependent youth with resources are able to advocate and access higher levels of care that are not available to system-involved youth.

Goal B: California has capacity to serve all youth with special education needs across a continuum of care.

- Advocate to address issues that lead students to out-of-state education residential programs that may be uncertified, instead of being served in California. Advocate for changes to the current residential licensing categories to better fit youth placed through the IEP process.
 - Advocate against efforts that bring out-of-state students home without sufficient capacity building and continue to influence efforts that portray high-quality therapeutic residential programs as the “troubled teen industry”.
- Evaluate the need for a new licensing and certification program for educational residential programs outside of group home and STRTP categories within Community Care Licensing.
 - Address issues where licensing standards outweigh parental rights and decisions on access to internet, cell phones, etc.
- 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. To accomplish this goal, advocate for improved data collection and reporting processes to better understand the quality and quantity of restraint and seclusion incidents.
 - Advocate against the banning of restrictive restraints where absolutely necessary, as outlined in SB 483 (Cortese).
- Ensure that youth have access to higher levels of care when necessary and appropriate.

Goal C: Address the failure of the educational system to properly identify and provide appropriate assessment for foster youth with special education needs.

- Advocate for timely IEP assessments and evaluate who is the best entity to perform IEP assessments and plan development for youth that move placements, bouncing between residential programs and are never able to get the needed assessments.
- Rebuild capacity for STRTP providers to serve students with special education needs when this setting with an adjoining NPS is the least restrictive, most appropriate setting. These settings are available to privately placed youth, but not youth that are system involved.

Goal D: Foster and probation youth are completing high school, college, or are career ready.

- Advocate for equitable educational opportunities and resources, including college prep and career tech programs for foster and probation youth.
- Ensure youth placed in STRTPs have all necessary educational assessments completed on a timely basis and educational options serve their unique needs.
- Advocate to ensure that youth in foster care 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 school 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.
- Support County Offices of Education (COEs) to ensure AB 130 Foster Youth Services Coordinating Program direct services funds are maximized to provide critical services to foster youth and connect COEs with CBOs they may contract with to spend these funds.

Goal E: 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 F: 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 in AB 114 funding utilization.
- Advocate that Alliance member Nonpublic Schools are actively involved in the NPS study to ensure the full diversity of nonpublic schools are represented.

Goal G: 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.

7) MAKE CERTAIN 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 IV-E 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 LGBTQ+ youth and families.

- Work on the implementation of SB 407 with state and county partners to ensure the protection of LGBTQ+ foster youth's safety through updates to the written directives and interim licensing standards.
- Work with the State on the implementation of the Executive Order from President Biden for the care and support of LGBTQ+ youth in foster care.
- Advocate for expansion of the Youth Acceptance Project.

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

- Ensure funding mechanisms exist and appropriate rates 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.
- Collaborate with fellow Alliance Policy Committees overseeing the rollout of promising new programs and funding measures including:
 - California's Community School Partnership Program
 - Certified Community Behavioral Health Clinics
 - 988 Suicide and Crisis Lifeline
 - California Advancing & Innovating Medi-Cal (CalAIM)
 - Children & Youth Behavioral Health Initiative (CYBHI)
 - Behavioral Health Services Act (MHSA)

8) ADVOCATE FOR MORE STABILITY AND RESOURCES FOR ADOPTIVE PLACEMENTS AND FAMILIES, AND THE PROVIDERS THAT SERVE THEM

Goal A: Ensuring parity and consistency amongst FFA/Adoption providers and other child welfare programs, and systems.

- Advocate for regulatory changes in Title 22 to expand the MSW requirement for adoption social workers to include other master's degrees, so it aligns with what is required for FFA social workers.
- Address inconsistencies amongst regulations and practices that only apply to FFA homes and not county homes to reduce unnecessary barriers and to prevent high porting rates from FFAs to counties.

Goal B: Elevate the need for crucial funding and services for adoption providers, especially in the face of the 20% cut in the PAARP.

- Support the funding needs of adoption providers by ensuring that Private Agency Adoption Reimbursement Program (PAARP) receives the same CNI Cost of Living Adjustment that other child welfare rates receive annually.
- Evaluate impacts of PAARP 20% reduction passed in AB 1314 from 2019 and their impact on youth in foster care achieving permanency.

Goal C: Advocate for transparency in information given to resource parents, including relatives, regarding the nuances and differences between guardianship and adoption, and ensure that this information is disbursed on a state/county level as well.

Goal D: Advocate for funding for services associated between adoptive placement and finalization to protect the youth's quality of care and services while they are going through the process.

