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CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
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July 8, 2025

ALL COUNTY LETTER NO. 25-47
BEHAVIORAL HEALTH INFORMATION NOTICE NO. 25-027

TO: ALL COUNTY WELFARE DIRECTORS
ALL CHIEF PROBATION OFFICERS
ALL COUNTY BEHAVIORAL HEALTH PROGRAM DIRECTORS
ALL SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM PROVIDERS
ALL FOSTER FAMILY AGENCIES
ALL WRAPAROUND PROVIDERS
ALL BEHAVIORAL HEALTH PROVIDERS
ALL COMMUNITY TREATMENT FACILITIES
TRIBES WITH AN IV-E AGREEMENT

CC: COUNTY WELFARE DIRECTORS ASSOCIATION OF CALIFORNIA
COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION OF CALIFORNIA
CHIEF PROBATION OFFICERS OF CALIFORNIA
ALL FEDERALLY RECOGNIZED TRIBES
CALIFORNIA COUNCIL OF COMMUNITY BEHAVIORAL HEALTH AGENCIES
CALIFORNIA ALLIANCE OF CHILD AND FAMILY SERVICES

SUBJECT: FAMILY FIRST PREVENTION SERVICES ACT PART IV AFTERCARE SERVICES UTILIZING CALIFORNIA'S HIGH FIDELITY WRAPAROUND MODEL

REFERENCE: FAMILY FIRST PREVENTION SERVICES ACT, PART IV; BIPARTISAN BUDGET ACT OF 2018, PUBLIC LAW 115-123; ASSEMBLY BILL (AB)161 (CHAPTER 46, STATUTES OF 2024); AB 153 (CHAPTER 86, STATUTES OF 2021); AB 2083 (CHAPTER 815, STATUTES OF 2018); SENATE BILL 187 (CHAPTER 50, STATUTES OF 2022); FAMILY (FAM) CODE SECTION 7900, ET SEQ.; FAM CODE SECTION 7911.1; HEALTH AND SAFETY CODE (HSC) SECTION 1502; HSC SECTION 1530.90; HSC SECTION 1562.01; WELFARE AND INSTITUTIONS CODE (WIC) SECTION 706.6; WIC SECTION 5851; WIC SECTION 4096.6; WIC SECTION 11400; WIC SECTION 16501; WIC SECTION 16521.6; WIC SECTION 16560; WIC SECTION 16562; ALL COUNTY LETTER (ACL) 08-66; ACL 18-81;

ACL 24-18; ACL 21-116/ BEHAVIORAL HEALTH INFORMATION NOTICE (BHIN) 21-061; ALL COUNTY INFORMATION NOTICE (ACIN) I-52-15; ACIN I-07-23; ACIN I-73-21/BHIN 21-055; ALL COUNTY WELFARE DIRECTORS LETTER (ACWDL) NO: 12-12; ACWDL NO: 21-28; BHIN 21-062; COUNTY FISCAL LETTER (CFL) 20/21-94; CFL 21/22-36; CFL 21/22-57; CFL 23/24-30; CFL 24/25-30

PURPOSE

The purpose of this California Department of Social Services (CDSS) All County Letter (ACL) and Department of Health Care Services (DHCS) Behavioral Health Information Notice (BHIN) is to establish the statewide minimum standards to be certified to provide family-based aftercare services. This ACL/BHIN provides information to county child welfare agencies, juvenile probation departments, Tribes, county Mental Health Plans (MHPs), Wraparound providers, Short Term Residential Therapeutic Programs (STRTPs), Community Treatment Facilities (CTFs) and out-of-state residential facilities[1] regarding California's implementation of the Family First Prevention Services Act (FFPSA) Part IV aftercare requirements.

To become a certified provider of aftercare services, providers must agree to use the California High Fidelity Wraparound Model ("CA HFW Model"), approved by the CDSS and based on the updated California Wraparound Standards (CA Wraparound Standards).

The DHCS and CDSS continue to collaborate to minimize duplication and administrative complexity and align the High Fidelity Wraparound (HFW) requirements applicable to family-based aftercare, Medi-Cal, the Immediate Needs program, and Behavioral Health Services Act (BHSA) Full Service Partnerships (FSPs). This and future guidance will build upon established processes and requirements under the CA Wraparound Standards. This ACL/BHIN is tailored specifically to family-based aftercare services and the CA Wraparound Standards may be subject to change to ensure alignment with Medi-Cal, the Immediate Needs program, and BHSA FSPs requirements.

[1]Per ACIN I-07-23, out-of-state residential facility placement requirements were updated and all out-of-state residential facilities were decertified as of January 1, 2023, unless those placements fell within certain exceptions described in ACIN I-07-23.

TABLE OF CONTENTS

BACKGROUND

The FFPSA was signed into federal law as part of the Bipartisan Budget Act of 2018, Public Law 115-123, on February 9, 2018. To achieve compliance with this federal law, California passed Assembly Bill (AB) 153 (Chapter 86, Statutes of 2021), which established the requirements for county child welfare agencies, probation departments, and MHPs, in consultation with the local Interagency Leadership Teams (ILTs) established pursuant to Welfare and Institutions Code (WIC) Section 4096.6, to jointly provide, arrange for, or ensure the provision of six months of aftercare services to youth upon their discharge from placement in an STRTP, CTF, or an out-of-state residential facility,[2] to a family-based setting on or after October 1, 2021.[3] Equally, this letter provides foundational guidance pursuant to WIC section 16560(e) upon which further forthcoming guidance will rely to establish the Standards of care and certification requirements for the Immediate Needs Program established in WIC section 16562, applicable upon implementation of the Tiered Rate Structure adopted in AB 161 (Chapter 46, Statutes of 2024).

STRTP and CTF providers are required to provide for, arrange for the provision of, or assist in the development of an individualized family-based aftercare support plan, developed pursuant to WIC Section 4096.6.[4] The aftercare support plan must identify necessary supports, services, and treatment to be provided for at least six months post-discharge as youth transition from an STRTP, CTF, or an out-of-state residential facility[1] to a family-based setting.[5]

Previously, CDSS and DHCS issued ACL 21-116/BHIN 21-061, which informs county child welfare agencies, juvenile probation departments, county MHPs, and providers, including STRTPs and those delivering Wraparound services, about California's implementation of the FFPSA Part IV requirements for family-based aftercare support. The CDSS issued County Fiscal Letter (CFL) 21/22-36; CFL 21/22-57; CFL 23/24-30; and CFL 24/25-30 regarding funding allocations and claiming instructions, and DHCS issued BHIN 21-062, which provides guidance to MHPs on claiming for FFPSA Qualified Individual (QI) and aftercare costs.

For the purposes of this ACL/BHIN, "family" is defined as anyone who is providing care and supervision for the youth.

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[2] Per ACIN I-07-23, out-of-state residential facility placement requirements were updated and all out-of-state residential facilities were decertified as of January 1, 2023, unless those placements fell within certain exceptions described in ACIN I-07-23.
[3] Health & Safety Code (HSC) §§ 1562.01(d)(2)(C)(vii)(I)(ib) & 1530.90(c)(2)(E)(i)(II); Welf. & Inst. Code (WIC) §§ 706.6 (d)(3), 4096.6, 16501(a)(4)(A)(III) & 16501.1(d)(2).
[4] HSC §§ 1652.01(d)(2)(C)(vii)(I)(ib) & 1530.90(c)(2)(E)(i)(II).
[5] Family-based setting is defined in ACL 21-116/BHIN 21-061.

DEFINITIONS

CA HFW Model
California's model of High-Fidelity Wraparound (HFW), based on the California Wraparound Standards, which is the designated model for the aftercare services requirement.

HFW is a team-based evidence-based practice that includes an “anything necessary” approach to care for youth and families with the most intensive mental or behavioral health challenges.

CA HFW model aligns with the national evidence-based practice model for HFW that provides a comprehensive, holistic, youth and family-driven way of responding when youth experience significant mental health challenges, in addition to other identified needs, often involving multiple child-serving systems.

CA Wraparound Standards
A set of Standards to ensure quality, high fidelity, and consistent practices for the provision of HFW in California. The CA Wraparound Standards in this ACL/BHIN are based on the national evidence-based practice model and will be used to implement the CA HFW model and supersede the CA Wraparound Standards contained in ACIN I-52-15.

Child and Family Team/HFW Team
When a youth and family have HFW, the HFW Staff become part of the Child and Family Team (CFT) ensuring there is one team for the youth and family that is inclusive of multiple formal support systems (i.e. education, Tribes, behavioral health, regional center, etc.) a youth may need, as well as community-based and natural supports. The team works together to incorporate mandates from system partners into the Plan of Care by collaboratively integrating required services and supports into the plan in a way that aligns with the family's goals and values, ensuring compliance while maintaining individualized, strength-based planning.

