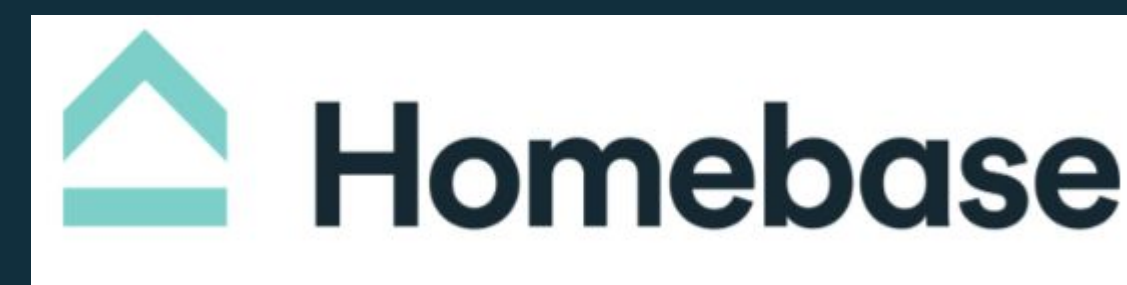


2026 California Youth Justice Summit

Coming Home: Supporting Youth Healing Through Housing Stability



October 2026

AGENDA

- 1 Introduction & Overview
- 2 Discussion Panel
- 3 Q&A
- 4 Breakout Groups & Report Backs
- 5 Closing

Moderator

AJ Johnson

Director, Housing & Economic Mobility
John Burton Advocates for Youth

Mission

John Burton Advocates for Youth improves the quality of life for youth in California who have been in foster care or homeless by advocating for better laws, training communities to strengthen local practices and conducting research to inform policy solutions.



Objectives

Attendees will



- ❑ Learn About Medi-Cal Housing Resources for System Involved Youth
- ❑ Understand How to Access Transitional Rent and the “Housing Trio” Community Supports
- ❑ Identify Opportunities for Re-entry Housing Support
- ❑ Receive Tangible Resources and How to Connect to Local Service Providers

Discussion Panel

Improving Access to Housing Resources for System Involved Youth Who Are Coming Home



Jasmine Young

she/her

Staff Attorney

National Health Law Program



Carly Myers

she/her

Senior Attorney

National Health Law Program



Gillian Morshedi

she/her/hers

Senior Directing Attorney

Homebase



Tyree Crawford

he/him/his

Lead Care Manager

iFoster

Overview of New Medi-Cal Benefits

Care Management & Housing Supports Available through Medi-Cal Managed Care

Overview: New Medi-Cal Benefits



- In recent years, California's Medicaid program (Medi-Cal) has expanded the benefits it offers to enrollees, pursuant to the **CaAIM** and **BH-CONNECT** initiatives.
- Many new benefits have focused on improving **social determinants of health**.
- These benefits include, but are not limited to:
 - **Enhanced Care Management (ECM)**, and
 - **Community Supports (CSs)** (e.g., Housing Trio, Transitional Rent)
- ECM and CSs are only available to Medi-Cal members **enrolled in a managed care plan**.

Enhanced Care Management



- [Enhanced Care Management \(ECM\)](#) provides comprehensive care planning and management across health care and social service delivery systems. ECM provides services **above and beyond** the care coordination available in preexisting programs.
- Each ECM enrollee is assigned a **Lead Care Manager**, who will talk with the enrollee, assess their health and social needs, connect them appropriate services and supports (including **Community Supports**), and coordinate among their various providers. They serve as a **single point of accountability** across multiple programs and systems.
- ECM is available statewide to managed care enrollees who meet the criteria for an **ECM Population of Focus (POF)**. Managed care plans cannot impose additional eligibility criteria.
- For more information: [DHCS's ECM Policy Guide](#) (updated September 2026)

ECM Populations of Focus

Population of Focus		Adults (21+)	Children & Youth (under 21)
1	Individuals Experiencing or At Risk of Homelessness	✓	✓
2	Individuals At Risk for Avoidable Hospital or ED Utilization	✓	✓
3	Individuals with Serious Mental Health and/or Substance Use Disorder Needs	✓	✓
4	Individuals Transitioning from Incarceration	✓	✓ + FFY up to 26
5	Individuals in Community at Risk for Institutionalization	✓	
6	Nursing Facility Residents Transitioning to the Community	✓	
7	CCS or CCS WCM Enrollees with Additional Needs		✓
8	Children and Youth Involved in Child Welfare	FFY up to 26	✓
9	Birth Equity Population of Focus	✓	✓

Adults (21+) Transitioning from Incarceration

Adults age 21 or older^{*} are eligible for ECM under this POF if they are . . .

1. Transitioning from a correctional facility (e.g., prison, jail, or youth correctional facility) **or** have transitioned from such as facility within the past 12 months;

AND

2. Have at least one of the following conditions:
 - Mental illness
 - Substance use disorder (SUD)
 - A chronic condition or significant non-chronic clinical condition
 - Intellectual or developmental disability (I/DD)
 - HIV/AIDS
 - Pregnant or postpartum

*** A former foster youth under age 26 need only meet the children & youth criteria (see next slide)**

Children & Youth (Under 21) Transitioning from Incarceration

Children and youth under age 21 and former foster youth under age 26 are eligible for ECM under this POF if they are . . .

Transitioning from a youth correctional facility or adult jail or prison, **or** have transitioned from such a facility within the past 12 months.

There is no further criteria required.

How to Access Enhanced Care Management

- A youth, or their authorized representative, can call their managed care plan and ask for it. They can find the contact information for their plan on the back of their plan identification card or they can [look it up online here](#).
- A provider can access ECM and Community Supports referral forms through this [Referral Pathways Website](#), which is organized by plan and jointly maintained by DHCS & CDSS.
- If a youth is having trouble accessing ECM or any other Medi-Cal service, contact the [Health Consumer Alliance](#) at 888-804-3536 for free legal help.

ECM Utilization Data

- ECM and Community Supports Implementation Data is [available here](#).
- It currently reflects member utilization and provider enrollment data from January 1, 2022 to December 30, 2025
- For Individuals Transitioning from Incarceration, here is the latest statewide ECM utilization data from Q4 2025:
 - Children and youth (under age 21): 279
 - Older youth and adults (age 21+): 5,118
- **Takeaway**: ECM is still significantly underutilized by these populations.

