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10/19/2022

To: CDSS

Re: Youth Law Center Comments on the Draft AB 2083: Children and Youth System of Care Legislative Report

Youth Law Center (YLC) appreciates the opportunity to review and comment on the Draft Report to the Legislature on the Children and Youth's System of Care. We have provided both global comments from YLC's Quality Parenting Initiative on the need for practice and policy changes that maintain children and youth's relationships and ensure they receive excellent parenting; and specific comments from YLC's legal team responding to the report recommendations. We do want to note that the extremely short timeline for report review and submission of comments has impacted both the quality and breadth of our feedback, and the ability of other important stakeholders to submit comments. For example, we note that there are legal inaccuracies in Gap 7 that require more careful attention and specific comments than we or other advocates had the opportunity to provide. We also have consulted with other advocates, such as lawyers representing children and youth with complex needs, who did not have the ability to review or comment given the very short timeline. We have done our best to provide feedback within the time allotted.

As you will see, our specific comments focus on the need to ensure the field understands and is fostering normal/typical adolescent development as well as a trauma sensitive approach, the need to understand and prioritize the needs of particular populations of youth who we know have or may develop complex needs due to their treatment in the system - youth who are dually involved with probation and foster care or who are probation supervised; expectant and parenting youth; and youth for whom we have failed to find a permanent family who are now in extended foster care. We also believe it is important to consider racial disparities in these populations of youth, and to ensure that we are not exacerbating trauma through racially insensitive or unjust treatment in foster care.

Our comments also focus on both the challenges and recommendations that resource families have identified around the kinds of supports, policies, and practices that allow them to care for children and youth with complex needs (or that discourage or prevent them from doing so). Some of these are very basic, such as the need to provide resource families and youth with dedicated funding for costly after-school care and summer camps and activities so that youth who have complex needs have structure and opportunities to have fun and grow, and families have additional caring adults to

support them. And lastly, our comments also focus on some of the recommendations made by youth identified by systems as having complex needs around where they see the biggest current gaps.

While we describe the need to address probation-supervised foster youth specifically in several of our comments, we believe the report, on a global level, should better identify the needs of this vulnerable population. It should, at a minimum, separately address gaps and provide corresponding recommendations specific to youth in probation-supervised foster care. For example, a new “Gap 2” should be added titled “Unique Needs of Children and Families Involved with Probation Supervised Foster Care.” Notably, the two reports due to the legislature in January 2019 and 2021 addressing the gaps and placement needs of this particular population remain outstanding.¹ Probation supervised foster youth represent a small percentage of youth in the State’s foster care system, however, as of January 2018 (the starting period for this report) they accounted for 25% of the STRTP/group home population. They continue to make up a large proportion of youth in congregate care and warrant a specific and tailored response.

The report narrative discusses the importance of early childhood as a developmental period, and we are glad to see a focus on early intervention and prevention. However, we would also like to see the report highlight that researchers have now identified that adolescence is an equally important developmental period, where teens’ brains are capable of literal rewiring from trauma and significant new growth IF youth have safety, stability and loving, nurturing relationships with adults. Given that many of the youth who have been identified as having complex needs are teenagers, it is important for us to think of adolescence as a critical time of opportunity, and understand that our practices and policies have great impact and consequence, for better or worse. **Positive Childhood Experiences, or PCEs, which include positive parenting, enriching activities, and supportive relationships with friends, school and community, are as equally powerful on a youth’s life trajectory as Adverse Childhood Experiences.**² Taken together, we hope that YLC’s comments identify that we believe one of the most important gaps to address are those that research clearly directs us to - those practices and policies that interfere with every child and youth’s fundamental need and right to live in a family and have the relationships with the people who love them protected and prioritized.

Sincerely,

Jennifer Rodriguez, Executive Director

¹ Welfare & Institutions Code § 11462.041 (d) & (e).