CFT Meeting/HFW Team Meeting
When a youth and family are receiving HFW, the HFW staff become part of the CFT meetings that fulfill the statutory meeting requirements of ACL 22-35 and ACL 22-73. Additionally, the HFW Team meets more often than the CFT requirements described in ACL 22-35 and ACL 22-73 to plan and implement the HFW process (referred to as “the HFW Team meeting” in this letter). Due to the frequency of HFW team meetings, not all CFT members are required to attend every HFW Team meeting. However, the HFW team ensures all CFT members stay informed and connected to the discussions within the HFW team meetings.

Plan of Care
A plan tailored to each youth and family based on their specific needs and goals. The plan should be strengths-based, needs-driven, culturally relevant to the family and integrates the California Integrated Practice – Child and Adolescent Needs and Strengths (IP-CANS). The plan should identify specific, incremental steps that move the youth and family toward their specific goals and away from involvement with child welfare or probation agencies. The roles and responsibilities of each team member should be identified in the plan. The plan should address needs across life domains and include strategies to meet the needs and include the Tribe in the case of an Indian child.

Community Leadership Team
A cross system team convened at the county level that provides leadership of the HFW program in the form of a formal collaborative structure that includes empowered leaders from child serving systems, community agencies and community representatives. Counties ensure formal communication structures are established between Community Leadership Teams and Interagency Leadership Teams (ILTs) pursuant to WIC Section 5851. Relevant child serving agencies (e.g., mental health, child welfare, juvenile justice, schools, and courts) participate actively and "buy in" to the HFW program. The representatives must be able to collectively take responsibility for task oversight, have relevant expertise with representatives that are able to participate in decision making, and the authority to make decisions that are followed in terms of program design. Potential team members include:
» Families
» System Partners
» Tribal Representatives
» Community Representatives
» Business leaders
» Cultural Leaders

Cost Savings
Unspent child welfare assistance payment funds that would have been spent to place a child in a more restrictive setting had HFW not been available.

Family Engagement
A strengths-based approach to partnering with youth and families in making decisions, setting goals and achieving desired outcomes. The goals are intended to ensure youth and families are active and influential participants in identifying their needs and finding solutions to their unique and personal issues and concerns.

Family Voice and Choice
Perspectives of the youth, family, and Tribes, in the case of an Indian child, are intentionally elicited and prioritized during all phases of the CA HFW model. Planning is grounded in these perspectives, and the team strives to provide options and choices such that the Plan of Care reflects family values and preferences.

Flexible Funds
Non-Medi-Cal funding made available to each HFW team to meet needs identified in the Plan of Care. Funds can be used for activities, services and supports that are not covered by Medi-Cal. Flexible funds processes are written policies that address how funds are accessed, tracked, and managed, and include a process for accessing funds quickly for emergencies. Flexible funds may be funded by sources including but not limited to, Full Service Partnership (FSP), child welfare realignment, FFPSA Part IV aftercare allocations, private philanthropy, or other county funds.

Foster Care Tiered Rates Structure (TRS) Immediate Needs (IN) Program
The Immediate Needs (IN) Program established in WIC Section 16562 will offer a range of coordinated services and support for youth in foster care, as a component of the TRS outlined in WIC Section 11461(h) and guided by the IP-CANS tool. The Immediate Needs Program helps create and carry out whole-child care plans. These plans build on existing assessments, planning tools, and team-based approaches, all following a clearly defined model of care.
The CA HFW Model will be a core component of the TRS IN Program.

Life Domains
Aspects or areas of a person's life that may be addressed in the Plan of Care. Every Plan of Care shall include interventions meant to address issues in one or more life domains. Life domains include safety, family, a place to live, school, work, emotional well-being, culture, spiritual beliefs, Tribal connection, social/fun, legal, medical health, mental health, developmental health, finances, relationships, and independent living skills.

Natural Supports
Individuals and resources who are not connected with formal systems and are accessible to a youth and family through normal means, i.e., friends, neighbors, relatives, community groups, and others. The HFW team actively seeks out and encourages the inclusion of natural supports in the HFW process and draws from family members' own networks of interpersonal and community relationships. The HFW team must encourage the family to consider engagement and inclusion of natural supports.

SB 163
Wraparound was initially established in California pursuant to SB 163 (Chapter 795, Statutes of 1997), which created a mechanism to fund Wraparound in California through the child welfare system. Specifically, SB 163 allowed California counties to develop a Wraparound program using state and county Aid to Families with Dependent Children - Foster Care (AFDC-FC) funding. This legislation permitted counties to use the funding for planning and service delivery instead of for placing youth in high-level group homes. As such, the Wraparound program model funded by SB 163 is considered to be the HFW model described within this ACL/BHIN, as HFW programs funded through SB 163 processes and FFPSA Part IV aftercare

allocations both ensure alignment with the HFW Standards described within this ACL/BHIN.

Transition
The process of moving from formal services and supports to natural supports and out of HFW.

OVERVIEW OF THE PROVISION OF AFTERCARE SERVICES UTILIZING CALIFORNIA'S HIGH FIDELITY WRAPAROUND MODEL

Pursuant to WIC Section 4096.6(b)(4), within 12 months from the date of this letter, county child welfare agencies, probation departments, and MHPs, in consultation with local ILTs shall jointly provide, arrange for, or ensure the provision of at least 6 months of aftercare services for foster youth who are stepping down from an STRTP and CTF utilizing the CA HFW model, consistent with the CA Wraparound Standards.

Tribes, local Indian Health Centers, Tribal organizations, and their consortia may also become certified to provide aftercare services utilizing the CA HFW model for the Tribal communities they serve.

The CDSS and the DHCS collaborated with county child welfare agencies, probation departments, MHPs, Tribes, Wraparound providers, current and former foster youth, caregivers and other system partners in the development of the CA HFW model and requirements, which are consistent with the updated CA Wraparound Standards.

For more information, visit the CA Wraparound Standards Toolkit, the CDSS Wraparound webpage, the UC Davis Resource Center for Family Focused Practice (RCFFP) webpage, or email WraparoundQuestions@dss.ca.gov.

Alignment of the CA HFW Model Across Aftercare, Medi-Cal, the Behavioral Health Services Act, and the Immediate Needs Program

The CDSS and DHCS intend that evidence-based HFW services be provided statewide to all youth who need them, under the CA HFW Model. The departments continue to collaborate closely, seeking to minimize duplication and administrative complexity, and align HFW requirements in the context of aftercare, Medi-Cal, BHSA FSPs, and the Immediate Needs program. As such, this guidance may be updated to support continued alignment and clarify expectations for consistent implementation.

Pursuant to the BHSA, DHCS is also formally implementing HFW as the children and youth level of care within the FSP program. FSP programs are comprised of required and allowable services and must make required services (e.g., HFW) available as a condition of receiving BHSA funding. According to the BHSA County Policy Manual,

counties must implement HFW beginning in July 2026. To ensure alignment across the county behavioral health delivery system, HFW FSP program requirements under BHSA will align closely with the Medi-Cal HFW requirements. Eligibility criteria for BHSA services are aligned with Medi-Cal Specialty Mental Health Services (SMHS) access criteria. However, it is important to note that BHSA eligible populations are not required to be enrolled in the Medi-Cal program.

HFW in Medi-Cal and the Foster Care Tiered Rate Structure

For HFW activities that can be covered under Medi-Cal, Federal Financial Participation (FFP) shall only be available if all federal and state requirements are met and the service is medically necessary, regardless of the six months post-discharge requirement. The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) mandate (42 C.F.R. Part 441, Subpart B; 42 U.S.C. §§1396a(a)(43) and 1396d(r)) requires comprehensive screening, diagnostic, treatment and preventive health care services for individuals under the age of 21 who are enrolled in full scope Medi-Cal. Under EPSDT, states are required to provide all Medicaid-coverable services necessary to correct or ameliorate a mental illness or condition discovered by a screening service, whether such services are covered under the State Plan. Furthermore, federal guidance from the Centers for Medicare & Medicaid Services makes it clear that mental health services need not be curative or restorative to ameliorate a mental health condition. Services that sustain, support, improve, or make more tolerable a mental health condition are considered to ameliorate the mental health condition are thus medically necessary and covered as EPSDT services. Nothing in this ACL/BHIN limits or modifies the scope of the EPSDT mandate under Medi-Cal.

The DHCS will publish payment and monitoring policies for a Medi-Cal payment model for HFW, effective July 1, 2026. Until that time, medically necessary HFW services must continue to be covered through existing Medi-Cal benefits. The new Medi-Cal payment model is in development and will be described in future guidance.