Community Supports

For people with complex health needs & unmet social needs



Optional services MCPs offer to eligible members:

- Housing transition navigation services
- Housing tenancy and sustaining services
- Housing deposits
- Caregiver respite services
- Community transition services/nursing facility transition to a home
- Environmental accessibility adaptations (home modifications)
- Sobering centers
- Recuperative care (medical respite)
- Short-term post hospitalization housing
- Day habilitation programs
- Personal care and homemaker services
- Nursing facility transition/diversion to assisted living facilities
- Medically supportive food/meals/medically tailored meals
- Asthma remediation

+ *the newest (and first required) Community Support: Transitional Rent!*

Most Relevant Community Supports for People Experiencing or at Risk of Homelessness

Housing Transition Navigation Services

- Assistance with searching for and obtaining housing

Housing Deposits

- Assistance to identify, coordinate, secure, or fund one-time expenses necessary to enable a person to establish a basic household

Housing Tenancy and Sustaining Services

- Assistance to maintain safe and stable housing once it's secured

Transitional Rent

- Up to 6 months rent

The
"Housing
Trio"

Covered Services: The Housing Trio

Housing Transition & Navigation Services (HTNS)	Housing Deposits	Housing Tenancy & Sustaining Services (HTSS)
• Conduct housing assessments to identify member's preferences and barriers to stable housing • Develop an individualized housing support plan • Search for and share housing options • Assist in obtaining housing (incl. completing applications and accessing required documentation) • Assist with requests for reasonable accommodation • Identify & secure resources for members to access subsidized rent programs (e.g., HCVs) • Assist with benefits advocacy • Identify and secure resources to cover one-time expenses like security deposits, moving costs, adaptive aids • Educate and engage landlords; advocate on behalf of the member • Ensure living environment is safe and move-in ready • Help arrange and support the move • Establish contacts and procedures to retain housing	• Security deposits required to obtain a lease • Set-up fees or deposits for utilities or service access & utility arrears • First month utilities (including phone, gas, electricity, heating, water) • Services necessary for a person's health and safety, such as pest eradication and one-time pre-move-in cleaning • Goods necessary to ensure access and safety upon move-in (e.g., A/C or heater) and other medically-necessary adaptive aids and services to preserve a person's health and safety in the home (e.g., hospital beds, air filters, specialized cleaning supplies)	• Early identification of & intervention around behaviors that may jeopardize housing • Educate & train on tenant and landlord roles, rights, and responsibilities • Help to develop/maintain relationships with landlords/property managers • Coordinate with landlord & case manager to address issues that could impact housing stability and resolve disputes • Advocacy and linkage with community resources to prevent eviction • Assist with benefits advocacy • Coordinate to regularly review, update and modify housing support and crisis plan • Ongoing assistance with lease compliance • Health and safety visits, including unit habitability inspections • Other prevention and early intervention services identified in the crisis plan • Assistance with independent living, life skills, and training on budgets

For each of the Housing Trio Community Supports, specific services offered must be based on each person's assessment and documented in an individualized housing support plan.

Transitional Rent Services & Covered Costs

Services	Covered Costs
• Help identifying housing • Ensure housing unit is habitable • Help person understand and execute a lease agreement • Structure rent payment agreement with property manager or owner • Issue timely rent payments • Coordinate with supportive services providers	• Rent • Cannot cover back rent • TR must cover 100% of monthly rent • Rent cap/max based on Small Area Fair Market Rent • Fees for storage of additional belongings • Amenity fees & utilities included in rent

Housing Trio Eligibility

Enrolled in Medi-Cal managed care +



Experiencing or at risk of homelessness + has one of these clinical risk factors:

- Pregnant up through 12-months post-partum
- One or more serious chronic physical health condition
- One or more physical, intellectual, or development disability
- Meets access criteria for Medi-Cal Specialty Mental Health Services (SMHS) = significant impairment or a reasonable probability of significant deterioration in an important area of life functioning due to a diagnosed or suspected MH disorder*
- Meets access criteria for Drug Medi-Cal (DMC) or DMC Organized Delivery System (DMC-ODS) = A diagnosed substance use disorder (SUD) other than tobacco use*

OR

Prioritized for a permanent supportive housing or rental subsidy resource through the local homeless Coordinated Entry System or similar system

OR

Deemed eligible for Transitional Rent

**SMHS and DMC/DMC-ODS access criteria are slightly broader for members under age 21*

Eligibility Criteria for Transitional Rent

Must be enrolled in a Medi-Cal MCP and meet all 3 criteria:

- Clinical risk factor: Meet the access criteria for SMHS, DMC, or DMC-ODS services
- Experiencing or at risk of homelessness
- Fit one of the following 3 categories:
 1. unsheltered
 2. [Full Service Partnership](#)-eligible
 3. Part of a specific “transitioning population” – one of which is: Transitioning out of a carceral setting: Individuals transitioning out of a state prison, county jail, youth correctional facility, or other state, local, or federal penal setting where they have been in custody and held involuntarily through operation of law enforcement authorities

Community Supports Referrals

Medi-Cal members who are eligible for ECM and Community Supports can be referred by anyone.



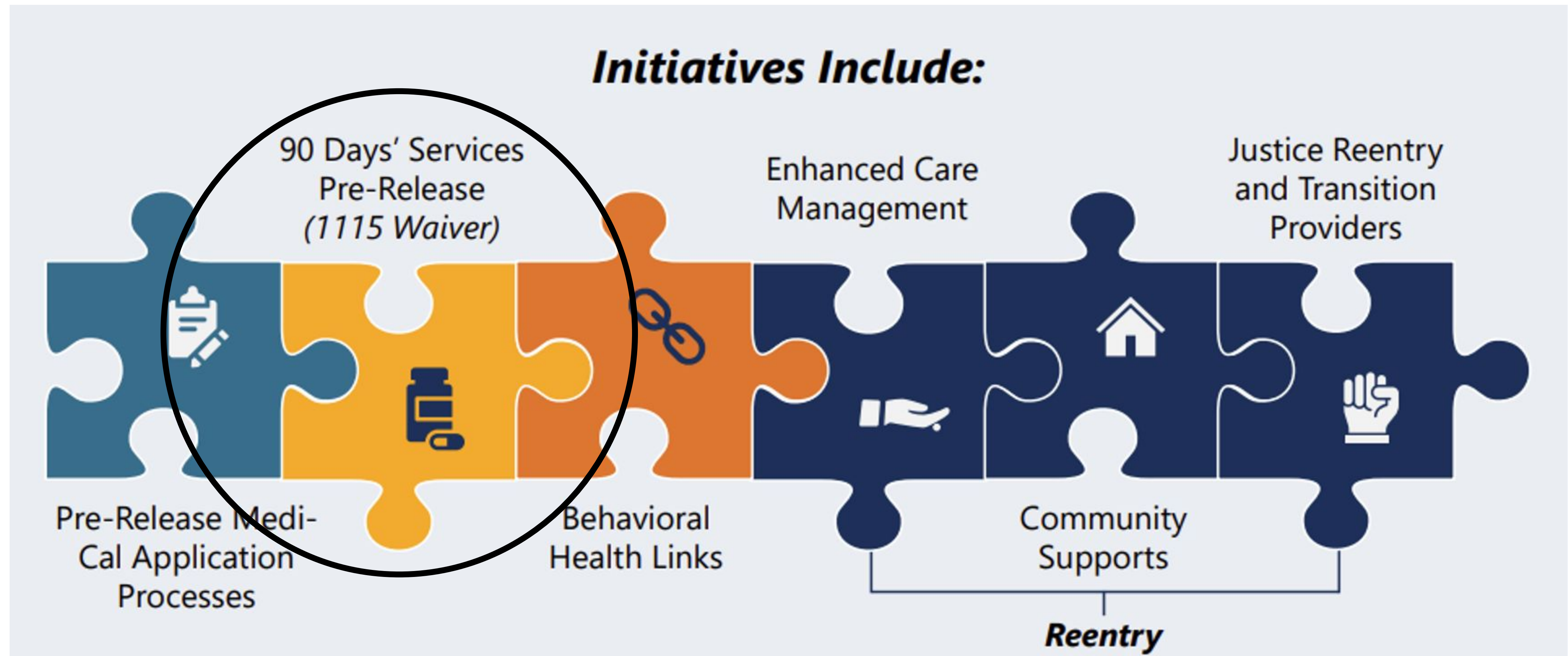
- Ensure person is enrolled in Medi-Cal and managed care plan
- Confirm eligibility for Housing Trio or Transitional Rent
- Complete and submit referral or application forms and supporting documentation to the member's MCP
 - Each plan has its own referral forms and documentation requirements
 - Most plans allow referrals via online portal, fax, email, and/or phone call
- Once a person is approved for the relevant service, the health plan will assign a provider.
- The provider will reach out to the person to enroll them and begin providing services.

