



## CALIFORNIA ALLIANCE PUBLIC POLICY PLATFORM 2021

### 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 at-risk populations, the California Alliance stands as a champion and leading voice for organizations that advocate for children and families, and for advancing policy and services on their behalves.

More than 150 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 a host of state departments including: Health and Human Services, Finance, Behavioral Health, Social Services, Health Care Services, Developmental Services, Education and Community Care Licensing.

The following represents the California Alliance of Child and Family Services' comprehensive Policy Platform to create system change for communities across our state.

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

CCR's vision is that each and every child and youth entering the foster care system achieve permanency. 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)
- Develop recommendations for California Health and Human Services (CHHS), Department of Social Services (CDSS), Department of Health Care Services (DHCS), Department of Developmental Services (CDDS), and the California Department of Education (CDE) for a CCR vision that ensures the necessary supports and services to reach the identified vision
- 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, DHCS regulations and practices)

- 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 permanency for every child as early as possible**

Achieving 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. 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 our 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 in order to achieve successful outcomes for our children and youth. STRTPs nearly uniformly report the exceedingly high level of mental health and 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 increase 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 under AB2944

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

In order 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
  - 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
  - Provide a \$100/month stipend per foster child in a family home for calendar year 2021 and \$100/month stipend for all K-12 foster students in a family home for calendar year 2021.
  - 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
- Evaluate and advocate for funding for the Resource Family approval process

- Create incentives for older foster youth and other unique populations [commercially sexually exploited children (CSEC), LGBTQ, special healthcare needs] in family-based placement and permanency
- Support funding for family finding and engagement
- Create innovative home-based models of care recently authorized by new statute (AB 2944)
- 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

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

- Advocate for effective statewide data system that accurately captures penetration rates and access to all needed services
- 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
  - 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

## **2) IMPLEMENTATION OF FAMILY FIRST PREVENTION SERVICES ACT (FFPSA)**

The Family First Prevention Services Act (FFPSA) is a federal bill passed in 2018 and phasing into implementation through 2021. The bill is the first significant overhaul of the child welfare financing in decades and will implement wide reaching changes in our state systems from prevention all the way through residential care.

**Goal A: Participate in all FFPSA workgroups and influence program design and financing structure**

- Part I - Prevention – Evidence Based Prevention Services

- Advocate for models used by Alliance members to be included in the approved and implemented 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
- Part I – Substance Use Residential Programs: Support the implementation of these programs
- Part IV – Qualified Residential Treatment Programs
  - Ensure that federally required elements of program (i.e., aftercare, permanency, qualified individual) are implemented and fully funded
- Part VII – 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 DHCS, CDSS and other stakeholders to advocate for STRTP/QRTPs not to be identified as IMDs

**Goal C: Determine advocacy strategy for Transitional Housing Programs (THP)**

- Advocate to ensure that THP-Minor Programs are not designated IMDs

**Goal D: Ensure adequate funding for FFPSA components**

- Advocate for funding to meet nursing requirements for STRTPs/QRTPs as needed
- Advocate for funding for aftercare services for STRTPs/QRTPs
- Advocate for funding for permanency services for STRTPs/QRTPs

**3) FULL AND EQUITABLE ACCESS TO BEHAVIORAL HEALTHCARE FOR CHILDREN, YOUTH AND FAMILIES (MENTAL HEALTH AND SUBSTANCE USE SERVICES) IN PUBLIC MENTAL 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 and gender equity is at the center of our policy work.

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

- Influence development of a plan to reduce administrative burden, address contractual issues, ensure that finance structure is adequate, and develop opportunities for providers (this may include legislation)
- Ensure timely access to care and improve health outcomes for foster and probation youth
- Influence/Craft Foster Care Model of Care System/Vision
- Remove diagnosis as a qualifying factor for specialty mental health services and Substance Use Disorder (SUD)

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

- Develop tools for local advocacy (report on rates, talking points, etc.)
- Create sample budgets which include adequate funding for all eligible costs to demonstrate need for increased provider rates

**Goal C: 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
- Ensure stakeholder (including youth and families) input at all levels of decision making
- Highlight member best practices funded by MHSA across the state
- Ensure members understand the new opportunities that follow the passage of AB 2265 (Quirk-Silva, 2020) which expands MHSA to include co-occurring disorders

**Goal D: 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 E: Ensure that all children and youth eligible for specialty mental health services through Early Periodic Screening Diagnosis 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

**Goal F: Fund children's crisis residential programs through Medi-Cal**

- Continue efforts to designate Children's Crisis Residential Programs (CCRP) as Psychiatric Residential Treatment Programs (PRTF) to ensure consistency with program model

- Advocate for adequate funding structure to ensure all components of a best practice model are fully funded

**Goal G: Support trauma screening**

- Support adequate training of primary care providers for the full implementation of the Trauma Exposure screen, AB 340 (Arambula, 2017)
- Advocate for effective prevention and early intervention services for all youth who have a positive trauma exposure screen
- Advocate for increased trauma informed care for those youth who are exhibiting symptoms related to their trauma exposure

**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 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

**Goal I: Increase engagement with commercial insurance groups and managed care organizations to expand members access to working with these groups**

- Work with Department of Managed Healthcare (DMHC), California Department of Insurance, and the Attorney General’s Office to build relationships
- Create learning community with National and State experts
- Develop Alliance member marketing strategy

**Goal J: 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)
- Advocate for a mental health instruction mandate in K-12 education

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

Foster, 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

**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

**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

**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



## 5) 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 school 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: Family Resource Centers (FRC) in most vulnerable communities**

- Build on partnerships with allies for Family Resource Centers to develop a statewide strategy
- Develop funding stream for FRCs

### **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 for high fidelity wraparound
- Advocate for increased wraparound programs to be delivered in collaboration with Local Educational Agencies

### **Goal D: Identify Key Points for Prevention Programs and Interventions**

- Utilize hotline investigations and Differential Response as key points of entry for services and prevention programs

### **Goal E: 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

## 6) 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, programs supporting minor-age foster youth will no longer be 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. Our 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 engage 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
- Develop strategy for serving former Adoption Assistance Program youth who are ineligible to re-enter foster care
- Champion for greater resources to be dedicated to homeless TAY and for more research on best practices to help homeless TAY.

## 7) 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

## 8) 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

## 9) ADEQUATE 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 expand and the workforce
  - Support strategies to improve the shortage of qualified bilingual child psychiatrists
  - Champion the inclusion of parent advocates, youth advocates, community health workers and other non-traditional roles to be more widely incorporated in the workforce
  - Advocate with commercial insurance companies to accept registered/waiver interns for clinical service provision

**Goal B: Determine impact of AB5 on member organizations and develop advocacy strategy if needed**