The CA Wraparound Standards are evolving and are subject to change over time. DHCS and CDSS intend that the CA Wraparound Standards for FFPSA Part IV family-based aftercare and forthcoming Medi-Cal HFW guidance will align. There may be necessary changes to the CA Wraparound Standards as updated Medi-Cal HFW payment and monitoring policies are implemented in July 2026. The departments will also continue to collaborate if the Foster Care Tiered Rate Structure Immediate Needs program results in additional changes to the CA Wraparound Standards.

Timeline of Key County and Provider Requirements and Milestones Under FFPSA Part IV Aftercare and Under Medi-Cal

Within 12 months from the release date of this BHIN/ACL	• County child welfare agencies, probation departments, and MHPs jointly submit an updated county plan for family-based aftercare services using the CA HFW Model consistent with the CA Wraparound Standards via the High Fidelity Wraparound County Plan Approval and Provider Certification Portal (Portal). • FFPSA Part IV aftercare counties and providers demonstrate compliance with the CA HFW Model consistent with the CA Wraparound Standards via Portal submissions. To achieve county approval and certification for providers, all the items in the Portal must be completed in its entirety. • Certification via the Portal as an aftercare provider is the first step in being certified as a HFW provider for FFPSA Part IV family-based aftercare, and then later as a provider of Immediate Needs services.
July 2026	• Payment and Monitoring Policies for HFW in Medi-Cal go live. • HFW requirements for BHSA FSPs take effect.
July 2027	• CDSS Immediate Needs Program and Permanent Foster Care Rate structure payments are expected to go-live. • Within 12 months of the effective date of Payment and Monitoring Policies, initial Medi-Cal HFW fidelity monitoring assessments for Medi-Cal fidelity standards begin for Medi-Cal HFW providers.

HIGH FIDELITY WRAPAROUND COUNTY PLAN APPROVAL AND PROVIDER CERTIFICATION PORTAL

Pursuant to WIC 4096.6(d)(2), within 12 months from the date of this ACL/BHIN, county child welfare agencies, probation departments, and MHPs must jointly submit an updated county plan for family-based aftercare services to the CDSS that is consistent with the attached CA Wraparound Standards. County plans must be submitted through the High Fidelity Wraparound County Plan Approval and Provider Certification Portal (Portal), as described below.

Pursuant to WIC 4096.6 (c)(1)(B), the CDSS and the DHCS have established a process by which a provider of family-based aftercare services shall be certified to provide HFW. Providers planning to deliver county contracted aftercare services must utilize the CA HFW Model in alignment with CA Wraparound Standards pursuant to WIC 4096.6(c)(1)(A).

The DHCS is developing a process for providers to become approved to provide HFW under the new Medi-Cal payment model. This process will be called HFW Medi-Cal Fidelity Designation. Requirements for Medi-Cal provider enrollment, and for SMHS provider certification as overseen by county Behavioral Health Plans (BHPs[6]), are distinct from requirements for Medi-Cal Fidelity Designation, which will be further described in future guidance.

The DHCS and CDSS intend to collaborate closely and minimize duplication and administrative complexity. The two Departments will seek to maximize alignment of the procedures that providers must follow to become approved to provide HFW as family-based aftercare, as a Medi-Cal service through BHSA FSPs, and through the Immediate Needs program.

For the purposes of this ACL/BHIN, the HFW county plan approval and provider certification process are limited to the FFPSA Part IV aftercare requirements pursuant to WIC 4096.6 and does not relate to the HFW Medi-Cal Fidelity Designation process.

To review and approve county plans and certify providers, the CDSS has established the Portal. The Portal is an online system that contains each of the CA Wraparound Standards and requirements with a corresponding text field in which the county or provider shall describe the practices it is implementing to meet each Standard and a corresponding field in which the county or provider shall upload supporting documents. Examples of supporting documentation include relevant provider contracts, policies and procedures, manuals, desk guides, training plans, and any other documents that demonstrate how the county or provider will meet each Standard. To achieve county approval and certification for providers, all items in the Portal must be completed.

Items within the Portal can be saved and revisited over time. Counties and providers should begin completing the items in the Portal as soon as possible for providers to achieve certification to contract with counties. Technical assistance is required until county approval and certification are achieved. Full instructions for the Portal are included in Appendix E to this ACL/BHIN.

County Approval Process

Pursuant to WIC 4096.6, within 12 months from the date of this ACL/BHIN, county child welfare agencies, probation departments, and MHPs must jointly submit an updated plan to the CDSS through the Portal, that is consistent with the attached CA Wraparound Standards. CDSS or its designee, the UC Davis RCFFP, will conduct

[6] To deliver and receive Medi-Cal payments for SMHS, providers must enter into a contract or payment agreement with a county BHP. The BHP is then responsible for additional oversight of its contracted providers consistent with the terms of its Medi-Cal contract.

reviews and approvals of county plans for the provision of aftercare utilizing the CA Wraparound Standards.

1. Counties must complete the Portal requirements no later than 12 months from the release date of this ACL/BHIN. However, counties are highly encouraged to start completing requirements in the Portal as soon as possible.

2. Within 90 days of submission, the county will be notified through email of a plan approval or the need to provide additional information and/or corrections. A county must demonstrate compliance with the CA Wraparound Standards to receive approval.

3. If the county is not able to demonstrate compliance with all Standards, then counties must participate in technical assistance until the county's plan is approved.

4. Counties who contract with providers shall describe how the county holds all contracted providers accountable for meeting each Standard requirement. Counties shall identify where in their supporting documentation the provider is tasked with meeting the Standard and how the county oversees and supports the provider.

5. All 58 counties submit a unified plan with the approval of the MHP, child welfare and probation departments. Each county submits one plan, including counties who are contracting with a provider.

As indicated above, CDSS or its designee will review submissions and issue county plan approvals and provider certifications. Counties shall submit plan updates for approval through the Portal for any significant changes to a program policy, practice, funding, contract, or workforce changes. Counties planning to meet the aftercare requirement for HFW via contracts with providers shall ensure that the providers have obtained certification via the process described below.

Provider Certification Process

Providers planning to deliver county contracted aftercare services utilizing the CA HFW model must obtain provider certification. If a contracted provider is not certified, the provider's contract may be subject to corrective action and/or termination by the county.

1. Providers must complete the Portal requirements currently set forth by the CDSS, which include uploading supporting documents. Because counties are required to contract with certified providers within 12 months from the date of this ACL/BHIN, providers who have or are planning to have a contract with a county for the provision of aftercare services utilizing the HFW model should obtain certification as soon as possible.

2. Providers are required to submit one unified plan, regardless of the number of locations or counties in which they operate.

3. Within 90 days of submission, the provider, and any counties with which they have contracts, will be notified of an incomplete submission or certification.

4. If the provider does not meet the requirements to receive certification, then they cannot perform aftercare services. In the case the provider does not meet the requirements to receive certification, the provider can participate in technical assistance until they demonstrate required certification Standards. The CDSS or its designee will also notify any counties with whom the provider has a contract about the provider not being certified and their participation in technical assistance.

5. Counties shall only contract with providers that are certified.

6. Providers must apply for recertification through the Portal every three years from their initial certification date. Providers who do not renew their certification by their required recertification date will lose their certification.

7. Providers may be decertified by the CDSS or its designee, based on criteria that will be developed in forthcoming guidance. CDSS and DHCS will work collaboratively to develop the decertification process.

8. If the provider is decertified by CDSS or its designee, the contracting county and provider will be notified within 48 hours of determining the status of the provider. The provider and contracting county must develop transition plans to support continuity of care for the youth.

Certification
The CDSS or its designee, determines certification when all CA Wraparound Standards are met by the provider, and they have successfully completed all Portal requirements. As noted above, DHCS is developing the process for HFW Medi-Cal Fidelity Designation and will provide additional guidance at a later date.

Incomplete
“Incomplete” status is determined by CDSS or its designee, when all CA Wraparound Standards have not been met. In this case, the provider can request technical assistance to support their improvement process.

Recertification
The CDSS requires that providers must apply for recertification via the certification process described above every three years from the providers’ certification date.

Providers initial certification will be saved in the Portal and must be updated and resubmitted. Providers who do not renew their certification every three years will be considered "Not Certified" until all certification requirements are met and a Notice of Recertification from the CDSS or its designee is provided. Written notice to the provider, and any counties with whom the provider has a contract, will be provided 60 days prior to the recertification deadline.

Decertification
Providers may be decertified by the CDSS or its designee based on criteria that will be developed in forthcoming guidance.

Due Process
Providers who do not receive certification or who are decertified by the CDSS or its designee may request a second level review. To request a second level review, providers must coordinate with CDSS or its designee to understand the reason for not receiving certification and request a second level review and determination from the CDSS by emailing WraparoundQuestions@dss.ca.gov. CDSS will provide a determination via written communication of its second level review within 30 calendar days of the request from the provider. Any counties with whom the provider has a contract will also be included in the notification from CDSS of its second level review determination. The decision from the second level review shall serve as the final decision for certification.