For Transitional Rent: Housing Support Plans

- Required for Transitional Rent authorization and to document specific services offered under Housing Trio
- For TR authorization, must name:
 - Housing barriers, goals, and action steps
 - Supports to sustain permanent housing
 - Plan to pay for housing after TR ends
- Must be culturally appropriate, trauma-informed, and developed with member input



CalAIM Justice-Involved Initiative



Medi-Cal Pre-Release Services



- CalAIM Justice-Involved Initiative includes providing selected Medicaid services for eligible incarcerated individuals (both youth and adults) 90 days prior to their release, referred to as **pre-release services**.
- Purpose of this initiative is to build a bridge to community-based care for Justice-Involved Medi-Cal members to help stabilize their health conditions and establish a plan for their community-based care post-release.
- Launched Oct. 1, 2024. Two-year implementation period across all counties: Oct. 1, 2024 – Sept. 30, 2026. Mandatory “go-live” date of Oct. 1, 2026.
- For updates on **county implementation status**, please refer to the [DHCS Go-Live Partners and Status webpage](#).

Medi-Cal Pre-Release Services



- All Medi-Cal eligible youth can receive pre-release services if they are:
 - Incarcerated at a youth correctional facility;
 - Under the age of 21 and incarcerated at an adult jail; or
 - Former foster youth under 26 and incarcerated at an adult jail
- Eligible youth can receive pre-release services without needing to demonstrate a health care need.

Medi-Cal Pre-Release Services



- Reentry care management services
- Physical and behavioral health clinical consultation services
- Laboratory and radiology services
- Medications and medication administration
- Medication assisted treatment/medications for addiction treatment (MAT)
- Services provided by community health workers with lived experience
- Covered outpatient prescribed medications and over-the-counter drugs: a minimum 30-day supply, **upon release**
- Durable medical equipment (DME) **upon release**

Medi-Cal Pre-Release Services



- Reentry Care Management Services – facilitate and develop reentry plan
 - Support Coordination of services delivered during the pre-release period and upon reentry
 - Ensure smooth linkages to social services and supports
 - Ensure arrangement of appointments and timely access to appropriate care and pre-release services delivered in the community
- Critical services that will introduce incarcerated youth to life-saving Medi-Cal housing services



A “For Us, By Us” Network Approach



iFoster’s **national network** reaches **every youth in the child welfare**



iFoster’s **100,000+ member community** represents the **largest collective voice** influencing child welfare



iFoster provides **\$433 Million** in needed resources annually



iFoster creates programs that fill needs and become state entitlements like **CA LifeLine Phones for Foster Youth**



iFoster is proven to **improve lives** by reducing family needs and increasing youth self-sufficiency and employment*



iFoster is the **largest workforce trainer and employer of foster youth** with its award-winning, promising practice jobs program*



*Formal, third-party evaluations by HHS, Administration for Children and Family Services

What we do

- iFoster's Certified Peer Support Specialists are the front-line responders
- Our team works to provide resources for a variety of needs including- housing, dependent care, access to government benefits, food, transportation, and healthcare.
- Our approach meets youth where they are, helps them get the support they need, and teaches them the skill of how to do it for themselves
- Being a Peer Support Specialist isn't just about logistics—it's about trust, advocacy



How we can help

- Helping youth get employed in a career pathway is an important part of iFoster Peer Support Specialist work
- iFoster partnered with Sully Miller, part of Colas International, to create an opportunity for youth to become union workers in heavy construction
- Constant morale support, advocacy, and providing them the resources they needed is what got them through a grueling interview, training, and union exam process
- The first project this group completed was the work on the LAX runways.
- To this day, 75% of the youth are still employed in union jobs



Aging Out with Medi-Cal Enhanced Care Management

- Foster youth enrolled in Medi-Cal are eligible for Enhanced Care Management (ECM)*
- ECM is a new statewide billable benefit that provides person-centered, community-based care management to address health and social service needs
- Through ECM, TAY can be connected to Community Supports such as housing, healthy food, and financial supports
- A Lead Care Manager can provide case management for a year with bi-weekly sessions to achieve self-sufficiency goals, crossing both time in care and out-of-care
- Peers can be the Lead Care Manager providing ECM services, leveraging their lived experience within a structured case delivery model



*Youth must be enrolled in a managed care plan (MCP) and are categorically eligible as a population of focus (POF).

Example: Smooth Transitions

90 Day Transition Plan	Care Plan Topic	Milestones with Periodic Check Ins on Adherence to Plan
Transition Plan (overall)	Care Plan	Youth has a self-sufficiency care plan with goals and milestones developed
Education Plan	Education	- Youth is enrolled in continuing education - Youth is accessing financial aid (FAFSA/Pell/Chafee, school)
Employment Plan	Employment	- Youth has completed job skills training / work experience - Youth has secured employment - Youth maintains employment (through 3, 6, 9, 12 months)
Housing Plan	Housing	- Youth has secured housing - Youth is accessing available housing supports (i.e. vouchers, THP-Plus)
Mentoring and Continuing Support Services	Peer Mentor Vital Documents Government Benefits Financial Management Transportation Health / Wellness Dependent Care	- Youth has dedicated certified PSS/Lead Care Manager and is engaged in at least bi-weekly check-ins - Youth has all needed vital documents, right to work documents - Youth is accessing all eligible government benefits (enrolled, meeting requirements, providing necessary documentation for redetermination) - Youth has a bank account and has a budget - Youth has transportation plan and resources - Youth has created a wellness plan- physical exercise, self care and mental health, healthy eating
Family and Other Permanent Connections	Support Network Access to Technology	- Youth has a solid and active supportive network - Youth has a phone / enrolled in CA LifeLine
Health Insurance Plan	Enrolled in Preferred MCP	Youth enrolled in Medi-Cal MCP of choice and remains enrolled (redetermination).