9) UPHOLD SAFE AND STABLE HOUSING FOR TRANSITION AGED YOUTH AND FAMILIES

Data in the John Burton Advocacy for Youth Annual Report 2019-2020 displays 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.
- Engage a coalition of TAY advocates interested in actively contributing to policy recommendations and participating in advocacy efforts.

- Advocate for resources, including Project 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/minors experiencing homelessness.
- Champion for greater resources to be dedicated to homeless TAY and for more research on best practices to help homeless TAY.

Goal B: Transitional Age Youth (TAY) can access the most appropriate transitional housing.

- Advocate for payment rates that reflect the cost of and demand for THP services, including THP-NMD and THP-Plus.
- Actively engage in efforts to ensure that CDSS engages stakeholders in developing and identifying funding strategies to sustain THP-M programs.
- Advocate for THP-NMD and THP-M regulations that improve provider abilities to serve transition aged youth.
- Engage with community stakeholders, advocates, and youth in efforts to expand and fund capacity to ensure youth will not experience homelessness. These efforts include some of the recommendations below:
 - Ensure that LGBTQ+ youth experience safe and affirming housing resources by advocating that slots for THP housing resources not only be identified as female or male but allow for slots not limited by gender. Not limiting slots by gender would also help siblings of different genders to potentially be placed together.
 - Expand ability for counties to keep transitional aged youth to stay in stable housing situations by allowing them to stay in their THP-NMD unit to THP-Plus. This flexibility would also allow for older non-minor dependents to secure THP-NMD slots that they would normally be rejected by due to being too close to age 21.
 - Allow youth to enter THP-Plus even if they were not in foster care exactly on their 18th birthday. Over 47% of counties have reported having to deny housing opportunities for transition aged youth due to not having been in foster care on their 18th birthday.
 - Identify a county and provider willing to pilot a cost-neutral program for 30 youth that would use existing THP Plus funding to serve youth's full range of needs using a self-determination model.
- Increase the quantity and quality of behavioral health services and supports that are integrated with THP programs.
- Advocate for funding to add an implementation rate to support transition aged youth who would benefit from services and supports while reuniting with family, living with relatives, friends, or other supervised independent living program situations. Many of these living situations would be secure with appropriate services and support preventing homelessness.
- Advocate for strengthening and expanding the continuum of care available to youth in and transitioning out of extended foster care, including the development of placement settings, programs, and rate structures that allow providers to meet their unique needs.
- Advocate for better access to housing vouchers for TAY that are transitioning out of THP-NMD and THP-Plus placement programs.
- Advocate for youth to transition to supervised independent living placement (SILP) only when youth are ready for it. The current system relies too heavily on SILPs with little support and youth experience worse outcomes than THP-NMD.

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.
- Expand opportunities for Enhanced THP programs by leveraging Innovative Model of Care (IMC) funding.
- Evaluate regulatory and fiscal barriers to providing a step-down from STRTP for 17–19-year-old TAY.

10) ELEVATE THE NEEDS OF YOUTH INVOLVED IN THE JUVENILE JUSTICE SYSTEM SO THEY ARE APPROPRIATELY SERVED

SB 823, enacted into law in July 2020, realigned the responsibility and funding from the Division of Juvenile Justice (DJJ) to California’s counties. DJJ has closed as of July 1, 2023, and now counties are working on building out local systems of care for justice-involved youth.

Goal: 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.
- Implement restorative justice practices and principles across county juvenile justice systems (correctional facilities, court proceedings, etc.).
- Work with the Office of Youth and Community Restoration to develop best practices for serving former DJJ youth locally.

11) PROTECT AND INCREASE ACCESS TO SERVICES AND SUPPORTS FOR IMMIGRANT FAMILIES SEPARATED UNDER FEDERAL LAW AND UNACCOMPANIED CHILDREN

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

Goal B: Advocate for the needs of unaccompanied children who are left at the border.

- Support providers to implement federal Office of Refugee Resettlement (ORR) Grants to effectively serve and support unaccompanied migrant youth.
- Work with other providers who serve similar populations across the state to advocate for the needs of unaccompanied children.

- Elevate systemic issues that providers are facing when serving this population to ORR during meetings, conferences, and convenings.
- Provide information including grant opportunities, and support to providers who are interested in diversifying their services and expanding their programs to include serving immigrant youth populations.

12) ADDRESS LIABILITY ISSUES THAT HAMPER PROVIDERS' ABILITY TO SERVE FOSTER YOUTH

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

- Work with state agencies to recover documents for agencies to help them address claims from previous years.
- Advocate to reduce shifting of liability burden from counties to providers.