COUNTY REQUIREMENTS

Counties shall develop their aftercare services utilizing the CA HFW model in consultation with the local ILT consistent with Children's System of Care and the Integrated Core Practice Model (ICPM). Counties shall include county child welfare agencies, probation departments, MHPs and Tribes, as applicable, and other representatives of the county ILT, as is determined relevant for each county.

In the case of an Indian child, the county child welfare agency, probation department, and MHP must consult with the Indian child's Tribe in the coordination of aftercare services pursuant to the SOC Memorandum of Understanding. In addition, aftercare services must be culturally relevant in accordance with ACL 24-18. Examples of culturally relevant services may include: healing circles, powwows, parenting programs, etc. Counties should also consider contracting for aftercare services utilizing the CA HFW model with Tribes, local Indian Health Centers, Tribal organizations and their consortia to meet the needs of the Indian children and Tribal communities they serve.

Counties shall require, through their contracts, that providers obtain certification within 12 months of the date of this ACL/BHIN and maintain certification or be subject to corrective action.

If the youth is stepping down from an STRTP or CTF that is a HFW provider, the county should prioritize these entities as the HFW provider of the aftercare services to promote continuity of care.

Counties must participate in technical assistance provided by the CDSS or its designee to address the policies and practices required to meet the CA Wraparound Standards until the county's plan is approved.

Transition Documentation in Child Welfare Case Plan

The FFPSA requires that a youth transitioning from an STRTP, CTF, or out-of-state residential facility[7] has a thorough transition plan. Additionally, pursuant to WIC 706.6(d)4(E) and WIC 16501.1(d)(2)(F), prior to discharge from an STRTP or a CTF, the placing agency must include in the youth's case plan a description of the type of in-home or institution-based services to encourage the safety, stability, and appropriateness of a transition to the next placement, including the recommendations of the CFT. To appropriately plan for the youth's transition, and in accordance with the Mental Health Program Approval STRTP Regulations Version 2 Section 15 and CDSS STRTP Interim Licensing Standards (ILS) Version 5 Section 87068.22(c)(5), an STRTP must develop the youth's transition plan while involving the youth and/or the person(s) identified by the court as authorized to make decisions about the youth, and the CFT. The transition plan shall be individualized for the youth and their family as they work towards stability and permanency. To support this individualization, case plans should include the outcomes of the CFT meetings, recommendations from the QI's assessment report, as well as a transition plan addressing aftercare services and supports.

Child Welfare Services/Case Management System Documentation

Requirements for documentation of HFW services in the Child Welfare Services/Case Management System (CWS/CMS) were initially established in ACL 08-66 and further developed in ACL 21-116/BHIN 21-061, which states that beginning on October 1, 2021, all counties must document any currently open or future child welfare or probation cases, including in-home, out of home, voluntary, and court ordered cases, with youth who are receiving Wraparound services (without regard to the funding source of the services), including family-based aftercare services, using the Special Project Code (SPC): 'S-Wraparound Program'. The data entry requirements pertain to all counties without regard to which agency holds the Wraparound contract (e.g., county child welfare, probation department, and/or MHPs). For additional support and information about data entry, please see ACL 21-116/BHIN 21-061, Attachment B, and consult with

[7] Per ACIN I-07-23, out-of-state residential facility placement requirements were updated and all out-of-state residential facilities were decertified as of January 1, 2023, unless those placements fell within certain exceptions described in ACIN I-07-23.

the assigned county CWS/CMS Single Point of Contact (SPOC) and Office of Systems Integration (OSI) CWS/CMS System Support Consultant (SSC).

If a family declines HFW services, there is no requirement to enter the SPC into CWS/CMS. However, the child welfare caseworker or probation officer must engage with the family and the child's Tribe, in the case of an Indian child, explain the services and benefits of the program, and document these engagement efforts in the CWS/CMS Contact Notebook. These instructions also pertain to families that choose to terminate aftercare services prior to the six-month timeframe.

These statutory requirements must have been implemented by October 1, 2021, to ensure that otherwise federally eligible youth placed in an STRTP, a CTF, or an out-of-state residential facility[8] will be eligible for Title IV-E funding during their placement.

Non-Dependency/Voluntary Placement Cases

Federal and state policies do not limit aftercare requirements exclusively to open dependency and probation foster care cases. Thus, counties and providers must provide aftercare services utilizing the HFW model for youth who are voluntarily placed into STRTPs, CTFs, and out-of-state residential facilities and are transitioning to a family-based setting.

Out-Of-Home Placements Paid by the Adoption Assistance Program

FFPSA Part IV aftercare requirements only apply to youth in foster care and do not apply to an adopted youth eligible for the Adoption Assistance Program (AAP). Counties may support adoptive parents receiving AAP benefits on behalf of their youth in identifying certified HFW providers, as necessary. In addition, the Portal is available for certification of, but not required for, providers exclusively utilizing AAP funds for Wraparound services. For more information on AAP policies and practices regarding HFW, please email the AAP mailbox at AAP@dss.ca.gov.

Transition To An Out-Of-State Family-Based Placement

If a youth is placed in an out-of-state family-based setting by a Title IV-E agency, the requirement of aftercare services still pertains. The county placing agency must follow the Interstate Compact on the Placement of Children (ICPC) process. In the case of an Indian child, the child welfare agency must engage and collaborate with the Tribe to identify culturally appropriate aftercare services. The county placing agency must work

[8] Per ACIN I-07-23, out-of-state residential facility placement requirements were updated, and all out-of-state residential facilities were decertified as of January 1, 2023, unless those placements fell within certain exceptions described in ACIN I-07-23.

with the receiving state to coordinate aftercare services. The aftercare services allocation to county child welfare and probation agencies described in CFL 21/22-36 is available for aftercare services provided out of state.

Pursuant to California Code Regulations Title 9, § 1810.355, subdivision (b) MHPs shall not be responsible to provide or arrange and pay for out-of-state Specialty Mental Health Services (SMHS) except when it is customary practice for a California beneficiary to receive medical services in a border community outside the state.

For more information about Medicaid eligibility for youth in foster care and placed out of state, please see All County Welfare Directors Letter No: 12-12 and All County Welfare Directors Letter No: 21-28.

Funding

County child welfare agencies and probation departments in consultation with their local ILT, must coordinate to ensure funding is leveraged to provide at least six months of aftercare services under their shared responsibility and pursuant to WIC Section 4096.6. Per CFL 21/22-36 and CFL 24/25-30[9], funding for aftercare services was allocated to placing agencies for six months per youth plus an additional month for engagement, transition-planning, and relationship-building with an STRTP, CTF, or an out-of-state residential facility prior to the youth's discharge. The funding can be utilized on a variety of activities as described in CFL 21/22-36. The statutory requirements in WIC Section 4096.6 must be implemented to ensure that otherwise federally eligible youth placed in an STRTP, CTF, or an out-of-state residential facility[10] will be eligible for Title IV-E funding during their placement.

In addition to the funding described above, counties are encouraged to utilize other funding sources to continue provision of HFW beyond the six-month aftercare requirement and offer HFW to youth and families who may not be eligible for FFPSA Part IV aftercare, but who may benefit from HFW, if the youth meets eligibility criteria for the service.

Medi-Cal payment may be available for family-based aftercare services if all federal and state requirements are met and the treatment is medically necessary. As described above, HFW is already a Medi-Cal covered service, and DHCS anticipates providing guidance for counties and providers regarding HFW in Medi-Cal, including claiming procedures and rate methodology that will take effect July 1, 2026.

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[9] Subject to final state budget appropriations, a CFL will be issued for FY 2025-26 allocations to placing agencies.

[10] Per ACIN I-07-23, out-of-state residential facility placement requirements were updated, and all out-of-state residential facilities were decertified as of January 1, 2023, unless those placements fell within certain exceptions described in ACIN I-07-23.

For comprehensive claiming instructions for current Wraparound programs, not including funds allocated for the implementation of FFPSA Part IV aftercare services, please see CFL 20/21-94. Technical assistance regarding options to leverage and coordinate funds between systems may be requested by emailing WraparoundQuestions@dss.ca.gov.