Overview of TAY Housing Programs

Coordinated Entry, Transitional Housing Programs, Vouchers

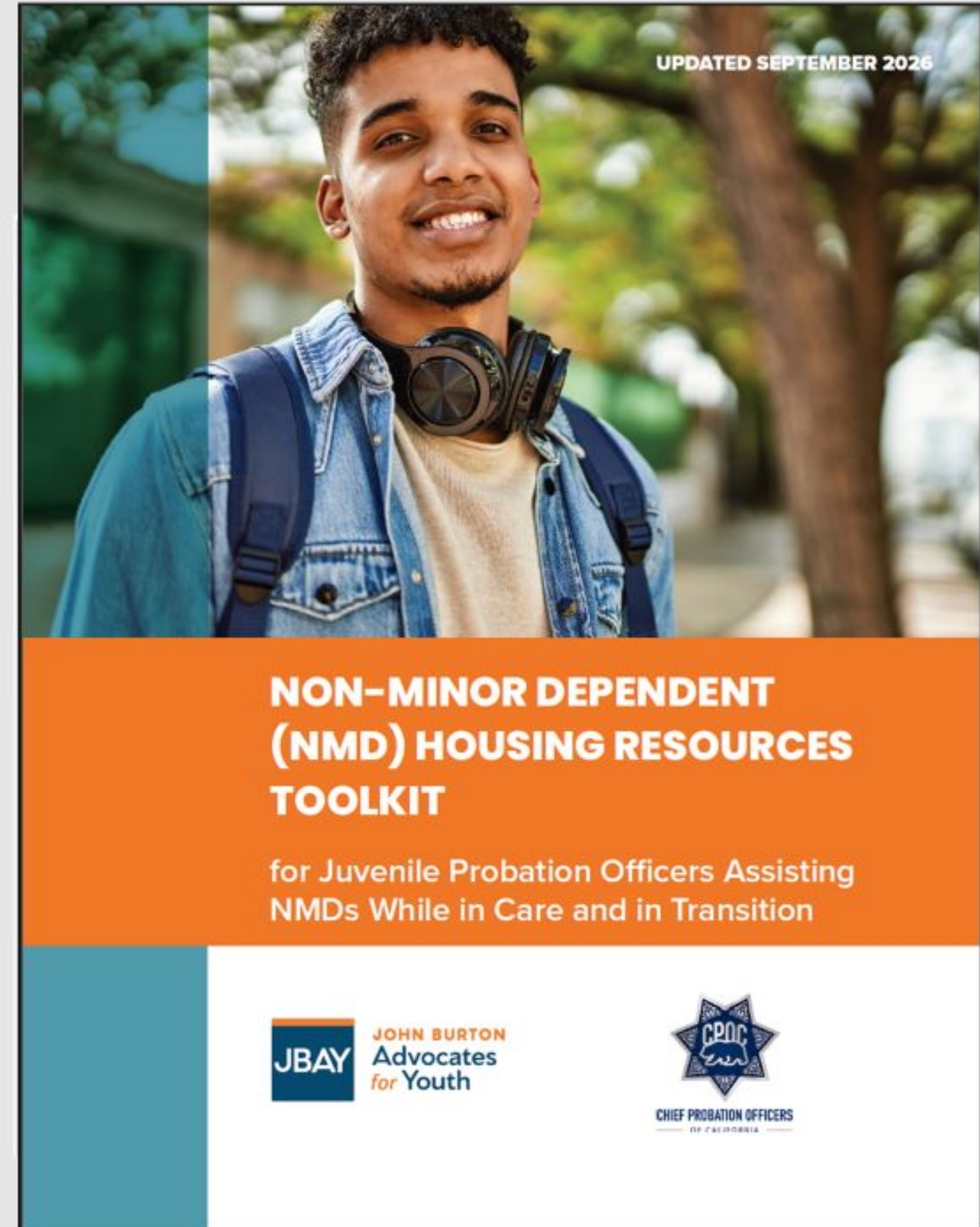
NMD Housing Toolkit

Developed by John Burton Advocates for Youth in partnership with the Chief Probation Officers of California in 2021.

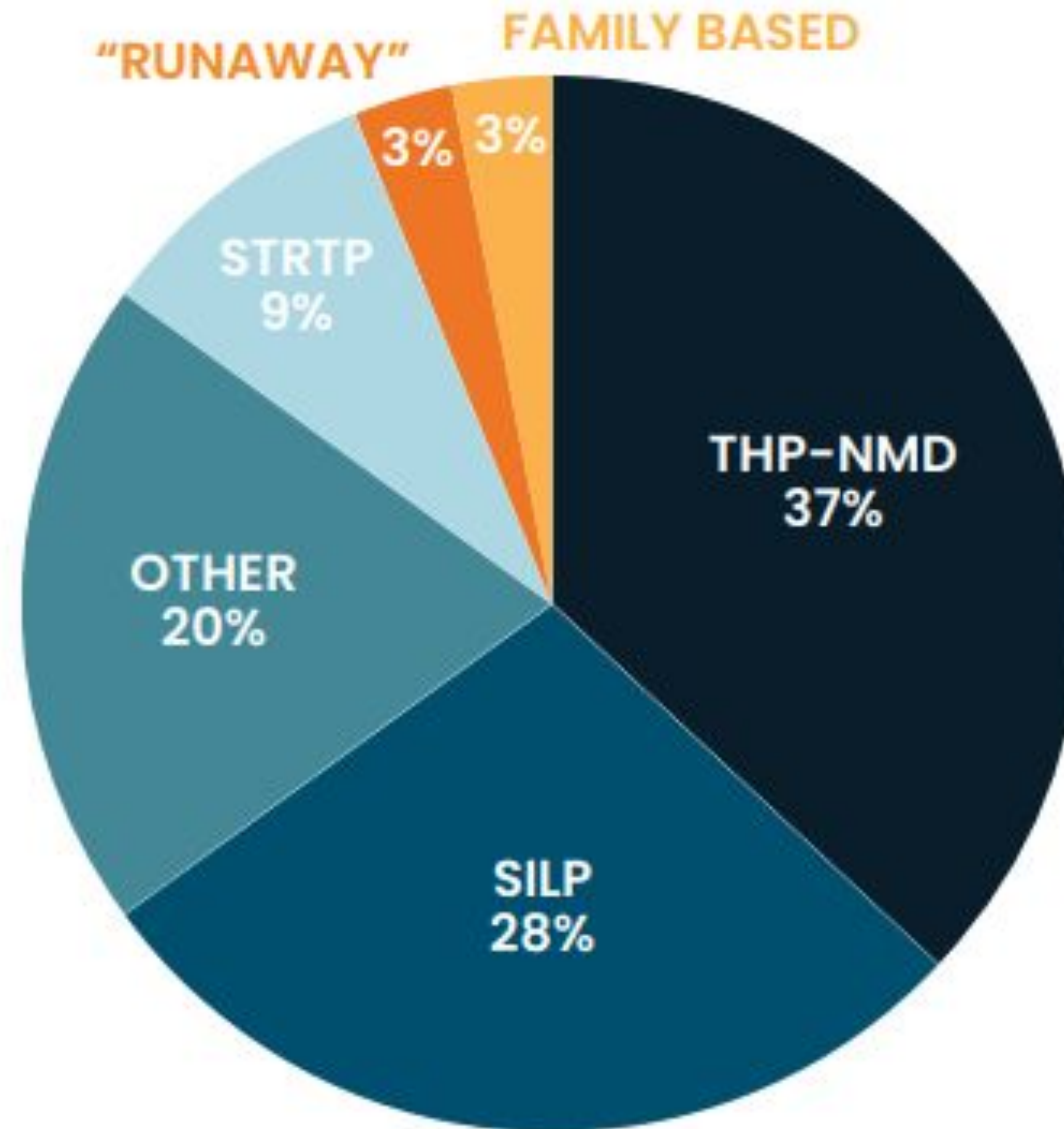
Updated in September 2026 based on new policies and state budget investments.

Assists probation officers working to support non-minor dependents (NMDs) in their efforts to achieve housing stability, both while in extended foster care and as they transition into independent adulthood.