² Bethell C, Jones J, Gombojav N, Linkenbach J, Sege R. Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels. *JAMA Pediatr.* 2019;173(11):e193007. doi:10.1001/jamapediatrics.2019.3007 available at <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2749336>

October 13, 2022

Children and Youth System of Care State Technical Assistance Team

SystemofCare@dss.ca.gov

Re: AB 2083: Children and Youth System of Care Multiyear Plan for Increasing Capacity

Dear Child and Youth System of Care State Technical Assistance Team,

Thank you for the opportunity to comment on CDSS's draft Children and Youth System of Care Multiyear Plan for Increasing Capacity. Rather than addressing any specific recommendations included in the plan, our brief comments are directed to a broader analysis of the implicit approach to healing youth who have been subjected to trauma.

QPI supports the view that the only way for youth to heal from trauma is to ensure that they develop and maintain healthy supportive relationships and experience consistent parenting while in out-of-home care. Unfortunately, many of the youth whom this plan seeks to reach have not only been subject to traumatic experiences before entering care but also re-traumatized while in the system through multiple disruptions of critical relationships.

We agree that all of the training and support included in the plan are critical to addressing the needs of these young people. We are particularly encouraged that the need for education on child development and mental health services, particularly infant mental health services, is recognized and addressed. However, unless all child welfare participants and partners believe parenting and the development of strong relationships is the clear priority of the system, these supports will not resolve the issues these children face. This priority must be recognized by policies and practices that eliminate unplanned moves from family to family and require that, even when a move is necessary, it is accomplished in a way that minimizes disruption and maintains the child's relationship with previous parenting figures. For example, not only is additional support for recruitment and retention of foster families critical, as recognized, but improved systems for matching children with families are essential, as are relationship-based supports for resolving conflicts, and innovative solutions to maintaining relationships between young people and their resource families while they are in treatment. Other examples of areas where there are gaps in the practices that would allow for a strong relationship between resource families and youth include: failure to share appropriate information with families that would allow them to parent youth effectively due to misunderstandings around confidentiality; challenges in implementing prudent parent policies that result in families not being able to fully include the youth in family activities or be supported when developmentally appropriate issues arise; lack of resources for relationship-based interventions such as therapeutic foster care; lack of supports for youth focused on providing opportunities to learn how to have healthy relationships with supportive adults such as extracurricular activities (which also provide resource families support).

It is impossible to detail all of the changes in resource allocation that would result from a relationship-based approach to the problems facing youth who have been subjected to trauma. Consequently, the gap analysis should provide an opportunity for counties or other providers to develop innovative approaches to maintaining relationships regardless of placement status. These approaches should address policy and practice related to all youth in care, not simply those who have been identified as in need of high-end services. We would be happy to discuss some of the changes that have been identified as needing policy or resource allocation in counties implementing QPI that have been starting to undertake this type of analysis.

We apologize for our inability to follow the suggested format due to the global nature of our comments and hope that you will nonetheless incorporate this approach into the document.

Sincerely,

A handwritten signature in black ink, reading "Carole Shauffer". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Carole Shauffer

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YLC Comments on the Draft AB 2083: CHILDREN AND YOUTH SYSTEM OF CARE Legislative Report

CAPACITY GAP I: UNIQUE NEEDS OF CHILDREN AND FAMILIES INVOLVED WITH CHILD WELFARE

Recommendations 1 and 2: Support providers' utilization of trauma-informed treatment models across the continuum of care. Support program models to include training that is focused on supporting the developmental role of parent/caregiver in helping the child heal from trauma.

Comment on Recommendations 1 and 2: We ask that these recommendations be modified or an additional recommendation be added to focus on ensuring that providers, staff and families receive training and support on understanding and responding to NORMAL child and adolescent development. The current knowledge about child and adolescent development and brain science is strong, but that knowledge is not shared in foster care or applied to foster care practice and policy, which causes both additional trauma to children and youth in care, and also results in behaviors (particularly for teens) that are developmentally normal being characterized as "complex," problematic, or a result of trauma. Consultation with developmental experts and specialists regarding appropriate care for and response to normal adolescent development is critical.