STRTP PROVIDER REQUIREMENTS

The STRTP shall provide, arrange for the provision of, or assist in developing an individualized family-based aftercare support plan. In the development of the aftercare support plan, the STRTP, CFT and HFW county or provider shall review and include, as appropriate, the QI recommendations. The planning for a youths' transition from an STRTP begins when the youth is initially placed in an STRTP, and as the CFT begins actively preparing for the youths' transition from the STRTP, the STRTP should also participate and support coordination of and assist with the youths' transition from the STRTP to the subsequent placement (WIC 16501(a)(4)). The STRTP will coordinate with the HFW county or provider.[11][12][13] In some circumstances, the STRTP might be certified to provide aftercare services.[14][15] This coordination is vital to ensure the continuity of care and supports the youth's successful reintegration into a family-based setting.[16][17]

COMMUNITY TREATMENT FACILITY PROVIDER REQUIREMENTS

CTFs shall provide, arrange for the provision of, or assist in developing an individualized family-based aftercare support plan as a youth moves from CTF placement to a family-based setting, a permanent living situation, or to a transitional housing program.[18]

In the development of the aftercare support plan, the CTF, Child and Family Team, and HFW county or provider should review and include, as appropriate, the QI's recommendations. As the Child and Family Team begins actively preparing for the youth's transition from the CTF, the CTF should also assist with the youth's transition to the subsequent placement by coordinating with the HFW county or provider. In some circumstances, the provider offering the aftercare services could be the CTF provider.

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[11] All County Letter (ACL) 21-116
[12] Welfare & Institutions Code (WIC) § 4096.6
[13] Welfare & Institutions Code (WIC) 4096
[14] Health & Safety Code (HSC) 1562.01
[15] STRTP Interim Licensing Standards (ILS), V5, § 87022.1
[16] STRTP Interim Licensing Standards (ILS), V5, § 87022
[17] Welfare & Institutions Code (WIC) 16553
[18] HSC Section 1530.90(c)(2)(E)(i)(II) and WIC Section 16501.1(d)(2)(F)(ii)

For questions or additional guidance regarding the information in this letter, contact the CDSS Integrated Practice and Resource Development Section at WraparoundQuestions@dss.ca.gov and the DHCS at FFPSA@dhcs.ca.gov.

Sincerely,

Original Document Signed By

ANGIE SCHWARTZ
Deputy Director
Children and Family Services Division
California Department of Social Services

Original Document Signed By

PAULA WILHELM
Deputy Director
Behavioral Health
Department of Health Care Services

Attachments

APPENDIX A

California Wraparound Standards

The **CA Wraparound Standards** are a set of Standards that have been updated to reflect expectations concerning implementation of the CA HFW Model to ensure quality, high fidelity, and consistent practices related to the development, implementation, and support of the CA HFW Model. The CA Wraparound Standards were updated, pursuant to WIC Section 4096.6, to meet minimum requirements for implementation of the CA HFW Model for the purpose of providing aftercare. They supersede the Wraparound Standards contained in ACIN I-52-15.

As described in this ACL/BHIN, DHCS is in the process of reviewing these Standards to determine how to best align Medi-Cal and BHSA guidance with CDSS policies and the practices and timeframes from the National Wraparound Initiative. DHCS and CDSS retain the right to continue to update these Standards in future guidance.

The CA Wraparound Standards establish the principles, phases, and key elements that are required for the CA HFW model. These Standards were created to ensure high fidelity practices in direct service delivery with youth and families, including Tribes in the case of an Indian child. Integrated Core Practice Model (ICPM) practice behaviors are based on the Wraparound principles and are aligned with the CA Wraparound Standards. High fidelity is defined as adherence to the four phases and ten principles of the CA HFW Model. These Standards set forth practice elements that are necessary to achieving high fidelity, which in-turn promotes the achievement of consistent positive outcomes for youth and families participating in HFW throughout California.

CA HFW Model Principles:

1. Family Voice and Choice
2. Strengths-Based
3. Individualized
4. Natural Supports
5. Community-Based
6. Culturally Respectful and Relevant
7. Team-Based
8. Collaboration
9. Outcomes-Based
10. Persistence

Wraparound Phases:

1. Engagement
2. Plan Development
3. Implementation
4. Transition

The CA Wraparound Standards are organized into the following domains:

I. Fidelity Indicators and Expected Outcomes
    1. Fidelity Indicators
    2. Expected Outcomes
II. Operationalization of the Four Phases
    3. Engagement
    4. Plan Development
    5. Implementation
    6. Transition
III. Facilitative Organizational Supports/System Standards
    7. HFW Program and Community Leadership
    8. Fiscal
    9. Workforce Development and Human Resource Management
    10. Utility-Focused Data and Outcomes Processes

I. FIDELITY INDICATORS AND EXPECTED OUTCOMES

OVERVIEW

The Fidelity Indicators and Expected Outcomes section contains Standards to ensure youth and families receive the CA HFW model according to the Ten Principles of HFW and that programs are actively evaluating their effectiveness in achieving the types of outcomes routinely associated with HFW model implementation. These fidelity indicators and outcomes are simultaneously practice Standards to be implemented and data points to be tracked and evaluated (as outlined in Standard 10.1).

1. Fidelity Indicators:

1.1 Timely Engagement and Planning. HFW staff engages families early and often, including Tribes in the case of an Indian child. First contact with families is made as soon as possible, but no later than 10 calendar days after referral; teams complete a Plan of Care within 30 calendar days; teams review the plan

within the context of a HFW team meeting at least every 30-45 calendar days; teams update the Plan of Care and distribute to all team members at least every 90 days and more often as needed.

1.2 Led by Youth and Families. The HFW team prioritizes the youth and family's perspectives and voices in developing and modifying the mix of strategies and supports to ensure the best fit with their preferences. The youth and family's values, culture, expertise, capabilities, interests, and skills are elicited, fully understood, and celebrated. They are viewed as critical to a successful process and are the basis for decision making and problem-solving. In the case of an Indian child, the HFW team prioritizes the perspectives and voices of the youth, family and Tribe. Tribes, in the case of an Indian child, must be an equal voice on the HFW team. (Principle 1: Family Voice and Choice)

1.3 Strength-Based. Functional strengths of the youth, the family, all team members, and the family's community are collectively reviewed and utilized throughout the HFW process. Identified strengths are functional in nature and drive decision making and service planning. Team members remain focused on solutions, rather than dwelling on negative events. The Integrated Practice-Child and Adolescents Needs and Strengths (IP-CANS) is critical and required for strengths identification. (Principle 2: Strength-Based)

1.4 Needs Driven. HFW services and supports are focused on addressing the high priority underlying needs of the youth, as well as their family members. Needs statements refer to the underlying reasons why problematic situations or behaviors are occurring, not simply stated as deficits, problematic behaviors, or service needs. The HFW process continues until needs are sufficiently met. The IP-CANS is critical and required for needs identification.

1.5 Individualized. The HFW team is committed to finding creative, highly individualized strategies that are customized to match each youth and family's needs, strengths, values, culture, preferences and reduces harm over time. The HFW plan is uniquely tailored to fit the family and capitalize on the assets of their community and informal networks and in the case of an Indian child, the Tribe. (Principle 3: Individualized)

1.6 Use of Natural and Community Based Supports. Natural supports are integral team members. HFW teams are strengthened by the contributions of natural supports. HFW teams prioritize strategies in the Plan of Care that utilize natural supports, and that take place in the family's community, to reduce reliance on formal supports while fostering sustainability within youth and family's community. (Principles 4, 5: Natural Support, Community Based)

1.7 Culturally Respectful and Relevant. HFW teams recognize that a family's traditions, values, and heritage are sources of great strength. HFW teams use strategies that are relevant to and respectful of the youth and family's culture, including Tribes in the case of an Indian child. HFW teams work to connect families with individuals and organizations that provide culturally relevant support after the family transitions from formal HFW services. (Principle 6: Culturally Respectful and Relevant)

1.8 High-Quality Team Planning and Problem Solving. HFW teams are comprised of formal and natural supports across all Children's System of Care partners who work together to develop, implement, and monitor the individualized Plan of Care that meet the unique needs of the youth and family. All team members take ownership over their assigned tasks and collaborate to meet the youth and family's needs. Teams experience optimism, commitment, and energization. (Principles 7, 8: Team Based, Collaboration)

1.9 Outcomes Based Process. The HFW team monitors the success of the Plan of Care—including progress toward meeting needs, strategy implementation, and task completion. These are measured objectively, reviewed routinely, and used to inform changes to the Plan as needed. Needs statements are linked to measurable outcomes and data from standardized instruments including the IP-CANS and are integrated into the planning process. (Principle 9: Outcomes-Based)

1.10 Persistence. The HFW team views setbacks and challenges not as evidence of a youth, or family failure, but as an indicator of a need to revise the Plan. The HFW team is committed to implementing a Plan that reflects the HFW Principles, even in the face of limited system capacity. (Principle 10: Persistence)

1.11 Transitions as part of the Fourth Phase of HFW. Transitions are planned for in advance and celebrated with full youth and family participation. Transitions only happen when the youth and family have had their needs met, not due to an adverse event or an administrative requirement.