[Read and Share the Toolkit →](#)



Placement of Probation-Supervised NMDs as of April 1, 2026¹²



BACKGROUND ON EXTENDED FOSTER CARE (EFC)

Assembly Bill (AB) 12, the California Fostering Connections to Success Act **extended foster care to age 21**

Upon turning 18, eligible youth can participate in extended foster care (EFC) as non-minor dependents (NMDs) under:

- **Dependency jurisdiction**
- **Delinquency jurisdiction**
- **Transition jurisdiction**

If NMDs opt to leave EFC, they can re-enter up to age 21



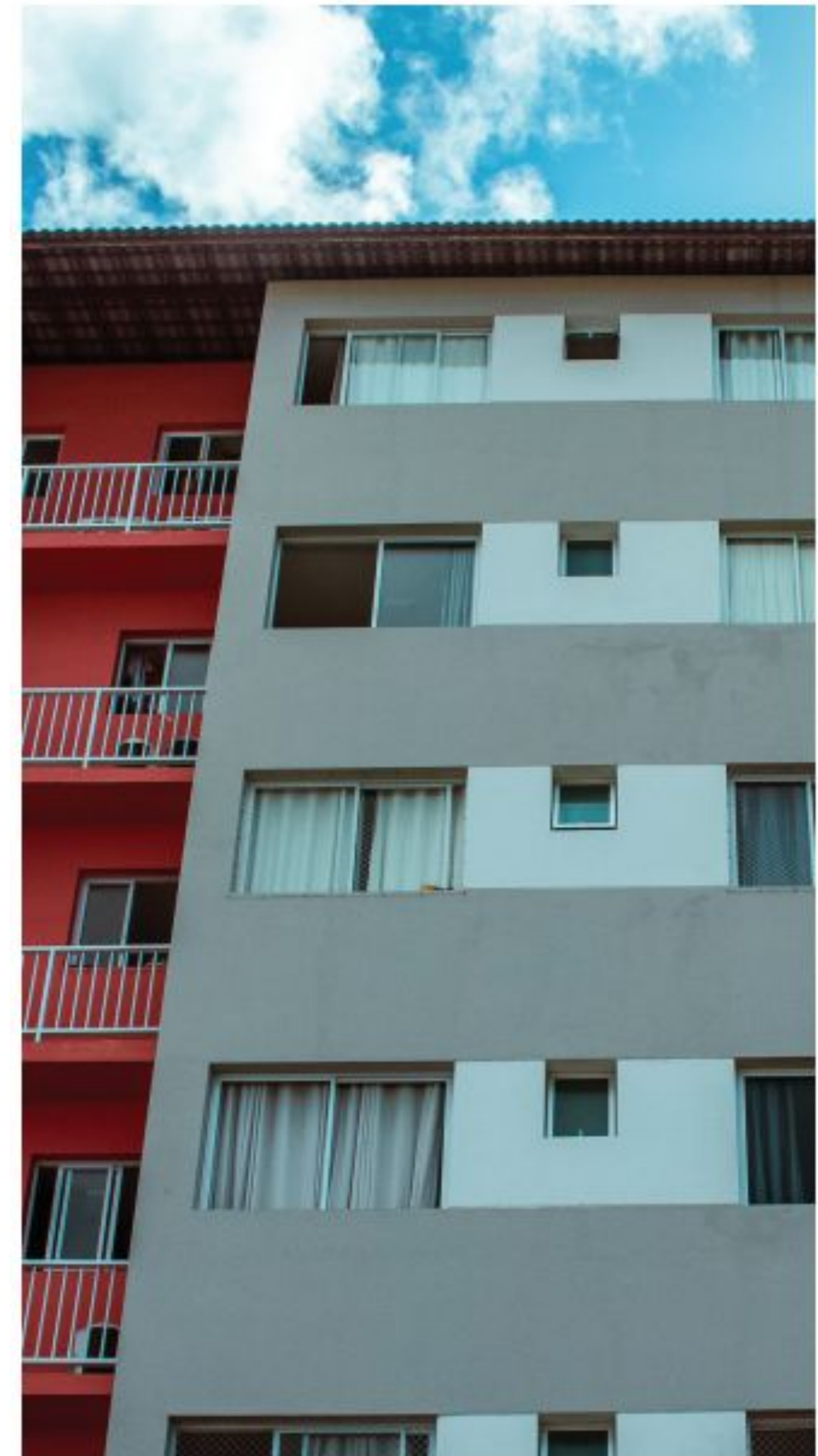
EXTENDED FOSTER CARE PARTICIPATION REQUIREMENTS

- Completing high school or equivalent program i.e., GED
- Enrolled in college, community college or a vocational education program
- Participating in a program or activity designed to remove barriers to employment
- Employed at least 80 hours a month
- Unable to do one of the above requirements because of a medical condition

SUPERVISED INDEPENDENT LIVING PLACEMENT (SILP)

ELIGIBLE HOUSING OPTIONS

- Room rental
- Apartment/house
- College/university housing Tribal SILP
- Single Room Occupancy (SRO) hotel
- Job Corps / AmeriCorps / CA Conservation Corps
- Adult residential treatment facility
- Sober living arrangement
- With bio parent (previously not allowed)





TRANSITIONAL HOUSING PROGRAM FOR NON-MINOR DEPENDENTS (THP-NMD)

SUPPORT SERVICES

- Counseling and case management
- 24-hour crisis intervention and support
- Educational advocacy and support
- Job readiness training and support
- Allowance adequate to purchase food and other necessities (varies by provider)
- Life skills training
- Assistance finding affordable housing upon exit

THP-NMD HOUSING TYPES



Remote Site

Provider owns or leases residences in various locations in the community. Provider staff check in with the youth regularly and offer support services.

~75% youth in THP-NMD



Single Site (Staffed Site)

Provider owns or leases residences in a single building or complex. Provider staff check in with the youth regularly and offer support services. A staff member resides on site.

~25% youth in THP-NMD



Host Family

Provider finds and arranges for the youth to live in a rented room with a family. Provider staff check in with the youth regularly and offer support services.

~2% youth in THP-NMD



FIND A THP-NMD PROGRAM

Download the statewide roster of providers, organized by county

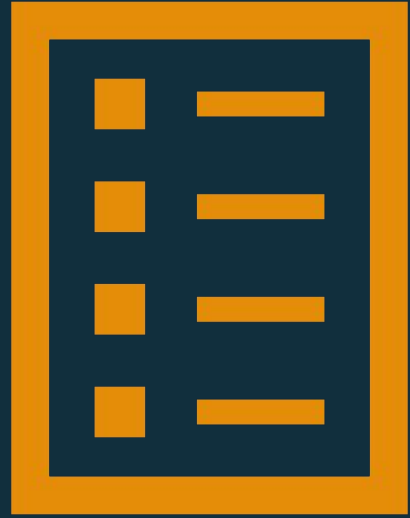
[About Us](#)[Our Work](#)[Resources](#)[Training & Events](#)[Take Action](#)[Q](#)

FIND A THP-NMD PROGRAM

THP-NMD, formerly known as THP+FC, is a foster care placement for youth ages 18 to 21 who are participating in extended foster care (non-minor dependents). THP-NMD provides housing and supportive services. For a statewide roster of organizations with THP-NMD programs, click on the button below.

