The CA Alliance

2022 Public Policy Priorities

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Champion. Partner. Advocate

The California Alliance:
The collective voice for organizations
that serve children, youth, and families.

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 children and families served in our public systems, the California Alliance stands apart as the champion and leading voice for organizations that advocate for children and families, and for advancing policy and services on their behaves.

Our expert staff and consultants advocate proactively to impact policy, legislation, and budgets. When our advocacy, expertise, and effectiveness, are paired with provider organization's mission and services across California, children, youth, and families win.

AT A GLANCE

2022 California Alliance Legislative & Budget Priorities

Behavioral Health	Budget Request If Applicable
AB 552 (Quirk-Silva) Integrated School Partnerships Would establish the Integrated School-Based Behavioral Health Partnership Program to provide prevention and early intervention for, and access to, behavioral services for all students in California public schools.	
AB 2317 (Ramos) Children's Crisis Residential Programs Would require the Department of Health Care Services to implement a new licensing category for children's crisis residential services: the Psychiatric Residential Treatment Facility (PRTF). Inpatient psychiatric services to individuals under 21 provided in a PRTF would be included as mental health services under Medi-Cal.	
SB 1229 (McGuire) Mental Health Professional Grant Program Would establish a scholarship program at the Department of Health Care Access and Information to provide 10,000 grants of up to $25,000 each for students pursuing behavioral health professional degrees. Eligible students include those pursuing MSW, MFT, MA in Psychology, MA in School Counseling, and MA in School Psychology degrees, and then commit to working in California public schools or community-based organizations for two years. Legislation is accompanied by a corresponding budget request.	$250 Million GF Over 3 Years One-time

Family-Based Services	Budget Request If Applicable
SB 1091 (Hurtado) Family Finding and Engagement Would require funds appropriated by the Legislature to be available for targeted family finding and engagement techniques to identify, support, and sustain permanent relationships with caring adults for foster children. This proposal targets youth who have been in care for more than 24 months who are at elevated risk of not achieving emotional or physical permanency. Legislation is accompanied by a corresponding budget request.	$133.5 Million GF Over 3 Years One-time
Cost of Living Adjustment for Foster Family Agencies Would provide an augmentation, based on the cost-of-living adjustment provided to other child welfare placement categories, to the social services rate for foster family agencies (FFAs). This seeks to address high rates of FFA Social Worker turnover and stabilize permanency outcomes for youth placed in FFAs.	$17.8 Million Over 2 years One-time

AT A GLANCE

2022 California Alliance Legislative & Budget Priorities

Prevention	Budget Request If Applicable
Stable Funding for Family Resource Centers Would provide a stable stream of funding for approximately 500 Family Resource Centers (FRCs) who provide comprehensive services to about 600,000 of the most marginalized Californians. FRCs are trusted community partners who ease the stressors in the home and build resiliency in both children and parents, reducing the prevalence of child abuse and neglect, therefore reducing entry into the Child Welfare and Foster Care Systems.	$40 Million/Year Ongoing

Residential Capacity and Support	Budget Request If Applicable
COVID Relief for STRTPs Would backfill the one-time STRTP COVID relief grant program administered by the CDSS Foster Care Rates Unit ($42M 2021-22 SGF), providing applicants with 100% of their requested COVID relief.	$73.3 Million GF One-time
IMD Transition Support for STRTPs Would provide additional funding for June-December 2022 to ensure adequate time for programming to shift in a culturally competent and trauma-informed manner that can support all youth in need of care.	$10.4 Million GF One-time
STRTP Care and Supervision Rate Would revisit the STRTP care and supervision rate to ensure adequate resources are being provided to youth served in short-term behavioral health settings.	$54.9 Million/Year GF Ongoing $20.3 Million Federal Funds Ongoing

Transition Age Youth	Budget Request If Applicable
AB 1615 (Ting) Foster Youth Housing Would expand access and funding for foster youth housing assistance programs by: 1) Lengthening the duration of the THP-Plus program from 24 to 36 months and the upper age limit from 23 to 24 for all youth participating in the program, and; 2) Increasing the upper age limit for the Housing Navigators Program (HNP) to 24 and changing the name to the Housing Navigation and Maintenance Program. Policy changes will be augmented by the corresponding “Reducing Former Foster Youth Homelessness” budget request.	$34 Million/Year GF Ongoing

