As the nation and the state of California continue to battle a global pandemic that has impacted our most vulnerable Californians, the CA Alliance’s policy agenda seeks to address the urgent needs of children, youth and families across behavioral health, foster care, education, probation, and preventative care. The continued impact of COVID-19 will linger for years without significant investment in these critical supports and services, as well as a commitment to racial justice and equity across systems. As California strives to achieve health equity and family stability through initiatives such as CalAIM, the Family First Prevention Services Act and the Continuum of Care Reform, the CA Alliance will engage with state, counties, and its member organizations to design and implement strategies that improve system integration, best practices and adequate funding for programs and services.

**Behavioral Health**

1) CalAIM
   - 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

2) Influence policy change on Mental Health Services Act (MHSA) to ensure focus on children, youth, and families and the original intent of the Act. Ensure members understand the new opportunities that follow the passage of AB 2265 which expands MHSA to include co-occurring disorders

3) Support efforts to increase partnerships and funding for school-based mental health services
   - Commercial health plans and partnerships
   - Mental health instruction in K-12 education
   - Statewide initiative to fund partnerships, building on the work of the MHSOAC grants

4) Advocate for and support efforts to expand the behavioral healthcare workforce

5) Support and advocate, with other established coalitions, for policies that address mental health disparities

6) Increase engagement with commercial insurance and managed care organizations (assist members in contracting)

7) Youth suicide prevention (AB 2112 – Ramos) – Influence how the new Office of Suicide Prevention is developed and funded

8) Children’s Crisis Residential Programs (CCRP) – Develop a strategy to establish a new licensing category (PRTF)
9) Broaden and increase partnerships with providers and advocates in the youth substance use disorder (SUD) policy landscape, and advocate for SUD to be provided through EPSDT. Ensure that members are aware of all opportunities related to grants from Proposition 64 funding

**FOSTER FAMILY AGENCIES/ADOPTION AGENCIES**

1) 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 LOC rate levels from the current system of 5 rates to 3 rates
2) FFA social workers are on the front lines providing vital services for children and families and need appropriate funding to stem the high turnover rates which in turn, will help increase permanency outcomes for foster children
   - Request a one-time addition of $50/per month per child to the FFA social worker rate component for Budget FY 2021-22 and use the FFA Social Worker Time Study to pay for it
   - Request a statewide stakeholder workgroup to include youth and families to identify, evaluate, and make recommendations to reduce FFA social worker turnover rates
3) Evaluate and advocate for funding for the Resource Family approval process
4) Create innovative home-based models of care recently authorized by new statute (AB 2944) to serve high needs youth in family-based homes
5) 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 relatives and county approved resource families
6) Advocate for the specialized care increment to be universally available for all resource families
7) Advocate for fiscal and programmatic supports for court-ordered family supervised visitation
8) 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)

**RESIDENTIAL**

1) Family First Prevention Services Act Implementation
   - Advocate with state departments and congress to ensure that Short Term Residential Therapeutic Programs (STRTPs) are not identified as Institutions of Mental Disease (IMDs)
   - Advocate for funding for aftercare services
   - Advocate to ensure that THP-Minor Programs are included within the definition of authorized residential care
2) Continuum of Care Reform Implementation
• 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
• Children’s Crisis Residential Programs (CCRP) – Develop a strategy to establish a new federal designation (Psychiatric Residential Treatment Facility or PRTF)

**EDUCATION**

1) Influence Education Financing to ensure equity and transparency
   • Local Control Funding Formula
   • Special Education including the Out of Home Care formula and AB 114 funding
2) Develop alternative education program for STRTP youth whose needs are not currently met
3) Actively participate and represent members in discussions/legislation related to restraint and seclusion in schools
4) Address distance learning issues and policy changes; learning loss mitigation and compensatory services
5) Address the need for timely assessments of foster youth and explore legislative options for funding of third party educational assessments of students in foster care
6) Ensure that IPC process includes review of educational needs prior to placement decisions
7) California education law stipulates that in state programs should be searched prior to making an out of state placement. The Alliance will advocate to track and enforce this
8) Advocate for a standard of care that respects Least Restrictive Environment law but still ensures students get the level of care necessary without repeated failures

**PREVENTION**

1) Family First Prevention Services Act Implementation
   • Advocate for FFTA (Family First Transition Act) funding or other funds to go to CBOs in order to build capacity to engage in FFPSA 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
2) Advocate for sustainable funding for Family Resource Centers
3) Advocate for policies that promote racial justice, equity and inclusion and reduce institutional racism
4) Address needs related to Wraparound
   • Ensure that a funding mechanisms exist for High Fidelity Wraparound
   • Advocate on Wraparound Redesign Workgroup
   • Advocate for increased Wraparound programs delivered in collaboration with LEAs
**Juvenile Justice**

1) Participate in stakeholder forums at state, county and community-based levels focused on developing policies and implementation planning for juvenile justice system reform

**Transitional Age Youth**

1) Engage member agencies in developing advocacy strategy to prevent application of landlord/tenant law to transitional housing programs
2) Actively engage in efforts to ensure that CDSS engage stakeholders in developing and identifying funding strategies to sustain THP-M programs
3) Increase the quantity and quality of related behavioral health services and supports that are integrated with transitional housing programs
4) Champion for greater resources to be dedicated to homeless TAY and for more research on best practices to help homeless TAY

**Unaccompanied Minors and Immigrant Families**

1) Create a statewide system providing resource and referral programs to assist families in accessing resources