[Download the THP-NMD Provider Roster](#)

<https://jbay.org/resources/thp-nmd-provider-roster/>



PRACTICE TIP

REMIND YOUTH TO MAKE HOUSING PLANS FAR AHEAD OF EXITING FOSTER CARE

California requires:

- A **90-day transition plan** for nonminor dependents exiting care, and
- **The report at the last scheduled court review hearing** to include info about housing referrals and efforts toward stable housing.

Encourage youth to start these planning conversations and any associated housing referrals **earlier than 90 days before exiting**, and make sure to provide them with **written documentation** of their status as a former foster youth.

THP-PLUS ELIGIBILITY

~98%

of youth are ages 21-24

“**Former foster**” includes youth in the juvenile probation system with a court order for out-of-home placement



Former foster youth,
ages 18-24 (have not
yet turned 25)



Youth can access for
up to 36 months



Exited out-of-home
care on or after 18th
birthday



Working toward
goals on TILP



FIND A THP-PLUS PROGRAM

Download the statewide roster of providers, organized by county

[About Us](#) [Our Work](#) [Resources](#) [Training & Events](#) [Take Action](#) 

FIND A THP-PLUS PROGRAM

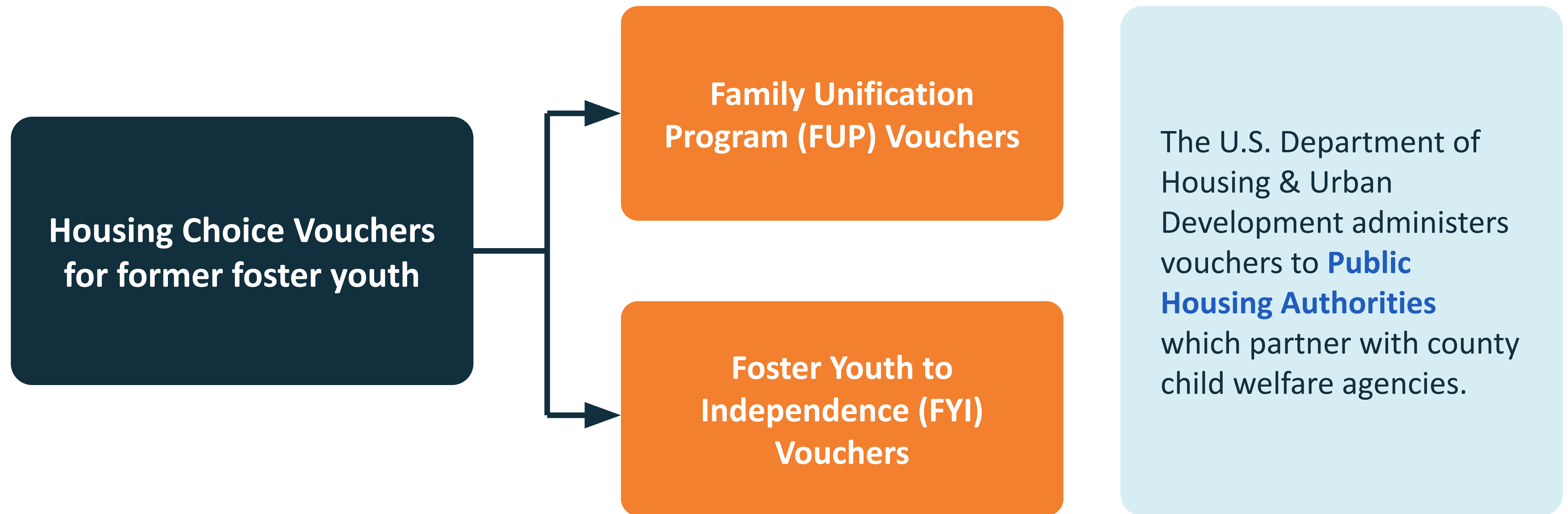
THP-Plus provides 24 months of affordable housing and supportive services to former foster and probation youth ages 18 to 24.* For a statewide roster of organizations with THP-Plus programs, click on the button below.

THP-Plus Provider Roster

*Programs in counties that have opted into the THP-Plus extension offer housing and supportive services for up to 36 months and up to age 25 for

<https://www.jbaforyouth.org/thp-plus-provider-roster/>

TWO HOUSING CHOICE VOUCHER PROGRAMS ARE AVAILABLE SPECIFICALLY FOR TRANSITION-AGE FORMER FOSTER YOUTH



WHO IS ELIGIBLE FOR FYI/FUP VOUCHERS?

Age 18-24
(not yet 25)

**Have left
foster care, or
will leave
foster care
within 90 days**

**Was homeless
or at risk of
becoming
homeless at
age 16 or
older**



FYI WAS DESIGNED TO PREVENT YOUTH FROM LEAVING FOSTER CARE INTO HOMELESSNESS THROUGH ITS UNIQUE REQUEST PROCESS

COMPETITIVELY (FYI & FUP)

through a NOFO process, usually once a year.

May apply for a minimum of 3 and maximum of 75. Awarded based on size of Public Housing Authority (PHA)'s overall voucher program and identified need of eligible youth.

Two
processes
for PHAs to
access
FYI/FUP
vouchers
from HUD

NON-COMPETITIVELY (FYI)

through an “on-demand” process where vouchers are requested on a rolling basis as youth are identified.

May request in batches as little as 1 or as large as 25. Each PHA can request up to 50 in a fiscal year.

ACCESSING FUP AND FYI

TPV: 36 months

- 1 Find out if your county child welfare agency is in partnership with a local Public Housing Authority and who the point-of-contact is for vouchers:
<https://jbay.org/resources/fyi-roster/>
- 2 Have the youth you're working with reach out to the point-of-contact and request a FUP or FYI voucher.
- 3 If the point-of-contact indicates they have no more vouchers, ask if they will work with the housing authority to request an "on-demand FYI voucher."

HUD's notice regarding on-demand FYI vouchers:

<https://www.hud.gov/sites/dfiles/PIH/documents/2023PIH04.pdf>

JBAY's FYI best practices guide: <https://jbay.org/resources/9-11-24-webinar/>

WHAT ARE CONTINUUMS OF CARE?

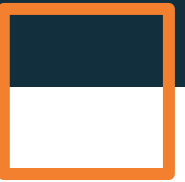
U.S. Department of Housing & Urban Development (HUD)