Recommendation 3: Increase training supports for resource parents, adoptive, biological, and other caregivers caring for trauma-affected children of all ages.

Comment on Recommendation 3: We ask that detail be added to this recommendation clarifying that training supports include expert developmental consultation and coaching to address the specific needs of individual children and youth, as well as expert peer mentor/coaching by experienced resource/biological parents and other caregivers. Currently, many caregivers report that the classroom based/general training that is offered does not help them address the specific and unique behavioral needs of individual children and youth in their home, or the specific and unique dynamic between parent and youth. Caregivers report great benefit from

specific consultation and hands-on individual coaching from experts in both child and adolescent development and experienced resource and biological parent partners/mentors. In addition, this kind of support for youth (both developmental expert support and peer youth partners) is also critical.

Recommendation 4: Support child wellbeing activities to decrease the impact of trauma, improve resiliency and increase childrens' interpersonal skills.

Comment on Recommendation 4: We ask that this recommendation be enhanced or an additional recommendation be added to more specifically recommend that ongoing state funding be provided to support participation in enrichment activities for youth in the child welfare and juvenile justice systems as a critical intervention for healing and addressing trauma as well as supporting well-being.

Comments on Capacity Gap 1 Generally:

Additional Recommendation 1: We recommend that an additional recommendation be included in this section to highlight the special needs of several subgroups in foster care: 1) expectant and parenting youth; 2) probation-supervised foster youth; and 3) and youth in extended foster care. The special needs of these subgroups of youth and the need to develop tailored living arrangements and support services could be further discussed on page 17-18 of the report.

Additional Recommendation 2: We recommend that an additional recommendation be included in this section to highlight the importance of addressing the racially insensitive or unjust treatment in foster care that may result in Black, Indigenous Latino and/or LGBTQ+ children and youth experiencing conditions in foster care that result in complex trauma, and ensuring that treatment, services and supports specifically be tailored to meet the needs of these children and families. This requires an analysis to identify and address treatment disparities unique to Black, Indigenous Latino and/or LGBTQ+ children and youth. These disparities may, for example, result in disproportionate numbers of Black male youth living in congregate care, rather than being placed with supports with kin; or disproportionate numbers of LGBTQ+ youth experiencing violence or discrimination in placement and not being able to maintain relationships with people that are important to them.

Additional Recommendation 3: Counties have not uniformly complied with WIC 16001 and evaluated the county's placement resources and programs in relation to the needs of children and nonminor

dependents placed in out-of-home care, examined the adequacy of existing placement resources and programs, and identified the type of additional placement resources and programs needed. These analyses are critical to build an adequate service and support array that is trauma informed. We ask for the inclusion of an additional recommendation for this section to ensure that each county evaluates its current placement array as required under WIC 16001 and to make these analyses publicly available. In addition, WIC 11462.041 (d) & (e) required CDSS to complete a separate gaps analysis related to probation supervised youth in foster care, who make up a large number of the congregate care population, and submit a report to the legislature by 2021. This provision has not been complied with and is essential to developing an effective multi-year plan. We ask that a recommendation be included to ensure that this gaps analysis is completed consistent with the law.

CAPACITY GAP 2: ESSENTIAL COMPETENCIES WITHIN SERVICES, SUPPORTS, AND SPECIALIZED MODELS OF CARE FOR CHILDREN IN FOSTER CARE

Recommendation 8: Expand the integrated continuum of care to promote transition to lower levels of care, including individualized trauma-informed small capacity STRTPs and Enhanced Intensive Services Foster Care Homes.

Comment on Recommendation 8: We ask that this recommendation be expanded to include other settings in addition to small STRTPs and Enhanced Intensive Services Foster Care. We would like to add the following settings to aid in the development of a fuller supportive continuum of family based settings for both child welfare foster youth and probation supervised foster youth:

- (1) Development of Enhanced THP-NMD and THP-M programs that can meet the needs of youth with complex needs. This model should leverage EPSDT services and should ensure that permanency supports, including family finding and engagement, are still provided.
- (2) High quality therapeutic foster homes to meet the needs of young people of all ages.
- (3) Therapeutic foster home settings for expectant and parenting youth, including providing incentives or startup funds for providers interested in piloting programs.
- (4) Therapeutic family foster care for youth who have experienced commercial sexual exploitation, including providing incentives or startup funds for providers interested in piloting programs (such as [CHANCES](#) or [Freedom Forward](#)).