2. Expected Outcomes:

Policies, procedures, and data processes *(for example, IP-CANS, satisfaction surveys, use of the Wraparound Fidelity Index (WFI), Team Observation Measure (TOM), Document Assessment Review Tool (DART), quality assurance phone calls, post HFW team meeting verbal feedback or feedback forms,*

documentation review, etc.) ensure that the HFW program is routinely evaluating its effectiveness in the following areas (in compliance with Standard 10.2 Evaluation Metrics and Outcomes):

2.1 Youth and Family Satisfaction. Youth and families are satisfied with their HFW experience and their progress. Policies and procedures are in place to record and evaluate youth and family satisfaction with their HFW experience. In the case of an Indian child, the Tribe is satisfied with the HFW experience. Policies and procedures are in place to evaluate the Tribe's satisfaction with their HFW experience.

2.2 Improved School Functioning. Youth experience improved educational and vocational functioning as a result of their involvement in HFW. They have more consistent attendance, are participating at or above grade level or according to their educational plan, and/or are developing needed vocational experience.

2.3 Improved Functioning in the Community. Youth experience improved functioning in the community as a result of their involvement in HFW. Policies and procedures are in place to record and evaluate the level of justice involvement and engagement with community activities.

2.4 Improved Interpersonal Functioning. Youth and their families experience improved interpersonal functioning as a result of their involvement in HFW. There is less stress and strain at home attributed to them and they are able to develop or maintain positive family relationships and friendships.

2.5 Increased Caregiver Confidence. Families have access to effective needed services and supports. Caregivers feel increased confidence in their ability to manage future problems and they know how to find and access services and effectively address crises.

2.6 **Stable and Least Restrictive Living Environment.** Youth experience permanency and stability in their community-based living situation. Youth do not experience a new placement in an institution (such as detention, psychiatric hospital, treatment center, or STRTP) and/or have not moved between residential settings.

2.7 Reduction in Inpatient, Emergency Department Admission for Behavioral Health Visits. Youth experience stability with regard to their behavioral health, necessitating fewer or no visits to the hospital.

2.8 Reduction in Crisis Visits. Youth and natural supports are able to avert most crises and manage most impending crises without professional support.

2.9 Positive Exit from HFW. Youth and their families exit HFW based on stabilization and adequate progress in meeting needs; youth and families are not discharged from HFW due to an adverse event.

II. OPERATIONALIZATION OF THE FOUR PHASES

The Operationalization of the Four Phases section contains Standards to ensure high fidelity practices in direct service delivery with youth and families, including Tribes. This section defines the program and practice elements that are necessary to achieving high fidelity according to the Four Phases of HFW. The Standards are organized into four sections: Engagement, Plan Development, Implementation, and Transition.

3. Engagement

3.1 Orientation. The HFW team orients youth and families to the HFW process, including explaining the HFW principles and phases, addressing legal and ethical considerations, and explaining the role of each member on the team including the family's role and the role of natural supports and Tribes in the case of an Indian child.

3.2 Safety and Crisis Stabilization. The HFW team addresses pressing needs and concerns so that the family and team can focus on the HFW process. If immediate response is necessary, the HFW team formulates a plan for immediate intervention and stabilization, including development of a crisis plan and ensures access to 24/7 crisis response when needed.

3.3 Strengths, Needs, Culture and Vision Discovery. The HFW team facilitates conversations and activities with the youth and family to identify individual and family strengths, needs, culture, and their vision for a better future. The facilitator prepares a summary document to clearly communicate strengths, needs, culture and vision to all team members, to orient new team members as they are added to the process, and to support the initial plan development process.

3.4 Engage all Team Members. The HFW team engages the participation of team members across all Children's System of Care partners (including formal, natural supports, and Tribes, in the case of an Indian child), who care about and can aid the youth and family. The HFW team encourages and facilitates their active participation by clarifying their roles and responsibilities on the

team. The facilitator intentionally engages the team in activities to ensure a positive and collaborative team culture.

3.5 Arrange Meeting Logistics. The HFW team ensures that meetings take place at a time and in a location that is convenient and accessible to all team members with priority given to family needs and family voice and choice, taking into consideration family schedules, culture, and history of trauma, and ensuring equitable access for all youth and families. The HFW team plans for and arranges meeting logistics such as transportation, interpretation, telehealth capability, etc.

4. Plan of Care Development

4.1 Develop and Document Team Agreements, Additional Strengths, and Team Mission. Building upon the activities completed during engagement, the facilitator leads the team in:

(1) developing formal agreements on how the team will engage during meetings and make decisions,

(2) identifying and documenting additional strengths of the youth, family, other team members, and the community, and

(3) creating a team mission statement that defines the overall purpose of the HFW team in alignment with the family vision.

4.2 Describe and Prioritize Needs, Develop Goals, and Assign Strategies. The facilitator guides the team in reviewing needs identified during engagement, adding any additional needs, and prioritizing them. The HFW team uses the prioritized needs to develop specific, measurable goals and outcomes. The facilitator engages the team in brainstorming multiple creative strategies to meet the prioritized needs, goals, and outcomes before selecting strategies and assigning responsibility in the form of action items.

4.3 Develop an Individualized Plan of Care. The HFW team develops a comprehensive initial Plan of Care that is based on the prioritized needs, goals, and strategies of the family and youth. This is accomplished via a high-quality team process across all Children's System of Care partners, including the Tribe in the case of an Indian child, that elicits multiple perspectives, builds trust and shared vision amongst team members, and demonstrates the HFW principles. The facilitator leads the team to ensure:

(1) The Plan of Care is in alignment with the family vision and team mission statement and is based on the strengths, needs, and culture of the youth and family.

(2) The Plan of Care addresses needs across multiple life domains and Children's System of Care partners as identified and prioritized by the HFW team.

(3) Strategies and action items are clearly documented and include who is responsible for each strategy/action item, due dates are established, and each team member understands their role. Strategies are culturally relevant and include a balance of formal services, natural supports, and community and family resources, with greater reliance on natural supports over time.

(4) The Plan of Care includes an array of services and supports that are well-coordinated across Children's System of Care partners, tailored to meet the youth and family's individual needs, and delivered in the community in which the youth and family live, with priority given to family needs and family voice and choice, taking into consideration family schedules, culture, and history of trauma and ensuring access for all youth and families.

(5) Natural supports and sustainable community resources are included in the Plan, or the Plan includes strategies to identify and develop community and natural supports before the youth and family transition out of the HFW Program.

(6) Transition from formal services is graduated; plans set benchmarks for transitioning to less restrictive, less intrusive, and less formal services throughout the HFW Process, taking into consideration the ability of families to move through the process at their own pace.

4.4 Develop a Crisis and Safety Plan. The facilitator leads the team in developing a crisis and safety plan that identifies and prioritizes safety needs, potential risk and crisis situations, as well as highly individualized proactive and reactive strategies for the youth, family, and team members to respond effectively. Identified strategies should be chosen by the youth and family, should be culturally relevant, and should maximize the use of natural supports wherever possible.

5. Implementation

5.1 Implement the Plan of Care. The HFW team carries out the initial Plan of Care, monitoring completion of action items and strategies and their success in

meeting needs and achieving outcomes in a manner consistent with the HFW principles. Teams celebrate successes as they occur.

5.2 Review and Update the Plan of Care. The facilitator engages the team to continually review the Plan; assess the progress and the effectiveness of strategies; and update the Plan as needed, including changing goals and strategies if the needs of the youth and family change. The facilitator documents and communicates, via meeting minutes and other forms of communication, completion of tasks and new assignments, team attendance, use of formal and natural supports, use of flex funds, and updates to the Plan. The Plan of Care is updated in an HFW team meeting and distributed to all team members at least every 90 days, and more frequently, as needed.

5.3 Build Supports while Maintaining Team Cohesiveness and Trust. The facilitator continually assesses and addresses team cohesion, trust, and commitment to ensure effective collaboration. When appropriate, teams seek and develop potential natural supports and add them to the team. Teams orient and engage new team members as they are added.

6. Transition from Fourth Phase of HFW

6.1 Develop a Transition Plan. When the family has reached pre-determined benchmarks indicating sufficient progress towards completing the team mission and goals, and the youth, family, and team agree the family is ready for transition, the HFW team will begin developing a formal individualized transition plan. Led by the facilitator, the HFW team will outline a purposeful transition process which identifies needs, services, and supports that will persist past formal HFW and includes strategies to transition any remaining support being provided by HFW staff to those ongoing supports. For adoptive families utilizing Adoption Assistance Program (AAP) funding, families are educated on post adoptive services that can assist with transition.

6.2 Develop a Post-transition Safety Plan. The facilitator leads the team in developing a crisis and safety plan (or adjusting the current crisis and safety plan) that identifies potential crisis situations that may occur after transitioning from formal HFW. The crisis and safety plan includes individualized, proactive, and reactive strategies for the youth, family, and other supports who will remain after HFW concludes. The youth and family play a pivotal role in identifying these strategies, which should be culturally relevant, and maximize the use of natural and community supports.