Behavioral Health

AB 552 (Quirk-Silva) Integrated School-Based Behavioral Health Partnership Program

More than 50% of mental illness cases begin by age 14. For children whose mental health concerns go unnoticed or untreated, especially those between the ages of 12 and 17, rates of substance abuse, depression, and lower school achievement increase leading to other health-related problems and a lower quality of life. Addressing behavioral health conditions as early as possible, is critical in promoting the health and well-being of students. By providing early intervention services at schools, behavioral health conditions can be identified at the earliest onset.

AB 552 will establish the Integrated School-Based Behavioral Health Partnership Program to provide early intervention for, and access to, behavioral services for all students in California public schools. The collaborative program between the Local Educational Agencies (LEA) and the county behavioral health agencies (County) would be established through a memorandum of understanding (MOU).

The MOU would outline the requirements for the partnership, including:

• The county providing one or more specified behavioral health professionals to serve students with serious emotional disturbances or substance use disorders, or who are at risk of developing a serious behavioral health condition, regardless of payer.

• The Development of a referral process for LEAs to make appropriate referrals to designated County professionals. Requirement for the LEA to provide for a school-based location appropriate for the delivery of behavioral health services.

• The establishment of processes, delivery of services and types of services, as well as requirements for assisting and serving students with private insurance. This bill would set forth procedures for county school-based providers to first attempt to connect the student with their insurance-based provider, and if not served, provide initial services to privately insured students within state mandated timely access standards to mitigate the worsening of a behavioral health condition.

• AB 552 would also require the Partnership Programs to annually report specified information to the Department of Health Care Services and the Mental Health Oversight and Accountability Commission to support a report to the California Legislature every three years regarding student and parent satisfaction, demographics of students served, as well as partnership models and financing.

Behavioral Health

AB 2317(Ramos)
Children's Crisis
Residential Treatment Facilities

Currently, an estimated 3 out of every 4 children in the U.S. who need mental health services do not receive them. Suicide is now the second leading cause of death among adolescents. Compared with 2019, the proportion of mental health–related visits in hospitals for children aged 5–11 and 12–17 years increased approximately 24%. and 31%, respectively in 2020. There are currently 42 counties of the 58 in California without any child and adolescent psychiatric beds.

AB 2317 is aimed at addressing a critical component missing in the continuum of specialty mental health services for children and youth in California - children's crisis residential services. This legislation seeks to add a new licensing category in state statute, the Psychiatric Residential Treatment Facility (PRTF). This legislation would ensure that counties and their community-based providers have the ability to develop crisis residential programs with an appropriate licensing category, and to ensure children and youth access mental health services that are responsive to their individual needs and strengths in a timely manner.

Behavioral Health

The California School-Based Mental Health Workforce Grant

California is experiencing a shortage of licensed behavioral health professionals, and the shortage is expected to grow over the next decade. Currently, just under eight million Californian's – the majority of them Latinx, African American, and Native American – live in Behavioral Health Professional Shortage Areas (BHPSA's), a federal designation for geographic regions experiencing shortfalls of mental health care providers. California leads the nation in the highest number of BHPSAs, with 498 regions receiving this designation.

Under this legislaton, The Department of Health Care Access and Information (HCAI) shall establish a grant program in collaboration with the State Superintendent of Public Instruction to increase the number of mental health professionals serving children and youth.

Under the program, HCAI shall provide 10,000 grants over three years of up to twenty five thousand dollars ($25,000) each to students enrolled on or after January 1, 2022, in an in-state postgraduate program from an accredited school or department of social work or from a program meeting the requirements of Business & Professions Code 4980.36 or 4999.33, if the student commits to working in a California-based nonprofit eligible setting for their required supervised experience hours pursuant to Business & Professions Code 4980.43 or 4990.23 or in a Local Education Agency.