Recommendation 11: Conduct a latent class analysis of CANS data and other assessment data to identify and compare the profiles of need within their local systems to the existing network of services and settings.

Comments on Recommendation 11: Currently, the CANS is only mandated to be used by child welfare agencies, not juvenile probation departments which continue to use other assessment tools. We believe that county probation departments should be required to use the CANS going forward. In addition, this analysis must account for the fact that all probation departments do not use CANS at present, and, at a minimum, indicate which counties are utilizing the CANS and which assessments are being used in any county that does not utilize CANS.

Comments on Capacity Gap 2:

Additional Recommendation 1: We recommend the inclusion of the following recommendation for this section to ensure the quality of services and supports and to help ensure that higher levels of care are justified and short term. We believe this element is essential to ensure that the continuum of trauma informed supports meet the needs of young people and families:

Create a state Quality Control Unit that evaluates every case of a youth placed in any group/congregate care setting and any youth who enters the juvenile justice system from the child welfare system with regard to:

- 1) the reason for the placement,
- 2) the needs of the child that could not be met in family based care,
- 3) the services available in the current placement to meet those needs,
- 4) the length of time the child is in the facility,
- 5) the services actually provided by the facility,
- 6) outcomes for the child of the services provided by the facility.

The state Quality Control Unit should make individual records available for review by all relevant state agencies and incorporate composite/non-identifiable results and analysis in a report to the legislature.

Additional Recommendation 2: We recommend ongoing state funding to pay for specialized individual needs of youth that result from gaps in the state's system of care. Youth often have individual needs that are critical to their stabilization and healing, but may not be covered by existing systems of care. If immediately accessible, low barrier funding were available, these supports could enable youth to avoid restrictive placements or step down to live with a family. Examples of the kinds of supports that youth have previously identified as being most important for preventing restrictive placement include:

- organized sports registration, uniforms and travel costs
- participation in trade apprenticeship programs
- attendance at arts/comedy/music camps
- participation in camps during school break unstructured time (including but not limited to summer break)
- mentoring services access and cost
- costs associated with providing birth family stable housing or other investments to ensure the ability to reunify
- travel costs to visit siblings, other out of area family and to develop relationships
- participation in advocacy and community building activities

CAPACITY GAP 3: CARE COORDINATION

Recommendation 21: Develop technical assistance resources for all system partners to support cross-system teaming, planning, cross-system notification and education coordination.

Comment on Recommendation 21 and Capacity Gap 3 Generally: We ask that this recommendation be edited or an additional recommendation be added that provides more specificity regarding access to technical assistance and care coordination. We recommend the following:

- (1) Protocols must be developed to ensure that the cases of young people who are not currently placed in family based settings and youth who are proposed to be placed out of county are reviewed by experts to identify their needs and the universe of services and supports that are needed to allow family/community living (see related recommendation above under Capacity Gap 2). This process should be undertaken in conjunction with the CFT, but should be led by individuals with clinical expertise who are able to provide creative and innovative options if needed.
- (2) The development of an ongoing state funded TA team with state and national experts available to provide these reviews and to develop a statewide system to proactively identify cases for review in addition to responding to direct referrals (see related recommendation above under Capacity Gap 2).

Additional Recommendation: We request an additional recommendation be included that provides that policy and practice should prioritize thoughtful, intentional, person-centered teaming across systems of care to do whatever is necessary to prevent disruption and unplanned transitions from resource family homes. Additionally, coordination should ensure that when a transition must occur, that a child or youth-centered transition plan that allows for preservation of youth's relationships is developed in partnership with the resource family and youth. This recommendation is critical, as unplanned transitions and placement disruptions are a significant source of trauma for children and youth in care. This recommendation focuses on child and family team meetings to prevent placement disruption, but it is worth noting that the entire placement process impacts placement stability - from the information collected at removal, the efforts made to encourage working relationships between birth and resource families to co-parent children and youth, the careful selection of a family/placement that can meet the child/youth's needs, to the introduction of the youth to that home, etc.