Largest funder of homeless assistance programs in the country

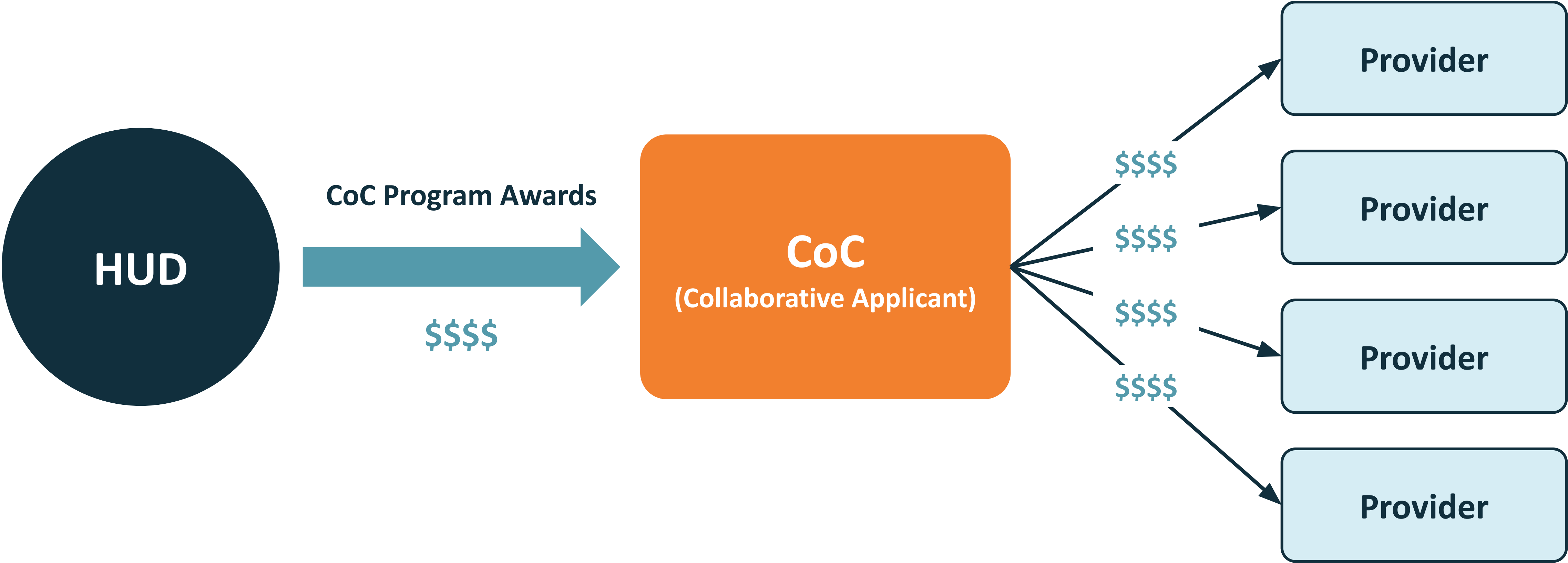


CONTINUUM OF CARE (COC) BASICS

- Administrative entity that receives and administers HUD funding
- Local or regional system – *not county-based*
- 44 CoCs in California
- Primary vehicle for helping people who are homeless or at imminent risk of homelessness – “homelessness response system”