Family-Based Services

SB 1091 (Hurtado)
Family Finding and Engagement

Every child in foster care should be connected with family and other adults who care about them. Research has found children in foster care placed with relatives experience greater placement stability and have better mental health and behavioral outcomes than children placed with non-relatives.

California does not have a statewide coordinated effort or dedicated statewide funding stream to implement Family Finding and Engagement. Frequently, extended family have lost contact with the child and are unaware that a relative child or youth is in foster care with significant needs. Moreover, Family Finding and Engagement is necessary to offset the historical and ongoing negative experiences of children and youth of color and youth who identify as LGBTQ+.

There are approximately 60,000 children and youth in foster care on any given day in California. According to CDSS, there are 12,237 children and youth in foster care who are 17 years of age or younger, have been in foster care for 24 months or more, are not living with a relative, reunification is no longer the case plan and they are not with a family in the process of adopting or taking them into guardianship. This number represents 20% of all youth in foster care.

Given this problem, now is the time for state investment in Family Finding and Engagement. This bill would require CDSS to fund contracts with CBOs or provide local assistance allocations to counties and Indian tribes, or both, to support new or expanded family finding and engagement programs. These efforts focus on children and youth who have been in care for 24 months, thus focusing on family finding efforts that occur well after the initial 30 days in care.

SB 1091 also provides a variety of activities that may be funded as family finding and engagement programs, but does not limit funding to those activities listed. Additionally, there is an active budget request seeking an investment of State General Funds to be allocated over three years for intensive Family Finding and Engagement. This funding would be overseen by CDSS for the purpose of funding the contracts or assistance allocations described through SB 1091.

Family - Based Services

Support a Crucial Care Component in the Child Welfare Services Continuum; Stabilize Foster Family Agencies (FFAs)

Typically, children and youth who are placed with FFA homes are those who have elevated needs, for whom it is more difficult to locate family-based placement. FFAs often recruit, train and approve families specifically for children and youth who need higher supports and services.

The FFA social workers who support these youth and their resource caregivers are required to have a Master's degree by statute and must be available 24/7 to provide support and to respond to emergencies. Moreover, 88% identify as female and many are themselves from communities of poverty. Overwhelmingly, these exceptionally committed providers choose this profession to give back to their communities and to help others.

However, while FFAs and their social workers unflaggingly support a significant portion of foster youth in home-based care, they are one of just two child welfare placements that do not receive an annual Cost of Living Adjustment (COLA) to their Department of Social Services rate, although they are beholden to the same realities of inflation and growing operating costs as every other social service provider. This ongoing lack of adjustment puts an unreasonable burden on FFAs to hire and retain the social workers who serve children and families on the front lines and are considered essential workers. This lack of adjustment causes very high rates of social worker turnover in FFAs.

This proposal seeks to add a COLA (based on the annual California Necessities Index, "CNI") to the portion of a child's placement rate that goes directly to the Foster Family Agency. This augmentation will be included for FY 22-23 and FY 23-24, until a new placement rate system, tethered to the Child and Adolescent Needs and Strengths tool, is established across California. This one-time budget ask is for approximately $17.8 Million State General Fund and leverages approximately $4.1 million in federal funds and will be used over two years.

Short-Term Residential Therapeutic Program

CA Alliance Budget Requests Aimed at Maintaining Stability for Youth Placed in Short Term Residential Treatment Programs (STRTPs)

COVID Relief:

In the 2021-22 budget cycle, the Alliance requested $42,000,000 SGF to fund a one-time STRTP COVID relief grant program to be distributed based on a formula developed by CDSS' Foster Care Audits and Rates Unit. The formula developed required STRTPs to apply for funding by detailing lost 'days of care' and providing receipt of additional expenses incurred between March 2020 through January 2021. The deadline for this application was November 30th, 2021.

86 STRTPs applied for this funding, with the total dollar amount of all requests received reaching $115,336,055, per CDSS.

This is $73,336,055 more than the $42M allocated in '21-'22, and the obvious need on the ground. As a result, providers will receive a mere 20-25% of requested relief.