CAPACITY GAP 4: FAMILY FINDING AND ENGAGEMENT

Recommendation 22: Develop local system of care policies and protocols to increase up-front family finding and engagement and increase rates of first placement with relatives, consistent with ICWA, while ensuring that child and caregiver needs are met upon the child's placement in the home.

Comment on Recommendation 22: We ask that this recommendation be more specific related to the development of protocols and policies to increase up-front family finding and to build a family finding ethic throughout the life of a case, including for nonminor dependents, and across the child welfare and juvenile justice systems.

We recommend that the state be required to develop a protocol or standard of practice for family finding and engagement in collaboration with youth and families with experience in foster care that maintains fidelity to the 6 phases of the family finding model:

- 1) Discovery,
- 2) Engagement of multiple family members and supportive adults through participation in a planning meeting.
- 3) Plan for the successful future of the child with the participation of family members.
- 4) Make decisions during family meetings that support the child's legal and emotional permanency.
- 5) Evaluate the permanency plans developed.
- 6) Provide follow-up supports to ensure the child and family can maintain the permanency plans.

We recommend that counties be required to adopt the protocol developed by the state or have the option to propose their own policy that is consistent with the 6 phases.

Additional Recommendation: We request the inclusion of an additional recommendation that states that efforts must be enhanced to protect and nurture children and youth's important relationships, with siblings and biological family, *even when they do not live in the same home*. For example, youth's relationships with siblings should be prioritized as required under existing law, but even when youth are unable to live with siblings, those relationships can be maintained with intentional efforts by caregivers and support from the agency. Additionally, the agency can implement practices such as icebreakers,

comfort calls, and relationship building that ensure that resource parents are able to work with biological parents to share parenting and to meet the child/youth's needs.

CAPACITY GAP 5: EDUCATION AND SCHOOL STABILITY

Comments on Capacity Gap 5 Generally:

The current recommendations acknowledge significant issues related to the foster youth high school graduation rate, but there is little discussion of the alternative schools that serve disproportionate numbers of high schoolers in foster care. According to [CDE data reporting on state foster youth enrollment](#), about one third of high school aged foster youth enrollments are in alternative, community day, continuation, and juvenile court schools. Juvenile court schools alone make up 13% percent of enrollments.¹ It is likely that these alternative school settings are disproportionately serving youth with complex needs. These schools, as well as those system actors involved in placing youth at these schools, should be prioritized for outreach and training related to foster youth education rights, postsecondary education opportunities for foster youth, and state or county resources relevant to foster youth, with a particular focus on ensuring that system actors understand the applicability of rights, opportunities, and resources to foster youth with current or prior involvement in the delinquency system.

Because alternative schools often lack the extracurricular, mentorship, and behavioral/mental health services that may be available at traditional public high schools, special attention should be paid to ensuring that foster youth in these educational placements have equal access to positive youth development opportunities, activities that promote normalcy, and needed services. The potential lack of these opportunities at alternative schools should be discussed as part of any conversation about school placement. Additionally, resources should be allocated to ensure that students have the opportunity to remain in or return to a traditional public high school if they so desire. This effort could include training or collaboration with CDE on data tracking, guidance, or best practices. One issue to spotlight is AB 167 graduation, and to what extent it is used as a tool to help students stay at school of origin rather than transfer to a school focused on credit recovery.

¹ To be clear, these numbers are based on CalPads data that require the CWS/CMS data match, meaning that they are only inclusive of students that meet the Local Control Funding Formula definition of foster youth (a more limited definition that does not include many of the youth covered by the recommendations in this System of Care legislative report). We note that, based on the chart provided by CDE, there appear to be inaccuracies in the interpretation of how various foster youth educational definitions apply to youth with juvenile justice system involvement; we are happy to provide additional information and clarification.