HOW FUNDING FLOWS FROM HUD TO HOUSING & SERVICE PROVIDERS



HUD HOUSING ADMINISTERED BY CONTINUUMS OF CARE

Emergency Shelter

Transitional Housing

Rapid Rehousing

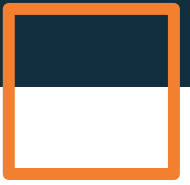
**Permanent
Supportive Housing**

**Housing not administered by the
CoC:**

Housing Choice (Section 8) Vouchers

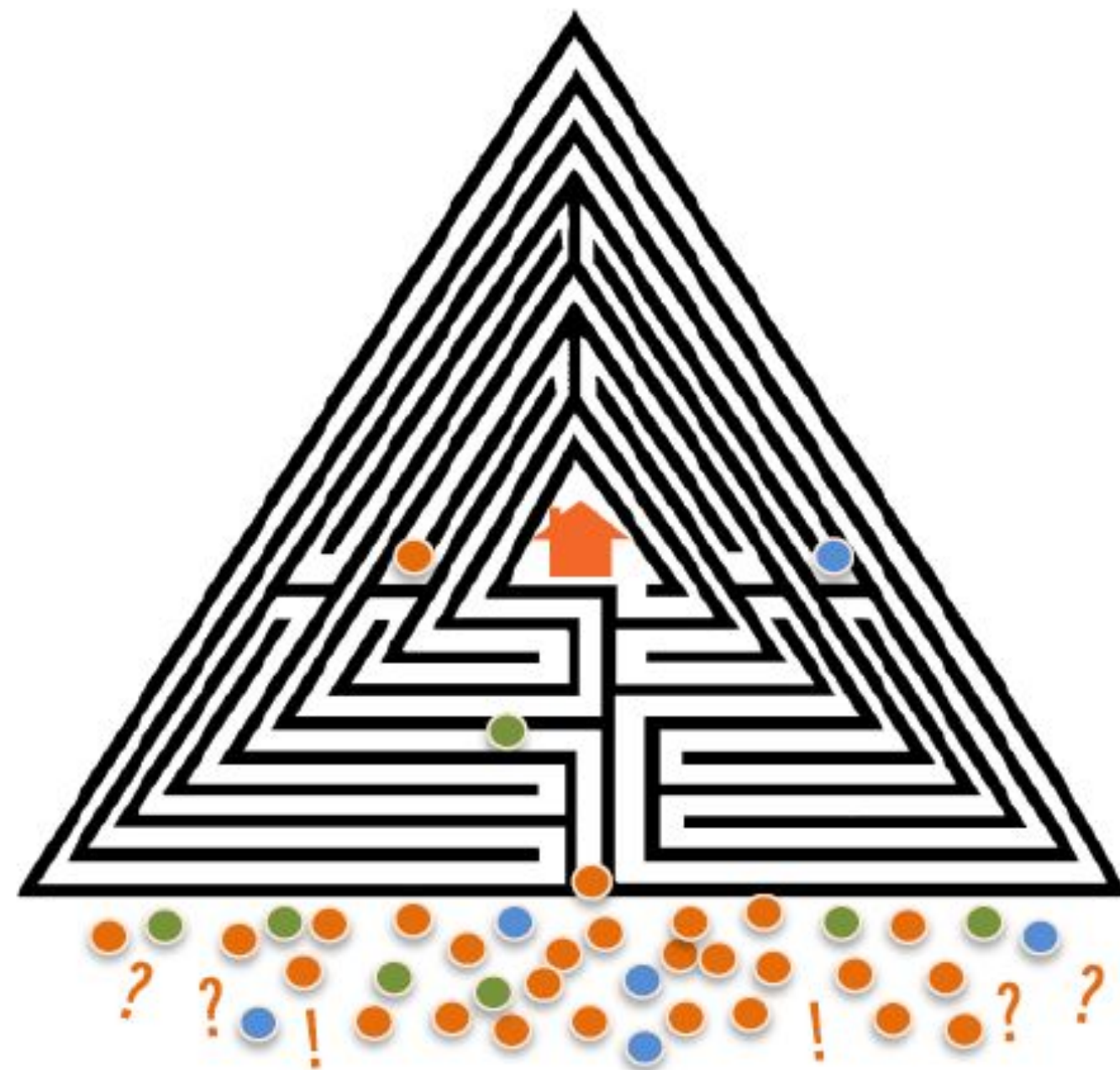
Permanent Affordable Housing

**Runaway & Homeless Youth Act
(RHYA) programs**

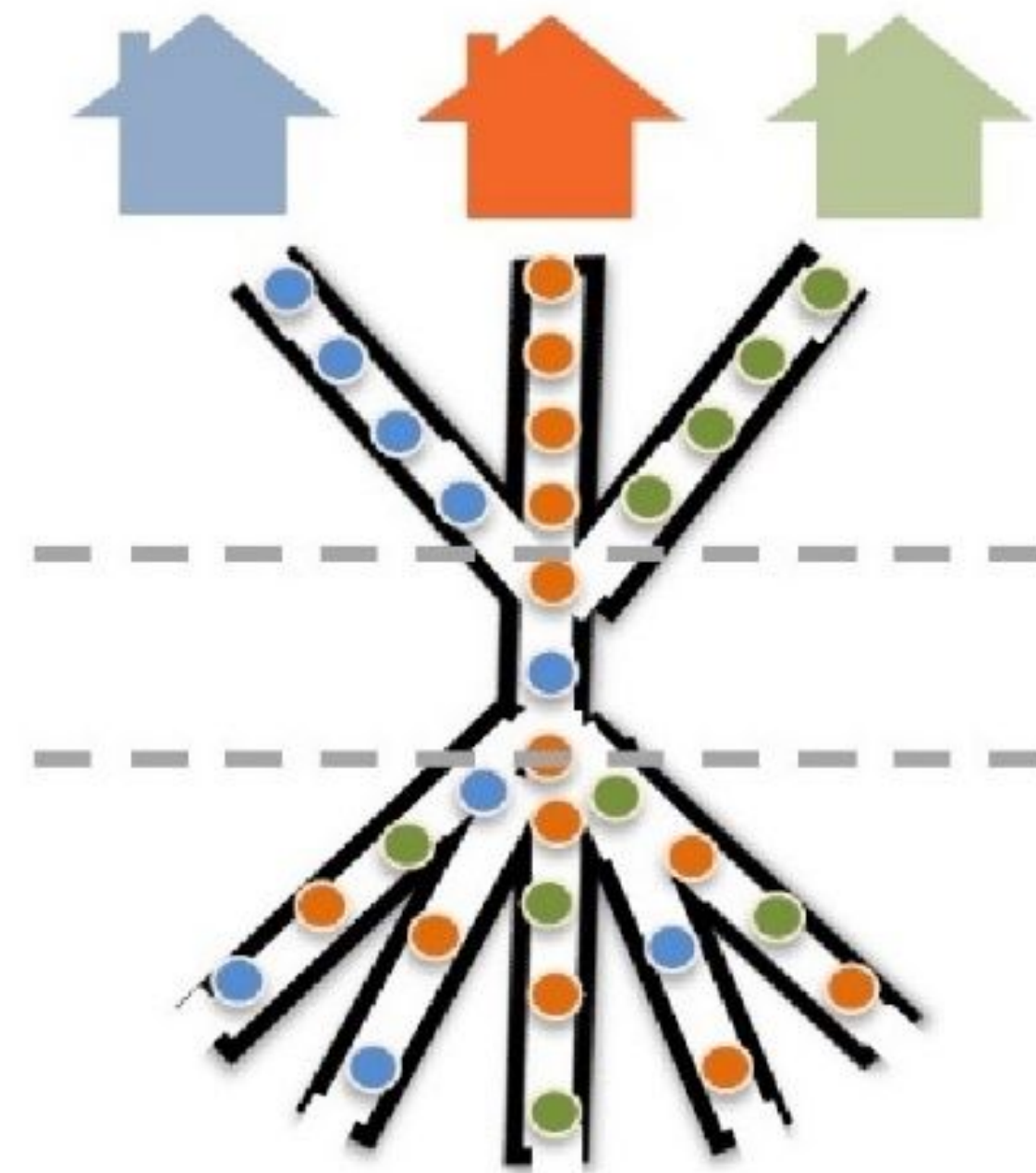


WHAT IS A COORDINATED ENTRY SYSTEM?

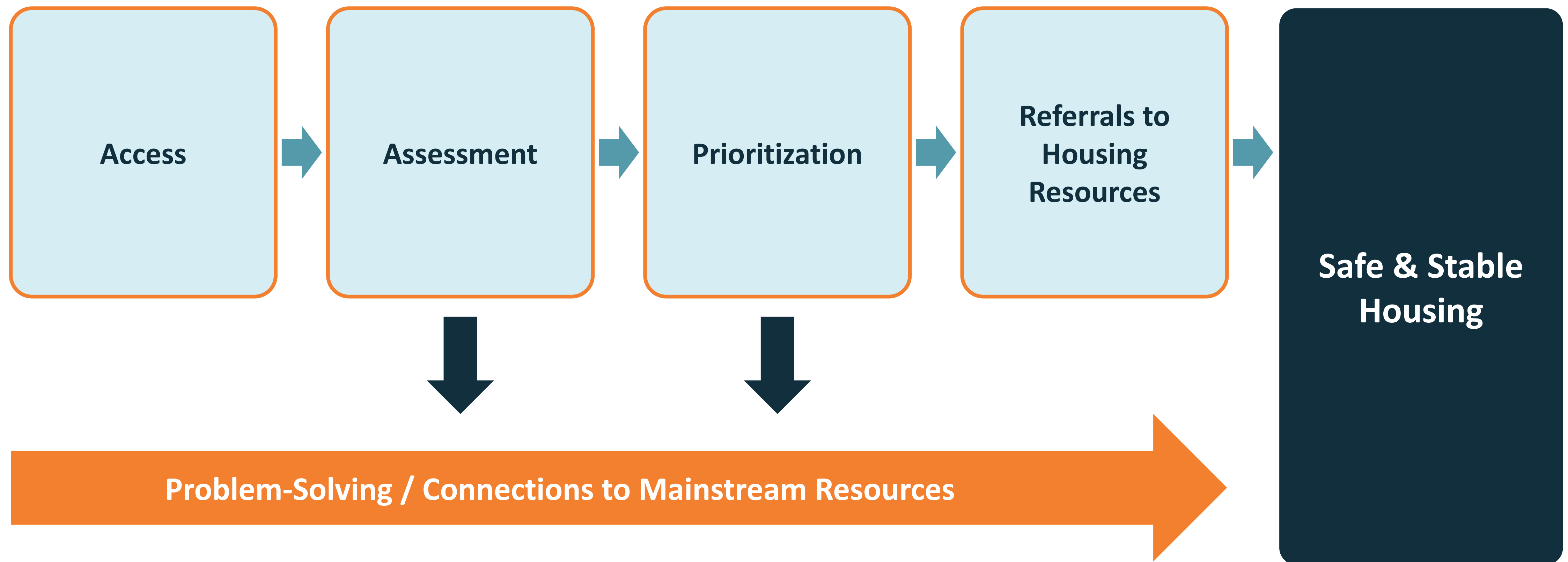
WITHOUT CES



WITH CES



HOW DO COORDINATED ENTRY SYSTEMS WORK?



PRACTICE TIP

HELP YOUTH UNDERSTAND THE PURPOSE AND INTENTION OF COORDINATED ENTRY



- The Coordinated Entry System refers people based on assessed need and vulnerability; it's a prioritization system in a scarce resource environment.
- **This is VERY different than attending an interview for THP-Plus** (it's not about putting their best foot forward; it's about making their needs and risks known)
- **It's important to identify status as a former foster youth** (there may be programs the youth is eligible for based on their systems-involvement)

Breakout Group Discussions

Opportunities and Needs on the Ground

Discuss in a Small Group

Prepare to Report Out Takeaways



- ❑ Identify the Managed Care Plans and Providers in your area using the resources provided.
- ❑ What are you seeing on the ground in your communities?
- ❑ What information or resource do you need to best help young adults returning home access these services?
- ❑ What opportunities exist to help currently and formerly incarcerated young adults access health and housing supports?
- ❑ How can you help ECM providers connect with young adults both in and before a crisis?
- ❑ Share a key takeaway you are bringing with you as you leave this session.



QUESTIONS

THANK YOU

JBAY.ORG