



CALIFORNIA ALLIANCE PUBLIC POLICY PLATFORM 2020

Our Vision: All children, youth and families in California will thrive in loving, healthy, safe communities

1) CONTINUUM OF CARE REFORM (CCR) IMPLEMENTATION

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

- Ensure 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 Secretary, CDSS Director and DHCS Director for 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 (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, Department of Healthcare Services regulations and practices)
 - Use CCR Interagency Implementation Workgroups to identify barriers and develop solutions
 - 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

- 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 STRTPs and foster/resource family placements receive timely educational services and appropriate placements
- Identify educational services 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 (STRTP)

- In partnership with California Department of Social Services (CDSS), Chief Probation Officers of California (CPOC), California Department of Developmental Services (CDDS), and Department of Healthcare Services (DHCS), California Department of Education (CDE), California Welfare Directors Association (CWDA), California Behavioral Healthcare Directors Association (CBHDA), 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
- Advocate for Alliance STRTP Recommendations to be acted upon by CDSS, DHCS, CPOC, CDDS, CDE, CWDA, and CBHDA

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

- Foster care rates structure adequately funds all levels of care and incentivizes permanency
 - Work with advocates and CDSS to create updated Levels of Care with standardized assessment-based system with adequate indicators and rates
 - Foster Family Agencies (FFAs) receive California Necessities Index (CNI) based cost of living increases (COLAs)
- Evaluate and advocate for funding for 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 placements
- Create incentives for adoptions/guardianships of traditionally hard to place youth
- Advocate for specialized care increment to be universally available for all resource families
- Advocate for supervised visitation fiscal and programmatic supports
- 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 (CWDA, CBHDA, 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) to resolve interagency communication and collaboration

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

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

- Part I - Prevention – Evidence Based Prevention Services: Ensure models used by members are included in the approved list of Evidence Based Practices (EBPS)
- Part I – Substance Use Residential Programs
- Part IV – Qualified Residential Treatment Programs
- Part VII – Data

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

- Partner with DHCS 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

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

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

- Advance clear Alliance positions on CalAIM elements and engage with California Health and Human Services (CHHS), CBHDA, DHCS, the Legislature, and other advocates to develop a final proposal that ensures maximum access to services and full compliance with federal EPSDT mandates
- Advocate at the DHCS Behavioral Healthcare Stakeholder Advisory Committee (BH-SAC), CalAIM workgroups and other venues to reduce paperwork and documentation burden

Goal B: Ensure adequate MediCal 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 MHSA funds focused on children, youth and families

- Influence policy changes on MHSA funds distribution and implementation; develop position on the updating of MHSA efforts
- Ensure stakeholder (including youth and families) input at all levels of decision making
- Highlight member best practices funded by MHSA across the state

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
- Increase home-based family treatment services such as Therapeutic Foster Care

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

Goal F: Fund children's crisis residential programs through MediCal

- Continue efforts to designate Children's Crisis Residential Programs (CCRP) as Psychiatric Residential Treatment Programs (PRTF) to ensure consistency with program model
- Ensure 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 (AB340)
- 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 AB114 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 Open Minds and/or National Council/Kennedy Forum
- 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)

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

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
- 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 schools on the benefits of contracting with a CBO to deliver school based mental health services

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

Goal C: Early education is available to all children

- Identify partner organizations to work with on efforts to advocate for 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 drive schools to increase outcomes for foster youth

- Advocate for increased services and accountability for foster youth in Local Control Accountability Plans

5) FAMILY SUPPORTS AND SERVICES ARE READILY AVAILABLE IN COMMUNITIES

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

6) YOUTH AND FAMILIES HAVE SAFE AND STABLE HOUSING

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 advocacy strategies

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

- Actively engage in efforts to ensure adequate funding for TAY services
- Monitor implementation of regulations for Transitional Housing Programs and advocate as needed
- Increase the quantity and quality of related 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 TAY homeless and for more research on best practices to help TAY homeless

7) 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

PRIORITY POLICY, LEGISLATIVE AND BUDGET ITEMS

BEHAVIORAL HEALTH

- 1) CalAIM
 - Influence development of plan to reduce administrative burden, address contractual issues, ensure that finance structure is adequate, and develop opportunities for providers
 - Ensure timely access to care and improve health outcomes for foster and probation youth
- 2) Expand access to school-based mental health services
- 3) Advocate for and support efforts to expand the behavioral healthcare workforce
- 4) Increase engagement with commercial insurance and managed care organizations

FOSTER FAMILY AGENCIES/ADOPTION

- 1) Foster Family Agency (FFA) Permanent Rates and cost of living increase (COLA)
- 2) Resource Family Approval (RFA) rate
- 3) Specialized Permanency Funding
- 4) Budget Request for Court-Ordered Supervised Visitation

RESIDENTIAL

- 1) Family First Prevention Services Act and Continuum of Care Reform Implementation
 - Advocate with state departments to ensure that Short Term Residential Therapeutic Programs (STRTPs) are not identified as Institutions of Mental Disease (IMDs)
 - Advocate for funding for aftercare service
- 2) Ensure stability for STRTPs
 - Advocate for reduced regulatory burdens and system barriers
 - Advocate for adequate resources for STRTPs

EDUCATION

- 1) Influence Special Ed Financing Reform
- 2) Develop alternative education program for STRTP youth whose needs are not currently met
- 3) Develop language for Child and Family Teams focusing on educational placements and options
- 4) Actively participate and represent members in discussions/legislation related to restraint and seclusion in schools