6.3 Create a Commencement and Celebrate Success. The team ensures that the conclusion of formal HFW is celebrated in a manner that reflects a positive transition, is culturally relevant, and is meaningful to the youth and family.

III. FACILITATIVE ORGANIZATIONAL SUPPORTS/SYSTEMS STANDARDS

OVERVIEW:
The Facilitative Organizational Supports/Systems Standards section of the CA Wraparound Standards pertains to the organizational and systems leadership functions supporting the HFW implementation. This includes the HFW organization's internal priorities and their relationship to the community and Children's System of Care. The emphasis is on the creation of effective operational environments for the development and delivery of quality supports and services. Included in this section are Standards relating to HFW Program and Community Leadership, Fiscal, Workforce Development and Human Resource Management, and Utility-Focused Data and Outcomes Processes.

These requirements will evolve over time. Future guidance will provide updates as to the continued application of the Standards in Medi-Cal, BHSA, or the Immediate Needs program.

7. HFW Program and Community Leadership

7.1 Youth and Family as Key Decision-Makers. Youth and family feedback is utilized to inform all levels of the HFW Program, including service planning and implementation, policy and procedure development, workforce development, and quality improvement of the CA High Fidelity Wraparound model.

7.2 Community Leadership Team. The county establishes a Community Leadership Team, which works collaboratively and engages in shared decision-making to ensure the CA Wraparound Standards are met at the organizational and systems level. Counties ensure formal communication structures are established between Community Leadership Teams and Interagency Leadership Teams (ILTs). Tribes within the region must be included in the Community Leadership Team. In addition, the Community Leadership Team works to:

(1) Ensure all other child serving entities are provided opportunities to participate in the Community Leadership Team.

(2) Actively identify and remove interagency and system barriers that interfere with interagency collaboration and effective service delivery to families.

(3) Identify and support cross-agency training and community collaboration to promote family-centered and culturally relevant practices and support high fidelity to the CA HFW model.

(4) Ensure there is a process in place to review family plans on the community and systems level based on the values, principles, and activities of the HFW process.

(5) Ensure there is a process in place to regularly review the use of, access to, and procedures around flex funds to ensure individualized family needs are being met.

(6) Ensure there is a process in place to regularly review HFW data at the organizational, community, and systems levels, and to use data to inform Continuous Quality Improvement (CQI) efforts that reflect HFW values and HFW implementation Standards.

7.3 Eligibility and Equal Access. HFW eligibility and referral criteria and processes ensure adequate, appropriate, and equitable access to HFW services, and do not exclude families because of the severity or nature of their needs. HFW is adequately publicized, available, and accessible so that youth and families who would benefit are able to participate. There is adequate program planning to ensure that once enrolled, families have access to an adequate array of services and 24/7 support to meet complex needs.

8. Fiscal

8.1 Funding Supports the CA High Fidelity Wraparound Model. The HFW Program has fiscal practices that are aligned with the values and principles of Wraparound and ensure the CA Wraparound Standards are met. Budgets and contracts at all levels, regardless of county or provider-based service provision allocate funding for essential Wraparound operations which include required staffing, workforce development data collection, and data management systems and the costs of services.

8.2 Equitable Funding Across System Partners. The HFW Program must ensure that federal, state, local, or private resources available across the Children's System of Care are leveraged to the maximum extent to meet the needs of youth and families served by HFW so that the service is funded adequately. Collaboration and equitable contribution across systems partners are principles of HFW services. Medi-Cal may be leveraged for youth who are eligible.

8.3 Cost Savings are Reinvested. Savings achieved by HFW (i.e., total annual revenues in excess of total expenditures) are reinvested to expand or enhance

services and resources for youth and families. There is a process to track the use of these reinvested funds that includes program description(s), budget(s), and reporting of outcomes achieved.

8.4 Availability, Access, and Approval of Flex Funds. The HFW Program has a process to ensure families have timely access to flexible funds to meet their urgent and individualized needs when these needs are not readily met by other resources. There is a defined approval process that ensures requests for flexible funds are evaluated based on approval/recommendation of the HFW team and whether the use of funds:

(1) adds value to the team mission and supports the individualized care plan,

(2) builds on family strengths,

(3) meets identified youth and family needs,

(4) are culturally relevant,

(5) builds on natural support and/or community capacity,

(6) represents a good deal for the investment and

(7) includes a plan for sustainability.

The defined approval process varies based on local county and provider policies. In the case of an Indian child, flex funds may be used to pay the Tribe for activities that address youth and family needs.

8.5 Collaborative Oversight of Flex Funds. There is collaboration and shared oversight amongst funders and providers regarding the use and availability of flexible funds. A process is in place to ensure flexible funds are pooled and held to meet the needs of all families served. Tracking and accounting for flexible funds whether approved or denied includes the amount, purpose, and HFW team recommendation of the request.

8.6 Funding Sources and Program Requirements do not Limit Flex Funds. The HFW Program ensures the requirements of any single funding source (e.g., BHSA, Title IV-E, CalWORKs, etc.) shall not limit the availability of flexible funding or the resources developed to meet the needs of the youth, families, Tribes and communities served by HFW.

9. Workforce Development and Human Resource Management

9.1 Culturally Responsive Workforce. HFW Programs attempt to hire staff that can appropriately meet the cultural, racial and linguistic needs of youth and

families. Staffing reflects the cultural, racial and linguistic diversity of the youth, families and communities served.

9.2 Tribally Responsive Workforce. In the cases of Indian children, the HFW Program shall prioritize respect for tribal sovereignty, traditions, and values and ensure respectful communication, collaboration, and advocacy. The team has the goal of promoting positive outcomes through culturally rooted support systems and services, and the team is responsible for building partnerships with tribal representatives, encouraging participation in tribal traditions and ceremonies and understanding the value of services and supports that the Tribe can offer.

9.3 Flexible and Creative Work Environment. There is a high degree of collective responsibility for program quality and improvement, cohesion among staff members, open communication, and a clear sense of mission and compliance with HFW. Programs and its leaders create structures that promote staff creativity and flexibility.

9.4 Hiring, Performance Evaluation, and Job Descriptions. Programs have rigorous hiring practices and use meaningful performance assessments. Job descriptions for all positions reflect best practices regarding Wraparound skills and expertise and have clear expectations for performance. The following are roles or functions on a HFW team, not necessarily individual people or positions.

(1) Youth Partner

(2) Parent Partner

(3) HFW Facilitator

(4) Family Specialist

(5) Fidelity Coach

(6) Clinical Supervisor (licensed)

(7) HFW Supervisor/Manager (license not required)

Forthcoming Medi-Cal guidance will provide additional requirements related to roles and staffing.

9.5 Workforce Stability. Programs implement strategies to maintain a stable workforce and reduce turnover, including matching wages according to the community the program is in, maintaining manageable workloads for staff, implementing promotion/advancement structures, and providing wage

increases or leadership opportunities that do not require a position change to achieve.

9.6 High Fidelity Training Plan. Programs have a high fidelity training plan that incorporates initial, annual, booster trainings, and ongoing trainings. The training plan includes both general HFW training and role-specific training for all roles, including specific training for all Clinical Supervisors and Wraparound Supervisors/Managers. The training plan should also include ICWA and Tribal sovereignty training, as well as training that supports populations with specific and unique needs.

In the future, a Medi-Cal HFW Center of Excellence may prescribe more specific requirements for this training plan.

9.7 Community-Based Training Program. Administer the training plan in collaboration with community members and families with HFW experience as part of the training team. Ensure efforts are inclusive of and promoted to system and community partners to ensure comprehensive support within the Children's System of Care and that team members from other systems have a context for HFW participation.

In the future, a Medi-Cal HFW Center of Excellence may prescribe more specific requirements for this training program.

9.8 Coaching and Supervision. Programs provide team members with initial apprenticeship and ongoing coaching that emphasizes Wraparound values, principles, phases and activities, as well as the effective use of flex funds to meet family needs. Leaders will ensure that staff have access to coaching and supervision 24/7, reflective of the flexible scheduling and crisis response needs of families and the community.

In the future, a Medi-Cal HFW Center of Excellence may prescribe more specific requirements for this training program.

10. Utility-Focused Data and Outcomes Processes

10.1 Continuous Quality Improvement. Programs implement a local CQI evaluation plan for both the system and the program to routinely and reliably monitor the overall quality of the HFW initiative. The evaluation plan includes a systematic evaluation process that informs and improves practice locally, assures accountability for achievement of desired outcomes, and contributes to state-wide data collection efforts as they become available. Collected data is current and accurate and minimally includes the ongoing collection, analysis, and reporting of data on:

(1) Demographic information regarding the youth and family population(s) served
(2) Wraparound Fidelity as detailed in Section 1: Fidelity Indicators
(3) Outcomes as detailed in Section 2: Expected Outcomes

In the future, a Medi-Cal HFW Center of Excellence may prescribe more specific requirements for quality improvement.