Lastly, access to and quality of education for youth in congregate care settings continue to be a concern, and currently there is no easy way to track (and therefore address) this issue. There have been reports of increased reliance on online-only schools and/or independent study for youth in congregate care settings, but this development is not necessarily reflected in available educational data (which is already scarce for this population) for a number of reasons, including a general inability to filter education data by placement, the diffuse nature of online education programs, small numbers of individual youth in each program, lack of data on non-public schools, differing county practices regarding the naming or categorization of such schools, etc. While we understand that privacy concerns may limit the state's ability to release such data on individual students on a site by site level, the state should consider whether aggregate data can be released on the number and type of school enrollments for youth in congregate care settings, and whether site level information on type of education program offerings (for instance, a list of schools attended by students within a certain reporting window) and/or data on student enrollments over a 2 or 3 year period could be made available. This data collection would be enormously helpful to the state's ability to evaluate what education gaps may exist for youth in congregate care settings, and the nature of the support they receive, or do not, as a result of their school placements.

Additional Recommendation: Currently there are no recommendations in the report related to access to and success in higher education for foster youth. To address this gap, we would recommend the following additions:

- Ensure that all college Campus Based Student Support Programs that serve youth with experience in the child welfare and juvenile justice systems receive training and have access to resources related to addressing trauma, accessing health insurance, and behavioral health services for transition aged youth.
- Complete an inventory of campuses to ensure that there are sufficient campus behavioral health providers that accept Medicaid.
- Work with districts, County Offices of Education, colleges and the California Student Aid Commission to build capacity around college planning and financial aid for foster youth (including those supervised by probation), with a specific focus on including alternative schools as sites of outreach and emphasizing the ability of foster youth with juvenile justice experience to access college. Comparative lack of CalGrant access for foster youth, particularly those at alternative schools, has been an issue noted by advocates.

CAPACITY GAP 7: ADMINISTRATIVE PROCESSES

Recommendation 49: Presumptive eligibility of specialty mental health services for all children in foster care for a period of 90 days upon entry to care to allow for stabilization and determination if ongoing care is medically necessary.

Comments on Recommendation 49: We ask that this recommendation be clarified to indicate that under CalAIM and Medicaid/EPSDT, all children in foster care, including non-minor dependents and those supervised by probation, are definitively eligible for specialty mental health services and that no diagnosis is required to access services at any point. Pursuant to WIC § 14184.402(d)(1), Medi-Cal beneficiaries under age 21 are entitled to medically necessary specialty mental health services based on an experience of trauma, which can be evidenced simply by “involvement in the child welfare system.” This involvement is defined as having an open child welfare services case, being determined by a child welfare services agency to be at imminent risk of entering foster care but able to safely remain in their home or kinship placement with the provision of services under a prevention plan, or being a child whose adoption or guardianship occurred through the child welfare system. *See, BHIN 21-073. This recommendation should be revised to ensure that appropriate, medically necessary specialty mental health services are identified and provided, rather than suggest that not all children in foster care would be eligible for this array of services.*

Additional Recommendation: The narrative for this capacity gap describes the liability that may deter providers from accepting youth with specific behaviors due to liability and licensing concerns. These same kinds of concerns, and others, are experienced at a much greater level by resource parents, who worry about the implications for their own children, other youth in their home, and their employment and reputation. We request an additional recommendation to address administrative barriers that resource parents identify as interfering with their ability to provide excellent parenting to teens with complex needs, such as lack of consistent understanding around prudent parenting policies, licensing investigations and liability concerns, and confusion around ability to share information about the youth in their care. Additional specific issues such as the ability for resource families to receive funding when a youth is absent from their home for a period of time for necessary treatment, or when absence is to be expected (for example for a youth who has experienced CSE and is transitioning to a family), so that they remain the resource parent even when the youth must be temporarily absent from their home should be considered.