It is important to note that the application created by CDSS, per budget bill language, only included expenses between March 2020- January 2021. Now over a calendar year deeper into the pandemic, the need for relief has only grown, with many STRTPs unable to fulfill payroll or keep their doors open.

Also noteworthy, as of February 28, 2022, the $42M previously allocated in the 2021 SGF has still not been sent out to the receiving STRTPs.

This proposal requests $73,336,055 in one-time SGF seeks to backfill existing COVID relief grant applications submitted into the CDSS Foster Care Rates Unit, providing applicants with 100% of their requested COVID relief.

Given the timeline of the current application process, we see this as the quickest way to get money into the community before non-profit STRTPs are forced to close their doors to young people in need of life-saving behavioral health support.

Short-Term Residential Therapeutic Program

IMD Transition Support:

In lieu of the DHCS IMD determination process, in the 2021-2022 budget cycle the CA Alliance requested that the state provide at least one year of state general fund to cover the lost FFP for these facilities, and a grant program to support transitions to different types of programming for youth with significant behavioral health needs.

The result of the latter was an allocation within the CDSS budget for $10.375 M (SB170 Section 116), specifically designed to maintain system capacity for foster and probation youth. STRTP providers that have a combined program capacity of greater than 16 beds were eligible to request funding. Funds may be used to pay for specific costs associated with implementing a county and CDSS approved transition plan that is designed to maintain capacity to serve foster youth who are currently cared for in an STRTP.

While we applauded the inclusion of these critical funds in SB170, 6 months is fundamentally not enough time to plan, create, and fund new types of placement settings for thousands of foster and probation youth who have multiple, complex trauma.

The CA Alliance is requesting an additional $10.375M of SGF for June-December 2022 to ensure adequate time for programming to shift in a culturally competent and trauma-informed manner that can support all youth in need of care.

Not only would this be tangential with the updated IMD determination timeline, but the need for additional funding – at least through 2022 - has never been more critical to maintaining sufficient system capacity for the youth currently in care. STRTP providers over 16 beds are eager to transition to non-residential services in order to maintain this capacity for foster and probation youth – the populations they know best – but some have had no choice other than to close due to lack of resources to make the transition to other types of programming within DHCS' IMD determination timeline. This is antithetical to the vision of Continuum of Care Reform; without sufficient options for youth in need of short-term, higher acuity care, youth will not have their needs met in the least restrictive setting possible and will be forced into higher and higher acuity placement settings.

Further, CMS has developed an 1115 demonstration waiver opportunity for states to receive federal funds for mental health services provided to populations with a serious mental illness or serious emotional disturbance. Given the mandated, robust stakeholder process, DHCS intends to apply for this 1115 waiver after the fall of 2022. While we understand the external factors that create this timeline, it also leaves a substantial gap for STRTPs who are currently over 16 beds and needing to transition to other programming to avoid an IMD status.

We believe that DHCS, CDSS, counties and providers can work together to transition youth into community and family-based care, but this will take time. As the Governor's Children and Youth Behavioral Health Initiative is developed through 2022, many of these providers can serve and support youths' behavioral health needs. However, without an assurance that there will be a supported pathway to transition their facilities, they will be forced to close and youth in need will be left without options.

Short-Term Residential Therapeutic Program

Addressing Misassumptions in the STRTP Care & Supervision Rate:

Youth with complex trauma need round-the-clock, integrated care that includes repeated exposure to predictable, reliably regulating, and relational experiences that through repetition begin to heal the brain. This is often referred to as the "milieu" and can be thought of as a major therapeutic intervention in Short Term Residential Therapeutic Programs (STRTPs). Despite the importance of the milieu in effective treatment, the STRTP care and supervision rate developed in 2016-17 was built on inaccurate assumptions and adversely impacted STRTP providers' ability to maximize milieu treatment.

Using methodology from the historical group home rate structure and under the guise of Continuum of Care Reform (CCR), CDSS developed costs for STRTPs that included new staffing ratios, indirect and child-specific costs, and overhead. This cost pool was then divided by a program's licensed capacity to get a per month, per youth, care and supervision rate. Recognizing that providers do not typically operate at full licensed capacity, a 90% occupancy was assumed effectively raising the bed rate by 10% to cover 100% of the costs. However, STRTPs must operate at far less than 90% capacity for safety and clinical reasons, particularly as the acute needs of youth in these programs has increased.