10.2 Informed Program Practice. Collected data is utilized for program evaluation and improvement at all levels including improving practice with youth and families, improving overall program effectiveness, and improving system supports which impacts the HFW implementation.

In the future, a Medi-Cal Center of Excellence may prescribe more specific requirements for metrics and reporting.

APPENDIX B

HFW Training Requirements and Curriculum

Initial and ongoing training is an integral component of all HFW programs. A robust training plan is essential for staff working in HFW to ensure consistent, high fidelity, and youth and family-driven services. Comprehensive training supports model fidelity, enhances staff confidence and skills, and promotes better outcomes for individuals and families.

As needed, future guidance will address training in the context of Medi-Cal, BHSA, and the Immediate Needs program.

Foundational Wraparound Training

Counties and providers shall comply with one of the following three options regarding Foundational Wraparound Training for all HFW team roles/functions:

1) HFW staff are trained externally by attending the Statewide Standardized Foundational HFW training through the UC Davis RCFFP;

2) HFW staff are trained internally by utilizing the Statewide Standardized Foundational Wraparound curriculum. Prior to counties and providers utilizing the curriculum internally, their internal training staff shall: (1) attend the Foundational Wraparound training available through the UC Davis RCFFP, (2) attend the Foundational Wraparound Training for Trainers available through UC Davis RCFFP, and (3) download the Foundational Wraparound curriculum; or

3) HFW staff are trained internally by utilizing internal curriculum that aligns with the Statewide Standardized Foundational Wraparound curriculum. Counties and providers who choose to utilize their own curriculum are required to submit their internal curriculum for approval through the Portal as a component of their Certification materials. A checklist to guide providers and counties with compliance of their curriculum with Statewide Standardized Foundational Wraparound curriculum is available on the Portal and in the CA Wraparound Standards Toolkit upon the release of this ACL/BHIN.

Child and Family Team Facilitation Training

Per ACL 21-116/BHIN 21-061, the HFW facilitator must be well-trained and skilled in a variety of competencies to support multi-layered responsibilities, care coordination, and dynamics of HFW teams. As such, the Statewide Standardized CFT Facilitation Training is required for all HFW Facilitators. The CFT Facilitation

Training can be accessed through the Cal-Academies, formerly Regional Training Academies, the UC Davis RCFFP, or the Statewide Standardized CFT model curriculum in the California Child Welfare Training (CACWT). The training through the UC Davis RCFFP is specifically tailored for HFW facilitators.

The Integrated Practice Child and Adolescent Needs and Strengths Training and Certification

As outlined in ACL 25-10, the IP-CANS, is required for all youth with an open child welfare case (whether voluntary or with Dependency Court involvement such as Family Maintenance, Family Reunification, and Other Planned Permanent Living Arrangement). The IP-CANS is also required for all youth with an open juvenile probation foster care case.

Although HFW staff are not required to be certified in IP-CANS, all HFW staff should be aware and knowledgeable of the IP-CANS and its role in HFW. Further, counties and providers must ensure roles and processes are clear regarding who completes the IP-CANS and how it is integrated into the HFW team meetings and Plan of Care development.

Individuals completing the IP-CANS on behalf of county placing agencies must complete CDSS-approved training through the Cal-Academies, formally Regional Training Academies, and maintain annual certification via the Praed Foundation. Updated curricula for CFT and IP-CANS courses are detailed in ACIN I-35-24, which also lists available courses. Training is accessible Cal-Academies, formally Regional Training Academies, via the CACWT website. Instructions for creating a CACWT account vary by region; Juvenile Probation and county Behavioral Health staff can refer to the CACWT Partner Organization Resource page. To identify your county's Cal-Academy, visit the CACWT RTA Map Resource Page. For additional information regarding the use of IP-CANS, including certification and training, please see ACL I-35-24.

Initial and Ongoing Trainings

The CA Wraparound Standards require initial and ongoing HFW role-specific training and coaching pertaining to the roles identified in Standard 9.4. These trainings may be provided internally or externally, such as through the UC Davis RCFFP, as available.

APPENDIX C

Continuous Quality Improvement and Evaluation

As needed, future guidance will address Continuous Quality Improvement and Evaluation in the context of Medi-Cal, BHSA, and the Immediate Needs program. Fidelity indicators and expected outcomes measures have been identified by Wraparound leaders across California and are included in the CA Wraparound Standards. Counties and providers must develop local CQI plans and processes pursuant to the CA Wraparound Standards. Technical Assistance for developing CQI plans and processes are available through UC Davis RCFFP. CDSS continues to develop a State-level CQI plan and procedures in partnership with the Wraparound Evaluation and Research Team (WERT).

The California Automated Response and Engagement System (CWS-CARES) is in development and is planned to "go-live" in October 2026. Future versions of CWS-CARES will be used for statewide data collection and reporting and further guidance will be issued at a later date. HFW fidelity indicators will be included in forthcoming versions of CARES and further guidance will be released. However, the data entered into CWS/CMS via the aforementioned SPC informs Wraparound reports currently available in Safe Measures, which is available to support CDSS' and counties' oversight and monitoring responsibilities of HFW programs, including aftercare requirements. The information gathered through the Portal will provide qualitative information to CDSS and DHCS. The following steps will take place to implement a Statewide Wraparound data analysis and collection system in future version of CWS-CARES:

- A draft Statewide CQI plan has been developed and is being piloted, including State-wide fidelity indicators and expected outcomes measures and CQI requirements with counties and providers.
- State-wide fidelity indicators and expected outcomes measures and CQI requirements will be implemented based on feedback and findings from the pilot.
- Technical assistance is available regarding CQI plans and processes, fidelity indicators and expected outcomes measure development, and the Wraparound Fidelity Assessment System (WFAS) tools, to all counties and providers who request support.
- Further guidance will be issued as Statewide CQI policies and processes are refined and updated.

APPENDIX D

California Wraparound Standards Toolkit

The CA Wraparound Standards Toolkit is a collection of HFW best practices and CA HFW model requirements. The Toolkit was developed to assist counties and providers in meeting the CA HFW model requirements. The CDSS and the DHCS, in partnership with the California Wraparound Steering Committee and statewide workgroups, developed this Toolkit to serve as a clearinghouse of information to assist counties and providers in the implementation of HFW. Dedicated community members with lived experience, peer partners, youth partners, and human services professionals all contributed significantly to the Toolkit.

The Toolkit contains valuable information for counties and providers who are in the initial stages of implementing HFW and those who have been long-time implementers and are wanting to keep up to date with new resources and updated policies. The Toolkit will be continually updated as new information and resources become available.

APPENDIX E

Instructions for the High Fidelity Wraparound County Plan Approval and Provider Certification Portal

The Portal is an online system for the CDSS's and DHCS's oversight of HFW. It will remain open indefinitely for the purposes of continued provider certification for new providers, county updates to their plan, providers that currently do not have county contracts, and for the purpose of provider recertification, which will occur every three years from the providers' original certification date.

The Portal instructions for counties:

- Verify compliance with each specific requirement for the CA HFW Model using the CA Wraparound Standards.
- Upload supporting documentation (for example, contracts with providers, policies, procedures, manuals, desk guides, training plans, etc.) that pertain to each of the requirements in the Portal and note next to each Standard the document(s) and the page number(s) where the Standard requirement is demonstrated.
- Utilizing the "Description of Practice" field, describe how the Standard requirements are operationalized within the HFW program.

Counties must complete all fields in the Portal, including uploading supporting documentation. Counties shall describe how the county holds contracted providers accountable for meeting each Standard requirement. Counties shall identify where in the supporting documentation the provider is tasked with meeting the Standard and how the county oversees the provider. The uploaded documents should be county documents, not provider documents. All 58 counties submit a unified plan with the approval of the MHP, child welfare and probation departments. Each county submits one plan, including counties who are contracting with a provider.

The Portal instructions for providers:

The Portal is the ongoing platform for initial certification and recertification for the CDSS's oversight of the CA HFW Model. In future guidance, DHCS will provide any additional information required and included in the Portal. Initially, providers shall complete the following using the Portal:

- Verify compliance with each specific requirement for the CA HFW Model using the CA Wraparound Standards.
- Upload supporting documentation. For example, contracts with counties, policies, procedures, manuals, desk guides, training plans, etc. that pertain to each of the

requirements in the Portal and note next to each Standard requirement the document(s) and the page number(s) where the Standard is demonstrated.
- Utilizing the “Description of Practice” field, describe how the Standards are operationalized within the providers’ HFW program.
- Submit recertification information and supporting documentation every three years.

Providers shall have one submission with supporting documentation, even if they contract with multiple counties. Providers shall describe any specifics that vary by county in the “Description of Practice” field. The Portal will not accept multiple submissions for certification from the same provider.