In addition to the occupancy assumption, the California Department of Social Services (CDSS) also assumed that mental health billing could bring additional financial support to the milieu. Specifically, they assumed that a significant amount of service provided in the residential setting would comprise specialty mental health services and should rightly be paid for with Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Medi-Cal, not foster care funding. Consequently, the care and supervision rate was discounted by the amount of EPSDT assumed to be billable by direct care staff in the milieu. However, many county mental health contracts do not include services or billing by direct care staff which means the assumption that county mental health contracts would supplement the milieu has not been realized.

The impact of this oversight, which reduced the care and supervision monthly rate by nearly 20%, continues to hamper the ability of STRTPs to deliver the range, quality, and quantity of services needed by youth placed for intensive 24/7 treatment interventions. Other costs not considered in developing the 2016 interim STRTP rate, yet often absorbed in good faith by STRTPs as part of delivering quality care and treatment, include costs associated with family visitation, rises in health care and food costs, as well as worker's compensation.

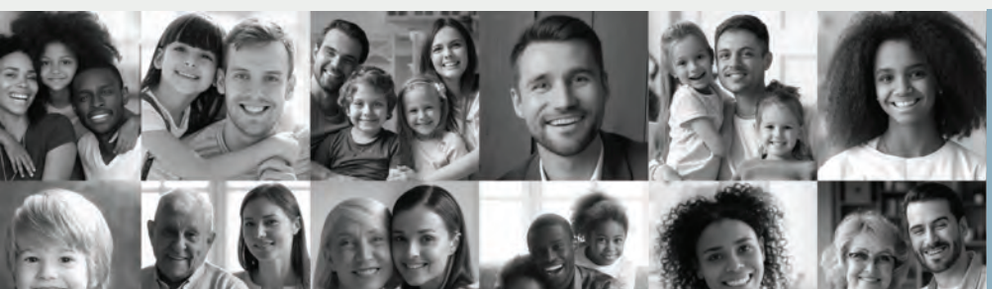
Stemming from 10 months of intensive research into the operationalization of STRTPs, this proposal seeks to revisit the STRTP care and supervision rate to ensure adequate resources are being provided to the youth served in short-term behavioral health settings. These provisions include:

- Updating the placement assumption from 90% to 80% full licensed capacity;

- Jettisoning the assumption that county mental health contracts supplement the STRTP milieu;

- Ensuring the consideration of additional costs associated with operating an STRTP, including family visitation, and worker's compensation; and

- Solidifying commitment to revisiting the STRTP rate every 2 years to reflect actual costs.



Prevention Services

Family Resource Center Budget Request

The California Alliance of Children & Family Services joins the Child Abuse Prevention Center and the California Family Resource Association in requesting $40 million to aid Family Resource Centers throughout the state.

Family Resource Centers provide comprehensive support to children and families in some of the most marginalized communities, who have been hit especially hard by the Covid pandemic. Our approximately 500 Centers serve around 600,000 individuals each year, with interventions that are both cost effective and culturally responsive

A recent study found that the total economic burden for the lifetime costs of survivors of child maltreatment in California was $23.9 billion. When we connect families to supportive programs, we ease the stressors in the home and build resiliency in both children and parents, reducing the prevalence of child abuse and neglect When that happens, we reduce the need for referrals to Child Protective Services and entry into the Child Welfare System

Embedded in the community for nearly 30 years, Family Resource Centers serve as trusted partners, creating conduits for all levels of government to implement essential programs including mental health services, housing and disaster supports, technology enabling children to engage in distance learning, and poverty alleviation programs such as the Earned Income Tax Credit and the Child Tax Credit. Unfortunately, our Centers struggle to survive each year, cobbling together the administration of various initiatives to stay afloat.

But now is the time to commit to helping California's most impacted families head-on by supporting stable, operational funding for the Family Resource Centers who support them everyday